

Issue 2 • 2009

CareFirst  
BlueCross BlueShield



Vitality

More to feel good about.™

Game on:
you're
never
too old to
play

7 WAYS TO let the
stress out

Hot health *tips*





OPTIONS

Options is a discount program available to all CareFirst BlueCross BlueShield members. The program includes a variety of health and wellness services.



In addition to the *Options* program, you have access to even more discounts through the Blue Cross and Blue Shield Association's Blue365 program.

To find a list of vendors and resources, visit:

www.carefirst.com/options

Options Program Directory

Alternative Health & Wellness Services	<ul style="list-style-type: none"> ■ Discounts up to 30% on acupuncture, chiropractic care, guided imagery, massage therapy, yoga, nutritional counseling, personal training and more ■ Discounts on fitness center memberships, spa services and magazines
	Healthways WholeHealth Networks, Inc. (800) 514-6502 http://options.wholehealthmd.com
Eldercare Information & Referrals	Referrals for services for elders and their families (home health care, home support, assisted living, adult day care, long-term care, nursing home options and more)
	ElderCarelink (866) 451-5577 www.eldercarelink.com/carefirst
Fitness Centers	Discounts on gym memberships
	National Fitness Network (800) 811-5454 www.nationalfitnessnetwork.com
	GlobalFit (800) 294-1500 www.globalfit.com
Hearing Care	Free screenings, discounts on equipment and more
	TruHearing (877) 587-3937 www.truhearing.com
	Beltone (800) 235-8663 www.beltone.com
Laser Vision Correction	Discounts on laser vision correction and 100% patient financing with approved credit
	TruVision (800) 398-7075 www.truvision.com/carefirst/LASIK.htm Also offers discounts on mail-order contact lenses
	QualSight LASIK (877) 285-2010 www.qualsight.com/-carefirst
Medical IDs	22% discount on personalized medical ID bracelets and necklaces
	American Medical ID (800) 363-5985 www.americanmedical-id.com/extras/carefirst.php
Weight Loss & Management	Discounts on nationally recognized weight-loss plans
	Jenny Craig® (800) 96-JENNY www.jennycraig.com/corporatechannel/carefirst.aspx
	Weight Watchers Online® www.weightwatchers.com/cs/cfbcbs





Issue 2 ♦ 2009

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For help with mailing address issues,
call Member Services at the telephone
number on your health plan ID card.

www.carefirst.com

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For more health information,
visit www.carefirst.com and
click on *My Care First*.

MIS5052-9S (6/09)

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Vitality

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Medical Notes

A Message from Our Chief Medical Officer



By now you are probably aware of the worldwide health concerns related

to H1N1 flu, which has become a public health concern throughout the world. CareFirst BlueCross BlueShield (CareFirst) is monitoring the situation and will follow the advice of the Centers for Disease Control and Prevention (CDC), as well as the state and local health departments. We will keep the public informed if actions by health authorities affect our members.

Rest assured that we have a business plan in place that will enable us to continue to serve our members in the event of a public health emergency or any natural or man-made disaster.

The CDC believes that the H1N1 flu is spread mainly person-to-person through coughs or sneezes of infected people. If you get sick, the CDC recommends that you stay home from work or school and limit contact

with others to keep from infecting them.

Sometimes people may become infected by touching something with flu viruses on it and then touching their eyes, mouth or nose. Therefore:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue away after you use it.
- Wash your hands often with soap and warm water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Don't touch your eyes, nose or mouth. Germs spread this way.
- Stay away from sick people.

For news and updates on the H1N1 flu, visit the CDC's Web site at www.cdc.gov.

Jon Shematek, M.D.
Senior Vice President of Medical Affairs and Chief Medical Officer



Learn How To Cook Healthy

- ▶ Look for our cooking videos at www.carefirst.com/recipes
- ▶ Step-by-step instructions show you how to make new dishes the healthy way.

**This month, watch us create
Strawberry Shortcake Parfait.**

Register at www.carefirst.com/healthnews
for our monthly e-health newsletter and
get the video of the month by e-mail.



CareEssentials: Utilization Management

DECISIONS ABOUT MEDICAL AND MENTAL HEALTH

CareFirst wants to ensure that its members receive appropriate medical and mental health care and services. Our professional staff, including doctors and nurses, makes coverage decisions (utilization management) based on medical information.

You should know that:

- The utilization management staff makes decisions based only on the existence of coverage and the appropriateness of the care and services.
- CareFirst and our behavioral health vendors do not reward doctors, nurses or other individuals for issuing denials of coverage or service.
- CareFirst and our behavioral health vendors' financial incentives do not encourage decisions that result in underutilization.
- CareFirst and our behavioral health vendors monitor for possible underuse of services throughout the year.

Utilization management is an element of *CareEssentials*, CareFirst's program that provides you with resources to make intelligent health decisions that will keep you healthy or make you well.



Changes to the Preferred Drug List

This information applies only to members whose prescription drug program is based on the CareFirst preferred drug list (also called a formulary). There are 3 types of drug programs:

- 2-tier program: generic, brand
- 3-tier program: generic, preferred, nonpreferred
- 4-tier program: generic, preferred, nonpreferred, self-administered injectables

Prior authorization

The following prescription drugs require prior authorization:

- Epiduo™ gel (acne)
- Prilosec® oral suspension (gastroesophageal reflux disease, or GERD)

New generics

The following drugs now come in generic form. As a result, the brand-name drug has moved to nonpreferred (tier 3) and the generic alternatives are now available on tier 1.

Brand Name	Generic	Condition Treated
Cosopt®	dorzolamide/ timolol	glaucoma
Imitrex®	sumatriptan	migraine
Zerit®	stavudine	HIV & AIDS infection

The following drugs now have generic equivalents. As a result, the generic alternative is available as a tier 1 or generic drug. The brand-name drug remains on tier 3 or nonpreferred.

Brand Name	Generic	Condition Treated
Depakote® sprinkle	divalproex	seizures
Diamox® sequels	acetazolamide	glaucoma
Miacalcin® nasal spray	calcitonin	osteoporosis
Tobradex® eyedrops	dexamethasone/ tobramycin	ophthalmic infections
Trusopt®	dorzolamide	glaucoma

For More Information

For the most current preferred drug list, required procedures and prescription drug updates, visit www.carefirst.com/rx. For a printed copy of the preferred drug list and required procedures, please call **877-800-3086**. If you have questions about your prescription drug benefits, call **800-241-3371**.

Take Your CareFirst Card on Vacation

As you plan your summer vacation, be sure to pack your CareFirst membership card. When you are outside of the CareFirst service area, benefits are available for health care services. If you have a Preferred Provider Organization (PPO) or Preferred Provider Network (PPN) plan, in-network benefits are available for covered services rendered by practitioners participating in the PPN plan of another Blue Cross and Blue Shield (BCBS) plan. Out-of-network benefits are applied when nonemergency/urgent treatment is received from providers who are not in a BCBS PPN plan.

The hospital or practitioner should bill CareFirst directly. However, if an up-front payment is requested, contact Member Services when you return to obtain a claim form for consideration and reimbursement of the charges.

When you arrive at the doctor's office or hospital, present your current CareFirst ID card with the in-network logo, and the preferred doctor or hospital will verify your membership and coverage. After you receive care, your claim will be sent electronically to CareFirst for processing.

CareFirst pays all participating and preferred doctors and hospitals directly, relieving you of any hassle or worry. You are responsible only for any out-of-pocket expenses (noncovered services, deductibles, copayments or coinsurance).

Call BlueCard® Access at **800-810-BLUE (2583)** to find a network provider. You also can search the BlueCard Provider Finder online at www.bcbs.com.

NOTE: You are responsible for obtaining all necessary pre-certifications for out-of-area services. Check your Evidence of Coverage for requirements specific to your health plan.



Do I Need a Referral?

Members often call us because they are not sure whether they need a referral or approval for service before seeing a specialist. Your CareFirst plan is not a health maintenance organization (HMO) and, generally, you do not need a referral.

The only exception is the Maryland Point-of-Service (MPOS) plan. All MPOS members must choose a primary care physician (PCP), and they need a referral from the PCP to receive in-network benefits. MPOS members may see specialists without a referral, but will pay more out-of-pocket.

