



SARCOIDOSIS NETWORKING

Volume XII Issue 2 March/April 2004

THE EYES HAVE IT

Sarcoidosis with eye involvement can mean more than the organ of sight. It includes all of the surrounding body parts such as the orbit, the eye lids, lacrimal glands, etc. We cannot emphasize often enough, how important it is for anyone faced with a diagnosis of this disease, to have a complete medical examination of the eye by a specialist in eye diseases, an ophthalmologist. Medical articles vary in reporting how often sarcoid occurs in the eyes. The 1999 combined statement on sarcoidosis, reports incidence as low as 11% and as high as 83%. Rothova indicated in his 2000 article, "Ocular Involvement of Sarcoidosis", the disease seemed to appear most commonly in two different life-span eras; between the 20 and 30 age bracket and between 50 and 60 years.

Uveitis is reported as the most frequent symptom of eye involvement where the patient complains of blurred vision, light sensitivity, and pain in the eye.

Heerfordt first described a combination of symptoms in 1909, subsequently named for him, that include uveitis and parotoid gland enlargement accompanied by fever and cranial nerve palsy.

Children under the age of 5, diagnosed with Sarcoidosis, may have no complaints of eye symptoms despite the extent of the disease. As 77%-95% may have anterior uveitis and those age 8 -15 have the same rate as adults, routine eye exams to rule out Sarcoidosis should be scheduled routinely and annually says Dr. Om P. Sharma, M.D. of the University of Southern California Medical Center in Los Angeles CA.

Diagnosis of Sarcoidosis through tissue sample of an accessible and suspicious site is preferable to more invasive procedures such as lung biopsy. Suspect lesions on the eye lid or conjunctiva are such sites.

As changes to the eyes are not usually seen with the naked eye, a detailed eye examination will include dilation of the eyes so that the physician can have full visualization of the back of the eye. The ophthalmologist would use a slit lamp as well as magnification lenses for the examination. A fluorescein angiogram may be included periodically for vascular visualization when disease severely affects the eyes.

Ocular (eye) involvement has a potential for causing blindness. As there is no cure for sarcoidosis, treatment is focused on alleviating the symptoms and reduction of the inflammatory process in the organ of sight. Corticosteroids remain as the drug of choice. Depending on the severity and location in the eye(s), the drug can be administered by drop as well as systemically. Periocular injection of steroids is another way to deliver the drug closest to the affected part of the eye in persistent cases. The use of other immunosuppressive agents are also effective and provides an alternative to long-term steroid use, where one of the side effects can be the formation of cataracts. Tumor necrosis factor-alpha antagonists are being used in individual cases to suppress sarcoid activity and shows promise.

Hunninghake et al; *ATS/ERS/WASOG Statement on Sarcoidosis*; Sarcoidosis Vasculitis And Diffuse Lung Disease; 1999; 16:149-173

Leggett, M.D., Peter E. *Ocular Sarcoidosis*; Clinic in Dermatology; Vol. 4; No. 4, 1986

Usui et al; *Update of Ocular Manifestations in Sarcoidosis*; Sarcoidosis Vasculitis And Diffuse Lung Disease; 2002; 19:167-175

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Ear Manifestations of Autoimmune Disorders

Vijay S. Dayal, M.D., F.A.C.S.,

The University of Chicago Medical Center, Chicago, Illinois



12th Annual Conference
on Sarcoidosis
“Staying Well-
Connected”
October 1-3, 2004,
Seattle WA
Keynote Speaker:
James Kiley, M.D.,
Director, Lung Institute,
National Institutes
of Health
Other Speakers:
Ganesh Raghu,
M.D., Pulmonologist, U
of WA Medical Center;
Daniel Mulkey, M.D.,
Pulmonologist, Albany
OR -- and more!
Living Skills Seminar,
Friday evening;
Lectures and Roundta-
ble Discussions,
Saturday;
Town Meeting, Sunday.
Lots of activities and
discussion times.
The Wyndham Hotel,
at SeaTac, will host this
educational event,
which is open to all.
Save the dates –
See you there! Friday,
Saturday and Sunday...
or anytime you can
make it!

