

# Veterans

The VA MidSouth Healthcare Network Wellness Journal

# Health Watch

Winter 2007

**There's help for  
eating disorders**

**Keeping good  
vision in sight**

**Veterans are  
on the *MOVE!***



**MidSouth**  
Healthcare Network



# You motivate us to strive for excellence

## Dear Veteran:

The Department of Veterans Affairs (VA) is enjoying the recognition it's long worked toward. In recent months, a Harvard Medical School study concluded that federal hospitals, including those run by VA, provide the best care available anywhere for some of the most common life-threatening illnesses.

In 2006, VA received a Prestigious Innovations in American Government award from Harvard's Kennedy School of Government for its advanced electronic health records and performance measurement systems.

Being part of a world-class health care system is a feather in VA's cap, but more important, it means veterans are receiving the highest standard of care available. This is exemplified by the fine work VISN 9 does every day.

Recognized as one of the best performing health care systems in the United States, VA sets the benchmark in measures of quality leading to improved patient outcomes.

The Harvard study was published December 11, 2006, in *Annals of Internal Medicine*, a journal for health care professionals.

Researchers looked at congestive heart failure, heart attack and pneumonia across the health care industry and found that patients in federal facilities are more likely to receive high-quality care than those in for-profit hospitals.

*CBS Evening News* called VA care, "The most high-tech medicine anywhere." Last year—for the sixth consecutive year—VA hospitals scored higher than private facilities on the University of Michigan's American Customer Satisfaction Index based on patient surveys of the quality of care received, as reported in *Time Magazine* (Aug. 22, 2006). VA scored 83 out of 100; private institutions scored 71.

Within VISN 9, more than 10,000 employees enter a VA Medical Center every day with one goal in mind: to serve veterans to the best of their ability. Overall, in 2006, VISN 9 ranked sixth among the 21 VISNs nationwide in outpatient satisfaction.

It's the sacrifices you, the veteran, have made that motivate us to do more and do better. We can't take a bow for recent accomplishments without first saying, *Thank you for your service and sacrifices.*

John Dandridge, Jr.  
Network Director

*Veterans Health Watch* is a wellness journal published quarterly by the VA MidSouth Healthcare Network (VISN 9). *Veterans Health Watch* is designed to promote healthy lifestyles and give veterans and their personal caregivers insightful information about managing and accessing health care from VA Medical Centers within VISN 9.

This publication is not a substitute for professional medical advice, which should be obtained from your doctor.

Your feedback is welcomed. If you would like to comment on any of the articles or submit information for possible publication, please write to:

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# THERE'S HELP FOR eating disorders

**I**t's a myth that only teenage girls have eating disorders. Some veterans with post-traumatic stress disorder (PTSD) develop eating disorders, too. They use food to help them cope with emotional distress, then binge, purge or restrict their intake. Others may experience substance substitution and use food to replace an addiction to alcohol and other drugs.

Many people on active duty use unsafe weight-loss methods to “make weight” or “tape out.” But after discharge, they can have a hard time using safer alternatives to drop pounds, and they fall back on dangerous behaviors such as using laxatives or purging.

People with binge eating disorder (BED) lose control and compulsively eat large amounts of food. Unlike those with bulimia who binge then purge by vomiting or using laxatives, people with BED binge but usually don't purge afterwards.

Risk factors for eating disorders in veterans include:

- depression, anxiety, anger, PTSD or loneliness
- troubled family and personal relationships

- low self-esteem
- difficulty expressing emotions and feelings
- a history of physical or sexual abuse

## Self-help strategies

If you have risk factors for an eating disorder, try these strategies:

- When you reach for something to eat, ask yourself if you're truly hungry or just angry, stressed or bored.
- When you find yourself eating when you're not hungry, use coping tools such as reading, taking a walk, working in your garden or talking to friends.
- If you're retired or disabled, find a new activity. Learn a language, play a musical instrument

or research your family history. Busy people think less about food.