If you have questions about how your benefit plan works, please refer to the materials you received after you enrolled or call the Member Services department at the telephone number on your ID card.

Authorization is required for services such as nonemergency

hospitalization, mental health and substance abuse treatment and home health care. The doctor requesting the services will handle the authorization for you.

Filing an Appeal or Grievance

Many members have a right to an independent external review of any final appeal or grievance decision. Check your contract to see if you are eligible to contact the insurance regulatory department in your area to file an external complaint or an appeal regarding a denial or reduction of benefits. If you would like to review the procedure for filing an appeal or find addresses of the regulatory departments, go to the *Members and Visitors* section of www.carefirst.com and click on "Member Handbooks" in the *Solution Center*. For a paper copy, contact the Member Services department at the telephone number on your ID card.

Preventive Guidelines Are Online

Children and adults need routine shots and preventive checkups to stay healthy. CareFirst has a list of the preventive services and shots that most adults and children need. To find the list, visit www.carefirst.com/prevention. For a printed copy, please call the Quality Improvement department at **800-323-4472**.

To save money on health care, your child can have 2 or more shots during the same office visit.

Your doctor may recommend different services if you have special needs or risk factors. If you think you might be at risk for any condition, tell your doctor.

Many health plans cover preventive services. Call the Member Services department at the telephone number on your ID card to check your benefits.

How To File a Claim

One of the benefits of seeing a provider who participates in our network is that the office will submit claims for you. If you see a nonparticipating provider, you will need to submit the claim yourself.

You can find claim forms in the *Solution Center* at www.carefirst.com. You can also call the Member Services department at the telephone number on your ID card to request claim forms.

Dental Network Expands

If you have a regional preferred provider or traditional dental plan with CareFirst, we have good news for you. Now you can use your dental benefits anywhere in the United States. Our expanded network has more than 100,000 participating dentists nationwide. Whether you have children away at college, or you are on vacation, you can find a dentist in the area.

Not sure if you have a regional dental plan? Just check your membership card. The ID number will start with DP or DT.

To find a network dentist, use our "Find a Doctor" feature at www.carefirst.com/doctor. You can also call the Member Services department at the telephone number on your ID card.



Prevent Fraud and Abuse

Health insurance fraud has many forms, and it costs about \$85 billion a year, says the U.S. General Accounting Office. CareFirst is dedicated to combating fraud, waste and abuse. One of the ways we identify potential fraud is through tips from our members. Contact us if you:

- receive an Explanation of Benefits (EOB) showing providers or services that are not correct
- find claims on *My Account* for a prescription that you did not receive
- see a provider who tells you the item or service isn't covered, but he or she "knows how to bill your plan to get it paid"

Follow these tips to help prevent fraud and abuse.

- Keep a record of your medical appointments, tests, supplies

and all prescription medications. You can do this on a calendar or in a notebook. Keep all the receipts in one central location, such as a file folder or shoe box.

- Be wary of free health services from providers who require you to give your health plan ID number.
- Call us if someone asks you to sell your health plan ID card.

You can call our Special Investigations Hotline Monday through Friday between 9 a.m. and 4 p.m. EST at **410-998-5480** or **800-336-4522**. On the Internet, visit www.carefirst.com and click on "Report Fraud" at the bottom of the page. All information you provide is private, and calls can remain anonymous.



Compare Hospitals and Doctors at www.carefirst.com

CareFirst offers online tools to help you find the best care at the most reasonable cost.

Be sure to visit us at **www.carefirst.com/doctor** and click on “Researching a Doctor or Hospital” in the *Solution Center* for links to:

- national medical societies
- state medical boards
- independent organizations

These groups provide tools to help you compare the quality of providers. Resources include:

Hospital Comparison Tool

WebMD Quality Services provides this tool. It compares treatment results for diagnoses

and procedures at different hospitals.

Leapfrog

The Leapfrog Group reports information on hospital quality and patient safety efforts. You can search for hospital information by ZIP code, city and state and compare the results from the latest Leapfrog Hospital Quality and Safety Survey.

National Committee for Quality Assurance (NCQA)

NCQA allows you to find doctors in the Bridges to Excellence (BTE) program. Doctors certified by the BTE program have enhanced the quality of care for their patients.

Quality Check

The Joint Commission rates health care organizations throughout the United States on how well they meet the Commission’s patient safety goals and quality standards.

To make sure the providers you choose are in your health plan’s network, search our online provider directory at **www.carefirst.com/doctor**.

For a printed copy of the information described, please call the Member Services department at the telephone number on your ID card.

How Do High Deductible Health Plans Work?

CDH, HSA, HRA. What do all the letters mean? If you are like most people who have a consumer-directed health (CDH) plan with a health savings account (HSA) or a health reimbursement arrangement (HRA), you're probably trying to figure out how it all fits together. Our new online tutorial covers the basics of CDH and explains how HSAs and HRAs work. This interactive resource is the best place to begin if you are not sure how your health plan works. If you don't have a CDH plan now, but you are considering one, this tool can help you make a well-informed decision. Visit www.carefirst.com/cdhtools to find the tutorial and more information to help you get the most from your CDH plan.

Follow-up Care After a Hospital Stay

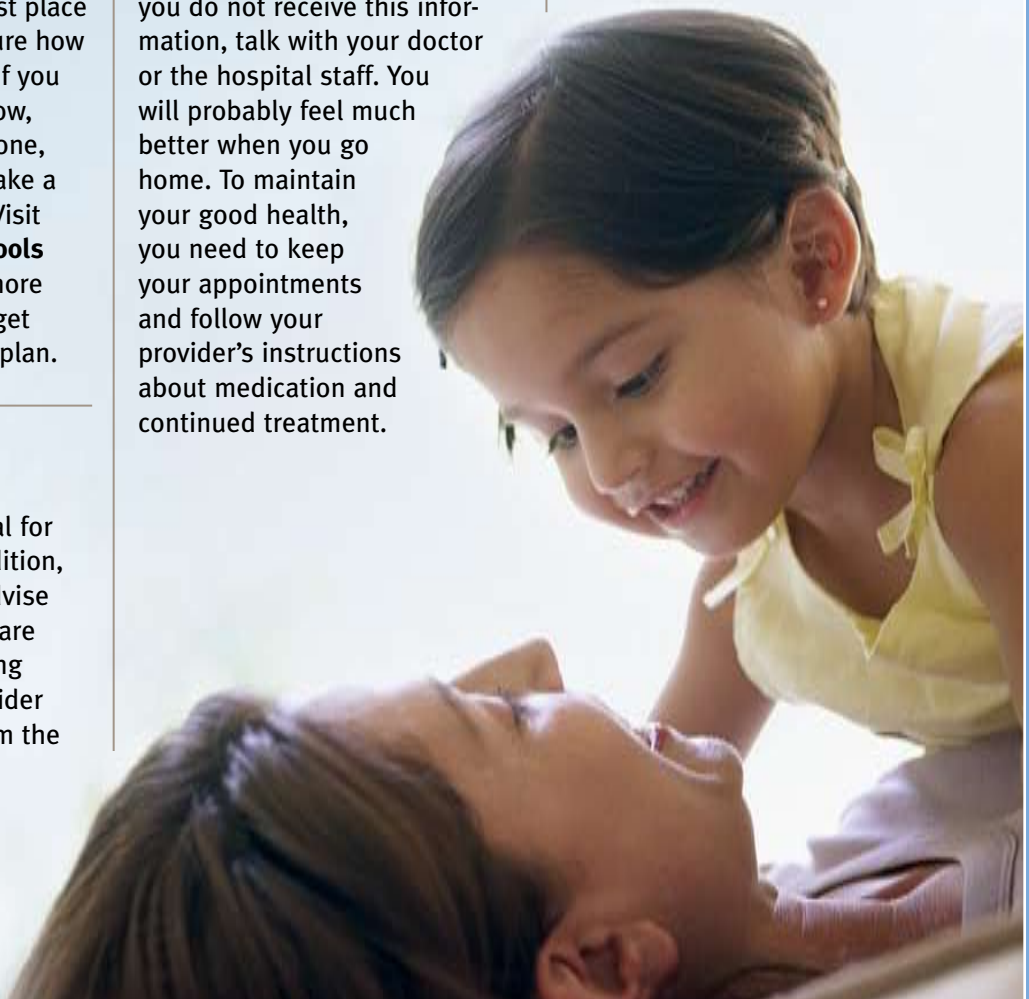
If you stay in the hospital for a behavioral health condition, your doctor will likely advise you to have outpatient care after you go home. Seeing a behavioral health provider soon after discharge from the

hospital will help your recovery. Studies have shown that people who continue outpatient care after they are discharged are less likely to return to the hospital. You should have your first outpatient appointment within 7 days of discharge from the hospital.