Hearing loss can occur from changes in the ear canal, eardrum, middle part of the ear and the inner part of the ear, or the nerve that comes from the inner ear to the brain. Hearing loss occurring from the inner part of the ear has many causes. These include those that are related to problems during pregnancy and during birth, those that are related to childhood infections, such as measles and mumps, and, later in life, those from virus infections, poor blood circulation, leakage of fluid from the inner part of the ear, Ménière’s disease, and hearing loss caused by drugs. Dizziness and unsteadiness can also be a symptom of inner ear disease, and this may occur with or without changes in hearing. [When] [e]valuating such patients with hearing loss and dizziness, it is important to consider what is now called autoimmune inner ear disease. This was described several years ago, but more prominently in the past 20 years or so.

Autoimmune inner ear problems can occur in conjunction with systemic autoimmune diseases, such as rheumatoid arthritis and lupus. However, about a third of the patients who are diagnosed with inner ear hearing loss, with or without dizziness caused by autoimmune changes in the inner part of the ear, have systemic disease. This hearing loss can be gradual, often in one but sometimes in both ears; and there may be fluctuations in hearing over time. These symptoms are sometimes very similar to symptoms resulting from Ménière’s disease. It is important to recognize this condition as in this type of hearing loss, dizziness is one of the few symptoms that can be very effectively treated medically; and in a number of those cases, hearing can be restored.

Approximately 2/3 of patients affected by this condition are women, and about 30% of these have coexistent systemic autoimmune disease. The majority of these patients are young—in their 20s, 30s, and 40s.

It is extremely important to obtain a careful medical history. In the diagnosis of inner ear disease, several types of tests are available. These include a specific test for inner ear autoimmune changes. However, these have not been very popular; and considerable progress is being made in this direction. Many of these conditions can be diagnosed by the standard tests used for diagnosing systemic autoimmune disease.

Once the diagnosis has been established, the treatment is similar to that of systemic autoimmune diseases. The initial treatment is with steroids. These are given in a high dose for a short time and then gradually lowered to a maintenance dose. Other drugs in treatment of this condition are those used for treatment of systemic autoimmune conditions, one of the common ones now being used is methotrexate. This drug can be used in conjunction with steroids. There are side effects and risks of using these medications, but these can be kept to a minimum with proper attention and follow-up.

Dr. Dayal’s article originally appeared in “*Insights*”, a publication of the Gwen Knapp Lupus Foundation, and later in the newsletter of the Bay Area Lupus Foundation.

A CURIOUS NICHE AREA FOR AUTOIMMUNITY

Doctors Noel R. Rose and Ian R. Mackay state in their book, *The Autoimmune Diseases, Third Edition*, that “the inner ear has not had a high profile as a target for autoimmunity, yet relevant writings can be traced back to the mid-1950s.” They further comment that the first reference to “autoallergy” namely, autoimmunity, in inner ear disease was made in 1961 by V.P. Beikert.

In 1979, B.E. McCabe promoted the immunologic dysfunction as a cause of “autoimmune sensorineural hearing loss” (AISNHL), a term which he introduced. That idea was based on, among other things, a lack of structural defects to account for the hearing deficit in the patients and evident responses to treatment with corticosteroids or cyclophosphamide.

Rose and McKay observe, “In conclusion, inner ear disease represents a curious niche for autoimmunity in which there exist tantalizing experimental data and clinical clues such as corticosteroid responsiveness, but with some limitations on the quality of data imposed by the rarity and non-mainstream nature of the syndromes, perhaps a degree of diagnostic imprecision, the inaccessibility of target tissues for histological examination, and a lack of uniformity among laboratories in measuring antibodies to Type II collagen.

The Autoimmune Diseases, Third Edition, edited by Noel R. Rose, M.D., Ph.D., of the Johns Hopkins University, Baltimore, Maryland; and Ian R. MacKay, A.M., M.D., of Monash University, Australia.

Social Security

UNEMPLOYMENT BENEFITS & DISABILITY LAW

There is a quandary in applying for federal Social Security disability benefits, while also signing up for state unemployment insurance. On the one hand, a Social Security disability applicant is claiming that any kind of work is impossible. On the other hand, asking for unemployment insurance means that the applicant is "available, willing and able" to work. Often, continuing proof of job searches must be provided for unemployment benefits to continue.

