



WESTERN NEUROPATHY ASSOCIATION

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Issue 1
Volume 14

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WESTERN
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Neuropathy Hope

Hope through caring, support, research, education, and empowerment

A newsletter for members of Western Neuropathy Association (WNA)

■ LOTS OF FALLS HAPPEN IN PARKING LOTS By Vanessa Kettler

When my mom was in her mid-70s she fell face forward walking across a parking lot. She tripped on a crack. Her arms did not come out quickly enough to dampen the fall so she landed on her face. Her face was black and blue from the fall. It broke my heart to see her. It broke hers too. She recovered from the injuries but her nervousness about the experience led her to a less active life. Even more awful, at a high quality, popular fitness center several years ago not far from our home, a senior in her 60s was run over and killed in their parking lot.

Four years ago I had a bad fall too walking on a cobblestone parking lot. I was going from my car to the front door, someone called my name, I looked away and DID NOT STOP MOVING, therefore didn't see the pothole coming up, tripped and fell and injured my knee.

Parking lots are dangerous places, for all of us, but especially for older adults.

- Sidewalk surfaces are usually better maintained. Parking lot surfaces are often full of hazardous cracks, stones and potholes, not to mention moving cars.
- Often there are no pedestrian walkways and one has to walk through the parking lot itself to get from the car to the building entrance.
- Parking lots are dangerous for drivers. They are frequently the site for fender benders. Anyone

driving is probably more likely to get into an accident in a parking lot than anywhere else because of how the lots are designed with cars often parked at every which angle. Walk on sidewalks whenever possible, even if it means taking a longer route because they are by definition designed to be safer. Of course use good sense in always choosing the safest path.

If you have to walk in a parking lot:

- See if anyone is sitting in the driver seat of the cars you are about to walk behind, a better way to gage whether a car is about to back up.
- Do not rush.
- Walk where you can be seen. The center of the lane if possible.
- Put a bright colored object on the front of your walker. No harm wearing a red jacket either.
- Pull your abdominals in as you walk.
- Pick your feet up as you walk.
- Always look where you are going. If your body is moving forward, make sure that you keep your eyes looking forward. If you need to take your eyes off of your direction, stop moving. Only move when you can be completely aware of what is in front of you.

Used with permission from www.building-better-balance.com (Check this site for DVDs you can use at home.)

■ CHRONIC PAIN: An Approach That Works For Physical Or Mental Pain

By Vanessa Kettler

Many different things cause pain and the cause of your pain should be evaluated and treated by your health care professionals. However, regardless of cause, much can be done to alleviate pain symptoms by changing how your body responds when you are in pain. That is the subject of this article. (It is also one of the guiding principles behind the Building Better Balance technique.)

Pain has the capacity to rule your life. Chronic physical or emotional pain is very common. It has clear and devastating consequences for many, making the daily tasks of life sometimes insurmountable. It is usually treated with drugs, although comprehensive pain management that includes non-drug alternatives is becoming more available.

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THE 2016 ANNUAL CONFERENCE

Wednesday, April 20, 2016 • Jelly Belly Factory Conference Center • Fairfield, CA

Roster of Our WNA Information and Support Groups

2015 WNA Board of Directors

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Please contact
your group leader
or check your
local paper to
find out about
the topic/speaker
for the upcoming
meeting.

Bev Anderson
Editor

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CALIFORNIA

Alturas

For information call:
Bev Anderson (877) 622-6298

Antioch-Brentwood

3rd Wednesday, 2 PM- odd numbered months
Antioch-Kaiser
AMC-1H2 (from hospital lobby)
Sandra (925) 443-6655

Auburn

1st Monday, 11 AM
Woodside Village MH Park
12155 Luther Road
Sharlene McCord (530) 878-8392

Bakersfiel

For information call
Bev Anderson 877-622-6298

Berkeley-Oakland

3rd Wed., 3-4 PM
North Berkeley Senior Center
1901 Hearst Ave.
Kathleen Nagel (510) 653-8625

Carmichael - Eskaton

2nd Tuesday, 1:30 PM
Eskaton, 3939 Walnut Ave.
Karen Robison (916) 972-1632
*Call Karen before coming as it is a gated
community and sometimes the day/time
changes. She welcomes newcomers!*

Carmichael - Atria

3rd Tuesday, 3:30 PM
Atria - Carmichael Oaks
8350 Fair Oaks Boulevard
Tanysha (916) 944-2323
Community members welcome