Before you are discharged, your doctor or hospital staff will help you make arrangements and get authorization for treatment after you go home. If you do not receive this information, talk with your doctor or the hospital staff. You will probably feel much better when you go home. To maintain your good health, you need to keep your appointments and follow your provider's instructions about medication and continued treatment.

R&R for Members

As a member of CareFirst, you have certain rights and responsibilities. To review the list, visit www.carefirst.com/members and click on "Rights & Responsibilities." You can also call the Member Services department at the telephone number on your ID card to request a printed copy.



Continuation of Coverage

As a CareFirst member, you may have options for continuing your health care coverage if your employment status changes. Your options may include the following:

- *Consolidated Omnibus Budget Reconciliation Act (COBRA)*. For information, contact your company's health benefits administrator.
- *State continuation plan*. For information, contact your company's health benefits administrator.
- *Group conversion plan*. Call the Member Services department at the telephone number on your ID card.
- *Individual plan*. Call **800-544-8703** for complete details, including benefits options.

When you first enrolled in your plan, or if you changed the plan you belonged to, you received enrollment materials, including a membership guide, benefits guide and primary care physician (PCP) selection form, if you had to choose a PCP. These documents include complete information about how and where to get primary, specialty and emergency health care and related services. They also include information on premium changes, policy renewability, pre-existing condition provisions and employers' responsibilities for dependent coverage.

Sometimes, changes to your health plan may result in new information that may not be reflected in your enrollment materials. For answers to questions about your membership, call the Member Services department at the telephone number on your ID card.



Quality Improvement Program

CareFirst is committed to ensuring that you receive the best care and service possible, regardless of your gender, race, ethnicity or age. Each year, we develop a Quality Improvement (QI) Program using the National Committee for Quality Assurance (NCQA) Standards and Guidelines as a framework. NCQA is a nonprofit organization that measures the quality of America's health care.

Our QI Program activities focus on improving the quality and patient safety of clinical care and services, as well as responding to the health care needs of the diverse communities CareFirst serves. Committees composed of physicians, health plan staff and health plan members evaluate QI Program activities by measuring how well the health plan performs compared to our goals.

For more information about our QI Program or our performance, call the Member Services department at the telephone number on your ID card.

Be a Card-Carrying Member

Always remember to carry your current health plan ID card. You never know when you might need it. Your card has important information, including the telephone number for the Member

Services department, your member ID number and your copayment, if you have one. Present your card whenever you receive care so that the provider will be able to bill properly. If you get a new card, be sure to throw the old one away.

Update Your Personal Health Record Online

Having an up-to-date record of your health history is helpful in an emergency or when preparing for a visit to the doctor. You can record your important health information, such as insurance coverage, family history, previous illnesses and immunization records, on our online personal health record. You can also create personal health records for your children or others in your care even if they are not members of your health plan.

You can print a copy of the record for relatives, caregivers, teachers or anyone who needs the information. Remember, all

data you record is stored on our secure server, so all of your information is private.

To find the health record, visit **www.mycarefirst.com** and click on "Your Personal Health Record" under *Personalized Health Tools* on the right. You can log on to our secure server and update your information whenever it's convenient.

Medical Coverage for Dental Care

Your health plan covers dental care related to accidental injuries to the jaw or natural teeth. If the accident occurred before the effective date of your plan, CareFirst will provide benefits for services received after your plan takes effect if they are related to the accident. If you have questions about your benefits, please contact the Member Services department at the telephone number on your ID card.



HOT Health TIPS

THE DISH ON *Good Nutrition*

To get the most nutrition, think 25-25-50 when filling your plate.

25 % whole grains
Go for brown rice, barley, millet and quinoa.

25 % lean protein
Instead of red meat, try chicken, turkey or fish. Beans, nuts or seeds are other options.

50 % vegetables
Reach for the rainbow:

- red bell peppers and tomatoes
- yellow corn and squash
- green leafy kale and spinach, crunchy zucchini and celery
- orange carrots and sweet potatoes
- blue and purple eggplant and cabbage
- white garlic, onions and mushrooms

EARLY DETECTION OF *Oral Cancer*

Oral cancer often is overlooked as a health concern. It usually affects older adults who smoke or drink alcohol in excess. However, the 18–39 age group recently has shown a higher rate of oral cancer. This has been linked to the human papillomavirus (HPV), a sexually transmitted virus. If you are sexually active, ask your dentist to perform a visual cancer exam at least once every year. When detected early, oral cancer is treatable.

Many dental plans cover the visual oral cancer exam. For more information on coverage for this test, contact your dental benefits carrier.

ADVICE THAT'S *Music to Your Ears*

Changes in altitude, such as those you have when flying, can cause an uncomfortable clogged feeling in your ears. If you try to relieve the pressure by blowing your nose too hard, you could perforate the eardrum or force bacteria into the deeper parts of the ear.

The National Library of Medicine offers these suggestions to help you safely relieve pressure in the ears when flying:

- About an hour before your flight is scheduled to leave, take a decongestant.
- Try yawning to gently relieve pressure as altitude changes.
- Keep swallowing to help unclog ears.
- Chew a piece of gum while the plane takes off and lands.
- If your ears still feel clogged, inhale, hold your nose and very gently exhale with your mouth closed until you feel relief. Be very careful not to do this with too much force.



STRETCH YOUR FOOD DOLLAR WHILE *Eating Well*

“You don’t need to eat meat every day,” says Beth Kitchin, R.D., an assistant professor in the nutrition sciences department at the University of Alabama at Birmingham. If your family won’t go meatless, cut the portion to 3 ounces.

You can save a good bit of money if you use canned beans, which are nutrient-rich, to replace half or all of the meat in a couple of weekly meals. Try chili or rice and beans. To cut down on sodium, rinse beans in water before preparing or buy low-sodium versions.



New Moms NEED CARE, TOO

If you’re a new mother, your care shouldn’t end when your baby is born. Be sure to schedule a visit with your OB/GYN for 3 to 8 weeks after your delivery to make sure your body is healing properly. If you have any of these symptoms, tell your doctor. You may be suffering from postpartum depression.

- feeling deep sadness or that you can’t cope with life
- gaining or losing a lot of weight
- sleeping too much or too little
- feeling tired all the time
- feeling restless
- feeling worthless or guilty
- having trouble thinking clearly or making decisions
- thinking about death or suicide

SOLUTIONS FOR A *High-Sodium Diet*

AMERICANS HAVE A LOVE AFFAIR WITH SALT. Snack foods, such as potato chips and french fries, often are drenched in it. Processed foods contain plenty of sodium. Fast foods often have more than half the amount of sodium recommended for an adult for an entire day.

"All this salt comes with a cost to our health because too much of it raises the risk for high blood pressure and heart disease," says Angela Ginn-Meadow, R.D., a Baltimore-based spokeswoman for the American Dietetic Association. "Add obesity into the mix, and your odds of getting either of these conditions is even greater."

With that in mind, here are suggestions from Ms. Ginn-Meadow that can help you reduce your sodium intake:

- **Read and compare food labels.** The amount of sodium

in different brands of food can vary widely.

- **Take the saltshaker off the table.** Whatever you are eating probably has more than enough sodium.
- **Eat more fresh foods** and fewer processed, cured or pickled foods. "If a food comes in a box or bag, it's likely processed and high in sodium, which food manufacturers use to preserve and improve the taste and texture of products," says Ms. Ginn-Meadow. "In comparison, fresh foods, vegetables and meat contain little sodium."

You can easily reduce sodium by cooking from scratch and using fewer canned vegetables and soups, luncheon meats and frozen foods. Choose fresh or frozen fish, shellfish, poultry and meat more often than canned or processed forms, such as bacon, hot dogs, sausage and ham.