This apparent inconsistency is usually not considered at the initial and reconsideration levels of application for Social Security benefits. But when a case arrives at the hearing stage of the appeal, issues of credibility arise. While receipt of unemployment benefits is not an automatic bar to disability benefits, it is a delicate matter to present to a judge. Technically, a claim cannot be denied solely on this basis. But there can be challenging moments if a claimant is directly asked a question such as: "Were you lying then or are you lying now?"

Issues to be clarified include whether the application for unemployment benefits took place at a time when the applicant believed work was possible. Explore the history of the unemployment application: was the claimant ever actually offered work? Were there work attempts that failed? A medical condition may have deteriorated since, or the market place may have demonstrated that the claimant is not employable. A desire to work is not determinative of ability to work.

The reality is that state unemployment benefits are processed and paid much more quickly than Social Security [or Labor & Industry] benefits. Most federal courts say that application for unemployment is "some" evidence, but not conclusive evidence of credibility and ability to work.

Social Security often says it is "never bound by the determination of another agency." The Social Security Administration has devised its own precise regulations for disability, and the standards are decidedly not the same as those of the state unemployment program. There is no medical assessment of work-readiness required to apply for unemployment. Treating physicians may actually be advising against work.

Kenneth N. Gornley, Attorney at Law, *Social Security Newsletter*, Oct 2003



SELF-CARE: How To Avoid Eyestrain

Is staring at a computer turning your brown eyes red? Join the crowd. Tired dry eyes, headaches, and blurry vision strike most PC users sooner or later. But don't despair: reading e-mail won't ruin your sight, and there's plenty you can do to put the twinkle back in your eyes.

1. To reduce glare, draw the curtains, dim the lights and set your monitor as far as possible from the window. You could use a special antiglare screen (neutral density filter), sold in office supply stores. Look for the American Optometric Association's seal of acceptance.
2. Ease viewing by placing your monitor directly in front of you, at or below eye level, and 20 to 26 inches from your face. Tilt the screen up 10 to 20 °, and clean off dust and fingerprints regularly.
3. To relax your eye muscles, gaze off into the distance every ten or 15 minutes. Remind yourself to blink; lubricate your eyes further by occasionally keeping them closed for a few seconds. Use over-the-counter artificial tears as often as you feel the need.
4. Mount printed material upright and close to the monitor; it should be the same distance from your eyes as the monitor is.

When To See A Doctor

If these steps don't help, ask an ophthalmologist or optometrist to check for a vision problem. Over 40? You may need prescription reading glasses or bifocals that are adjusted to the distance from your screen. An antireflective lens coating may also be in order.

Tullan Spitz; HEALTH magazine, April 1999



FREEDOM IN FORGIVENESS

Forgiveness offers a special blessing. It frees you and others from past mistakes. Forgiveness enables you to put painful experiences in the garbage disposal where they belong. Remember, what has happened can't be recalled or changed. Painful memories imprison you. Forgiving yourself and others allows you to enjoy peace of mind and greater happiness for today.

Ronnie Johnson



FACTS ABOUT HEARING AIDS

Elements and Models

- ↪ Microphones to pick up the sound
- ↪ Amplifier to make it louder
- ↪ Receiver to transmit the sound to the ear
- ↪ Battery for power
- ↪ Volume control to regulate sound level
- ↪ Ear mold to keep the aid in place
- ↪ Canal aid which fits directly into the ear
- ↪ Style that fits behind the ear
- ↪ Hearing aids that fit into or onto eyeglass frame
- ↪ Body aid which is carried in a pocket with wires leading up to the ear mold

Questions to ask before buying

- ? What kind of hearing aid will best suit my needs?
- ? Would a hearing aid interfere with an implanted pacemaker?
- ? How much does each hearing aid cost? The price would depend on the style of hearing aid, the amount of power needed, the manufacturer's brand, and from whom you buy the aid.
- ? Will Medicare/Medicaid and private health insurance cover any of the cost? [According to *Medicare and You 2004*, Section 5: The Original Medicare Plan, page 34; Medicare Part A and Part B WILL NOT pay for hearing aids and hearing exams for the purpose of fitting a hearing aid. (Also, Medicare WILL NOT pay for hearing exams ...[unless they are] ordered by your doctor). Your Medigap policy, private insurance or health plan might cover some of the cost.
- ? What is included in the total amount of the hearing device? Check to see if special services, follow-up visits, and adjustments are part of the complete cost? Also ask about warranties, refunds or discounts.
- ? Does the audiologist/hearing aid specialist offer a 30-day trial period before the purchase becomes final?

