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HEALTHBYTES

THE OFFICIAL JAMAICA DIASPORA HEALTH TASKFORCE NEWSLETTER



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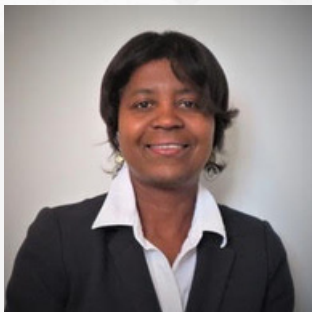
EDITORS WELCOME MESSAGE



DAHLIA BLAKE, MD, MBA, FCCP

We are honored to be Co-chairs and Co-editors of the 2024 installment of JDTAN's *HealthBytes* with a focus on Non-Communicable Diseases. The articles are impactful with a concentration on prevention and treatment with topics such as cardiovascular diseases, cancer, diabetes and occupational diseases.

As you read this issue, we hope that you will benefit from the excellent information provided and we strongly believe that it will improve your overall health. Additionally, it will provide you with information to mitigate your risks for NCDs.



MARSHA MULLINGS, MPH

An Events and Projects 2024 Year in Review will be published to increase awareness of JDTAN's involvement in advancing education and health initiatives; and transforming the lives of everyone beyond your immediate community.

As we look ahead, we are grateful to the HealthBytes Committee Members, authors, JDTAN's community partners, supporters and to each of you. We wish you a happy holiday season and excellent health in 2025.

Please continue to communicate with us as we are always excited to read your comments and respond to your questions.

Respectfully,

Ms. Marsha Mullings, MPH & Dr. Dahlia Blake, MD, MBA
Co-Chairs of HealthBytes Committee
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JDTAN Jamaica Diaspora Health Taskforce (JDHTF)
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CHAIRMAN'S MESSAGE



LEO GILLING, CHAIRMAN

During the United Nations General Assembly in 2018, Dr. Christopher Tufton presented a report emphasizing Jamaica's high prevalence of non-communicable diseases (NCDs). The report indicated that one in three Jamaicans suffers from hypertension, and one in eight has diabetes. Furthermore, in 2016, NCDs accounted for 12,577 or 68.4 percent of all deaths (18,373) among individuals age five and older. The report also highlighted a 21.6% increase in NCD-related deaths from 2010 to 2016, rising from 10,344 to 12,577.

According to Statista's 2019 report, aside from interpersonal violence, non-communicable diseases such as stroke, diabetes, ischemic heart disease, prostate cancer, and kidney disease are the top six leading causes of death in Jamaica. In response to this pressing issue, JD TAN has decided to raise awareness and implement life-changing interventions to improve healthcare in Jamaica.

The JD TAN Health Summit held in Toronto, Canada, August 2022 was instrumental in laying the groundwork for the upcoming NCD conference in 2025. During the conference, Ms. Marsha Mullings, MPH presented statistical data and discussed the implications of not addressing these types of diseases. This edition of HealthBytes emphasizes the significance of addressing Jamaicans' health challenges.

I am delighted to acknowledge the efforts of Dr. Dahlia Blake, MD, MBA, the Health Task Force team, and all the other contributors who assisted with this issue. The contents will offer valuable insights and best practices to enhance our country's healthcare capabilities.

The JD TAN team takes pride in its efforts to support the professional development of Jamaican health professionals and is eagerly anticipating the 2025 Health Summit at Florida International University. We encourage you to thoroughly explore this issue as it contains engaging articles.

Best wishes,

Leo Gilling, PhD(c)
Diaspora Strategist & Engagement Advocate
Chairman
JD TAN

JDHTF CHAIR MESSAGE



**BEVERLY FRAY, PHD,
APRN, CNS-BC**

Dear Readers,

I would like to commend Dr. Blake and Marsha Mullings for leading the HealthBytes Newsletter Subcommittee to realize another issue of this publication. Of course, they could not have accomplished this work without their committee members, so thank you all.

As a reminder, the mission of the Jamaica Diaspora Health Taskforce is to build capacity within the Jamaican health sector through needs assessment, collaboration, and professional development. In doing so, we build collaborative relationships with stakeholders in Jamaica; taking time to understand the obstacles that organizations and groups of people face in achieving their goals; and engaging in shared activities that enhance the ability of the organization or group to achieve desired goals. Our members include health professionals in Jamaica and the Diaspora.

The JD TAN Health Summit held in Toronto, Canada, in August 2022 was instrumental in laying the groundwork for the upcoming NCD conference in 2025. During the conference, Ms. Marsha Mullings, MPH presented statistical data and discussed the implications of not addressing these types of diseases. This edition of HealthBytes emphasizes the significance of addressing Jamaicans' health challenges.

This issue of HealthBytes focuses on non-communicable diseases (NCDs). This is the second consecutive issue to focus on NCDs, also known as chronic diseases. These illnesses are not spread from person to person, and they account for a high number of deaths and disability in Jamaica and the world yearly. For instance, cardiovascular diseases (CVD) [diseases that affect the heart and circulatory system] account for strokes, mental and physical disability, and are among the top five leading causes of death in Jamaica, land we love. The burden of NCDs can be decreased if individuals engage in certain lifestyle changes such as regular exercise, eating a proper diet, getting enough rest and relaxation, as well as taking prescribed medications. HealthBytes seeks to educate our readers by utilizing simple, accessible, electronic, 'digestible' or easily understood health information, to empower everyone to make healthy lifestyle changes.

I kindly ask that you read and share this newsletter. I invite you to join JDHTF and share your talents and expertise. It is easy to do so; send your name, email address, and telephone number to either of the email addresses– jdhtf@jdtan.org or Bfray@jdtan.org. I look forward to hearing from you.

Best wishes, stay safe, stay well, and get your yearly health check-ups. Thank you.

Beverly Fray, PhD, APRN, CNS-BC
Chair, JDHTF

A SILENT CRISIS: THE IMPACT OF NON-COMMUNICABLE DISEASES ON BLACK COMMUNITIES IN NORTH AMERICA



BY DR. SYLVANUS THOMPSON, PHD, CPHI(C)
Chair, Public Health Surveillance and Infectious Diseases Sub-Committee



Non-communicable Diseases (NCDs) are chronic conditions that result from a combination of genetic, physiological, environmental, and behavioral factors. Unlike communicable diseases, which spread from person to person, NCDs like heart disease, diabetes, cancer, and respiratory diseases often develop slowly and last for long periods. They have emerged as leading causes of death globally. The burden of NCDs, rooted in a complex interplay is immense worldwide, but their impact on Black communities in the United States and Canada, is both profound and disproportionately severe.

PREVALENCE OF NCDs IN BLACK COMMUNITIES

Black communities in the United States are disproportionately affected by NCDs. For example, African Americans are 30% more likely to die from heart disease than non-Hispanic whites (US Department of Health and Human Services). Similarly, the prevalence of diabetes among Black adults is nearly double that of their white counterparts. Cancer, another major NCD, also shows stark racial disparities, with African American men having the highest incidence rate of prostate cancer and the highest death rates from colorectal cancer.

Similarly, Black Canadians are more likely to experience higher rates of certain NCDs compared to the general population (Statistic Canada, 2023). For instance, hypertension and Type 2 diabetes are prevalent among Black Canadians at rates significantly higher than those seen in white Canadians. A combination of genetic, environmental, and lifestyle factors contributes to this disparity, but these factors alone do not fully explain the higher prevalence.

CONTRIBUTING FACTORS

Several factors contribute to the high burden of NCDs in Black communities, as shown below:

Socioeconomic Inequities: Economic instability, limited access to nutritious foods, inadequate housing, and lower income levels, contribute significantly to the higher rates of NCDs in Black communities. Without adequate resources, individuals are less likely to access preventive care, receive timely diagnoses, or adhere to treatment plans.

Access to Healthcare: Historical and systemic barriers have led to disparities in access to healthcare. Black communities often reside in areas with fewer healthcare facilities and providers, leading to delays in diagnosis and treatment. Additionally, racial bias within the healthcare system can result in lower quality of care. Black communities in Canada often face barriers in accessing healthcare, including geographic, linguistic, and cultural barriers, as well as experiences of discrimination within the healthcare system.

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A SILENT CRISIS: THE IMPACT OF NON-COMMUNICABLE DISEASES ON BLACK COMMUNITIES IN NORTH AMERICA

(CONTINUED FROM PAGE 6)

CONTRIBUTING FACTORS

Environmental Factors: Many Black communities are situated in areas with higher exposure to environmental pollutants, food deserts, and limited opportunities for physical activity. These environmental determinants of health contribute to the development and progression of NCDs.

Cultural and Behavioral Factors: Cultural beliefs and practices, alongside a historical mistrust of the healthcare system due to past injustices, can influence health behaviors in Black communities. This may result in lower engagement with preventive health services, such as screenings and a reluctance to seek timely medical care.

Stress and Mental Health: Mental health, frequently under-discussed in Black communities, is another critical component influencing physical health outcomes. Chronic stress, often linked to experiences of racism, discrimination, and socio-economic hardship, has been shown to exacerbate conditions like hypertension and diabetes (PubMed, 1998).

CONSEQUENCES OF NCDs IN BLACK COMMUNITIES

The impact of NCDs in Black communities extends beyond individual health, affecting families, economies, and societal structures.

Economic Strain: The financial burden of managing chronic illnesses is significant. The cost of medications, frequent medical visits, and loss of income due to illness can lead to economic hardship for individuals and families, perpetuating the cycle of poverty and poor health. High rates of NCDs can strain community resources, reduce workforce participation, and hinder economic development.