- **Substitute other seasonings for salt.** Try using garlic, thyme, paprika, parsley, bay leaf, dill, oregano, zest from citrus fruit and fruit juices.
- **Rinse canned vegetables and beans in water.** This will wash away most of the added sodium.
- **Go easy on condiments.** Soy sauce, salad dressings, sauces, dips, ketchup, mustard and relish all contain a lot of sodium. Barbecue sauce is an exception.
- **Reduce salt in your recipes.** You can cut in half the amount of salt called for in many recipes, including casseroles, stews, soups and sauces.
- **Limit fast foods.** Many fast-food menu items are high in sodium, with some containing more than 1,000 milligrams.

Finally, as with any lifestyle change, you are more likely to be successful if you adjust your sodium intake gradually.

"By cutting sodium back over time, your taste buds can adjust to the change," says Ms. Ginn-Meadow. "Plus, as you use less salt, you'll find you can enjoy the taste of food itself."

The U.S. Department of Agriculture advises adults to consume *less than 1 teaspoon of salt per day*. Ask your doctor how much sodium is right for you.



Try these **spicy recipes** that can help keep you **moving this summer**.

They're good for you and packed with taste.

For more recipes and the video demonstration of how we make other dishes, visit www.carefirst.com/recipes.



Stuffed PEPPERS

4 LARGE SQUARE BELL PEPPERS
(RED, YELLOW OR GREEN),
ABOUT 1 ½ POUNDS TOTAL

1 TABLESPOON OLIVE OIL

1 LARGE CLOVE GARLIC, MINCED

2 TABLESPOONS ONION, MINCED

2 RED CHILIES, DRIED

½ CUP DICED TOMATOES
(PEELED AND SEEDED)

1 15.5-OUNCE CAN BLACK BEANS,
DRAINED AND RINSED

2 CUPS COOKED BROWN RICE

½ CUP WATER

Wash peppers and cut off tops ¼- to ½-inch down. Remove seeds; set tops aside. Put peppers in a baking dish. Heat oil in a skillet. Sauté garlic and onion with dried red chilies until onion is soft, about 5 minutes. Add tomatoes, beans and brown rice. Mix thoroughly. Spoon mixture into prepared peppers and put tops back on. Add water to pan. Cover and bake at 375 degrees until peppers are soft, about 45 minutes to 1 hour.

Serve with fiery mango salsa
(see recipe on right).

Makes 4 servings.

PER SERVING

289 calories, 11 grams protein, 5 grams fat, no cholesterol,
53 grams carbohydrates, 12 grams fiber and 8 milligrams sodium

Fiery MANGO SALSA

1 FRESH MANGO

1 JALAPEÑO PEPPER, MINCED
(SEEDS AND RIBS REMOVED)

2 TABLESPOONS RED ONION,
MINCED

2 SCALLIONS, SLICED

½ CUP FRESH CILANTRO,
CHOPPED

Peel and chop mango into a small bowl. Add all other ingredients and refrigerate until ready to serve.

Makes 4 servings.

PER SERVING

38 calories, less than 1 gram protein,
less than 1 gram fat, no cholesterol,
10 grams carbohydrates, 1 gram fiber
and 3 milligrams sodium

Keep the Beat To Boost Your Workout

SOME MUSIC IS FOREVER LINKED TO ATHLETICS. Remember “We Are the Champions” by Queen and the themes from the Oscar-winning movies *Rocky* (“Gonna Fly Now”) and *Chariots of Fire*?

The playlist of inspiring tunes is longer than you might think. Although certain types of music can aid your endurance, research suggests that

BEATS PER MINUTE (BPM) EXERCISE CHART

Activity	Pace	BPM	Artist, Song Title
Stroll walking	3.0–3.2 mph	115–118	Blondie, <i>Heart of Glass</i>
Easy walking	3.3–3.5 mph	118–121	Vanilla Ice, <i>Ice Ice Baby</i>
Moderate walking	3.6–4.0 mph	124–126	ZZ Top, <i>Sharp Dressed Man</i>
Fast walking	4.0–4.3 mph	130–138	ACDC, <i>You Shook Me All Night Long</i>
Power walking	4.3–4.5 mph	137–139	Nirvana, <i>Drain You</i>
Jogging	5.2–6.0 mph	147–150	Vince Gill, <i>Next Big Thing</i>
Running	6.0–8.0 mph	147–160	Beatles, <i>I Saw Her Standing There</i>
Moderate cycling	60–70 rpm	139–145	Prince, <i>Baby I’m a Star</i>
Fast cycling	75–80 rpm	147–150	Billy Joel, <i>We Didn’t Start the Fire</i>
Stair-climbing	N/A	124–128	Elton John, <i>Philadelphia Freedom</i>
Elliptical machine	N/A	124–128	Gap Band, <i>You Dropped a Bomb on Me</i>

whatever music you enjoy—even a Lawrence Welk polka—can help you exercise better.

Music improves your mood

“Music enhances the positive aspects of mood: excitement, happiness, relaxation,” says Costas Karageorghis, Ph.D., an associate professor of sports psychology at Brunel University in England. “It also reduces the negative aspects: tension, fatigue, anxiety.”

Most of us feel this effect when we use our favorite music to motivate us to exercise. “If you feel better about what you’re doing, then your performance is going to be better,” says Robert T. Herdegen, Ph.D., a psychology professor at Hampden-Sydney College in Virginia.

Dr. Herdegen helped conduct a study that put a dozen college students on exercise bikes and had them pedal as fast as they could for 10 minutes. Students who listened to music of their choice went 11 percent farther than those who rode in silence or listened to white noise.

Music makes your workout seem easier

Dr. Karageorghis has written many articles on the relationship between music and exercise. When you work out at less than 75 percent of your maximum, he says, pleasing background music results in a 10 percent decrease in perceived exertion. You focus on the music rather than how fast your heart is

beating, how tired your muscles feel and how deeply you are gulping for air.

The power of music to distract is limited, though. When you work out at 75 percent or more of your maximum, the effect goes away. No matter how loudly you blast your favorite song, your body will tell your brain that it is working extremely hard.

Music increases endurance

The most effective workout music has a tempo you can synchronize to movement when you want to improve performance. Every beat matches a footfall (for runners or stair-steppers) or turn of the pedal (for stationary bikers).

In untrained athletes, Dr. Karageorghis says, carefully coordinating music with movement can increase endurance by as much as 15 to 20 percent by helping to maintain a steady rate. “In essence, the music helps you move more efficiently,” he says.

Songs should have a steady tempo and be upbeat enough to keep you moving. A good deal of popular music is recorded at 120 to 140 beats per minute (BPM), roughly the tempo you need for a good workout. You can use songs with a slower beat by moving double-time. For example, count 2 footfalls per beat while running.

TIPS FOR *Choosing Songs*

Thanks to the Web, learning the beats per minute (BPM) of a song is easy. The BPM Database at <http://bpmdatabase.com> lists the BPM for nearly 24,000 songs. JogTunes at <http://jogtunes.com> offers sample playlists for different workouts.

You can get creative with your workout mix. You can vary the BPM to add warm-up and cool-down periods. You can mix in short, high-BPM songs for intense bursts of exercise.

It’s important to find a balance between your favorite artists and BPM, says Robert T. Herdegen, Ph.D., a psychology professor at Hampden-Sydney College in Virginia. “Pick stuff with the right tempo, but make sure it’s stuff you like.”

Dr. Herdegen cautions that workout music should not distract you from potential hazards. “I would never use it if I was biking on the road or running on the road,” he says.



Game On: YOU'RE NEVER TOO OLD TO PLAY

GAMES AREN'T JUST FOR KIDS ANYMORE. Older adults also are starting to enjoy them again. And it's good for their health.

The New England Journal of Medicine published a study of 469 people older than 75. Researchers followed them for 5 years and found that those who participated in board and tile games, puzzles and cards had a reduced risk for dementia.

"The thrust of the study is use it or lose it," says Gene D. Cohen, M.D., Ph.D., a Washington, D.C.-based specialist on aging. "The more ways you stimulate your brain, the less of it you'll lose. Instead of experiencing natural brain cell loss due to aging, mental challenges can help keep these cells strong, build more connections between them and even help form new cells."