Castro Valley

2nd Wednesday, 1:30 PM
First Presbyterian Church
2490 Grove Way (next to Trader Joe)
Judson Leong (510) 581-6697

Clearlake

For information, call
Bev Anderson (877) 622-6298

Concord

3rd Thursday, 1:30 PM
First Christian Church
3039 Willow Pass Road
Wayne Korsinen (925)685-0953

Crescent City

For information call:
Bev Anderson (877) 622-6298

Davis

2nd Tuesday, 3:30-5:00 PM
Davis Senior Center
646 A Street
Mary Sprifke (530) 756-5102

Elk Grove

2nd Tuesday, 1 PM
Elk Grove Senior Center
8830 Sharkey Avenue
Roger White (916) 686-4719

Eureka

For information call:
Earlene (707) 496-3625

Folsom

1st Tuesday, 12:30 PM- odd numbered months
Journey Church
450 Blue Ravine Rd.
Bev Anderson (877) 622-6298
<http://folsom.neuropathysupportgroup.org/>

Fort Bragg

For information call:
Bev Anderson ((707) 964-3327

Fresno

3rd Tuesday, 11:00 AM
Denny's Restaurant
1110 East Shaw
Marvin Arnold (559) 226-9466

Garberville

For information call:
Bev Anderson (877) 622-6298

Grass Valley

2nd Monday, 1:30 PM
GV United Methodist Church
236 S. Church Street
Salli Hearn (530) 268-1017

Jackson

For information, call
Bev Anderson (877) 622-6298

Lakeport

Lakeport Senior Center
507 Konocti Ave.
Mito Shiraki (707) 245-7605

Lincoln

For information call:
Bev Anderson (877) 622-6298

Livermore

4th Tuesday, 10 AM
Heritage Estates
900 E. Stanley Blvd.
Sandra Grafrath (925) 443-6655

Madera

For information, call
Bev Anderson (877) 622-6298

Merced

2nd Thursday, 1 PM
Central Presbyterian Church
1920 Canal Street
(The Hoffmeiser Center across the
street from the church)
Larry Frice (209) 358-2045

Modesto

3rd Monday, 10:30 AM
Trinity United Presbyterian Church
1600 Carver Rd., Rm. 503
Ray (209) 634-4373

Monterey

3rd Wed., 10:30 AM-odd numbered months
First Presbyterian Church
501 El Dorado Street
Dr. William Donovan (831) 625-3407

Napa

1st Thursday, 2 PM
Napa Senior Center
1500 Jefferson Street
Ron Patrick (707) 257-2343
bonjournapa@hotmail.com

Oxnard

For information call:
Bev Anderson (877) 622-6298

Placerville

For information, call
Bev Anderson (877) 622-6298

Quincy

1st Thursday, 1 PM
Our Savior Lutheran Church
298 High St.
Stacey Harrison (530) 283-3702

Redding

For information call:
Tiger Michiels (530) 246-4933

Redwood City

4th Tuesday, 1 PM
Sequoia Hospital Health and
Wellness Center
749 Brewster Avenue
Danielle LaFlash (650) 593-6758

Roseville

2nd Wednesday, 1PM - odd numbered months
Sierra Point Sr. Res.
5161 Foothills Blvd.
Bev Anderson (877) 622-6298

Sacramento

3rd Tuesday, 1:30 PM
Northminster Presby. Church
3235 Pope Street
Charles Moore (916) 485-7723
<http://sacramento.neuropathysupportgroup.org/>

Salinas

Contact Bill Donovan (831) 625-3407

San Francisco

4th Thursday, 10 AM
UC-San Francisco Med Ctr.
400 Parnassus Avenue
Amb. Care Ctr. 8th Flr., Rm A888
Y-Nhy (e nee) Duong
Nhy-y.duong@ucsf.edu

San Jose

3rd Saturday, 10:30 AM
O'Conner Hospital
2105 Forest Avenue
SJ DePaul Conf. Rm.
Stan Pashote (510) 490-4456

San Rafael

3rd Wednesday, 1 PM
Lutheran Church of the Resurrection
1100 Las Galinas Avenue
Scott Stokes (415) 246-9156

Santa Barbara

4th Saturday, 10AM - odd numbered months
The First Methodist Church
Garden & Anapamu
Shirley Hopper (805) 689-5939

Santa Cruz

No Meeting in January
3rd Wednesday, 1PM- odd numbered months
Trinity Presbyterian Church
420 Melrose Avenue
For information call
Bev Anderson (877) 622-6298

President's Message

By Bev Anderson



Here comes a new year – 2016. Watch this one go even faster than the last. It is a function of getting older -hardly getting used to writing one month and it is suddenly the next. Let's set some goals for ourselves anyway. Resolutions come and go, but a goal should be in front of us to reach for. Set one that will take a bit of energy, but not one you know you can never or should never be able to reach. Walking around the block if you live on a block would be different than walking a mile, for example.