Reduced Life Expectancy: NCDs contribute to the lower life expectancy observed in Black communities. For example, African Americans have a life expectancy that is four years shorter than that of white Americans, largely due to the higher prevalence of NCDs (Kff.org, 2024).

ADDRESSING THE BURDEN OF NCDs IN BLACK COMMUNITIES

Tackling the burden of NCDs in Black communities requires a multi-faceted approach that addresses both the immediate health needs and the underlying social determinants of health. Policies that promote equitable access to healthcare, improve living conditions, and address environmental hazards are crucial.

Community Engagement and Education: Empowering communities through education about NCD prevention, early detection, and management is essential. Community health workers, local organizations, and faith-based groups can play a pivotal role in disseminating information and providing support. Healthcare providers must be trained in cultural competence to understand the unique challenges faced by Black patients. Furthermore, engaging Black communities in the design and implementation of health interventions can improve their effectiveness. This includes recognizing the impact of systemic racism on health and providing care that is respectful of cultural differences.

CONCLUSION

The impact of non-communicable diseases on Black communities is a critical public health issue that reflects broader social and economic inequities and demands urgent attention. Reducing the burden of NCDs in these communities requires addressing the root causes of health disparities, including poverty, lack of access to quality healthcare, and systemic racism. Addressing this silent crisis requires a comprehensive strategy that includes policy reform, community engagement, culturally competent healthcare, education and resources, ultimately empowering individuals to lead healthier lives. By tackling the root causes of health disparities, we can work towards a future where all communities have the opportunity to achieve optimal health and well-being. Additionally, more research is needed to understand the specific factors contributing to NCDs in Black communities. Data collection efforts should focus on disaggregating information by race and ethnicity to better understand disparities and guide interventions.

OCCUPATIONAL EXPOSURES & NCDs



BY: HENROY P. SCARLETT, DR. PH, MPH, BHSC (HONS), REHS/RS, DAAS

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Noncommunicable diseases (NCDs) tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioral factors.¹ NCDs kill 41 million people each year, which represents 74% of all deaths globally. The four main groups of NCDs - cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes (including kidney disease deaths) account for 80% of all NCD premature deaths.¹ While workers are affected by these common NCDs and other illnesses, occupational exposures play a role in developing some diseases which are largely occupational and work-related. Tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and air pollution are the main risk factors for NCDs¹.

“Part of the burden of non-communicable diseases is attributable to occupational risk factors including exposure to chemical, physical, biological, ergonomic and psychosocial hazards at work”.² Workplace exposures contribute substantially to the burden of multiple chronic respiratory diseases, including asthma (PAF, 16%); chronic obstructive pulmonary disease (PAF, 14%); chronic bronchitis (PAF, 13%); idiopathic pulmonary fibrosis (PAF, 26%); hypersensitivity pneumonitis (occupational burden, 19%); other granulomatous diseases, including sarcoidosis (occupational burden, 30%); pulmonary alveolar proteinosis (occupational burden, 29%); tuberculosis (occupational burden, 2.3% in silica-exposed workers and 1% in healthcare workers.³ Exposure to occupational carcinogens is often not recognized as a contributor to the burden of cancer.

One study estimated that in 2011, between 3.9% and 4.2% of all incident cases of cancer were due to occupational exposure.⁴ There are many established carcinogens, including asbestos which causes lung cancer and mesothelioma; vinyl chloride-angiosarcoma of the liver; benzene-leukemia; aromatic amines-bladder cancer; and radiation-lung cancer. Occupational carcinogens represent a significant threat to workers’ health and 3.5-5% of all cancer deaths in high-income countries with less precise data for low-and-middle countries, were estimated due to occupational carcinogens. Exposure to occupational carcinogens results in a much higher cancer burden in men than in women.⁵

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OCCUPATIONAL EXPOSURES & NCDs

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According to the WHO/ILO6, most work-related deaths were due to respiratory and cardiovascular diseases and NCDs accounted for 81% of the deaths. The global incidence of pneumoconiosis, a lung disease caused by inhaling industrial dust, has increased by 61.5% from 1990 to 2019.7 The main pneumoconioses are asbestosis, silicosis, and coal workers pneumoconiosis. Work-related musculoskeletal diseases (WRMDs) remain high and increased from 54.2% in 2007 to 60.1% in 2013.8 According to one estimate, approximately 1.71 billion people have musculoskeletal conditions, the leading contributor to disability and human suffering worldwide. Low back pain is the single foremost cause of disability in 160 of 204 countries analyzed.9 Poor ergonomic design of workstations and the way some jobs are done contribute immensely to WRMDs.

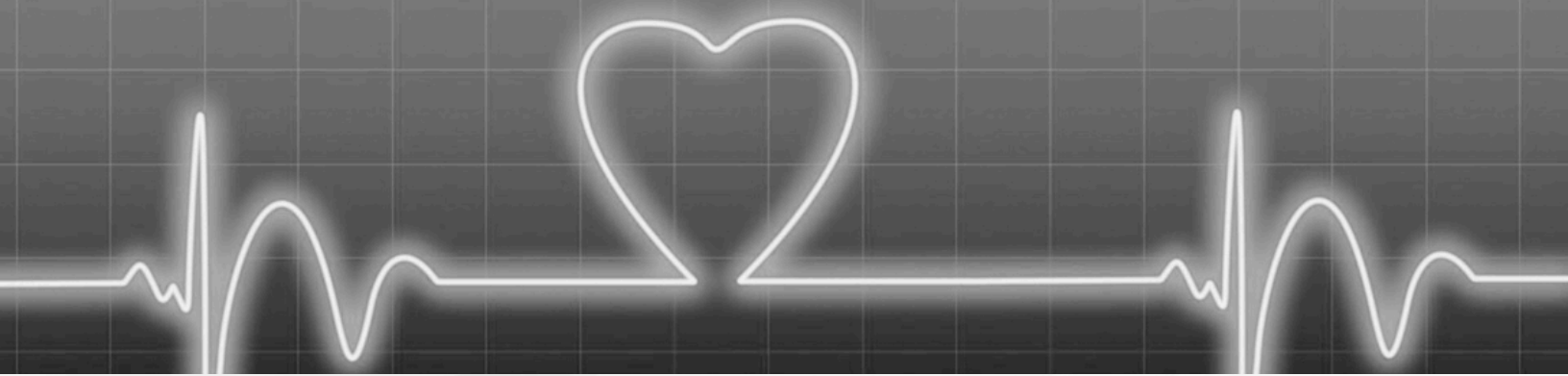
Psychosocial factors have been identified as related to chronic diseases, in and outside work, inclusive of high job demand, low autonomy, low control or high effort–reward imbalance, interpersonal conflicts, and low social support or low trust.10

Workers therefore are affected by the common NCDs and many others which are occupational or work-related. This makes the workplace an ideal place for health promotion and other activities to prevent and control NCDs. Educational programmes on NCDs can be developed targeting workers as well as surveillance and screening programmes. Workplaces can establish physical activity, smoking cessation, and nutrition programmes to benefit workers. Occupational health and safety programmes should not only focus on those diseases which are occupational or work-related but also on the common NCDs because of the adverse impacts they have on worker's health and productivity. Efforts to prevent and control NCDs must be multifaceted and partnerships with employers, workers, and their representatives must be forged and sustained.

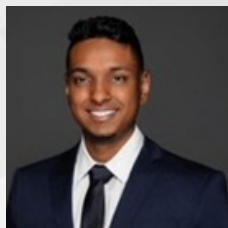


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ARRHYTHMIA



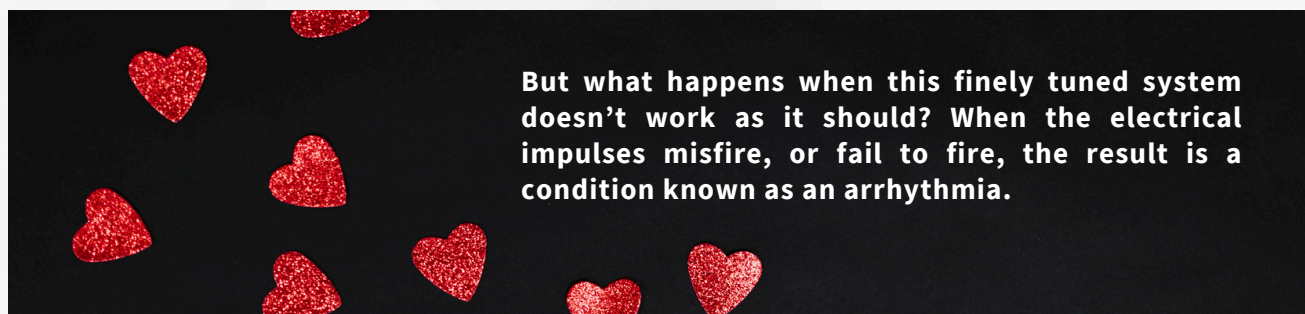
BY: Kamahl Harrisingh MD, MPH

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Rhythm and Beats: The heart's symphony

Ever listened to the "lub dub" of your heart, that steady rhythmic beat? It's a sound that embodies life itself, a constant reminder that your heart is hard at work, day and night. This seemingly simple process is controlled by an intricate electrical system within your body, fine-tuned to maintain a consistent and efficient heartbeat.