Brain fitness

Exercise your brain to keep it from becoming flabby. Games are a stimulating way for older adults to work their brains each day. If you take part in some form of physical fitness, you can complement it with a fun activity that sharpens your brain.

How can you make sure the games you choose will train your brain? Make sure they:

- challenge you
- provide you with an opportunity to improve
- allow you to interact with other people

"It doesn't so much matter what game you play, as long as it provides you with those 3 factors," says Dr. Cohen. "I like to put it this way: Does playing the game make you sweat mentally? If it does, then you are getting its benefits."

Play THESE GAMES

Gene D. Cohen, M.D., Ph.D., a Washington, D.C.-based specialist on aging, says any game that enables your brain to stretch is great. Try these: Scrabble, chess, checkers, bingo, bridge, Sudoku, crossword puzzles, cribbage and word searches.

User-friendly

Games that are fun for all generations let you mingle with people of various ages while you test your brainpower. That includes classics, such as Monopoly or chess. Younger people can teach older adults how to master newer products.

"Because the brain has varying capacities, different games stimulate the brain in different ways," says Dr. Cohen. "Just as you need a balanced diet and variety in your physical activities, you also need an assortment of mental challenges that keeps you motivated."

Many games have been customized just for older adults. For example, many come in large-print versions for people with poor vision. Look for games that are practical, inspirational and enjoyable.

GET REGULAR *exercise.*

People who exercise for 20 or 30 minutes at least 3 times a week can significantly reduce their stress, says the American Council on Exercise. Any form of physical activity works, including walking, cycling, running or playing a team sport, such as soccer or basketball.

2

Be mindful
OF THE PRESENT.

Mindfulness is the practice of being fully engaged in the present moment. Instead of worrying about the future or dwelling on the past, mindfulness pays attention to what's happening right now. Sit in a relaxed position and clear your mind. Focus on your breathing, a word or a sound, such as "oohmmm," for 10 to 20 minutes. It's helpful to have silence and privacy, but more skilled meditators can do it anywhere. Gently return to your breathing if your attention is drawn to something else.

TAKE A *deep breath.*

This technique is used in many relaxation practices, including yoga, meditation and visualization. Deep breathing involves not only the lungs, but also the abdomen and diaphragm. To perform it, breathe in deeply and slowly to a count of 8, holding your breath with your abdomen extended. Slowly exhale to a count of 8; then repeat for 10 minutes.

3

Stress STOPPERS:

7

WAYS TO TAME THE TENSION

EVERYONE HAS STRESS AT SOME POINT. Although you may not be able to eliminate the cause of your stress, you can work to relieve the effects it has on your mind and body.

4

Pray.

Saying the rosary, repeating

a prayer or chanting a mantra can lower stress and help you feel calm and protected.

GO TO YOUR *happy place.*

Guided imagery or visualization involves imagining a scene in which you feel free of tension and stress. Close your eyes and imagine your special place, such as a beach, favorite vacation spot or wherever you like. Picture the scene as clearly as you can, including what you can see, hear, smell and feel.

6

PRACTICE *hatha yoga.*

This yoga practice involves stretching and forming different poses while keeping breathing slow and controlled. Yoga helps bring a relaxed state into your daily life. Injuries can occur if yoga is done incorrectly, so it's best to learn by attending classes with a qualified yoga teacher.

LIVE A *healthy lifestyle.*

Take good care of yourself by getting enough sleep; eating a healthy diet; avoiding excess caffeine, alcohol and tobacco; and not abusing drugs.

5

7

CLEAR THE AIR ON Childhood

THE NUMBER OF CHILDREN WITH ASTHMA has risen dramatically in the past few decades. About 1 in every 8 school-aged children is affected by what is now the most common chronic disease of childhood. And it continues to be 1 of the most common reasons for hospital admission and emergency department care.

What causes childhood asthma?

Many things can bring on your child's asthma attack, but allergies are the main cause. Many asthmatic children are allergic to pollen, mold, dust mites and pets. Other triggers of childhood asthma may include:

- upper respiratory infections (colds)
- inhaled irritants, such as secondhand smoke
- certain weather conditions, such as cold air
- physical expressions of emotion, such as crying, laughing or yelling

RESOURCES

- » For help in managing your asthma, visit our online Asthma Center, **www.carefirst.com/asthma**. You will find educational articles and interactive calculators, quizzes and trackers.
- » Our Asthma Management Program offers eligible members access to nurses, who will work with you and your doctor to support your treatment plan, set goals and track

your progress. You will also receive a new member kit and quarterly bulletins, which are filled with tips to help you manage your condition. To find out if you are eligible, call **800-783-4582**.

*Members whose primary insurance is Medicare are not eligible for this program and should visit the American Lung Association's Web site at **www.lungusa.org** or call **800-LUNG-USA**.*

Asthma

By avoiding triggers, taking prescribed medications, monitoring for warning signs and knowing what to do during an asthma attack, a child with asthma can lead a healthy and active lifestyle.

Do children outgrow asthma?

More than half of all children with asthma—particularly boys and children with mild cases of the disease—will outgrow their symptoms by the end of their teenage years. However, for some of these children, asthma symptoms may reappear later in life.

Can children with asthma participate in sports?

Exercise may trigger an asthma attack in the majority of children with asthma. However, with proper asthma management, a child with asthma can participate in most sports. Aerobic exercise actually improves airway function by strengthening breathing muscles. Children with asthma should follow these exercise tips:

- 1** Take asthma medication before exercising, as recommended by their doctors.
- 2** Carry relievers or reserve medications in case of an asthma attack.
- 3** During cold weather, wear a scarf over the mouth and nose because warm air is easier to inhale.

GIVE YOUR CHILD *Control of Asthma*

It's very important to let your child know that asthma doesn't have to mean having less fun than other children. But you also have to be honest with him or her about the severity of asthma and the use of medications. Remember that as children grow, independence is an important goal. They do not want to be different, yet they will need guidance and supervision. Always talk with your child's doctor if you have questions.

Toddlers

This group understands little about the disease. The most important factor with small children is to try to make medication time a fun one, while stressing the importance of taking it. Let them help in any way possible.

School-aged

This group has an increased ability to understand the disease and its impact. They should learn about their medications, how to exercise and how to stay away from their triggers. They should be allowed to play with peers and monitor their own symptoms.

Adolescents

It is crucial to involve your adolescent in every aspect of the management of his or her asthma. He or she should help with goal-setting and help decide which medications work best. You can have your child sign an asthma contract, which will offer him or her some control over asthma, yet allow you to supervise the condition.

Know Your Numbers:

WHY *Blood Pressure and Cholesterol Tests* ARE SO IMPORTANT

YOU HEAR ABOUT THE IMPORTANCE OF BLOOD PRESSURE AND CHOLESTEROL SCREENINGS ALL THE TIME. But there are so many terms related to these tests, not to mention all the numbers. What does it all mean? And why do you need these tests anyway? Read on to find out what blood pressure and cholesterol tests are all about and what kind of readings you should shoot for.

BLOOD PRESSURE

What is blood pressure?

Blood pressure is the pressure exerted by blood flowing through your blood vessels against the vessel walls. A certain level of pressure is necessary at all times to keep the blood flowing to your body's organs.

A blood pressure measurement records both the pressure when the heart contracts to push blood through the system (called the systolic pressure) and when the heart relaxes between beats (called the diastolic pressure). It is written with the systolic number on top and the diastolic number on the bottom, and both numbers vary during the day.

Why should I have it checked?

High blood pressure, also called hypertension, is known as the "silent killer" because it often has no symptoms. The National Heart, Lung, and Blood Institute estimates that middle-aged Americans have a 90 percent chance of developing this condition during their lives. Left uncontrolled, high blood pressure makes the heart work harder and can lead to heart failure, heart attack, stroke, kidney disease or blindness.

Because it can be controlled with lifestyle changes and medication, it's important to know if you are hypertensive. That means having your blood pressure checked regularly.

How is blood pressure checked?

Checking your blood pressure is painless, quick and often free, and may be done at health fairs, your work, at your pharmacy or at your provider's office. You can also buy a device to check it at home.