A friend told me this morning that she has set a circular path inside her house. Each morning, she walks it 20 times unless it is a day she can get outside and walk a similar distance. I have a circular drive that I try to walk around several times during the days that I'm home in good weather. I have a goal of a certain number of circuits and days that regularly that might be reached this year. I have some projects I hope to finish, too. Putting the garage in order is high on the list as is finishing the review of and throwing out outdated materials in my filing system to have it in better order. Given that I have 14 drawers of files and six filing boxes in the house and eight more in the garage, it is more than a weekend task. I have a lot of writing I'd like to do too. My problem is that I've always been able to come up with more projects than I could keep up with. One of my mother's mottos was "If you are bored, it is your fault. The world is full of things to do and ideas to be thought." Have you set your goals for the new year yet?

Of course, I have goals as far as The Western Neuropathy Association is concerned as well. I want to see more support groups formed, actively helping each other in each group, and reaching out to their

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WNA Information and Support Groups – continued from page 2

Santa Maria

For information call
Bev Anderson (877) 622- 6298
or Mary (805) 344-6845

Santa Rosa

1st Thursday, 10:30 AM
Santa Rosa Senior Center
704 Bennett Valley Road
Larry Metzger (707) 541-6776

Sonoma

For information, call
Bev Anderson (877) 622-6298

Sonora

For information, call
Bev Anderson (877) 622-6298

Stockton

For information, call
Bev Anderson (877) 622-6298

Susanville

For information call:
Bev Anderson (877) 622-6298

Thousand Oaks Region

For information, call
Bev Anderson (877) 622-62988

Truckee

For information call:
Bev Anderson (877) 622-6298

Tulare-Visalia

For information call
Bev Anderson (877) 622-6298

Turlock

3rd Monday, 1 PM- odd numbered months
Covenant Village Adm. Bldg. Classroom
2125 N. Olive St.
Joanne Waters (209) 634-0683

Ukiah

Last Tuesday, 5:30 PM
North Coast Opportunities (NCO)
413 N. State St.
Carole Hester (707) 972-2795

Walnut Creek

4th Friday, 10 AM
Rossmoor, Hillside Clubhouse
Las Trampas Room
David Woods (925) 287-8100

West Sacramento

No meeting until new leader is found
Sandra Vinson (916) 372-6093
slvins11@gmail.com

Woodland

For information call
Bev Anderson (877) 622-6298

Yreka

For information call
Bev Anderson (877) 622-6298

Yuba City-Marysville

For information call
Bev Anderson (877) 622-6298

NEVADA

Reno-Sparks

For information call
Bev Anderson (877) 622-6298

OREGON

Brookings

For information, call
Robert Levine (541) 469-4075

Grants Pass

3rd Wednesday, 2:00 PM
Club Northwest
2160 N.W. Vine St.
Carol Smith (541) 955-4995

Medford

For information, call
Bev Anderson (877) 622-62988

Portland

For information call
Bev Anderson (877) 622-6298

Salem

For information call
Bev Anderson (877) 622-6298

Help With Health Care Challenges

If the number is not in your area, call the one listed and ask for the right number.

Medicare

www.Medicare.gov

...

The Affordable Health Care Act

For current information go to
www.HealthCare.gov

...

HICAP

Health Insurance Counseling

for seniors and people with disabilities.
www.cahealthadvocates.org
/HICAP/

Call (800) 434-0222 to ask a question or to make an appointment.

...

Health Rights Hotline

Serving Placer, El Dorado, Yolo, & Sacramento Counties, regardless where you receive your health coverage.

Tollfree (888) 354-4474
or TDD (916) 551-2180.

In Sacramento,
(916) 551-2100.
www.hrh.org.

...

HMO Help Center

Assistance
24 hours a day, seven days a week.
(888) HMO-2219
or (877) 688-9891 TDD

...