Your heart isn't just a muscular pump; it's a marvel of bioengineering. At the center of this musical marvel is a network of specialized cells that create and transmit electrical impulses, dictating when and how your heart contracts. This system is so precise that it can speed up the tempo when you're exercising or slow it down when you're resting, all without missing a beat.



But what happens when this finely tuned system doesn't work as it should? When the electrical impulses misfire, or fail to fire, the result is a condition known as an arrhythmia.

An arrhythmia is like a scratch in the record, where the rhythm of your heart goes off track. Normally, your heart beats in a steady, coordinated rhythm between 60-100 beats per minute. But with an arrhythmia, it might speed up like a record on fast-forward (tachycardia), slow down like a lullaby (bradycardia), or skip beats altogether, throwing off the entire groove. While some arrhythmias are minor and barely noticeable, others can be serious and might need immediate attention. For example:

- **Premature Beats:** Sometimes, your heart might throw in an extra beat just for fun—a premature beat. These are usually harmless and might feel like your heart "skipped a beat." Most people have experienced this at some point, and it's usually nothing to worry about.
- **Atrial Fibrillation:** This is one of the more common types of serious arrhythmias. Atrial fibrillation (AFib), is when the upper chambers of your heart start quivering instead of keeping a steady beat, leading to potential complications like blood clots, stroke, or heart failure.

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ARRHYTHMIA

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- **Ventricular Tachycardia:** This occurs when the heart's lower chambers start playing too fast. If persistent, it can be life-threatening or lead to ventricular fibrillation, where the heart can't pump blood effectively, leading to sudden cardiac arrest.
- **Bradycardia:** Sometimes, the heart's natural pacemaker slows down the tempo too much. While this can be a normal, laid-back groove for athletes and very active individuals, in others, it might cause fatigue, dizziness, or even fainting.

The symptoms of arrhythmia can vary depending on the type and severity of the rhythm disturbance. You might notice your heart skipping beats, speeding up like a drum roll, or slowing down. You could feel dizzy, short of breath, or experience chest discomfort. Sometimes, you might not notice any symptoms at all, making regular check-ups with your doctor crucial, especially if you have risk

factors like high blood pressure, diabetes, or a family history of heart disease.

The good news is, most arrhythmias can be managed, helping your heart get back in tune. Sometimes, all it takes is a few lifestyle adjustments—cutting back on caffeine, reducing stress, and maintaining a healthy diet and exercise routine.

Other times, medication or medical procedures like catheter ablation might be needed to target the areas of the heart causing the offbeat rhythms. In some cases, a pacemaker might be needed to keep everything in sync.

Though arrhythmia might sound like a big word, it's really just your heart's rhythm hitting a few wrong notes. While it can be unsettling, the good news is that with the right tune-up, most arrhythmias are treatable, letting you keep dancing to the beat of your own heart. So, if your ticker feels off-key, don't skip a beat—check it out!

STROKE RECOGNITION AND PREVENTION: ESSENTIAL TIPS FOR EARLY DETECTION

BY:



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Every year throughout the world, 15 million people suffer from a stroke. Of these, 5 million die and another 5 million are left permanently disabled. In the case of Jamaica, in 2022, over 2,400 persons died from strokes and strokes continue to be among the top three leading causes of death in Jamaica. Over 7,300 Jamaicans each year experience a stroke; and most are ischemic strokes. Ischemic strokes are explained later.

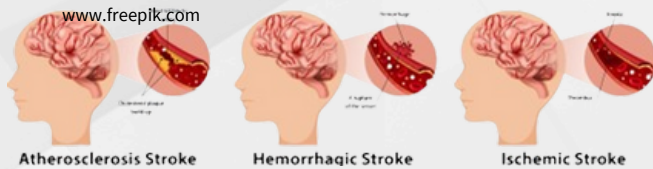
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STROKE RECOGNITION AND PREVENTION: ESSENTIAL TIPS FOR EARLY DETECTION

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Strokes occur when the blood supply to part of the brain is blocked or reduced, preventing brain tissue from getting the oxygen it needs. A stroke, commonly referred to as a brain attack, causes severe onset disturbances of brain functions lasting more than 24 hours or resulting in death.

Three Types of Stroke



There are three main types of strokes: ischemic, atherosclerotic, and hemorrhagic. In this article, atherosclerotic stroke will be included under the ischemic stroke discussion.

Ischemic strokes are the most common type, accounting for 87% of all strokes. They occur when a blood clot blocks or narrows an artery leading to the brain. This blockage can be due to a thrombus (a clot that forms in one of the

brain's arteries due to a cholesterol plaque), or an embolus (a clot that forms elsewhere in the body and travels to the brain). The lack of blood flow causes brain cells to begin dying within minutes.

Symptoms of ischemic stroke include sudden numbness or weakness in the face, arm, or leg, especially on one side of the body; confusion, trouble speaking, or difficulty understanding speech; sudden trouble seeing in one or both eyes; difficulty walking, dizziness, loss of balance, or lack of coordination; and severe headache with no known cause.

Treatment of ischemic stroke requires immediate action to minimize damage to the brain cells. Prompt recognition is imperative: FAST and BEFAST are two methods to spot a stroke.

SPOT A STROKE F.A.S.T.
F.A.S.T. is an easy way to remember the sudden signs of a stroke.

- F Face Drooping**
Does one side of the face droop or is it numb? Ask the person to smile.
- A Arm Weakness**
Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- S Speech Difficulty**
Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?
- T Time to call 9-1-1**
If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

Beyond F.A.S.T. – Other Symptoms you should know

- Sudden numbness or weakness of the leg
- Sudden confusion or trouble understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

StrokeAssociation.org/warningsigns

American Heart Association | American Stroke Association
Together to End Stroke™

First line of treatment is thrombolysis, where the patient receives clot-busting drugs like tissue plasminogen activator (tPA) through an intravenous (IV) catheter to dissolve the clot. Mechanical thrombectomy, a procedure to physically remove the clot, is performed in certain cases, if available. Aspirin and other medications that prevent clot formation (platelet inhibitors) are also used in cases where tPA and thrombectomy are not recommended or not available.

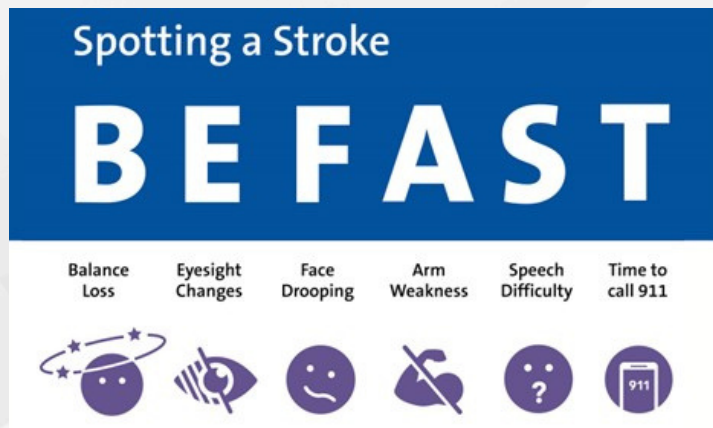
Hemorrhagic strokes are less common but more deadly. They occur when a blood vessel in the brain bursts, causing bleeding in or around the brain. This bleeding increases pressure on the brain and damages brain cells. Hemorrhagic strokes can be caused by uncontrolled high blood pressure, aneurysms, arteriovenous malformations (AMVs), or head injuries.

Symptoms of hemorrhagic stroke include sudden severe headache; nausea and vomiting; sudden numbness or weakness in the face, arm, or leg, especially on one side of the body; confusion, trouble speaking, or difficulty understanding speech; sudden trouble seeing in one or both eyes; difficulty walking, dizziness, loss of balance, or lack of coordination.

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STROKE RECOGNITION AND PREVENTION: ESSENTIAL TIPS FOR EARLY DETECTION

(CONTINUED FROM PAGE 12)



Preventing strokes involves knowing and mitigating risk factors, and treating and controlling high blood pressure, diabetes, high cholesterol, and obesity. Lifestyle choices proven to decrease stroke risk include eliminating cigarette smoking, increasing physical activity, and adopting a whole-food plant-based diet.

Understanding the differences between ischemic and hemorrhagic strokes is crucial for effective prevention and treatment. Immediate medical attention is vital in both cases to minimize brain damage and improve outcomes

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Treatment for hemorrhagic stroke focuses on controlling blood pressure and bleeding, and reducing pressure in the brain. This may involve medication to lower blood pressure, surgery to repair blood vessels, or procedures to remove blood from the brain.

Ischemic and hemorrhagic strokes have long-term consequences such as permanent brain damage and long-term disability. High treatment costs result in financial strain on families, with an annual cost for Jamaican families of over 46 billion JMD. This corresponds to 2.42% of the Gross Domestic Product. In Jamaica, 2021 estimated costs associated with caring for persons who suffered strokes, including speech therapy and blood thinners, reached approximately 1.4 million JMD, per person for six months, a strain on the Jamaican economy.



SUN SCREEN: A SUPER HERO FOR YOUR SKIN



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Bob Marley, the legendary Jamaican musician, died on May 11th, 1981, at the young age of 36. His death was the result of complications from a type of skin cancer known as melanoma.¹

Marley's diagnosis was initially linked to a suspicious sore on his toe. In 1977, he was diagnosed with a rare, aggressive type of skin cancer called acral lentiginous melanoma (ALM), which is a severe form of skin cancer that can spread to other parts of the body. Marley had initially ignored the condition, believing it to be related to an old soccer injury. However, when he finally sought medical attention, the cancer had already metastasized to his brain, liver, and lungs.¹

Despite undergoing treatments and changing his lifestyle to manage his illness, Marley's health continued to deteriorate. He spent his final days in Miami, Florida, where he passed away. His death was a significant loss to the music world, but his legacy continues through his influential reggae music and messages concerning peace and social justice.