Your health care provider checks your blood pressure as follows:

1. A blood pressure cuff is inflated around your arm to restrict blood flow. A stethoscope is placed over the artery in the crook of your elbow.
2. The cuff is slowly deflated. The first sound heard through the stethoscope is the blood pressure created when your heart pumps. This is the top number of your reading.

3. The cuff keeps deflating until no sounds are heard. The last number at which the last sound is heard is the blood pressure when your heart is at rest between pumps. This is the bottom number.

How often should I have my blood pressure checked?

The American Heart Association says you should ask your doctor or other health provider to check your blood pressure at least once every 2 years. Have your blood pressure checked more often if it's high or if you have a chronic health condition.

BLOOD PRESSURE NUMBERS

RISK CATEGORY	SYSTOLIC	DIASTOLIC
Normal	Less than 120	Less than 80
Prehypertension	120–139	80–89
Hypertension	140 or higher	90 or higher

**What is cholesterol?**

Cholesterol is a soft, waxy, fat-like substance that your body needs to make essential hormones, cell membranes and brain and nerve tissues. Your liver makes all the cholesterol your body needs, but cholesterol also is found in animal foods, such as meat, dairy products and eggs. Too much cholesterol can clog blood vessels and cause heart disease, America's number 1 killer.

To travel in the bloodstream, cholesterol is carried in small packages called lipoproteins. There are 2 kinds of lipoproteins: high-density lipoproteins (HDL) and low-density lipoproteins (LDL). HDL (good) cholesterol gets rid of excess cholesterol, and LDL (bad) cholesterol promotes fatty build-up in your arteries.

Triglycerides are another type of fat in your blood. Some of the triglycerides in your body come from the fat you eat. Your body also makes triglycerides when you consume more calories than you need from carbohydrates, proteins and alcohol. High triglycerides also are associated with an increased risk for heart disease, especially when HDL levels are low.

What is LDL cholesterol?

LDL contains most of the cholesterol in the blood. This protein carries cholesterol to body tissues,

including the coronary arteries. The cholesterol found in LDL is considered most responsible for the formation of plaque, a fatty substance that builds up on the walls of the arteries. The plaque formation eventually can lead to a heart attack or hardening of the arteries, also called atherosclerosis. High levels of LDL increase the risk for heart disease.

What is HDL cholesterol?

HDL carries the same form of cholesterol as LDL. However, the cholesterol in HDL is not used to form plaque. HDL particles carry cholesterol from other parts of your body back to your liver, which removes the cholesterol from your body. Higher levels of HDL protect against heart disease.

How is your blood cholesterol measured?

Everyone ages 20 and older should have a cholesterol test at least once every 5 years. A lipoprotein profile will measure your total cholesterol, HDL, LDL and triglycerides. You need to fast before the test for the results to be accurate.

Cholesterol levels rise with age. Women's LDL levels rise after menopause. High blood cholesterol can run in families. If you have high blood cholesterol, ask other family members if they have had their cholesterol measured.

DESIRED CHOLESTEROL NUMBERS

LDL (bad) cholesterol	Less than 100 mg/dL
HDL (good) cholesterol	Men: more than 40 mg/dL Women: more than 50 mg/dL
Triglycerides	Less than 150 mg/dL

A PARENT'S GUIDE TO Inhalant

INHALANTS ARE BREATHABLE CHEMICAL VAPORS THAT PRODUCE MIND-ALTERING EFFECTS.

These extremely toxic chemicals can cause death by suffocation, or they can irreversibly damage the brain, liver and kidneys and cause hearing loss.

Knowing the following facts about inhalants can help you protect your child. Most users start abusing the substances before age 13. One national survey indicates that about 6 percent of American children have tried inhalants by the time they reach fourth grade. Inhalants are also abused more by younger children than by older ones, but inhalant abuse can extend into adulthood. Data from national and state surveys suggest that inhalant abuse reaches its peak during the seventh through ninth grades.

Inhalant sources

More than 1,000 household products can harm the body when inhaled. Most act on the central nervous system. The National Institute on Drug Abuse (NIDA) classifies inhalants in 4 general categories:

- **Volatile solvents** vaporize at room temperature. They include paint thinners and removers, dry-cleaning fluids, degreasers, gasoline, glues, correction fluids and felt-tip marker fluids.

- **Aerosols** are sprays that contain propellants and solvents. They include spray paints, hair sprays, deodorants, vegetable oil sprays for cooking and fabric protector sprays.
- **Gases** are used in household or commercial products. They include butane lighters, propane tanks and refrigerants. They also include medical anesthesia products, such as ether, chloroform, halothane and nitrous oxide (laughing gas). Nitrous oxide can be found in whipped cream dispensers and products that boost octane levels in racing cars.
- **Nitrites** enlarge the blood vessels and relax the muscles. Instead of altering mood, as the other categories do, nitrites enhance sex. Nitrites include cyclohexyl nitrite, isoamyl (amyl) nitrite and isobutyl (butyl) nitrite, and are commonly known as “poppers” or “snappers.” Nitrites are banned by the Consumer Product Safety Commission, but still can be found in video head cleaners, air fresheners and liquid incense.

Methods of inhalation

Users can breathe inhalants through the nose or the mouth in a variety of ways, such as:

- sniffing or snorting fumes from containers

- spraying aerosols directly into the nose or mouth
- bagging, which is sniffing or inhaling fumes from substances placed or sprayed inside a plastic or paper bag
- huffing from an inhalant-soaked rag stuffed in the mouth
- inhaling from balloons filled with nitrous oxide

Effects on the body

When breathed through the nose or mouth in sufficient amounts, inhalants can make users high, less inhibited and less in control than they usually are. Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can lead to heart failure and death.

High amounts of inhalants also can cause death from suffocation by displacing oxygen in the lungs and then in the central nervous system.

Deliberately inhaling from an attached paper or plastic bag or in a closed area also greatly increases the chances of suffocation. A long session of inhalant abuse can cause irregular and rapid heartbeats, which can lead to heart failure and death.

A healthy young person can die from a single sniffing session; this is particularly true for the inhalants butane, propane and aerosol chemicals.

Abuse



NIDA says that death also can be caused by:

- convulsions or seizures
- coma
- choking from inhaling vomit
- fatal injury from accidents that occur while high

Stay calm if you catch your child abusing inhalants. Stay with a conscious child in a well ventilated room. If the child is unconscious or not breathing, call 911 and then administer CPR if trained to do so. Seek professional help from a counselor or doctor once your child has recovered.

SIGNS OF *Abuse*

These are signs of possible inhalant abuse:

- red or runny eyes or nose
- slurred speech
- stains on the body or clothing
- sores or spots around the mouth or nose
- chemical odor or some other unusual odor on skin or clothes
- drunk, dazed or dizzy appearance
- nausea and loss of appetite
- anxiety, excitability, irritability or depression
- empty spray paint or solvent containers, particularly if they have been hidden

If you suspect your child uses inhalants, discuss the matter with him or her frankly, and stress that they're deadly, poisonous chemicals.

ADHD

IS MORE THAN

Child's Play

CHILDREN OCCASIONALLY DAY-DREAM, squirm in their seats or leap before they look. Children with attention-deficit/hyperactivity disorder (ADHD) behave this way so often, and it affects them so severely that their behavior can cause serious problems. It can be tempting to call these children bad or spacey. Yet their problems are symptoms of a real and treatable brain disorder.

Between 4 and 12 percent of school-age children have ADHD, says Children and Adults with Attention-Deficit/Hyperactivity Disorder. This national organization, based in Landover, Md., provides education, advocacy and support for people with ADHD.

Behavior barriers

If left untreated, ADHD can wreak havoc on a child's life. Children who are inattentive seem unable to focus on anything for long. Schoolwork is often hard for them, and the results are usually incomplete or sloppy.

"These children have trouble following directions," says Heidi Feldman, M.D., Ph.D., a Pittsburgh pediatrician who helped develop the American Academy of Pediatrics' ADHD guidelines. "It's not that they don't listen or don't understand. But as soon as they start one task, they get distracted and move on to something else.

Before long, they've forgotten what the original task was."