DRA's Health

Access Project Free publications about the health care, insurance rights and concerns of people with disabilities and serious health conditions. For more information, go to <http://dralegal.org/> and click on "Projects".

**Start a support group in your area:
Contact Bev Anderson at (877) 622-6298 or info@pnhelp.org**

DISCOUNTS FOR WNA MEMBERS

The following companies or individuals have agreed to give WNA a discount to WNA members. Give them a call or visit. If you choose to purchase the service or wares of any on this list, pull out your PCNA/WNA Membership Card and claim the discount.

Anodyne Therapy

Infrared Light Therapy equipment - **\$50 off Model Freedom 300 (single leg at a time) and \$50 discount on Model 120 that does both legs at the same time.** Contact: 800-521-6664 or www.anodynetherapy.com

HealthLight Infrared Light Therapy equipment - **10% off Single Boot System and Dual boot system.**

Contact: 888-395-3040 or www.healthlight.us

Auburn

The Footpath

825 Lincoln Way
(530) 885-2091
www.footpathshoes.com
PCNA Discount: 10% off the regular price shoes.

Elk Grove

Shoes That Fit

8649 Elk Grove Blvd.
(916) 686-1050

PCNA Discount: 20% off the regular price shoes.

Fortuna

Strehl's Family Shoes & Repair

Corner of 12th & Main
1155 Main Street
(707) 725-2610
Marilyn Strehl, C.PED
is a Certified Pedorthic
PCNA Discount: 10% off the regular price shoes.

Sacramento

Midtown Comfort

Shoes

3400 Folsom Blvd.
(916) 731-4400
PCNA discount: 15% on the regular price.

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ACA HAS SOMETHING FOR EVERYONE

 By Nancy Walsh, Staff Writer, MedPage Today

This article is a bit historical in that it is an introduction to ACA, but some of the information may well be new to us about the benefits that are currently available and what rolled out along the way. It is a huge boon to the disabled population as you will note. Be sure to be signed up for health insurance if you aren't yet covered.

ACA SPECIAL COVERAGE

Daniel Ehlke, PhD, Department of Health, Policy and Management, SUNY Downstate Medical Center
Lex Frieden, MA, Professor of Biomedical Informatics, University of Texas, Health Science Center

The Affordable Care Act (ACA) does far more than simply require states to provide insurance exchanges and increase access to care for all, experts agree.

"The ACA is an enormous grab bag, coming in at around a thousand pages," said Daniel Ehlke, PhD, of SUNY Downstate Medical Center in Brooklyn.

"It has something in effect for everyone and if we look under rocks, figuratively speaking, we're likely to find small policy changes that could make a big difference down the road," Ehlke told MedPage Today.

Here are some provisions you may not have been aware of.

A Shift to Primary Care

"First and foremost, the ACA has brought to everyone's attention the need for primary care to be the foundation of the healthcare system in this country," Reid B. Blackwelder, MD, president-elect of the American Academy of Family Physicians, said in an interview.

Primary care providers are being encouraged to deliver high quality care through an initiative involving supplementary monthly payments to practices that focus on preventive medicine, personalized care for patients with chronic disease, and coordinated care with specialists as needed.

This primary care incentive program is distributing funds to family medicine, internal medicine, and pediatric practices that have demonstrated that 60% of their coding is for primary care.

"This has been a huge boon for many practices while we wait for other parts of ACA to be implemented," said Blackwelder, who practices in Kingsport, Tenn.

The bill also stipulates that primary care providers will be receiving a boost in Medicaid payments, reimbursing them at the higher Medicare rate. This pay parity is meant to encourage providers to take on the greatly expanded group of individuals likely to be enrolled in Medicaid.

"Many physicians don't realize that Medicaid payments are only two-thirds of Medicare reimbursements, and some states are even lower, which can make it difficult for physicians to pay their bills," he said in an interview.

Broadening the Role of Nurses

As part of the healthcare team, nurses will have an important role in helping transform and improve access to healthcare as ACA moves forward, said

Diana J. Mason, RN, PhD, FAAN, who is president-elect of the American Academy of Nursing in Washington, D.C.

The broad language used in ACA, which emphasizes primary care clinicians and other healthcare professionals, is opening the way for nurses to practice to the fullest extent of their training and education, she said.

"A key aspect of the ACA for nurses is the numerous opportunities for innovation in transitional care, such as helping coordinate care for high-risk patients leaving the hospital and providing home visits during the crucial first 24 to 48 hours," she said in an interview.