Most skin cancers are caused by exposure to ultraviolet radiation (i.e., sun or tanning beds), and ALM remains the most common form of melanoma in people of color.² Therefore, it remains equally important for people of color to wear sunscreen.

You've probably heard a lot about sunscreen, but do you understand why it is so important? Let's break it down in simple terms. Sunscreen is like a protective shield for your skin.³ When you apply it, it helps block harmful ultraviolet rays from the sun. These rays can damage your skin, leading to sunburn, premature aging, or skin cancer.³ Those wrinkles and age spots you see are often the result of sun damage over time, and sunscreen helps reduce this process by protecting your skin from UV damage. Prolonged exposure to UV rays can increase the risk of skin cancer, but the risk decreases with daily use of sunscreen. Whether you have fair, medium, or dark skin, sunscreen is a universal must-have, regardless of your skin type.³

Now that we understand sunscreen's importance, let's talk about choosing the right one and applying it! When choosing a sunscreen, look for a label that states, "broad-spectrum," which means it protects against both UVA and UVB rays.⁴ Secondly, check out the SPF rating. The Sun Protection Factor indicates how long you can stay in the sun without damage. Therefore, choosing a sunscreen with an SPF of at least 30 or higher would provide better and longer protection. Lastly, there are two types of sunscreens – chemical and physical (mineral). Chemical sunscreens contain active ingredients like avobenzone, octocrylene, and octinoxate, which absorb UV rays, convert them into heat, and then release them from the skin.⁴ Physical or mineral sunscreens contain zinc oxide or titanium dioxide, which sit on the skin's surface and physically block UV rays.⁴ Although physical sunscreen typically provides better protection, choose the one more suitable for your skin.



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SUN SCREEN: A SUPER HERO FOR YOUR SKIN

(CONTINUED FROM PAGE 14)

When applying sunscreen, you want to ensure you're applying a generous amount to all exposed skin about 10 to 15 minutes before sun exposure. Reapply every two hours or more often if swimming or sweating.³

Think of the sunscreen as your skin's superhero. It protects you from sunburn, prevents premature aging, and lowers your risk of skin cancer! By making sunscreen your daily habit, you're investing in healthier, happier skin for the long run. So, slather it on and enjoy the sunshine safely!

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VACCINES



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Where do vaccines come from?

Self-preservation is an inherent part of human nature. Throughout history, we have continually sought ways to protect ourselves. We built shelters to shield us from the weather and wear clothing to guard our skin from the sun. This instinct for preservation also led us to find methods to defend against deadly diseases.

Our journey into vaccination began around the 1700s with one of history's most devastating pandemics: smallpox. By the 20th century, it is believed to have caused up to 300 million deaths, and around 500 million in the final century of its existence.¹

Early efforts to combat smallpox involved inoculating healthy individuals with scabs or pus from infected patients to confer immunity as a result the first vaccine was developed against smallpox in 1796 by Edward Jenner when he inoculated cowpox to prevent smallpox disease. Thus, with continuous vaccination efforts, smallpox was eradicated.



WHAT ARE VACCINES?

Immunizations or better known as vaccines, are substances made of small amounts of weak or dead microorganisms such as bacterias, viruses or toxins. Once the vaccine enters the body it will trigger our body's immune system to develop antibodies against the organism. These antibodies will then protect against infection if they encounter the organism again.

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VACCINES

(continued from page 15)

RECOMMENDED VACCINES FOR THE ADULT POPULATION

Influenza Vaccine: The flu vaccine helps prevent influenza illness, reduces the severity of symptoms, and lowers the risk of flu-related hospitalizations, particularly among older adults.² It is recommended for everyone aged 6 months and older and should be administered annually.

PTDaP/Td Vaccine: This vaccine protects against tetanus, diphtheria, and pertussis (whooping cough). Tetanus, caused by the toxin produced by *Clostridium tetani*, typically enters the body through wounds. The toxins spread through the bloodstream and affect various parts of the central nervous system, leading to muscle contractions, such as trismus (lockjaw), neck stiffness, difficulty swallowing, and rigidity. These symptoms can result in complications like seizures and, in severe cases, death. Diphtheria, caused by *Corynebacterium diphtheriae*, is also toxin-mediated. It spreads through respiratory droplets and leads to a gray-white pseudomembrane over the tonsils, which can extend into the upper airway, causing obstruction and potentially death. A complete vaccination series has near 100% clinical efficacy for tetanus and 97% for diphtheria.³



MMR Vaccine: This vaccine protects against measles, mumps, and rubella. A single dose of the MMR vaccine is approximately 93% effective against measles, 78% effective against mumps, and 97% effective against rubella.⁴

Hepatitis B Vaccine: This vaccine protects against hepatitis B virus infection and the associated liver disease. Hepatitis B is transmitted through body fluids, including blood and semen, and from mother to child during childbirth. The disease can present acutely with symptoms such as fever, jaundice (yellowing of the skin and eyes), abdominal pain, and generalized fatigue. Chronic hepatitis B infection can persist for a lifetime and increase the risk of cirrhosis, liver failure, and liver cancer.

Pneumococcal Vaccine: Pneumococcus bacteria commonly cause pneumonia in adults, but they can also lead to invasive diseases such as bacteremia (bloodstream infection), meningitis, empyema, or lung abscess. Individuals with chronic medical conditions (e.g., heart disease, lung disease, liver disease) and chronic smokers are at higher risk for these severe forms of the disease.

Shingles vaccine: Shingles, or herpes zoster, is caused by the varicella-zoster virus, the same virus responsible for chickenpox. After an initial chickenpox infection, the virus typically remains dormant in the body. When it reactivates, it causes a painful, blistering rash. The exact reasons for reactivation are not fully understood, however the risk increases with immunosuppression, stress, and age (over 50 years). The vaccine is 90% effective in preventing shingles in immunocompetent adults aged 50 and older.

Hepatitis A vaccine: Hepatitis A virus (HAV) is transmitted via the fecal-oral route and can cause symptoms such as malaise, jaundice (yellowing of the eyes and skin), joint pain, nausea, vomiting, and abdominal pain. Severe infections can lead to fulminant liver failure. HAV vaccines are over 90% effective at preventing infection.⁶ They are recommended for children and for unvaccinated adults at higher risk of infection or severe disease.

Meningococcal vaccine: *Neisseria meningitidis*, known as meningococcus, is a bacteria that resides in the throat and nose, it can lead to serious infections like septicemia and meningitis.⁷ There are 12 known serogroups of meningococcus which can spread through respiratory droplets from close contact with infected individuals or carriers. The vaccine is recommended for all adolescents and for children and adults who are at higher risk of infection.

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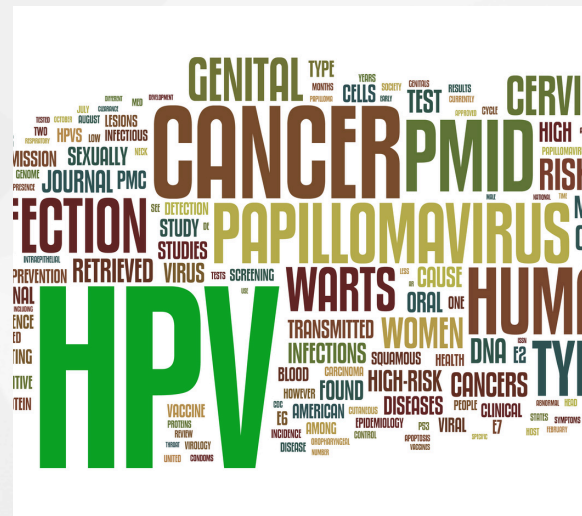
VACCINES

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HPV vaccine: Human papillomavirus (HPV) is spread through sexual contact and can cause genital warts as well as cancers of the cervix, vagina, vulva, penis, anus, and throat. The HPV vaccine is recommended for individuals aged 11 or 12, it is more effective if given before becoming sexually active. Recently, the vaccine has also been approved for those aged 26 to 45.

COVID vaccines: These vaccines are recommended for everyone aged 6 months and older, especially for those at higher risk of severe COVID-19, including individuals aged 65 and older, those with certain health conditions (such as heart disease, diabetes, chronic lung or kidney disease, and immunosuppression), people in long-term care facilities, and pregnant individuals. Currently, the CDC recommends two main types of COVID-19 vaccines: mRNA vaccines (Moderna and Pfizer) and a protein subunit vaccine (Novavax).⁸ There is no preference for one vaccine over the others.

Vaccines remain one of the most effective tools in preventing infectious diseases. As new vaccines become available, it is essential to stay informed and follow the recommended vaccination schedules. By getting vaccinated, we protect not only ourselves but also our families and communities.



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MIGRAINES

WHAT IS A MIGRAINE?

A migraine is not just a headache, it is a complex neurological condition. We believe migraines happen because of the release of chemicals within the brain, triggering a cascade of symptoms that can be debilitating. So, you have headaches, but do you have migraines?