Points to Consider:

- ⦿ Not all hearing loss can be corrected with a hearing aid; it depends on the underlying cause of the loss.
- ⦿ Hearing aids work by making sounds louder. They do not restore normal hearing. As the sound is intensified, it also becomes distorted.
- ⦿ It takes time and practice to get used to a hearing device; many people find them difficult to adjust to. Wear your hearing aid every day and gradually accustom yourself to the way it works.

Molly Mettler, MSW and Donald W. Kemper, MPH;
 Healthwise for Life, p.163;
 Healthwise, Inc., Boise, Idaho; 1992
 Edited for publication.



BONE CHECK NEEDED

During a Harvard Medical School osteoporosis project, researchers found that only 2.5% of patients taking corticosteroids had had a bone density test or took calcium or vitamin D supplements.

The researchers recommended that doctors monitor the bone density of all patients taking corticosteroids—not just postmenopausal women—and that measures to lower the risk of osteoporosis in patients be put into place.

Arthritis Today, July-August 2003

HIGH CALCIUM VS LOW CALCIUM INTAKE

- Evidence shows women with high calcium intake gain less weight and body fat than those with low intake. Scientists think calcium may trigger fat breakdown, while low intake stimulates fat production. Good evidence exists for a reduced risk of hypertension, stroke, premenstrual syndromes, brain and colon cancer with a high calcium intake. There is modest evidence for reduced gum disease risk with higher calcium intake

Arthritis Today magazine, Sept-Oct 2003, Tip of the Day, Sept 19 2003

- *The body normally metabolizes calcium at about 500-600 mg daily. Excess calcium is passed in urine. Sarcoidians should discuss any intake of calcium supplement with their physician.*

COMMON VISION CONDITIONS

What is nearsightedness?

Nearsightedness (myopia) is a vision condition in which close objects are clearly seen, but distant ones are not as clear.

What is farsightedness?

Farsightedness (hyperopia) is a vision condition in which distant objects are usually seen clearly, but close ones appear blurred.

What is astigmatism?

Astigmatism is a vision condition that occurs when the front surface of the eye (cornea) is slightly irregular in shape, resulting in vision being blurred at all times

What is presbyopia?

Presbyopia is a vision condition that occurs when the crystalline lens of the eye gradually loses its ability to bring close objects into clear focus. It usually becomes noticeable when one reaches the early to mid-forties. It is a natural part of aging.

How are these vision conditions treated?

Nearsightedness, farsightedness, astigmatism and presbyopia are all treated with eyeglasses, contact lenses, and/or in some cases, vision therapy.

What is amblyopia?

Amblyopia (lazy eye) is the loss or lack of the full development of vision in one eye that is not fully correctable with lenses. It is not the result of any identifiable eye health problem. Amblyopia is usually due to conditions such as crossed-eyes (strabismus) or a large difference in the refractive error between the two eyes.

Virginia Mason Medical Center Patient Information Series



CALCIUM AND CIPRO

The effectiveness of fluoroquinolones (antibiotic medications prescribed for certain bacterial infections), particularly ciprofloxacin (Cipro), may be reduced when they are taken with calcium. In one study, ciprofloxacin absorption decreased by 41% when the drug was taken with calcium-fortified orange juice. Ciprofloxacin should not be taken with calcium supplements, milk or calcium-fortified orange juice unless these drinks accompany a meal.

The John Hopkins Medical Letter, Jan 2003

Edited for publication.

NEUROPATHY AND FOOT ULCERS

What You Can Do

If you have neuropathy, help prevent foot ulcers by:

- ✓ Carefully controlling your blood sugar level.
- ✓ Inspect your feet every day for redness, calluses, or cracks.
- ✓ Do not walk barefoot (and wear water shoes when swimming).
- ✓ See a podiatrist for foot care such as callus and wart treatment and (if you have poor eyesight and mobility problems) for toenail trimming also.
- ✓ Select properly fitted shoes [and socks]. Check them for foreign objects (such as pebbles, [potentially bothersome seams and elastic tops]) before and while wearing them.