- Separate activities such as watching TV or working on the computer from the act of eating. Watching TV with a large bag of chips or cookies sets you up to overeat.

- Make sure your diet includes enough protein and good fats—lean meat, lower fat dairy, nuts and seeds or olive oil—to help you feel full.

- Keep a food diary. Note “trigger times” and emotions associated with eating. How hungry or full are you when you start and finish eating?

- If you have diabetes, high blood sugar can make you feel hungry all the time, so work with your primary care provider to control your blood sugar.

- If your eating issues are associated with untreated depression, anxiety or PTSD, ask your primary care provider for a referral to the appropriate mental health professional. ■



 **Learn more!**

For more information about eating disorders, contact your local VA Medical Center or visit [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

# Keeping good vision

**M**any people expect their vision to worsen as they get older. Though it's true that the risk of developing eye problems increases with age, you don't have to live with decreasing vision.

The most common vision problems occurring with age are needing eyeglasses and developing cataracts, macular degeneration, glaucoma and diabetic retinopathy. However, regular, periodic eye examinations can help you maintain good vision for many years.

■ **Glasses.** As you get older, the shape of your eye lens changes, and you may need glasses to see better. Around ages 40 to 45, many people begin to develop presbyopia, a condition that doesn't allow our eyes to focus well up close. Unless you have other eye diseases, you should enjoy good vision with the correct pair of prescription eyeglasses or contacts.

■ **Cataracts.** Cataracts are caused by a clouding of the eye's lens. Vision becomes similar to looking through a foggy, dirty window. When cataracts first begin to form, vision usually clears up with a change of eyeglass or contact lens prescription. As a cataract becomes more advanced, vision becomes foggier and headlights from cars seem to glare more at night. Though cataracts are the leading cause of low vision—or moderately reduced vision—in the United States, they're no longer a major cause of blindness, thanks to significant advances in cataract surgery. Through periodic eye examinations, a cataract can be monitored until the time is right for surgery.

■ **Diabetic retinopathy.** Diabetic retinopathy, a common complication of diabetes, is caused by a breakdown in the vessels supplying blood and oxygen to the retina at the back of the eye. The blood vessels eventually begin to leak and bleed. If your eye doctor detects diabetic retinopathy, you'll need to have periodic exams to watch for changes that can decrease your vision. If sight-threatening retinopathy develops,



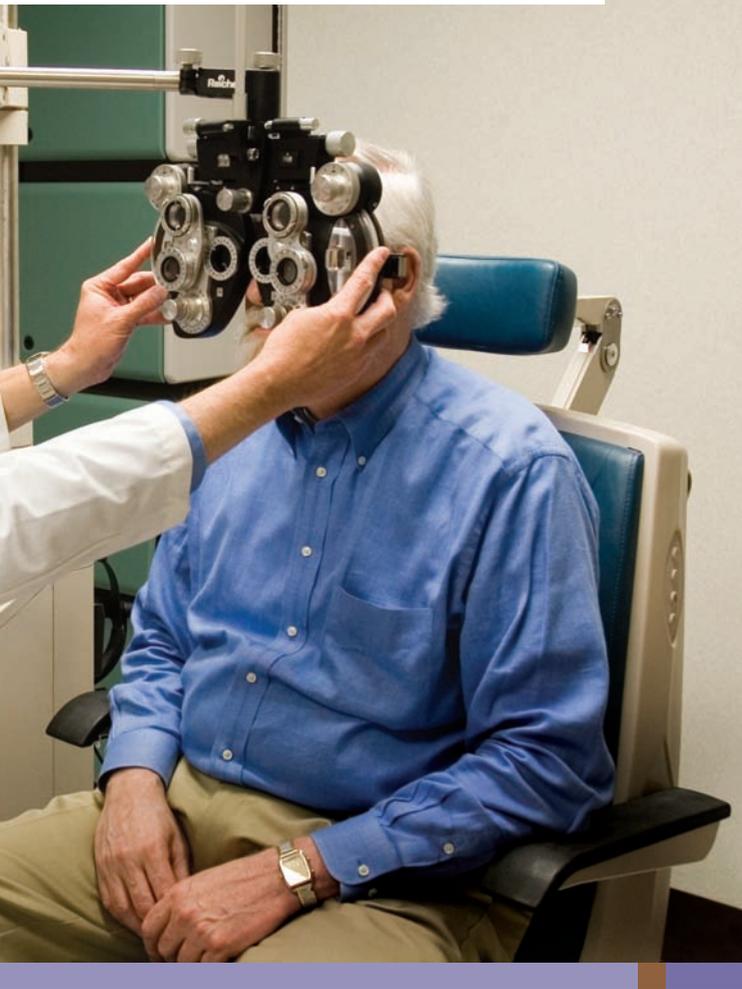
Ages 40 to 45, many people begin to develop presbyopia.