Migraines usually cause throbbing pain on one or both sides of the head, along with sensitivity to light and sound. You might also feel nauseous, moody, or just completely worn out. Some people get a warning sign called an "aura" before the headache begins. This is usually a visual change like bright lines or shapes. In rare cases, migraines can mimic a stroke, causing numbness, tingling, or even temporary weakness. Migraines tend to gradually worsen and can last for hours or even days.

WHO GETS MIGRAINES?

Migraines are incredibly common - over 1 billion people worldwide deal with them! They are more likely to affect young women and people who have sleep issues, anxiety, depression, or chronic pain. Having migraines can also increase your risk for other medical problems, including stroke. In fact, migraines can significantly impact life and are the leading cause of disability in Latin America and the Caribbean.



WHEN SHOULD YOU SEE A DOCTOR?

Recurrent headaches should always be addressed by your doctor. If you experience any of the following, seek medical attention right away:

- Neurologic symptoms such as weakness, numbness, or vision loss
- Sudden, severe headache that feels like the worst of your life
- Headache worsened with movement, including coughing, sneezing, or changing position
- New headache after age 50, during pregnancy, or if you have systemic symptoms such as fever

HOW TO TREAT A MIGRAINE:

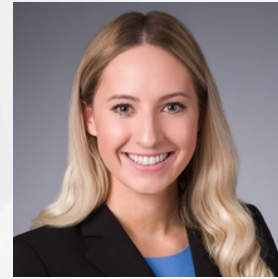
Treating migraines early can stop them from worsening. Here are some common treatments:

- Over-the-Counter Pain Relievers: Such as paracetamol or acetaminophen, ibuprofen, or triptans (require prescription in some countries).
- Prescription Medications: Dihydroergotamine and newer medications called gepants.
- Anti-Nausea Medications: Such as prochlorperazine or promethazine.
- Natural Remedies: Rest in a dark, quiet room. Try using ice or heat on the back of your neck or head. Magnesium supplements have also been proven to help stop migraines!

HOW TO PREVENT MIGRAINES:

Prevention is key to managing migraines. Here's what you can do daily to keep them at bay:

- Avoid Triggers: Common triggers include poor sleep, dehydration, skipping meals, certain foods (like aged cheese or foods with MSG), stress, and changes in the weather.



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Fig. 1: A visual aura typically lasts 5 minutes up to one hour preceding a headache. It can appear as a small area of visual loss or bright lines or shapes.

MIGRAINES

(CONTINUED FROM PAGE 18)

- **Be Careful with Medications:** Overusing pain relievers can actually lead to more migraines! This includes anti-inflammatories, triptans, or opiates such as oxycodone. Try to limit them to less than three times a week.
- **Practice Relaxation Techniques:** Meditation, relaxation training, and cognitive behavioral therapy can reduce migraine frequency and severity - sometimes as well as medications! Try a cell phone application to get started with meditation techniques.
- **Consider Preventative Medications:** If you get migraines often, your doctor may prescribe a daily medication, such as certain antidepressants, anti-seizure medications, antihypertensives, CGRP-targeted therapies, or even injections. Though originally for other uses, these can help prevent migraines. Some nutritional supplements like coenzyme Q10, magnesium, riboflavin, and feverfew can also be beneficial.

The author recognizes Drs. Maïke Blaya and Dr. Ana Coronado for their contributions.

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COMPREHENSIVE OVERVIEW OF BREAST CANCER



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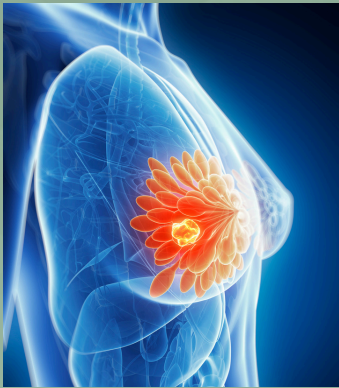
Breast cancer is the most common cancer diagnosis and the second most common cause of cancer death in women. It most commonly occurs in post-menopausal women but we are seeing more and more cancer in younger women. The American Cancer society estimates more than 310,000 new invasive breast cancers and an additional 50,000 cases of DCIS (ductal carcinoma in-situ, or stage zero non-invasive breast cancer) diagnosed this year alone.

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COMPREHENSIVE OVERVIEW OF BREAST CANCER

(CONTINUED FROM PAGE 19)

The good news is that a majority of women will survive their breast cancer. We are diagnosing it at earlier stages thanks to the advancement of mammographic images, and treatment options are more specific and targeted. When it is caught early, breast cancer can be survivable for a lot of women.



Mammograms are the most important part of breast health and the only thing that has been proven to reduce a women's risk of dying of breast cancer. Most organizations now, including the United States Preventative Services Task Force, recommend mammograms for women starting at age 40. While guidelines may differ and you might get different advice from different medical professionals, most breast cancer experts believe it is important to get them every year, because small changes catch our eye and help with early diagnosis.

Tomograms or "3-D mammograms" are better at picking up cancers and are less likely to result in false findings, so they are recommended over 2-D mammograms now. About 50% of women will have dense or very dense breasts on their mammogram. If your breasts are dense, talk to your doctor about your personal and family history because some women with dense breast tissue and strong family history may be candidates for additional screening to help ensure breast health.

Breast cancer screening is particularly important for Black women, because we know that they are more likely to have more aggressive cancers. Black women die of breast cancer at higher rates than non-black women.

If you have a cancer diagnosis, it is important to be treated at a comprehensive multidisciplinary breast center where specialists will work together to make sure you get the most up to date surgical care, medical treatment, and radiation therapy if needed. In addition, cancer patients should have access to genetic therapists, social workers, financial and nurse navigators, and supportive care / integrative health. This helps you focus on your mind, body, and spirit.



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RADIATION THERAPY & BREAST CANCER



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Radiation therapy has been an important part of breast cancer treatments for many decades. Recent advances in treatment have made it more effective, more convenient, and less toxic for patients.

Many patients now undergo shorter treatment courses, meaning less time at the hospital and more time for daily life. Improvements in imaging techniques and radiation delivery systems have also increased accuracy and precision, minimizing damage to healthy tissues.

One such development is deep inspiration breath hold (DIBH), a technique primarily used when treated left-sided breast cancers. By taking a deep breath and holding it during radiation treatment, the heart is moved away from the treatment area. This reduces the risk of heart disease later in life.

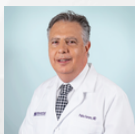
Another improvement is the option of partial breast radiation for certain patients with early-stage breast cancer. With this technique, radiation is focused on the area where the tumor was removed instead of treating the entire breast. This may reduce side effects and the total number of treatments. For some low-risk early-stage breast cancer patients, radiation therapy may be safely omitted from the treatment plan. This is a very personalized decision that depends on several factors, including tumor characteristics, patient age and health.

Ongoing research continues to explore new techniques and technologies to improve radiation therapy for breast cancer. These advances, along with developments in surgery and medical oncology, are continuing to improve the prognosis for patients with breast cancer.



UNDERSTANDING MULTIPLE MYELOMA

BY:



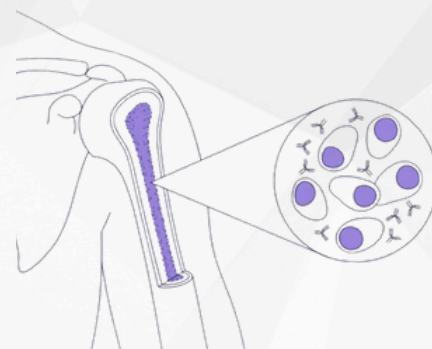
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WHAT IS MULTIPLE MYELOMA?

Multiple myeloma is a type of cancer that affects the plasma cells, which are a kind of white blood cell found in the bone marrow. Plasma cells are responsible for producing antibodies, which help our body fight infections. In multiple myeloma, these cells become abnormal and multiply uncontrollably, leading to problems in the bone marrow and other parts of the body.



<https://www.health.com/condition/blood-cancer/what-is-multiple-myeloma>

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UNDERSTANDING MULTIPLE MYELOMA, CONTD.

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HOW COMMON IS MULTIPLE MYELOMA?

- Prevalence: Multiple myeloma is relatively rare compared to other cancers. In the United States, it affects about 34,000 people annually.
- Incidence Rate: Around 1 in 132 people will be diagnosed with multiple myeloma in their lifetime.
- Demographics: It is more common in older adults, with most cases diagnosed in people over the age of 65. It is also more prevalent in men than in women and slightly more common in African Americans compared to Caucasians.

SYMPTOMS OF MULTIPLE MYELOMA

Symptoms can vary but commonly include:

- Bone pain, especially in the back or ribs
- Fatigue and weakness
- Frequent infections
- Unexplained weight loss
- High calcium levels in the blood, which can lead to nausea and confusion

DIAGNOSIS

- Blood Tests: Check for abnormal levels of calcium, proteins, and other markers.
- Bone Marrow Biopsy: A sample of bone marrow is taken to look for abnormal plasma cells.
- Imaging Tests: X-rays, MRIs, or CT scans help identify bone damage



TREATMENT OPTIONS

While multiple myeloma is not currently curable, treatments can help manage the disease and improve quality of life:

- Medications: Including chemotherapy, steroids, and targeted therapies.
- Stem Cell Transplant: Replaces diseased bone marrow with healthy stem cells.
- Radiation Therapy: Targets specific areas of bone damage.

RECENT ADVANCES

New treatments are constantly being developed, including:

- Immunotherapy: Uses the body's own immune system to fight cancer.
- CAR T-Cell Therapy: A form of immunotherapy where T-cells are modified to target cancer cells.