Other demonstration or pilot projects encouraged by the bill include home visits for at-risk first-time mothers and programs to encourage independent living for elders, even moving patients from nursing homes back into the community, she noted.

The act is also providing funds for nursing education, but Mason said she believes the investment should focus on graduate nursing programs rather than diploma nursing programs to prepare nurses for a greater role in primary care.

"A demonstration project going on now in five hospital and community-based systems is looking at investing in advanced clinical education of graduate nurses, which could help move our country along toward access to primary care," she said.

Aid for the Disabled

One population that will benefit greatly from the ACA is people with disabilities, according to Lex Frieden of the University of Texas Health Science Center in Houston.

Frieden, who is disabled himself and who championed the Americans with Disabilities Act of 1990, explained that in the past, people with disabilities have faced severe discrimination in obtaining healthcare coverage. If the disability was present since birth or early life, they often were disqualified as having preexisting conditions.

"The result often was that they would put off seeking care for a problem until it became acute, and then would have to be taken to the emergency room by ambulance, and stay in the hospital for lengthy periods. All the charges then can't be paid for by the patient, and there's no insurance company, so the hospital, physicians, and the community end up bearing the brunt of that extraordinary cost," Frieden said in an interview.

The bill also eliminates lifetime limits on insurance, which also will be of great assistance to the disabled, who often in the past -- if they did have insurance -- reached the

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limits and then had no way to pay for additional bills.

Another important aspect is that more of the disabled will be eligible for Medicaid.

“Medicaid in most states is a pretty good program as far as healthcare coverage is concerned, but there are many people who are just beyond the eligibility limit and aren’t indigent, but could well be if they are forced to pay all their healthcare costs,” Frieden said.

To address this concern, the bill is raising the eligibility limit slightly, so that people who are within 133% of the poverty range will be able to apply for Medicaid and they will no longer be reliant on local and state funds for medical care.

A Focus on Women’s Health

Certain aspects of women’s health also are being ramped up with ACA. Coverage for maternity care will be broadened, with an additional 8.7 million women gaining the opportunity as part of “essential health benefits.” In addition, more than 20 million women will be able to receive preventive care, including screening for gestational diabetes and domestic violence, contraceptive services, and well-woman visits -- all without any cost-sharing.

The essential health benefits package focuses on childbearing women and neonates, and will be required in policies available through exchanges as well as in individual and small group markets.

Medicare coverage for older women also will be expanded, to provide preventive services such as bone mass measurements and mammograms, again without cost-sharing. Older women will also have additional resources within Medicaid to help in long-term in-home or community care.

The higher insurance premiums often charged to women, which can reach 50% to 80% higher than for men of similar ages and with similar risk factors, will no longer be permitted.

The bill has also urged the National Institute of Mental Health to conduct a multi-year study on the causes and effects of postpartum depression, and has increased funding for women at risk for the condition.

Hospitalists and Integrated Care

Along with insurance reform and providing access to the healthcare system for individuals without insurance, the ACA -- with its emphasis on accountable care organizations -- is leading to changes in delivery systems.

“We are moving from a fee-for-service delivery system to a system where you have an integrated group of healthcare providers who are accountable for a population of patients and who will get paid based on how good a job they do in taking care of that population,” said Ron Greeno, MD, the chief medical officer of the hospitalist group Cogent HMG, in Brentwood, Tenn.

One-third of all healthcare dollars are spent on patients in the hospital, and managing that money well is increasingly important, he noted.

“Historically, that’s where the hospitalist field came from

-- it started by provider groups in managed care markets, initially in Southern California, that were taking capitated risks on an HMO population. Since they were financially at risk, they had to be effective or they would have gone out of business,” Greeno explained to MedPage Today.

But now, the entire country is moving in that direction, so groups of providers will be taking the risks for individual populations of patients.

“They’re going to find the same thing -- that if they don’t have a highly functioning hospitalist program, involving all the ‘home team players,’ including intensivists and ER doctors, they will fail,” said Greeno, who chairs the policy committee of the Society of Hospital Medicine.

Transparency: The Sunshine Act

In February, the Centers for Medicare and Medicaid Services published a ruling that stated, “We recognize that collaboration among physicians, teaching hospitals, and industry manufacturers contributes to the design and delivery of lifesaving drugs and devices.”