Age-related macular degeneration is the most common cause of blindness in the United States in people ages 60 and older.

Periodic eye examinations are important to maintain the best vision possible.

Cataracts are the leading cause of low vision in the United States.

# in sight



laser treatments can help reduce the risk of decreasing vision.

Better blood glucose (sugar) control minimizes problems associated with diabetic retinopathy, so you'll need to work closely with your primary care provider to control your blood glucose levels. Recent studies show that diabetic retinopathy can be detected by taking pictures of the back of the eye, and several Department of Veterans Affairs (VA) facilities now have the technology to screen for diabetic changes using this new method.

■ **Macular degeneration.** Age-related macular degeneration is the most common cause of vision impairment and blindness in the United States in

people ages 60 and older. A disease of the retina, macular degeneration affects central vision, the part of vision used for reading and watching television. Of the two forms of macular degeneration—wet and dry—the wet form is more likely to cause greater damage to vision. Most treatments are directed at the wet form and may involve using lasers and medications. Research shows that certain vitamins, minerals and nutrients may help reduce the risk of advanced macular degeneration. Periodic eye examinations are important to maintain the best vision possible.

■ **Glaucoma.** Glaucoma is caused by damage to the optic nerve, the part of the eye that communicates to the brain what your eyes see, and usually begins with a very slow fading of the side vision. Glaucoma is most often detected by an eye doctor before you notice any vision changes, and the diagnosis is confirmed by a series of clinical tests. If you have glaucoma, treatment is directed at reducing the pressure inside your eyes by using medications (usually eye drops), laser treatment and surgery. Your eye doctor can determine which treatment is best for you.

“The best thing you can do to maintain good vision is to have regular eye examinations, at least every one to two years, or sooner if recommended by your eye doctor,” says Gary H. Brough, O.D., staff optometrist at the VA Medical Center, Memphis, Tenn.

If cataracts, diabetic retinopathy, macular degeneration or glaucoma cause permanent vision impairment, you can receive prescriptions for low-vision devices to help you maintain useful vision. In a low-vision evaluation, your need for various types of magnifying glasses, hand-held magnifiers and special lighting aids is assessed. If you have reduced vision that can't be corrected by glasses or contact lenses, ask your eye doctor about VA low-vision services that can benefit you. ■

# Veterans MOVE!

Program helps veterans reduce weight, increase activity and improve health

**M**ore than 30,000 veterans nationwide are on the *MOVE!* at Department of Veterans Affairs (VA) medical facilities, taking part in a weight-management program designed to help them lose weight by increasing their exercise and changing their behavior and diet.

Good nutrition and regular physical activity can help increase energy, improve sleep, reduce body fat and weight gain, control blood sugar, lower blood pressure, decrease LDL (bad) cholesterol and increase HDL (good) cholesterol.

