

Public Health Views... and News

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In this issue:

Autism – Is it Really All Those Shots?

**Single Point of Entry
What is it? Who uses it? So many questions, so little space**

211 Coming to St. Joseph County in July 08'

**Medical Fact or Fiction?
You make the call
(Fun facts for around the water cooler)**

May is Skin Cancer Awareness Month

*From the Desk of
Dr. Jeff Phillips
Medical Director for
The Branch-Hillsdale-St.
Joseph Community Health
Agency*

Autism Spectrum Disorders (ASDs) are pervasive developmental disorders that have significant public health implications. These are characterized by varying degrees of impairment in communication skills, social interactions, and restricted, repetitive and stereotyped patterns of behavior. Autism is becoming more prevalent, often causing significant impairment with loss of independence and productivity, adding significantly to the cost of health care as well as heartbreak for the individual and his parents. The incidence is now estimated to be 1:150 children and has been increasing by about 10% a year. The rapid increase in incidence of autism is well documented, despite the increased numbers due to the inclusion of the highly functional Asperger Syndrome into the autism category. Because of the Americans with Disabilities Act

(1990) and the Individuals with Disabilities Education Act (1990), school systems must provide special programs for autistic children in the most integrated settings. Every primary care physician probably has several children with autism symptoms in his practice.

The exact cause(s) of autism are unclear, but inheritable factors are now considered primary. Environmental triggers may also play a role, but the mistaken belief that vaccines cause autism has had significant adverse public health implications. In one survey, vaccines were felt by > 50% of parents to be the cause of their child's autism. Fear of MMR and subsequent low vaccination rates caused an epidemic of measles in England with several deaths or neurological sequellae. Two recent measles cases in Michigan were in unvaccinated children. This year the CDC has published a compilation of studies that refute a causative relation between vaccines or thimerosal, and autism. This evidence based conclusion is true despite the recent payment through VICP (National Vaccine Injury Compensation Program) to a

child who developed autism after receiving multiple vaccines.

A family history of autism is a major risk factor (5-6% increased risk if a sibling is affected). Boys are much more likely to be affected (about 4:1 overall and > 6:1 for Asperger syndrome) which raises the possibility of an X-linked condition. The “Fragile-X syndrome” is a known genetic cause of autism, so many autism specialists order screening for this mutation. Genetic counseling for parents of children with autism should be part of the treatment plan. Studies are underway to identify more “autism genes”. Older age parents seem to have a higher incidence of autistic offspring.

Physicians should assess for development at each well child visit and routinely screen children for autism at 18 months and again at 24 months. Routine



developmental screening tests (such as ASQ – Ages and Stages Questionnaire)

can indicate those children who should be screened sooner for autism. One “red flag” for autism is a child who begins acquiring language and social skill, but then regresses (often about 18 months of age). An 18 and 24 month autism screening using a tool such as M-CHAT (Modified Checklist for Autism in Toddlers), should be done routinely. Children with Asperger’s syndrome are often not diagnosed until school age because of their high functional level. In school, however, their lack of socialization skills becomes more evident. These children are at risk of being ostracized and bullied by their classmates, and they may have few or no friends. Early

diagnosis is extremely beneficial, because early intervention and treatment can be helpful with these children. A screening test such as CAST (Childhood Asperger Syndrome Test) may be useful, but this test is not at present recommended for mass screening.

Other disorders can mimic autism and may be identified during screening. These include conditions causing mental retardation (IQ <70), ADHD, tuberous sclerosis, Down syndrome, Rett syndrome, and other genetic syndromes with physical abnormalities. A girl with autistic symptoms should raise the suspicion of Rett syndrome. It is an interesting observation that most autistic children have larger than normal head circumferences during early childhood development. Referrals to a developmental specialist and early school programs are indicated and can start while a diagnosis is being confirmed.

The prognosis depends on the severity of the presentation and can be improved with behavioral, speech and occupational therapy. Some drugs, diets (e.g. gluten free) and vitamins have proven at times to be beneficial. Children with highly functional autism and normal intelligence (Asperger syndrome) may become self sufficient and independent. Most autistic children will have a persistent social disability that is life long.

Much research is ongoing and help is available for these children and their families. Fortunately the dismal attempts to treat these cases as psychiatric maladies due to an unloving mother are no longer credible. They represented a cruel use of a

theory to institutionalize autistic kids and blame their parents.

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Single Point of Entry

Have You Heard About the Single Point of Entry?

A few years ago, Governor Granholm realized that the Baby Boomers would begin to turn 65 years old in the near future, so she asked for a study of our long-term care system. Her findings showed



that our current long-term care system is expensive and difficult to access, and does not always meet the preferences of those who access it. She began a pilot demonstration project, named Michigan's Long Term Care Connection, to address these issues.

It begins with what is known as a Single Point of Entry, a toll-free phone number that people can use to access their local Area Agency on Aging which partners with the Long Term Care Connection. By calling this phone number, people can get their questions answered, begin gathering information and also actually access several long-term care programs. The project also offers Options Counseling. This service allows licensed social workers, known in this program as Options Counselors, to meet with individuals and families, look at their needs and preferences, and help them to make decisions about accessing long-term care. Options Counselors are also able to create a long-term care plan of supports and services, allowing people to express their preferences in the event that their situation changes and they require more care.

The Area Agency on Aging Region 3C, which serves Branch and St. Joseph Counties, is partnering in this demonstration project. The project consists of 4 demonstration sites, and AAA Region 3C partners with 3 other Agencies on Aging,

to make up the Southwest Michigan Long Term Care

Connection. At the conclusion of the pilot demonstration project, it is hoped that this system will be shown to make a real difference in how people are able to access



and receive long-term care, and thus provide the impetus for this program to be expanded state-wide. Single Points of Entry have been successful in 38 states already, allowing more people to age in place, and at the same time saving money for the states.