SUMMARY

Multiple myeloma is a serious but manageable cancer affecting the plasma cells in the bone marrow. While it is relatively rare and more common in older adults, advances in treatment are improving outcomes for many patients. Early diagnosis and treatment are key to managing the disease effectively.

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CHRONIC KIDNEY DISEASE: IT'S NOT JUST ABOUT URINE!!



Charles Bonanno, MD

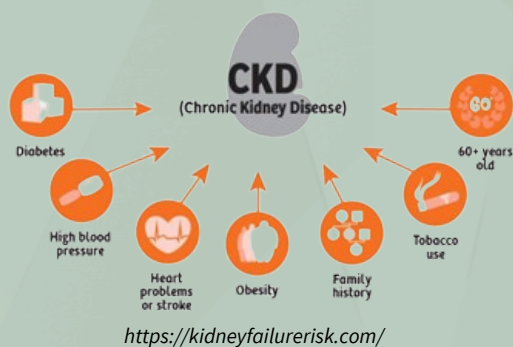
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INTRODUCTION

Your kidneys are two small bean shaped organ located in the back below your ribs. Kidney function plays a major role in maintaining stability. It does not only consist of producing urine but also keeps your body in balance by removing natural waste products, helping to make red blood cells, regulating blood pressure, balancing important minerals such as calcium, magnesium, and phosphorus, and keeping your bones healthy. Chronic Kidney Disease (CKD) is when the kidneys have become damaged over time (over a 3-month time frame) and are unable to do all of their important jobs. Chronic kidney disease is a slow process with very few symptoms, typically developing over time due to underlying conditions (which we will quickly discuss in the next section). It is not usually revealed until kidney dysfunction is advanced. There are five stages (Stage 1 - Stage 5) in chronic kidney disease to help guide treatment therapies. You should seek specialty advice from a Nephrologist (one who specializes in kidney function) when you have reached stage 3 (2).

EPIDEMIOLOGY

In 2023, Center for Disease Control and Prevention (CDC), reported about 14% of U.S. adults are estimated to have CKD(1). In a cross-sectional study done by “Global Dialysis Perspective: Jamaica” from 2016-2017, the national estimated prevalence of CKD was approximately 5% (4). There are 3 major causes of chronic kidney disease, and the top two are diabetes and hypertension. The prevalence of diabetes and hypertension in Jamaica is 30% and 35%, respectively (3). At least 150,000 Jamaicans have been estimated to be living with some form of kidney disease, of which approximately 2,700 are cases of CKD (3).



DIAGNOSIS

Monitoring kidney function is done through basic blood work and urine test. Blood work consists of checking creatinine and the estimated glomerular filtration rate (eGFR); urine tests are checking for albumin or protein. The eGFR is an estimate of how well your kidneys are removing waste products from your blood. The lower the value, the more damage there is to your kidney making them weaker and unable to remove waste products. Healthy kidneys keep albumin in your blood; therefore, there should be very

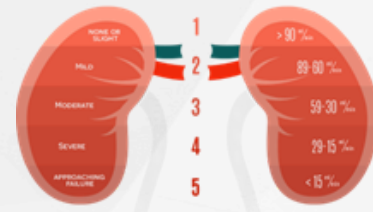
TOP THREE CAUSES OF CHRONIC KIDNEY DISEASE

Diabetes Mellitus, or diabetes, is a disease in which your body does not make enough insulin, or cannot use the insulin that is produced efficiently. Insulin regulates the amount of sugar in your blood. Diabetes is the primary cause of CKD, it accounts for about 30-50% of cases. Long term uncontrolled high sugars lead to damage of the small blood vessels around the body including in the kidney as well as the filtering part of the kidney leading to increased protein in the urine. Increased swelling of the legs. Treatment for diabetes induced chronic kidney disease is seeing a nephrologist as well as a nutritionist to help control your blood sugars. They can also start you on certain medications such as ACE inhibitors which will lead to reduced protein in the urine and protect your kidneys against diabetes.

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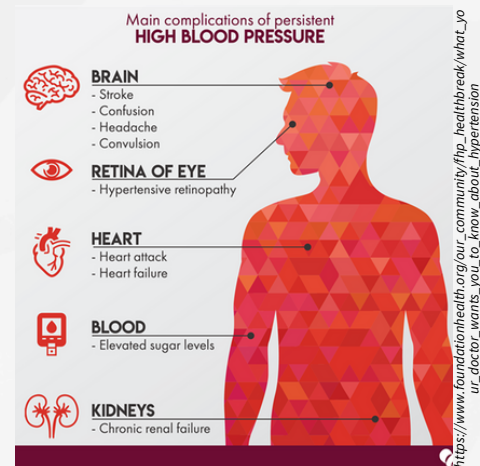
CHRONIC KIDNEY DISEASE: IT'S NOT JUST ABOUT URINE!!

(CONTINUED FROM PAGE 23)



(<https://www.proflou.com/blogs/managing-chronic-kidney-disease-stage-1>)

Hypertension is the second leading cause of CKD, accounting for 27% of cases. Hypertension is defined as high blood pressure which is classified as the top number (systolic blood pressure) being greater than 130 and the bottom number (diastolic blood pressure) being greater than 80. Most people do not have symptoms when your blood pressure is high therefore it is important to see your doctor regularly to monitor blood pressure levels. Hypertension leads to narrowing and damage to the blood vessels supplying the kidney eventually weakening kidney function. Treatment includes controlling your blood pressure with diet, exercising, and medications. See your primary care physician, nephrologist as well as nutritionist to help control kidney function and blood pressure.



Heart disease: Patients with heart disease, or cardiovascular disease, have a higher risk of developing CKD. The heart pumps blood filled with oxygen throughout all parts of the body including the kidneys. If the heart is unable to supply blood flow to the kidneys, this eventually leads to lack of oxygen and chronic kidney disease. There are different types of cardiovascular disease which can lead to CKD and these include coronary artery disease, heart failure, and/or arrhythmia. The reverse occurs as well; chronic kidney disease leads to increased waste product as well as hypertension which can lead to heart conditions. Treatment includes following with your primary care physician, a nephrologist as well as cardiologist. Certain medications will help protect both kidney and heart, preventing further damage.

As discussed, there are multiple ways in which kidney failure can occur. Keeping your kidneys healthy is unique to each individual; therefore, seeing your primary care physician regularly and monitoring your kidney function is very important. Remember, it's not just about the urine, monitoring blood work for increased waste production is part of kidney care. If you or your primary care physician notice a decline in kidney function you should seek further specialty evaluation by your local nephrologist.

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MEMORY CARE: A VITAL ASPECT OF OVERALL HEALTH



BY: TRIANA ABEL ENCARNACIÓN, MD, MSc.

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When we consider our health, our minds often turn to the heart, kidneys, liver, and brain. We diligently monitor blood pressure, cholesterol levels, and undergo routine screenings to ensure these vital organs are functioning well. However, one crucial aspect of health that is frequently overlooked is memory care. Just as we care for our physical organs, taking care of our memory is equally important, especially as we age.

Memory plays a critical role in our daily lives, enabling us to recall cherished moments, recognize loved ones, and perform routine tasks efficiently and accurately. Despite its significance, memory care often doesn't receive the attention it deserves, which can lead to potentially serious consequences. Early signs of memory disorders can easily be ignored or dismissed, resulting in more severe stages of cognitive decline before intervention is sought.

One of the main barriers to effective memory care is the lack of awareness about the importance of memory evaluations. Many people, and even some healthcare providers, do not fully recognize the value of routine memory assessments. While regular check-ups for heart health or kidney function are widely accepted, memory evaluations often don't become a priority until significant problems arise. By then, the opportunity for early intervention may have passed, making the treatment and management of memory disorders more challenging.

Healthcare providers play a crucial role in overcoming this barrier by incorporating memory evaluations into routine health assessments, especially for older adults. By normalizing memory care as an integral part of overall health maintenance, we can encourage individuals to seek memory evaluations without stigma or hesitation. This enables timely interventions and the development of personalized care plans that include important lifestyle modifications, potentially reducing the risk of dementia.

Early detection of memory disorders allows for a range of interventions that can slow cognitive decline, improve quality of life, and extend the period of independent living. For example, early interventions may include lifestyle changes such as improved diet, increased physical activity, and mental exercises—all of which support cognitive health. Additionally, emerging pharmacological treatments can be more effective when started early. Early detection also allows individuals and their families to plan, make informed decisions about care, and access support services sooner.

Understanding Mild Cognitive Impairment (MCI)

Mild Cognitive Impairment (MCI) is a stage between normal cognitive aging and more serious conditions like dementia. Individuals with MCI experience noticeable cognitive changes greater than expected for their age but do not significantly interfere with daily life and independence.

Types of MCI

- Amnesic MCI:**
 - Primarily affects memory.
 - Symptoms:** Difficulty remembering recent events, forgetting important appointments, or frequently misplacing items.
- Non-Amnesic MCI:**
 - Affects cognitive abilities other than memory, such as language, attention or visual-spatial skills.
 - Symptoms:** Challenges in making decisions, finding the right words, or navigating familiar environments.

Risk Factors

- Age:** The risk of developing MCI increases with age.
- Genetics:** Family history of Alzheimer's Disease or other dementias.
- Lifestyle:** Smoking, poor diet, lack of exercise, and cardiovascular health can contribute to MCI.