The New England Journal of Medicine, HealthNews, Vol. 9, No 10, p 7, Oct 2003. Edited for publication.

EVERYONE MUMBLING LATELY?

If you've begun to wonder lately why people are always mumbling and the sound track at the movie is always bad, it might be a good idea to have your hearing checked next time you see your doctor. A recent review article in the *Journal of the American Medical Association* concluded that doctors don't test for hearing loss as often as they should. Yet the tests are simple, inexpensive, and painless, beginning with a questionnaire. If you need to see an audiologist for further testing, insurance may cover it. It's thought that up to 40% of those over 65 have some hearing impairment, and because of the noisy environment most of us now live in, many people begin to experience hearing loss in their forties.

U of Calif Berkeley Wellness Letter, Vol 20, No.1, Oct 2003

.....

Nothing is worth more than this day.

Goethe

.....

MEDICATION MIX-UPS

Imagine getting a prescription filled and discovering—after you start taking it—that you received the wrong medication. Instead of a drug to prevent seizures, for example, you got one meant for arthritis pain. It happens.

When doctors scrawl out prescriptions or call them in to a pharmacy, it's not always crystal clear which medications they are ordering. Roughly 600 medications have brand names that are spelled or sound enough alike to confound even the most skilled pharmacist, or pharmacy technician. In fact, these drug mix-ups are so common that the Food and Drug Administration (FDA) created the Office of Postmarketing Drug Risk Assessment to prevent, track, and cope with them.

The next time you get a prescription filled, make sure the drug name on the bottle perfectly matches the one you're expecting. If you aren't sure of the drug name, ask the pharmacist to double check if your prescription is appropriate for your condition.

New England Journal of Medicine, HealthNews, May 2003
Edited for publication.



FITNESS:

The key to staying healthy is to do everything in moderation. This is best viewed as something relative to one's own fitness level and goals. Don't expect to exercise an hour every day simply because you're very fit friend does. The body needs time to adjust, adapt and, yes, even recuperate. Exercising to the point of over-training is simply taking one step forward, two steps back—not exactly good training tactics.

*eDiets Tip of the Day,
Sept 2003*

THIS DRUG	MIGHT BE CONFUSED WITH THIS DRUG
Lamictal (lamotrigine), used to treat seizures and manic depression	Lamisil (terbinafine), used to treat fungal infections
Cerebyx (fosphenytoin), used to treat seizures	Celebrex (celecoxib), a popular anti-inflammatory
Zantac (ranitidine), used to prevent and treat gastrointestinal discomfort caused by ulcers, acid reflux, and inflammation	Zyrtec (cetirizine), used to treat respiratory allergies, asthma, and skin irritations
Seraphim (clomiphene), a fertility drug	Sarafem (fluoxetine), a version of the antidepressant Prozac used to treat premenstrual mood dips
Serzone (nefazodone), an anti-depressant	Seroquel (quetiapine), an antipsychotic
Flomax (tamsulosin), used to improve urine flow in men with enlarged prostates	Volmax (albuterol), used to treat asthma and airway constriction
Diovan (valsartan), used to treat high blood pressure and heart failure	Zyban (bupropion), a smoking-cessation aid

IS OLIVE OIL HEART HEALTHY?

Olive oil contains no cholesterol, has 120 calories, and 14 grams of fat per tablespoon. What makes olive oil important in heart disease is how it can help decrease levels of LDL ("bad" or "lousy" cholesterol) and increase levels of HDL ("good" or "healthy") cholesterol. By doing so, olive oil may help protect against heart disease.

All olive oil is classified mainly by the amount of acidity, as well as flavor, color and aroma—extra virgin, pure, and extra light. People who don't like the taste of extra virgin olive oil will find extra light olive oil is a good substitute for other vegetable oils such as corn or safflower oil.

Instead of using safflower, corn, or other vegetable oils, consider using olive oil when cooking. This may help improve your heart health. Remember that all oils are a concentrated source of calories so be careful not to use too much.

HeartInfo.com

HISTORIC PERSONALITIES

This is the fourth excerpt from an essay by Dr. D. Geraint James: The Sarcoidosis Movement and Its Personalities, which honors the pioneers of the medical research and practice communities, in memoriam. Series begun in SN; Sept/Oct 2003.