However, the ruling continued, “payments from manufacturers to physicians and teaching hospitals can also introduce conflicts of interest that may influence research, education, and clinical decision-making in ways that compromise clinical integrity and patient care, and may lead to increased healthcare costs.”

Therefore, beginning on August 1, the ACA will require manufacturers of drugs, devices, and biologics to report all payments of \$10 or more they give to physicians and teaching hospitals, and in what form (such as cash, stock, grants, or honoraria) the payment was made.

The rule applies to any company that sells products to Medicare, Medicaid, or the Children’s Health Insurance Program, and also requires reporting of relevant ownership or investments.

Beginning in January 1, 2014, CMS plans to open a physician portal that will allow physicians to sign up for notification when their individual report can be reviewed and to provide access for disputation of reports.

Ardis Hoven, MD, president of the American Medical Association, noted that the association had made efforts to ensure that physicians would be able to challenge inaccurate or false information.

“We strongly urge physicians to make sure all of their financial and conflict of interest disclosures, as well as their information in the national provider identifier database, are current and regularly updated,” Hoven said in a statement. We also urge physicians to ask industry representatives with whom they interact to provide an opportunity to review and, if necessary, correct all information they will report before it is submitted.”

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DISCOUNTS FOR WNA MEMBERS

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West Sacramento Beverly’s Never Just Haircuts and Lilly’ Nails
2007 W. Capitol Ave, West Hair--(916) 372-5606
Nails--(916) 346-8342
PCNA discount: 10% off the regular price.

Neuropathy Support Formula

(1-888-840-7142) is a supplement that a sizable number of people are taking and reporting it has helped them. The company gives members of WNA a discount and free shipping. The 30-day supply is \$40 (normally \$49.97). It can be auto-shipped monthly for the same. A 3-month supply via auto-ship is \$95.00. They also have a Nerve Repair Optimizer that is available for \$20 with free shipping. Marsha, the manager, said that if anyone wants more information about the product, they can call and ask for her. If she is not readily available, leave your number and she will call you back.

Free DVD on “Coping with Chronic Neuropathy”, introduced by Dominick Spatafora of the NAF and endorsed by major university neurologists, is available by contacting the Neuropathy Support Network at www.neuropathysupportnetwork.org/order-neuropathy-dvd.html

Additional Discounts

Do you know a business that might offer our members a discount? Tell them that they will be listed each month in our newsletter and on our website so our members will know of their generosity and patronize their business. Call (877) 622-6298 or e-mail info@pnhelp.org.

We’ll mail an agreement form to the business, and once we have it, we’ll add them to this list.

PERIPHERAL NEUROPATHY LITERATURE REVIEW By William B. Donovan, M.D.

We can access the National Library of Medicine (NLM) to obtain information on peripheral neuropathy (PN). There are over 100 medical articles a month written on PN.

I review these references and select articles that would appear to be most interesting to us neuropathy sufferers. This is the link to **PubMed** that will take us to the **NLM: www.ncbi.nlm.nih.gov/sites/entrez**

If you are reading this article on the computer, just click on the above link to go there. If you are reading the print edition of the newsletter, type this link into the address bar of the browser on a computer. If you don't know how, get a librarian or friend to help you.

After you get to **PubMed**, you will see a line that says "**Search PubMed**" followed by "**for**" and a space. Every article in the **NLM** is given a **PMID**, an eight digit identification number. I will give you **PMID** numbers of the selected articles. Type the **PMID** into the space after the "**for**" and click on "**Go**" at the end of the space, or press the ENTER key on your keyboard. You will then see a one paragraph abstract of the article appear, as well as links to related articles.

This month's PMIDs:

- 15288403 This double blind, placebo controlled study of the effectiveness of **pregabalin** (Lyrica®) 300mg daily for **diabetic peripheral neuropathy** demonstrated statistically significantly **decreased pain, improved mood and quality of life.**