Children who are hyperactive and impulsive also have trouble in school. It's difficult for them to settle down long enough to learn. Instead, they may roam the room, touch everything in sight or noisily tap a pencil. Teachers often consider them discipline problems. Classmates may not like it if a child impulsively hits them or lashes out when upset, grabs away toys or fails to take turns. At home, the nonstop activity and unpredictable behavior can wear down parents.

Plus, their impulsive behavior can create dangerous situations. "These are children who dash into traffic when their ball bounces into the street," Dr. Feldman says.

Pathways to success

The first step in helping your child is to get a diagnosis. Depression, anxiety disorders and learning disabilities all can cause symptoms similar to those of ADHD. In addition, some children have both ADHD and another disorder.

An accurate diagnosis requires a thorough evaluation by a trained professional, such as a pediatrician, developmental pediatrician, school or clinical psychologist, nurse practitioner, clinical social worker, psychiatrist or neurologist.


While there is no single test for ADHD, the doctor will review

information from you, your child's teachers and other caregivers. A medical exam can help rule out other possible causes of the symptoms.

Once a diagnosis of ADHD has been made, treatment can begin. A typical treatment plan has several elements:

1 Medication: Stimulants are the most widely used class of drugs for treating ADHD. The U.S. Surgeon General says that 75 to 90 percent of children with ADHD who take stimulants show improvement. A nonstimulant drug called atomoxetine has also been approved for ADHD treatment. These medications sometimes cause side effects, including loss of appetite and difficulty sleeping. Children should see their doctor within 30 days of receiving their first prescription so he or she can make sure it's working properly. The doctor will continue to see them during the next several months to monitor their medication.

2 Therapy and training: There are different types of therapy that may help your child. Psychotherapy helps children learn new ways of handling their feelings and coping with ADHD. Behavior therapy focuses on changing thought patterns and actions to produce changes in behavior. Some ways of doing this include helping children organize tasks or rewarding them for their



actions or inactions, such as being able to control their anger. Parenting-skills training teaches parents techniques for managing their child's behavior by using reward systems or timeouts.

3 **School support:** Most students with ADHD can succeed in a regular classroom with minor adjustments. Others might require some special services. Each student's needs are different, so team up with teachers and school staff to find the best learning strategies for your child.

With treatment and support, most children with ADHD can achieve their full potential. You didn't cause your child's ADHD. Biology and genetics are the main causes, although parenting and behavior management are important during treatment.

Is It Really ADHD?

A child who has attention-deficit/hyperactivity disorder (ADHD) may have 1 or more of these symptoms:

- » **INATTENTION:** having trouble paying attention, daydreaming excessively, being easily distracted, losing things frequently
- » **HYPERACTIVITY:** squirming and fidgeting, talking too much, being constantly in motion
- » **IMPULSIVITY:** having trouble waiting for a turn, acting

without thinking, blurting out rude comments, interrupting others

All children act this way now and then. But those with ADHD behave this way much more often.

It also happens in more than 1 setting, such as at home, in school and on the playground. The symptoms usually start before age 7, although ADHD may not be diagnosed until later and lasts for more than 6 months.

TAKE A Vacation FROM CANCER

SUMMER IS A POPULAR TIME OF YEAR FOR VACATIONS. If you have cancer, have you ever thought about taking a vacation from cancer? If you're currently undergoing treatment, is it possible?

"It is rarely possible to take a true respite from cancer, but breaks and vacations often are possible," says Hester Hill, LICSW, BCD, chief of oncology social work in the Hematology/Oncology Breast Care Program at the Cancer Center,

Beth Israel Deaconess Medical Center/Harvard Medical School. "Many patients find that a change of scenery helps immeasurably. The problems will be waiting for them at home, but being somewhere else gives some emotional as well as real distance and often adds perspective."

Short treatment breaks

If you're currently undergoing treatment, it may seem impossible to get away for weeks at a time. However, there are ways to escape, even if it's just for a day.

"While scheduling a day away once a month during treatment won't completely remove you from cancer, it can be a pleasurable distraction," says Ms. Hill.

Camp is not just for kids

If you're able to take off more than a day, adult cancer camps are a great getaway. These programs are places where adults with cancer and survivors can go to forget their cancer and to bond with others who also have the disease.

These 2-, 4- or 5-day retreats combine educational workshops, presentations and group discussions with traditional camp fare. Some camps also offer specialized activities, such as pedicures, tai chi, dream interpretation and remembrance services to honor former campers who have died.



"The remembrance service is more of a celebration of their lives," says Billy Connelly, director of Camp Bluebird in Birmingham, Ala. "Everyone has an opportunity to share something with the group that they remembered about their friends."

Camps are held at various times of the year, ranging from once every fall to year-round. Many of these camps (including the ones mentioned in this article) have medical personnel on staff. Camp Mak-a-Dream in Golden Creek, Mont., even has a heliport pad for a quick lift to the hospital, if needed.

"The number one thing that people tend to think about cancer camp is that it's very depressing, very somber," says Mr. Connelly.

"That's not the case. Aside from the remembrance service, we actually talk very little about cancer."

However, there are plenty of opportunities to incorporate your cancer into your camp experience, if you want to, says Jennifer Benton, executive assistant and fundraising coordinator of Camp Mak-a-Dream. "Sometimes our participants feel that simply having a place where there are others who understand their struggles, their fears and their frustrations is really a vacation from the difficulties they face in daily life, even if they spend much of their time here talking about their cancer."

Roseanne Critchlow, Wayne County Services director at Camp Connect in Canandaigua, N.Y., agrees and adds, "The real vacation from cancer kicks in when participants realize that they can take a break from worrying about how their cancer is affecting their loved ones and just be themselves."

WHEN YOU CAN'T *Get Away*

Even if you can't hop on a plane or go somewhere overnight, there are other ways to take a vacation from cancer. Writing in a journal, meditating and playing music are just some activities that can take you away from your worries. Even going back to work can be like a vacation from cancer because it makes the person with cancer feel normal.

"It can be as simple as not scheduling anything cancer-related on Wednesdays or between noon to 1 every day," says Hester Hill, LICSW, BCD, Chief of Oncology Social Work in the Hematology/Oncology Breast Care Program at the Cancer Center, Beth Israel Deaconess Medical Center/Harvard Medical School. "Instead, do something that makes you feel good about yourself: Make a weekly manicure appointment, go to the park and read during lunch or take a cooking class. It will give you something to look forward to."