Jonathan Hutchinson (1828-1913)

Jonathan Hutchinson was an international medical personality because of his wide range of interests as dermatologist at the Blackfriars Hospital for Diseases of the Skin, ophthalmologist to the Royal London Ophthalmic Hospital, venereologist to the Lock Hospital, physician to the City of London Chest Hospital, and general surgeon to the London and Metropolitan Hospitals. He was President of the Royal College of Surgeons (1889); President of the Pathological Society of London (1879); President of the Ophthalmological Society of the United Kingdom (1883); President of the Neurological Society (1887) President of the Medical Society of London (1892); President of the Royal Medical and Chirurgical Society (1894-6); and President of the International Dermatology Congress (1896).

In January 1869, a 58-year-old coal-wharf worker, John W, attended Jonathan Hutchinson at the Blackfriars Hospital complaining of purple skin plaques, which had gradually developed over the preceding two years, somewhat symmetrically on his legs and hands. They were neither tender nor painful and did not ulcerate. Hutchinson considered that the skin lesions were in some way related to the patient's gout.

"He came on account of a number of peculiar patches of dark purplish colour on his extremities...He had an attack of gout in the metacarpophalangeal joint of his left forefinger while under treatment. No medicine had much effect on the eruption; he took at different times, colchicum and magnesia, arsenic, acid iron mixture, iodide of potassium, and simple alkaline mixture. No special local treatment was adopted, only an ointment of lead and mercury being ordered..."

Hutchinson's first published account of this patient appeared under the title "Case of livid papillary psoriasis" in his *Illustrations of Clinical Surgery* (1877). In a much later publication, "On eruptions which occur in connection with gout", Hutchinson (1898) recalls this first example with the remark, "He had suffered from gout, and he finally died of contracted kidneys. I was inclined to consider the skin disease as essentially connected with gout..." John W died in 1875 at the age of 64 years from kidney disease, after treatment at King's College Hospital, London. It is now recognized that patients with sarcoidosis, particularly those with chronic skin lesions, have disordered calcium metabolism leading to renal calculi and terminal renal failure.

Hutchinson was born on 23 July 1828 at Selby, Yorkshire, to a Quaker family. He graduated from St. Bartholomew's Hospital and was briefly Editor of the *British Medical Journal*.

His clinical collection of illustrations was so vast that it was refused, for lack of space, by both the Royal Colleges of Physicians and Surgeons, but it was acquired after his death by the Johns Hopkins Medical School through Sir William Osler. He was knighted when aged 80 years (1908) and died in Haslemere on 23 June 1913. By his orders there was inscribed on his gravestone "A Man of Hope and Forward-Looking Mind".

FALLEN SNOWFLAKE:

Luiggie Jose Hernandez

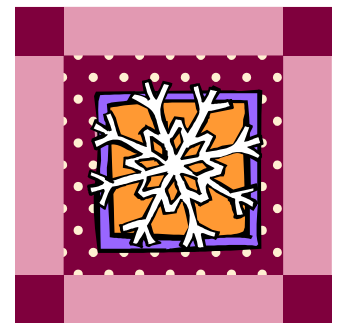
The founder of the Sarcoidosis Connection site, www.sarcoidosis.us, Luiggie Jose Hernandez, passed away March 13, 2004 of complications from Sarcoidosis. "He cared more for those with Sarcoid than he cared about himself," said Chris Hancock. "He will be greatly missed and I am very grateful to him, as I have met many wonderful Sarcoidians through his site." "He has done so much for so many people," expressed Karen Barwick.

Those of us at SNA were proud to be the first conference to display Luiggie's project, [The Sarcoidosis Awareness Traveling Quilt](#). He felt the quilt was a visual and tactile reminder of the widespread support demonstrated by the networked Sarcoidian community. As the quilt travels, we can all share in the goals and mission of Luiggie Jose Hernandez.



Not everything
that can be
counted,
counts;
and not everything
that counts,
can be counted

Albert Einstein



TIPS FOR TALKING ABOUT YOUR PRESCRIPTIONS

As you get older, it is likely that you are taking more prescription and over-the-counter (OTC) medicines than you did when you were younger. Medicines are prescribed to help you. But they can be harmful if you take the medicines incorrectly or mix medicines that don't go together. It is important that you communicate with your doctor and pharmacist---especially if you have several doctors and different pharmacies as healthcare providers---about all the medicines you are taking, including OTC medicines, herbal and/or natural medicines.