- 15288411 This is a double blind, randomized, placebo controlled study of 244 adult diabetics with **painful neuropathy**. At higher doses of **venlafaxine** (Effexor®) 150mg-225mg, the Visual Analog Pain Relief Scale at week 6 was 44mm vs. 60mm for placebo ($p < 0.001$).
- 16235318 This is a Cochrane Database review of 32 double blind randomized trials utilizing **lidocaine** anesthetic intravenously or analogs—**tocainide, mexitilene or flecainid**—orally, to relieve **neuropathic pain**. These agents were as **effective and safe** as carbamazepine, amantadine, gabapentin or morphine.
- 17157116 This University of Chicago dose escalation study of **dextromethorphan (DM) 45mg/quinidine 30mg** one to four daily resulted in significant **pain relief** ($p = 0.001$ —probability of chance result less than 0.1%). Adverse events occurred as follows: nausea 27.8%, dizziness 25.0% and headache 25.0%. DM is the ingredient found in cough medicine and is an **NMDA inhibitor**. Quinidine is a cardiac drug used to control arrhythmias and incidentally increases blood levels of DM.
- 20373255 This paper discusses a novel combination drug, **Nuedexta®**, which contains the **NMDA (N-methyl-D-Aspartate) antagonist, dextromethorphan (DM)** and quinidine, a cytochrome p450 2D6 enzyme inhibitor that effectively prevents the metabolism of DM, increasing its blood level. DM (commonly used as a cough suppressant in cold medicines) is effective in reducing diabetic **neuropathic pain** as well as pseudo bulbar affect (uncontrolled emotionality post stroke).

President's Message – Continued from page 3

community to find others with neuropathy. I also am trusting to find more funds to do this and other goals on our Board's list.

Magnesium warning. I thought I should tell you my experience this month so you don't fall into the same predicament. I had some leg cramps that were quite painful. I understood that magnesium was good to help this from what I had heard from others. I consulted with my doctor who agreed. She gave me a recommendation for quite a bit instead of starting slower to check my tolerance for it. You may have heard of Milk of Magnesia. Magnesia is short for magnesium. Epsom Salts is magnesium sulfate. Besides something to soak your feet in, it is also an excellent, almost instant laxative. Even after a week of not taking any my body's response was severe enough that a doctor subbing for mine on her day off sent me to the emergency room for testing and a scan of my abdomen. A neighbor has now told me she had a toxic reaction to this last year and is still not quite normal. She, too, has hereditary neuropathy.

So what do you do for cramps? Scott Stokes, leader in San Rafael, said that cramps signal dehydration so drinking more fluids should help. He said to stretch and relax, stretch and relax. DO NOT MASSAGE a cramp. It will cause it to hurt more. I'm planning to notice magnesium rich foods and include at least some in my diet instead of taking the supplement along with the recommendation above from Scott. Some of the foods high in magnesia are halibut, maceral, boiled spinach, bran breakfast cereal, almonds, cocoa, cashews, pumpkin seeds, and broccoli.

Walfredo Reyes sent me this note about a cream for his feet that bears checking out. You might find it quite helpful. Show it to your doctor as a compounding pharmacist needs a prescription. Your doctor will know the location of the closest compounding pharmacy. He did not say the cost as an insurance company might or might not cover it. "The cream for my feet that works well is amitriptyline/baclofen/bupivacaine/gabapentin 2%2%1%6%. We have it made at Scriptworks in Walnut Creek--a compounding pharmacy."

Thank you to all of you who have renewed your membership if your dues were due in December, January, or February. If you received the notice and have not responded yet, please do so as soon as possible. A huge thank you, too, to those of you who made a donation either with your dues or separately. It is so much appreciated as we would not exist if you were not helping. We are chiefly funded by dues and donations. We receive no funds from any governmental agencies and grants are hard to find and get chosen for the kind of work we do. We dream of finding a corporation or major donor that will see the work we do as vital to the neuropathy population and be consistently supportive. This past year, the bequeath in the will of a member who died has helped a great deal to support our financial standing. Thanks to all.

Happy New Year!

Berr

How do we respond to the experience of pain, whether physical or emotional?

The body tenses: When we are in pain, our muscles tighten around the area hurting but our entire body also tenses up in response. The increase in tension makes the pain worse. Stretching and massage are very helpful as is structured meditation. See information below on which muscles to stretch. When you hurt, don't let yourself tense up.

Pain begets more pain: There is a strong relationship between pain and inflammation. When we are in pain, the level of inflammation in the body increases. That in turn increases our feelings of pain. When in pain, lower your level of inflammation. Two easy ways to do that are to exercise and to include more anti-inflammatory foods in your diet. There are many other ways to reduce inflammation. Reduce inflammation in the body overall.

We are more fearful: We become more fearful of further pain. Fear is a destructive factor that increases your pain. Reduce fear through deep breathing.