To learn more
about cancer,

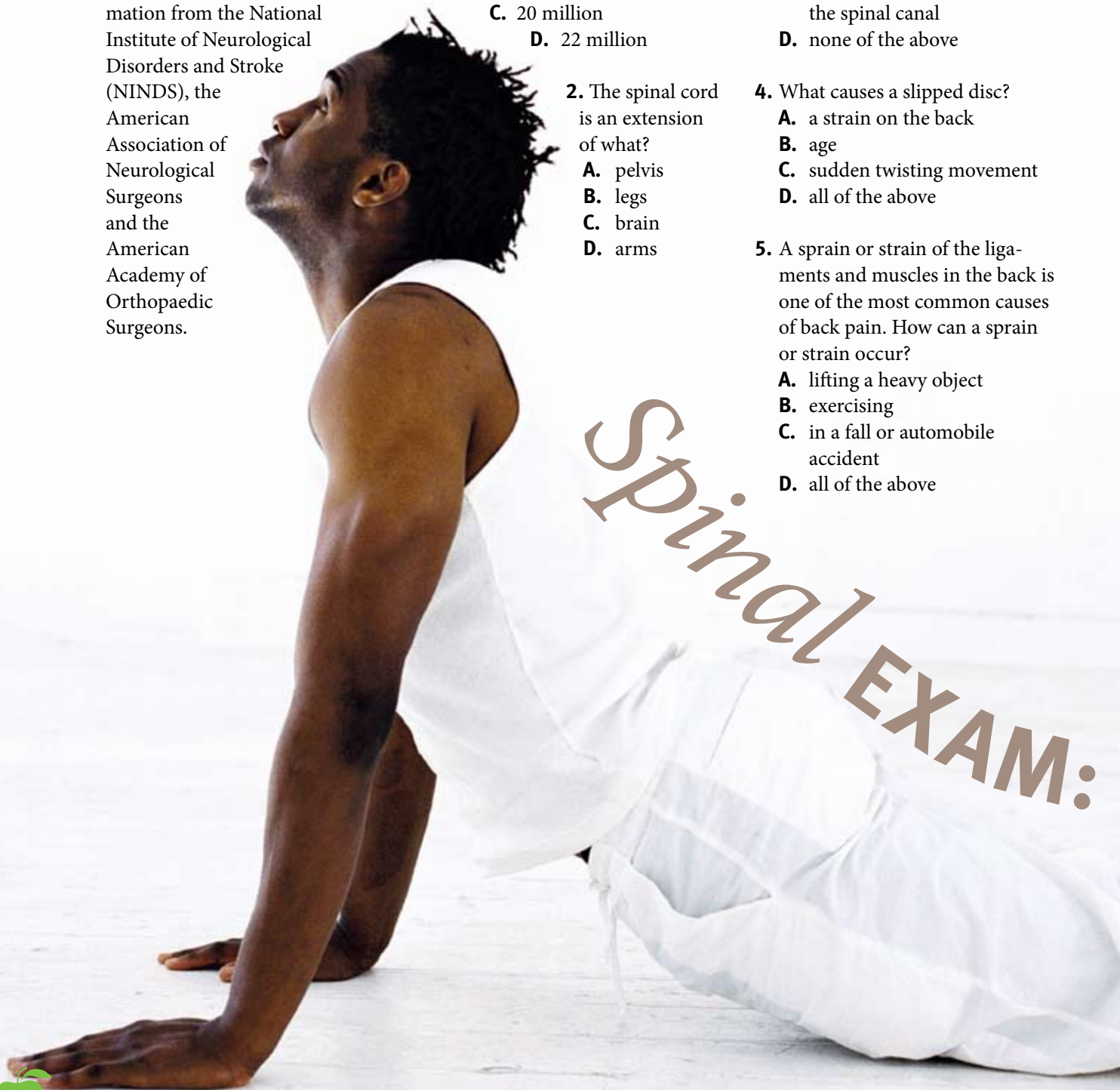
visit our new online Cancer Center at
www.carefirst.com/cancer.

BACK PAIN is one of the most common nerve-related illnesses in the United States. Keeping your spine in good health is one way to prevent back pain. Learn more about your spine and back pain by taking this quiz, based on information from the National Institute of Neurological Disorders and Stroke (NINDS), the American Association of Neurological Surgeons and the American Academy of Orthopaedic Surgeons.

Test Your KNOWLEDGE

1. How many doctor visits each year are because of back problems?
A. 5 million
B. 12 million
C. 20 million
D. 22 million
2. The spinal cord is an extension of what?
A. pelvis
B. legs
C. brain
D. arms
3. One of the most common back injuries is a slipped, or herniated, disc. What does this mean?
A. a spinal disc has moved down the spine
B. a spinal disc has twisted
C. disc material has bulged into the spinal canal
D. none of the above
4. What causes a slipped disc?
A. a strain on the back
B. age
C. sudden twisting movement
D. all of the above
5. A sprain or strain of the ligaments and muscles in the back is one of the most common causes of back pain. How can a sprain or strain occur?
A. lifting a heavy object
B. exercising
C. in a fall or automobile accident
D. all of the above

Spinal EXAM:



For weekly online quizzes,
visit www.carefirst.com/interactive.

6. Spinal stenosis refers to a narrowing of the spinal canal. This is associated with aging, as the discs become drier and start to shrink. Where does pain from spinal stenosis usually occur?
- A. upper back
 - B. legs
 - C. lower back
 - D. B and C
7. What happens when osteoarthritis occurs in the spine?
- A. it damages the cartilage
 - B. it damages the joints in the spine
 - C. A and B
 - D. none of the above
8. What can be done to prevent back pain?
- A. maintain a healthy weight
 - B. exercise regularly
 - C. lift objects while bending at the knees, not the waist
 - D. all of the above
9. Spondylosis can cause back pain in young athletes. What is it?
- A. a virus that attacks the back muscles
 - B. a stress fracture in a vertebra
 - C. curvature of the spine
 - D. none of the above

Answers to BACK PAIN QUIZ

1. **B.** Eight in 10 people will have back pain sometime in their lives.

2. **C.** The spinal cord is part of the central nervous system. The brain is the other part.

3. **C.** Discs are made of tough, elastic tissue. They are found between each of the vertebrae of the spine. The elastic tissue acts as a shock absorber for the vertebrae.

4. **D.** The most common cause of a slipped disc is aging. The elastic tissue of the disc breaks down and weakens with age. The ligaments holding the disc in place also weaken as you grow older. Some people are more prone to having a slipped disc, so a sudden twisting or sudden strain on the back may result in one.

5. **D.** Weightlifting, turning quickly when dribbling a basketball or swinging a bat or golf club can cause back strains and sprains. Back injuries occur more

often when a person isn't in good physical shape and his or her back muscles are weak. Other causes of back sprain or strain include poor posture, obesity and fatigue.

6. **D.** Spinal stenosis also can cause sciatic pain, running from the lower back down the back of one leg. An older person with degenerative osteoarthritis often has spinal stenosis. It can also be caused by infection or birth defects.

7. **C.** When osteoarthritis occurs in the spine, the cartilage wears down and the space between the vertebrae decreases. The spinal nerves can become pinched, causing pain. As the condition worsens, the person may feel numbness, weakness in the back, muscle spasms and stiffness.

8. **D.** Also important, according to the NINDS: Don't slouch while sitting or standing. Don't stand or work in any one position for a long time. Don't smoke. Sleep on your side with your knees drawn up. Try to reduce stress in your life that causes muscle tension.

9. **B.** The fracture usually occurs in the fourth or fifth lumbar vertebra of the lower back. A similar condition, called spondylolisthesis, is a stress fracture caused by degenerative disc disease in women older than 40.

TAKE THE BACK PAIN QUIZ



Why Smoking Is More DANGEROUS Than Ever

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) is one of the most serious diseases most people have never heard of. Only heart disease, cancer and stroke kill more Americans each year. But unlike these diseases, the incidence and deadliness of COPD are rising.

Prolonged exposure to air pollution, coal or asbestos can contribute to COPD. But smoking causes between 80 to 90 percent of COPD deaths, according to the American Lung Association (ALA).

The main reason for this increase is that women have caught up to men. Smoking and COPD were once more common among men.

But today's women are paying the price for their increased rate of smoking after World War II.

COPD refers to 2 lung diseases, chronic bronchitis and emphysema, that are characterized by obstruction to airflow that interferes with normal breathing. Both of these conditions frequently co-exist. People with COPD very often have other health problems, such as heart disease, lung cancer or sleep apnea.

COPD can't be cured. Strides are being made in treatment, which usually consists of using one or more inhalers. People with COPD should be vaccinated against the flu and pneumoniam since COPD patients face a high risk for complications if they get these ailments.

The best prevention is to avoid smoking and secondhand smoke. But if you are at risk, early diagnosis and treatment are best.

SHOULD YOU HAVE YOUR Breathing Tested?

Early discovery of a breathing problem can prevent chronic obstructive pulmonary disease (COPD) from progressing to the point where it seriously interferes with your life. A quick, simple and painless test called spirometry can tell whether your breathing is normal. If you answer "yes" to any of the following questions, talk with your doctor about having your breathing tested:

- ☐ Are you a former or current smoker?
- ☐ Do you experience breathlessness, coughing or any other possible warning signs of COPD?
- ☐ Do you have a family history of COPD?
- ☐ Are you exposed to second-hand smoke?

RESOURCES

- » For help in managing your COPD, visit our new online COPD Center at www.carefirst.com/copd. You will find educational articles and interactive calculators, quizzes, videos, podcasts and trackers.
- » Our COPD Management Program offers eligible members access to nurses, who will work with you and your doctor to support your treatment plan, set goals and track your progress. You will also receive a new member kit and quarterly bulletins, which are filled with tips to help you manage your condition. To find out if you are eligible, call **800-783-4582**.

Members whose primary insurance is Medicare are not eligible for this program and should visit the the American Lung Association's Web site at www.lungusa.org or call 800-LUNG-USA.



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