*MOVE!*—Managing Overweight and/or Obesity in Veterans Everywhere—part of HealthierUS Veterans, is a new initiative designed to reach out to all the nation's 25 million veterans, including those who aren't being treated at

## Eat smart

### Follow these tips for eating well:

- Aim for at least five servings of colorful vegetables or fruits each day.
- Have three servings of low-fat milk, cheese, yogurt or other calcium-rich foods.
- Make half of your grains whole grains.
- Know your limits on fat, salt and sugar.
- Control calories.
- Drink water or other low-calorie beverages.



Women veterans and employees, including (from left) LeAnn Hamlin, Lora Kirk and Sharoon McHellon at the VA Medical Center in Memphis, Tenn., are active in the *MOVE!* Program, Weight Watchers, the Walking Club and the Wellness Program.

VA medical facilities, and their families. Visit [www.healthierusveterans.va.gov](http://www.healthierusveterans.va.gov) to learn more about the program's five initiatives:

- **MOVE!** This comprehensive, cooperative effort by VA and the Department of Health and Human Services is designed to help veterans lose weight, keep it off and improve their health.
- **Prescription for Health.** To encourage veterans to be more active, providers offer activity prescriptions developed to tell patients their body mass index (BMI); explain that an elevated BMI puts them at risk for health problems such as diabetes, high blood pressure and heart disease; and give recommendations to increase physical activity.
- **Fitness Challenges.** These fun competitions are designed to help veterans eat better and increase physical activity.
- **Collaboration with CDC's Steps to a HealthierUS.** VA Medical Centers partner with local and state groups on community-based programs that address physical inactivity and poor nutrition.
- **Fitness for Life Veteran Volunteer Corps.** Veteran volunteers lead their families and other members of the community in joining together to develop programs to increase physical activity and improve health.

## Learn more

For more information about *MOVE!*, contact your nearest VA Medical Center *MOVE!* coordinator:

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*MOVE!* coordinators are in place at every VA medical facility, as well as at each network. Participants recommended for the program work with *MOVE!* team members to develop a plan to change their eating behaviors, improve nutrition and boost their fitness level. *MOVE!* staff keeps in touch with veterans to help them track their progress and set new goals as they meet current ones.

The individually tailored programs allow participants to determine their level of involvement. Some veterans also participate in regular group sessions and may receive individual specialty consultations.

For veterans who need additional treatment, more intensive options, including medications and surgery, are available. ■

## Get moving!

Here are some ways to help you fit fitness into even the busiest schedule:

- Use the stairs instead of the elevator whenever possible.
- Take a walk each day.
- Park farther away from your destination and walk.
- Stretch while watching television.
- Move your body every chance you get.

## QUICK QUIZ

Take this quiz to test your knowledge and learn more about staying well. Answers appear below.

1. You can increase the amount of iron you absorb from foods like meat, fish and beans by eating them with foods containing:  
A. fiber  
B. omega-3 fats  
C. vitamin C  
D. vitamin D
2. You're more likely to develop gastro-esophageal reflux disease (GERD), in which stomach acid seeps into the esophagus, if you're:  
A. older than 65  
B. obese or overweight  
C. underweight  
D. sedentary
3. Most older adults with osteoporosis need to increase their levels of this vitamin:  
A. vitamin D  
B. vitamin C  
C. folate  
D. vitamin A
4. Which statement about diabetic retinopathy, or damaged blood vessels inside the eye's retina, is not true?  
A. Nearly one in two people with diabetes has some stage of diabetic retinopathy.  
B. It often has no early warning signs.  
C. It's a leading cause of blindness.  
D. You can't control its progression once it begins.
5. A study suggests that women have a greater chance of developing breast cancer if they:  
A. eat meat  
B. eat too little fiber  
C. consume sweets  
D. gain 25 pounds or more after age 50
6. When a loved one moves into an assisted-living facility, it's a good idea to:  
A. stay away so he or she can adapt  
B. only send cards  
C. visit regularly  
D. call occasionally

Answers: 1. C, 2. B, 3. A, 4. D, 5. D, 6. C

# VA MidSouth Healthcare Network

The right care,  
the right time,  
the right place



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