Diagnosis

- Neuropsychological Evaluation
- Brain Imaging
- Biomarkers

Management

- Lifestyle Changes:** Engaging in regular physical activity, maintaining a healthy diet, and staying socially active.
- Cognitive Training:** Exercises designed to improve memory and cognitive function.
- Medication:** In some cases, drugs used for Alzheimer's may be prescribed to help manage symptoms.
- Monitoring:** Regular follow-up visits to monitor changes in cognition and adapt the treatment plan as needed.

Research

At the **Center for Cognitive Neuroscience and Aging (CNSA)**, we conduct cutting-edge research to better understand memory loss, particularly in underrepresented populations such as Hispanic/Latino and Black/African American older adults. Our outreach efforts focus on educating the community about brain health and the importance of early detection of cognitive changes. We participate in local events, offer educational sessions, and provide resources for those at risk or already experiencing cognitive decline.

Contact Us

305-355-9030 | cnsa@miami.edu

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MEMORY CARE: A VITAL ASPECT OF OVERALL HEALTH

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Without early detection, individuals may miss the chance to benefit from these interventions, leading to a more rapid decline in cognitive function and an increased burden on caregivers. Promoting routine memory evaluations as a standard part of healthcare is essential for improving outcomes for those at risk of memory disorders.

CNSA: A Community Resource for Memory Care and Research

In Miami, the University of Miami's Center for Cognitive Neuroscience and Aging (CNSA) serves as a resource for older adults concerned about their memory. Here, older adults can receive state-of-the-art longitudinal evaluations that track cognitive abilities and functional health over time. The CNSA also offers opportunities to participate in the most advanced clinical research, providing access to cutting-edge tools and biomarkers. These comprehensive annual evaluations are crucial for detecting changes in memory and other cognitive abilities, allowing for early identification of potential issues. By participating in clinical research studies, individuals contribute directly to scientific advancements while accessing the latest in diagnostic accuracy. The CNSA's dedication to research ensures that older adults receive care informed by the most current scientific knowledge.

The center's multidisciplinary team of experts offers personalized care, including both pharmacological and non-pharmacological treatment options tailored to each individual's needs.

Taking care of your memory is as important as caring for any other vital organ. By recognizing the importance of memory evaluations and promoting early detection, we can significantly influence the course of memory disorders, improving outcomes for individuals and their families.

The CNSA stands as a beacon of support for the South Florida community and beyond. We encourage you to prioritize your cognitive health and invite you to learn more about our research programs by contacting us at: cnsa@miami.edu.



SPEECH & LANGUAGE PATHOLOGIST



BY SHANNON ILLING M.S., CCC-SLP
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Speech Language Pathologists (SLPs) evaluate, diagnose and treat speech, language, cognitive and swallowing disorders. Speech Pathologists provide services to a wide range of individuals across the life span from infancy through geriatrics in a variety of settings including schools, private practices, pediatric hospitals and newborn intensive care units, acute care hospital settings, nursing homes, long term care facilities, outpatient clinics and home health.

In the acute care setting, SLPs provide intervention to a variety of patients including: trauma, stroke (hemorrhagic or ischemic), head and neck cancer, neuromuscular disorders such as Multiple Sclerosis (MS), Amyotrophic lateral sclerosis (ALS), Myasthenia Gravis, Guillane Barre, dementia patients including Parkinson's disease and Alzhiemer's Disease.

Speech is the communication or expression of thoughts in spoken words. Speech encompasses articulation, fluency and voice. Articulation is how well sounds and words are articulated. Fluency is the rate and rhythm at which sounds and words are produced.

Voice is how vocal cords are utilized to coordinate breath support to vibrate the vocal cords to produce sound.

There are four modes of language: expressive language, receptive language, written language and body language. Language is characterized as expressive or receptive. How one communicates wants and needs is expressive language. How one interprets words and understands them is receptive language.

Dysphagia refers to difficulty swallowing and is characterized by symptoms and location of pathology including oral and pharyngeal dysphagia. Oral dysphagia is the way we retrieve a bolus of liquids or food and how well we manipulate and propel the bolus to initiate the swallow. Pharyngeal dysphagia is propulsion of the bolus from the base of tongue posteriorly to the epiglottis and then to the upper esophageal sphincter (UES) The oropharynx comprises of the ongue, epiglottis, palatine tonsils, hard palate and soft palate (Chilukuri P, Odufalu F, Hachem C., 2018). Anatomical abnormalities such as upper esophageal sphincter dysfunction or physiological deficits such as reduced epiglottic inversion due to neck radiation can lead to oropharyngeal dysphagia (Chilukuri P, Odufalu F, Hachem C., 2018).

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SPEECH & LANGUAGE PATHOLOGIST

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The SLP will begin by reviewing the patient's medical history and discussing their concerns and symptoms. The SLP will then complete full oral motor examination to assess their anatomy and the strength of their muscles involved in chewing and swallowing. The SLP will then provide a variety of foods and liquids and make observations. The SLP may make recommendations that may help the patient improve their chewing and swallowing or may make recommendations regarding further diagnostic testing to further evaluate the anatomy of the swallow function (Chilukuri P, Odufalu F, Hachem C., 2018).

Two diagnostic assessments utilized to evaluate oropharyngeal dysphagia are modified Barium Swallow Study (MBS) and Fiberoptic Endoscopic Evaluation of Swallow (FEES). These examinations will allow the SLP to fully evaluate the anatomy of the swallow in real time.

The MBS includes video fluoroscopy (a moving x-ray) where the patient is provided with a variety of liquids and food that are combined with barium to visualize the movement of the food and liquid from the mouth, through the pharynx and into the esophagus.



The FEES includes a fiberoptic endoscope that is inserted in the nose and passed into the hypopharynx and pharynx. The patient is also provided with a variety of liquids and foods with food dye added for better visualization. Once oropharyngeal dysphagia has been diagnosed, a plan of care can be developed with the patient which may include oral intake of food, recommendations regarding liquids and foods that may be safer/easier to manage, diet counseling, safety strategies and lifestyle changes.

For more information and free resources please follow the links below.

ASHA.org

https://www.passy-muir.com/valves_page/

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KEY UPDATES: AMERICAN DIABETES ASSOCIATION 2024 STANDARDS OF MEDICAL CARE IN DIABETES



BY LEIGHTON LUGG, PHARM.D, MBA
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DIABETES UPDATE: TESTING AND MANAGEMENT RECOMMENDATIONS

The following is a summary of treatment recommendations for persons with type 1 diabetes (T1DM) and adults with type 2 diabetes (T2DM) primarily from the American Diabetes Association: 2024 Standards of Medical Care in Diabetes.



WHAT'S NEW IN THE 2024 GUIDELINES?

Key updates related to diabetes pharmacotherapy from the 2024 ADA guideline include the following:

- Added emphasis on distinguishing between forms of diabetes (e.g., type 1, type 2) at diagnosis to determine the most effective patient-specific treatment plan.
 - Standardized islet autoantibody testing is recommended in those with signs/symptoms consistent with type 1 diabetes (e.g., unintentional weight loss, diagnosis at younger age, presence of ketoacidosis).
 - In patients ≥ 8 years old with stage 2 type 1 diabetes the use of teplizumab should be considered to help delay the onset of symptomatic (stage 3) type 1 diabetes.
- Additional diabetes screening recommendations for patients receiving certain medications, such as:
 - Glucocorticoids
 - Statins
 - Thiazide diuretics
 - Second-generation antipsychotics
 - Antiretroviral medications (in patients with HIV)
- Updated recommendations relating to the frequency of A1C monitoring in certain populations that warrant closer follow-up:
 - At least twice yearly (e.g., every 6 months) in patients meeting their treatment goals and maintaining stable glycemic control. Those with frequent/severe hypo- or hyperglycemia,

(CONTINUED ON PAGE 30)



KEY UPDATES: AMERICAN DIABETES ASSOCIATION 2024 STANDARDS OF MEDICAL CARE IN DIABETES

(CONTINUED FROM PAGE 29)

- those with fluctuating health and pediatric patients undergoing growth and development may require more frequent monitoring (e.g., every 3 months).
 - At least quarterly (e.g., every 3 months) and as needed in patients with recent therapy change, those not meeting their glycemic goals.
- Added emphasis for assessing patient risk for hypoglycemia and preventing hypoglycemic episodes, such as:
 - Routine reassessment of risk for hypoglycemia and signs/symptoms of impaired hypoglycemia awareness.
 - De-intensification of therapy or switching to agents with a lower hypoglycemia risk, when appropriate.
 - Continuous glucose monitors (CGMs) are recommended for those at high-risk for hypoglycemia.
 - Patients receiving insulin or those who are at a high-risk for hypoglycemia should be prescribed glucagon (preferably a formulation that does not require reconstitution).
 - Added emphasis for offering CGM therapy early in the disease state of patients with type 1 diabetes (e.g., at the time of diagnosis) to help improve glycemic outcomes, minimize the risk of hypoglycemia and improve patient quality of life
 - -It is important to note, when used properly, CGMs may be beneficial for any patient with diabetes.
 - Added emphasis on the use of insulin analogs (or inhaled insulin) over human insulins to minimize the risk for hypoglycemia in most adults with T1DM – (Visit [Insulin Classes and Action Profiles](#) within Pyrls to view the different classes and types of available insulins).
 - Continued emphasis for selecting therapies with adequate efficacy to achieve and maintain treatment goals in patients with T2DM (e.g., cardiorenal risk reduction, glycemic control, weight loss).
 - Updated recommendation for patients with T2DM and documented heart failure (preserved or reduced ejection fraction) - These patients should receive a SGLT2i or SGLT1/2i (e.g., sotagliflozin) with proven heart failure benefit.
 - Updated cardiovascular risk management recommendations for hypertension - Office-based BP $\geq 150/90$ mmHg qualifies for initiation of two antihypertensive agents (previously $\geq 160/100$ mmHg).
 - New guidance provided on the use on non-statin therapies for primary and secondary prevention of ASCVD in patients with statin intolerance - For primary prevention in patients with a statin intolerance, the use of bempedoic acid is recommended as an alternative lipid-lowering therapy to statin therapy to reduce the risk for cardiovascular events - For secondary prevention in patients with a statin intolerance, consider the use of a PCSK9 inhibitor monoclonal antibody, bempedoic acid or inclisiran (siRNA PCSK9 inhibitor) as alternative options for lipid-lowering therapy.
 - Updated recommendations for laboratory monitoring following the initiation of an ACEi, ARB, MRA or diuretic - Monitor SCr, eGFR and serum potassium within 7-14 days and at least annually thereafter.