Here are some tips on communicating with your health care team:

- ◇ Make sure you are taking your medicines correctly:
- ◇ Know exactly when and how to take your medicines. If your medicine needs to be taken several times a day, ask if it should be taken at a particular time of day, with meals or on an empty stomach. [Question your pharmacist as to whether there are certain foods or supplements that you should discontinue while taking the particular prescribed drug.]
- ◇ Follow the instructions carefully.
- ◇ Ask your doctor or pharmacist about what side effects you might expect, and what you should do if you miss a dose.
- ◇ Ask questions about when to get a refill or what to do if you are feeling better and want to stop taking a certain medicine.
- ◇ Always talk to your doctor before deciding to stop taking any prescribed medicine.
- ◇ If you have a question about your medicine or condition, write the question down so you don't forget to ask it at your next doctor visit.

Make a list of all the medicines you are taking, including:

- * Prescription medicines
- * OTC medicines, such as aspirin, antacids, laxatives, etc.
- * Vitamins and dietary supplements

Be sure to add new medicines to the list when you start taking something new or when you change your dose. Take this list with you to all your doctor appointments and show it to your doctor and pharmacist. Always talk to your doctor before taking any new medicine (prescription or OTC).

Catalina Health Resource
Edited for publication.

TAKE CHARGE OF YOUR CARE

- ★ Do your homework. Gather as much trustworthy information as you can about your condition.
- ★ Bring someone with you for support and to help you remember what was said.
- ★ Have key information with you, including medical and medication history.
- ★ Take a note book, ask questions and double-check your notes for accuracy

National Patient Safety Foundation.

• • • • •
 • There are 126 •
 • schools •
 • in the USA •
 • that teach •
 • an individual •
 • how to be •
 • a physician, •
 • but not one •
 • school •
 • to teach •
 • a person •
 • how to be •
 • a patient. •
 • • • • •

CHOOSING YOUR DOCTOR

Choosing a prime care physician (PCP) or family doctor is a very important decision, but one that most people don't spend much time thinking about. It is important to have a doctor who knows you, your health problems, and who understands you and your family's special healthcare needs. In general, you want a doctor who cares about you and yours, who will listen carefully to the concerns, and who can explain matters clearly and completely.

There are many different types of doctors. You might choose a family practitioner, an internist or a geriatrician (a doctor who specializes in the care of older adults).

Here are some things to think about when choosing a doctor.

- ⌘ Where is the location of the doctor's office? Is it easy for you to get there?
- ⌘ Do you prefer a male doctor or a female doctor?
- ⌘ Do you prefer an older doctor or a younger doctor?
- ⌘ Does he or she accept your health insurance?
- ⌘ How comfortable do you feel talking about your health problems with the practitioner?

Taking the time to think about which of these things are important to you may make choosing your doctor a little easier, and lay the groundwork for a successful patient/doctor relationship.

Walgreens Patient Information Series.
Edited for publication.



Disclaimer
 SNA does not endorse any of the medications, treatments, or products reported in this newsletter. This information is intended only to keep you informed. We strongly advise that you check any drugs or treatments mentioned with your physicians or pharmacists.



**You must be the change
you wish to see in the
world. Gandhi**

**Phone Hours 8 AM-8 PM
Pacific Time
253-826-7737
or E-mail:
sarcoidosis_network@
prodigy.net
SNA Website
www.sarcoidosisnetwork.org**

**No two snowflakes are
identical and no two
individuals with
Sarcoidosis appear to
have identical symptoms.
Therefore, snowflakes
have been chosen to
symbolize Sarcoidosis.**



Our deep appreciation to
Good Samaritan Hospital,
Puyallup, WA for printing
this edition of
Sarcoidosis Networking

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NETWORKING
ABOUT ???**

**SARCOIDOSIS
NETWORKING** is published by
the Sarcoid Networking
Association —individuals with
Sarcoidosis and those interested
in this disease — six times a
year. Since 1992, its sole purpose
has been to heighten awareness
and form a network with each
other, the medical community
and the general public.
It is not intended to replace the
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**You are advised to seek
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