The Southwest Michigan Long Term Care Connection can be reached in 8 counties in southwest lower Michigan: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties. Call 1-866-642-4582 today to speak to someone in your community about information, referrals and care options to help you or a loved one.

211 Coming to St. Joseph County



211 is an easy to remember, free telephone number that connects callers to information about critical health and human services available in our community –otherwise known as “**Get Help**”. The other side of 211 is tagged as “**Give Help**”. Have you ever wondered where you can go in the county to volunteer? There are many groups and organizations that may be able to use your skills and enthusiasm. If you only knew who they were and how to get in touch with these groups. What if you just want to donate some clothes or other items? Who would you call? Soon there will be an answer to these and many other ‘give help’ and, ‘get help’ kinds of questions. It’s called 211. Calls are completely confidential, personal information is not shared with other organizations, and 211 allows callers to find specialized

services they may not otherwise know exist in St. Joseph County. Weather you’re giving, or giving back, 211 is it. 211 can give all of us a tool to end our frustration of not knowing where to turn or who to call.

GET HELP or GIVE HELP!

Coming soon to a county you love!! – St. Joseph County go-live date is expected in July 2008. Stay tuned.

Medical Facts or Fiction

Fact or Fiction?

Eating turkey makes you drowsy.

Fiction (sort of): Even researchers believed this one until they did some digging. The thing is, a chemical in turkey called tryptophan *is* known to cause drowsiness. But turkey doesn't contain any more of it than does chicken or beef. This myth is fueled by the fact that turkey is often eaten with a colossal holiday meal, often accompanied by alcohol — both things that will make you sleepy.

Fact or Fiction? You should drink at least eight glasses of water a day.

Fiction: There is no medical evidence to suggest that you need that much water according to Dr. Rachel Vreeman, a pediatrics research fellow at the University of Indiana, School of Medicine. Vreeman thinks this myth can be traced back to a 1945 recommendation from the Nutrition Council that a person consume the equivalent of 8 glasses (64 ounces) of fluid a day. Over the years, "fluid" turned to water. But fruits and vegetables, plus coffee and other liquids, count.

Fact or Fiction? You should not touch your cat while pregnant.

Fiction. There is something to this myth. But, before you get alarmed and evict poor Garfield, understand that most interactions with your cat, like petting, cuddling and feeding, are perfectly safe. The only apprehension you should have concerns the litter box. Pregnant women should not handle cat litter due to a parasite that can be found in cat stool. The parasite, called *toxoplasma gondii*, can cause serious infections in humans and deformities in developing fetuses.

May is Skin Cancer Awareness Month

According to the CDC, the best way to prevent skin cancer is to protect yourself, your family and your patients from the sun at work and at play. When used consistently, sun-protective practices can reduce a person's risk of developing skin cancer. Skin cancer is the most common form of cancer in the United States.

The two most common types of skin cancer (basal cell and squamous cell carcinomas) are highly curable. However, melanoma, the third most common skin cancer, is more dangerous, especially among young people. In 2004, 50,039 people in the United States were diagnosed with melanoma, while 7,952 people died of this kind of skin cancer.

Exposure to the sun's ultraviolet (UV) rays is the most important environmental factor involved in the development of skin cancer. When used consistently, sun-protective practices can prevent skin cancer.

It's not only baking on a beach or broiling beside a pool that

increases the risk of skin cancer. If you spend time outside in the sun while working, boating, fishing, gardening, camping, playing sports, or just relaxing, you need to protect your skin from the sun. CDC recommends five easy options for sun protection:



- **Seek shade**, especially during midday hours (10:00 a.m.–4:00 p.m.), when UV rays are strongest and do the most damage.

- **Cover up** with clothing to protect exposed skin.

- **Get a hat** with a wide brim to shade the face, head, ears, and neck.

- **Grab shades** that wrap around and block as close to 100% of both UVA and UVB rays as possible.

- **Rub on sunscreen** with sun protective factor (SPF) 15 or higher, and both UVA and UVB protection.

Tanning beds and sunlamps emit UV rays that are as dangerous as those from the sun and, therefore, should also be avoided. Remember, both tanning and burning can increase a person's risk of skin cancer.

Other Risk Factors

People with certain risk factors are more likely than others to develop skin cancer. Risk factors include:

- Lighter natural skin color.
- Family history of skin cancer.
- Personal history of skin cancer.
- Exposure to the sun through work and play.

- A history of sunburns early in life.

- Skin that burns, freckles, reddens easily, or becomes painful in the sun.

- Blue or green eyes.

- Blond or red hair.

- Certain types and large numbers of moles.

Other resources regarding skin cancers and cancer prevention:

- [National Cancer Institute's \(NCI\) Information on Melanoma](#) includes information about detection, symptoms, diagnosis, and treatment of melanoma, as well as skin cancer statistics, research, and clinical trials.
- [National Council on Skin Cancer Prevention](#) is a group of organizations that coordinate nationwide skin cancer prevention efforts among health care researchers, practitioners, and associations. It produces a quarterly electronic newsletter called [NEWSLINK](#).*
- [The Global Solar UV Index](#), provided by the U.S. Environmental Protection Agency (EPA) in partnership with the National Weather Service (NWS), includes UV index forecasts for 58 U.S. cities from NWS and allows Internet users to check UV forecasts by ZIP code.

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