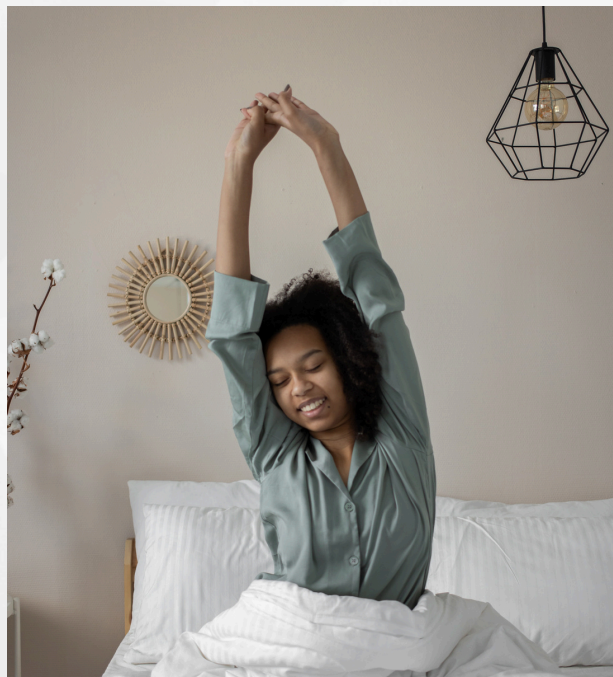
****Please consult your doctor if you have questions***

INADEQUATE ZZZs INCREASE THE RISK OF NON-COMMUNICABLE DISEASES (NCDs)



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THE IMPORTANCE OF SLEEP

Sleep is a restorative function allowing the body to clear toxins, repair itself and improve learning. It is recommended that adults sleep a minimum of 7-8 hours per night (cdc.gov). Inadequate sleep increases your risk of high blood pressure, stroke, kidney disease, obesity, diabetes, dementia, cognitive and mood disorders. To achieve adequate sleep, good sleep hygiene is needed.



SLEEP HYGIENE RECOMMENDATIONS

- Establish consistent daily bedtime and wake times
 - Clear your mind of troubling thoughts before bedtime
 - Avoid lights before bedtime such mobile phone, iPad, e-books, TV
 - Avoid evening coffee, alcohol, tea and caffeinated products
 - Avoid daytime naps, especially late evening
 - Avoid checking time in the middle of night
 - Avoid eating close to bedtime and late evening snacks
 - If napping, limit nap to 20 minutes
 - Create a sleep-inducing environment e.g. a dark bedroom
 - Avoid tobacco and drug use
 - Exercise regularly and avoid exercise near bedtime
 - Keep bedroom temperature comfortable
- If adequate sleep cannot be achieved with sleep hygiene, then the cause for inadequate sleep must be evaluated. One of the causes of inadequate sleep is Obstructive Sleep Apnea (OSA). According to the World Health Organization (WHO), sleep apnea affected an estimated 100 million people globally. The Centers for Diseases Control and Prevention reported that symptoms of sleep apnea are found in three

(CONTINUED ON PAGE 32)

INADEQUATE ZZZs INCREASE THE RISK OF NON-COMMUNICABLE DISEASES (NCDs)

(CONTINUED FROM PAGE 31)

OSA is a type of sleep-related breathing disorder characterized by repetitive airway collapse. When the airway collapses, breathing stops. This is called an apnea.

Risk factors for OSA are snoring, being male, older age, obesity, abnormality to the head and face. Additional risk factors that are reportedly associated with OSA are family history of snoring or OSA, nasal congestion, smoking,

obesity hypoventilation syndrome, congestive heart failure (CHF), stroke or cerebrovascular accident (CVA), end-stage renal disease (ESRD or kidney failure), diabetes, chronic lung disease (COPD), acromegaly, hypothyroidism, polycystic ovarian syndrome (PCOS) and floppy eyelid syndrome.

Common signs are excessive daytime sleepiness (EDS), loud snoring, gasping, snorting, choking, or interruptions in breathing during sleep, usually reported by the patient or the patient's bed partner. Less common but associated with OSA are morning headaches, nocturia (frequent nighttime urination), non-restorative sleep, nocturnal restlessness.

Physical examination findings of an elevated body mass index (BMI), large neck circumference, nasal/airway congestion, along with routine questionnaires assessing symptoms, will prompt diagnostic studies such as a sleep study (polysomnography) in a sleep center or at home.

Based on the number of apnea/hypopnea events, an Apnea-Hypopnea Index (AHI) is generated and can be classified as mild, moderate and severe. If the events are reported over total sleep time, then a respiratory disturbance index (RDI) is reported.

With a diagnosis of OSA, you have a higher risk of the following:

- High blood pressure, heart attacks, arrhythmias, congestive heart failure
- Stroke
- Pulmonary hypertension and/or right heart failure
- Secondary polycythemia due to oxygen saturation
- Nonalcoholic fatty liver disease
- Mood disorders such as depression
- Irritably, inattentiveness, poor memory, dementia
- Diabetes and metabolic syndrome
- Gout
- Motor vehicle accidents
- Possible cancer
- Low nighttime oxygen saturation and lung clots (PE)
- Psychosis and bipolar
- Erectile dysfunction/sexual dysfunction

(www.hopkinsmedicine.org)

Treatment options such as continuous positive airway pressure (CPAP) machine, dental devices, positional sleeping, weight loss strategies such as regular exercise, dietary changes, and surgery can be discussed with your healthcare provider to minimize your risks of adverse outcomes and improve your quality of life.

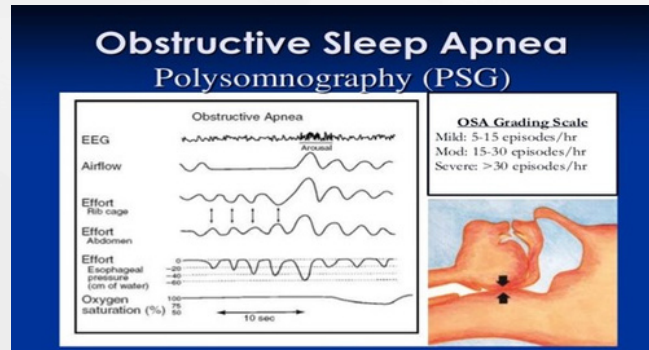
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QUICK BYTE FOR THE “SANDWICH GENERATION”



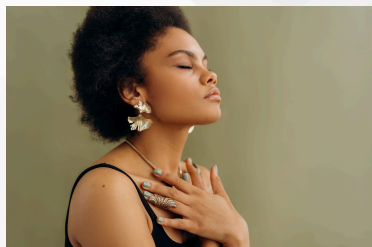
BY KARLENE TOMLINSON, LMFT

JDTAN Treasurer
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Many of us now find ourselves in what has been termed “the sandwich generation”. This is when young to middle-aged adults reach the age when they are simultaneously raising children and supporting their aging parents.

Care-giving and responsibilities in both directions! Add to that a situation where one or both of the ‘bread’ generations is facing generation-specific challenges. For example - the children have challenges at school or are going through a sensitive time (think of ‘terrible twos’ or ‘typical teen’); and at the same time, the aging parents may be facing non-communicable diseases and need more medical attention.



What should a person do to address the stress, financial, and emotional load of these added situations? The time needed to take children to sports or academic events, or to follow up on parents’ medical appointments and navigate the new shift in the parent/child relationship.

Awareness is acknowledging and prioritizing one’s own physical, emotional and mental health needs!

- **Track gratitude and achievements with a journal.** Include three things you were grateful for and three things you were able to accomplish each day
- **Work your strengths.** Do something you’re good at to build self-confidence, then tackle a tougher task.
- **Maintain close, quality relationships which are key for a happy, healthy life.**
- **Try to be optimistic.** This doesn’t mean ignoring the uglier sides of life. It just means focusing on the positive as much as possible.
- **Seek support-** try to find help with appointments, vent to a friend if needed. Get professional help if the weight of your day becomes too burdensome.

Here are some additional mood boosting tips.

(Click the image below to play the video.)





A VISION OF GROWTH FOR A BETTER JAMAICA.

SPECIAL THANKS

Thank you to the dedicated authors for their submissions and the Healthbytes Subcommittee members for their enthusiasm, diligence, expertise and passion. Each Subcommittee member worked to accomplish the publication of the newsletter.

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