We compartmentalize the pain: Something interesting often happens when we feel pain. We try to remove ourselves from the experience. We try not to think about it. We even sometimes deny it. In so doing the pain itself actually increases. This point of view fits neatly into the main mode of western medical treatment and that is to use medication to "remove" the pain. One powerful approach is to accept the pain as part of yourself. Breathe into it and absorb and heal it. If you focus on this it's amazing how much pain reduction can result. ("Grant me the serenity to accept the things I cannot change" is wisdom from the same story.)

We are overwhelmed with pain: There is a high correlation between chronic pain and depression. Depression adds to the experience of pain while cutting off avenues that can help. The immobility that comes with depression places our self and our body under much more duress, both emotional and physical. Irregardless of other issues, keep moving physically to reduce the effects of depression.

Which muscles should you stretch if you are in pain?

In general, stretch the muscles that your pain has tightened.

- For the lower back, stretch the hips, a technique so important that it is taught in each of the Building Better Balance DVDs.
- For joint pain, stretch the stabilizer muscles surrounding the joint after first releasing the joint itself. Also stretch and release the joints adjacent. (Learn how to do this in the Building Better Balance DVDs.)
- For neck problems, stretch the trapezius and the muscles on the sides and back of the neck.
- With headaches, stretch the muscles of the face, eyes and jaw.

- If you are in emotional pain, stretch the face, tongue and especially the front of the rib cage and concentrate on improving breathing. Our natural response to sadness and despair is to tighten the rib cage as a way of protecting a hurting heart. Reversing that physical reaction by instead lifting the heart and stretching the front of the chest helps to interrupt the pain/tension cycle.
- Think of improving your posture. Believe it or not, it helps.

With any pain, stretch out the "Stress Muscles," those areas that tighten up in response to difficulty:

- The back of the shoulders and neck.
- The front of the rib cage.
- Breathing always helps.

After teaching simple Building Better Balance lower back exercises at a luncheon presentation, one of the attendees came up to me to say that the exercises had caused his lower back pain to disappear! The other seven gentlemen at his table experienced the same thing!

The high cost of pain: chronic pain is common.

Emotional pain: When speaking of pain we often think only of physical pain. But emotional pain is often felt more deeply and more debilitatingly. One way emotional pain displays is with depression: Globally, 350 million people suffer from depression. Approximately 10% of Americans suffer from depressive disorders. Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease. Twice as many women are affected by depression than men.

Physical pain: The most common kinds of physical pain include lower back pain (27%), severe headache or migraine pain (15%), and neck pain (15%). Over 100 million people in the United States suffer from chronic physical pain. This ends up costing us \$600 billion dollars in medical treatments and lost productivity. For many, pain becomes a disease in its own right. It's estimated that pain disrupts the sleep of 20% of Americans a few nights a week or more.

How pain can affect us: Adults with low back pain are often in worse physical and mental health than people who do not have low back pain: 28% of adults with low back pain report limited activity due to a chronic condition, as compared to 10% of adults who do not have low back pain. Also, adults reporting low back pain were three times as likely to be in fair or poor health and more than four times as likely to experience serious psychological distress as people without low back pain. (National Centers for Health Statistics).

Used with permission from www.building-better-balance.com (Check this site for DVDs you can use at home.)



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THE 2016 ANNUAL CONFERENCE

Wednesday, April 20, 2016

Jelly Belly Factory Conference Center in Fairfield, CA

EAT HEALTHY AWAY FROM HOME

- Ask how entrees are prepared so you can avoid portions you would rather not eat.
- Choose skinless meat that is not fried.
- Get the server's advice to help you select the most healthy choices.
- Eat what you choose to and take the remainder home.
- Choose steamed vegetables and/or salad to go with your meals.
- Request low-calorie dressing on your salad or ask for it to be "on the side" so you can use it as needed.
- If you take insulin time it carefully. You may have to ask for bread or fruit to fill in the time if the meal is late.
- Split the dessert if you choose to have it.

Summarized from the November 21, 2015, issue of HEALTHbeat from Harvard Medical School. They have a Report called *Diabetes: A Plan For Healthy Living* that can be ordered by calling 1-877-649-9457. There is a charge for this report.



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Our mission is to provide support, information and referral to people with neuropathy and to those who care about them, to inform and connect with the health care community, and to support research.

Dues - \$30 a year

All contributions and dues are tax-deductible.

We are supported by dues-paying members, contributions by members and friends, and occasionally, small grants and fundraisers.

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