



ANTIPHOSPHO...WHAT?

APS Foundation of America, Inc. Newsletter

Volume 11

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The APS Foundation of America, Inc. Board of Directors would like to wish all of our volunteers, donors, friends, forum participants, and those individuals who have contributed to the success of this Foundation

A Joyous Holiday Season!

The Complete Antidote To Holiday Dread

Written by: Debbie Mandell & Submitted by: Heidi Ponagai

Whatever stressors we experience during the year the holidays intensify that stress and underscore what is missing in our lives. For example, if we are alone, we are lonelier. If we have a great deal of social obligations, we tend to feel overwhelmed, seeing them as a chore and worrying about sabotaging our diet. If we are living on a budget, watching the vast number of commercials for luxuries reminds us of what we don't have - fueling our desires; and finally we measure how much friends and family love us or don't based on the gifts they give us.

In addition holiday stress lasts all the way from before Thanksgiving to New Year's. And New Year's Eve carries its own innate painful moments: another year without any changes for the better and another year for a compulsory pricey night out or with no where to go or celebrate with someone special! The holidays can potentially be downright toxic, emotionally and physically. Many of us wish we could just go away and return when they're all over!

Ironically, this kind of stress is self-imposed. Most of us have everything we need: love, peace, joy, and friendship right in front of us. We all have the ability to choose to see the good in our lives and how much love we actually have. Often it is right there with us like a lost item we desperately search for, turns out that we are actually wearing it or it's in our pocket and we laugh.

If we are alone or have lost someone we shared a life with, then we can do volunteer work and make friends with other volunteers and the people we help out. We will belong and matter to others again. This is not a one-sided venture. A



great deal of love and appreciation will be exchanged. This will help us expand our hearts to contain more than the grief-stricken scar.

If we are bouncing around from mall to mall, party to party and eating calorie laden foods and drinks, we can stop anytime we wish. From shopping on-line to gift certificates we can stop the madness. Regarding tantalizing food, we can choose wisely from the big spread. It's like working in a bakery, inhaling the sweet overindulgent smells and after eating our fill one day, and the next day, eventually we lose our interest and might even be repelled by the excessive sweetness. After awhile party food upsets our stomachs and we lose our taste for it. See our bodies are trying to tell us something, so listen!

No matter what program we view on TV the media is driving home the message of opulence made accessible into our living rooms; buy on credit. We hypnotically watch fancy cars wrapped in ribbons and women emerging in evening gowns bedecked in diamonds; do we stop and ask ourselves after the initial thrill of possession if we would be happier? Wouldn't we adapt and stop appreciating the luxury because the thrill is gone and the bill has arrived? After a short while the newness wears off and we are off and running seeking the next material fix, repeating our famous chant: "I'll be happy when..."

Friendship is put under the microscope every holiday season. "Is this all that she bought me when I bought her that special antique evening bag? Well, I should have known that she has been a user all along!" "I guess he doesn't really love me because he did not buy me a special gift.

(Continued on page 6)

Are You Mapped?

Do you have a pin in our map?? If not, please add it. We are watching in amazement to see the clusters of APS people forming. Our Frappr map is located at: <http://www.frappr.com/apsfa>

Patient Stories & Articles Needed!

We are in need of patient stories to feature in our newsletters. Every APS patient has a story to tell and yours could be shared with the entire APS community.

We also need related articles such as book reviews, poems, recipes, interest articles, quotes, etc.

If you are interested in sending us your story, please write to articles@apsfa.org and we will send you our guidelines.

Without your help our newsletter cannot be a success!

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Letter from the President



Fall has already left us. I hope everyone had a wonderful Thanksgiving; now to take on Christmas & New Years. Where has 2008 gone?

Since this is the start of the season of giving. The APS Foundation of America, Inc is asking you to please consider us for your end of the year contributions and / or holiday donations. We are the first and only foundation in the United States dealing specifically with APS, and one of only two in the world. If you or your company are looking for a charity to donate to, please consider the APS Foundation of America, Inc. We are a non-profit organization therefore all donations are tax deductible. If your family has ever been touched by heart attack, stroke, pulmonary embolism, or pregnancy/infant loss, our foundation welcomes you to join us as well. Without your help, the Foundation, its support forum and awareness could not happen.

Contributions are the lifeblood of charities and the APS Foundation of America, Inc is no exception. We are doing our best to keep our services free of charge and newsletters available to the general public without charge. We feel this is the best way we can serve both the APS community but medical providers alike. Please help us continue this ability. We realize many of our donors are in a very challenging economic environment right now, so please only donate what you can afford. No donation is too small – every dollar really does count.

The APS Foundation of America continues to actively work with our medical advisors and their respective facilities to get the education out about APS. We have been contacting various newspapers and media sources to get the word out about APS and the foundation.

This year we were fortunate enough that The Star Radio Group ran several public service announcements and even had a 30 minute interview regarding APS. The interview can be located here: <http://www.viddler.com/explore/APSFA/videos/1/>. Yes, that is my voice in the interview. We really can not thank them enough for their generosity.

Once again, I hope this newsletter finds you in the best of health and with a perfect INR level. Wishing you and your family a wonderful holiday season and healthy and peaceful New Year!

Sincerely,

Tina Pohlman

President & Founder

APSFA Board of Directors

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Messages On the Mirror

Written by: Bonnie Miller

As you know tragedy hits all of us in some way or another. For me my tragedy is losing 3 babies. I call them my "Angel Babies". I know the hardest loss for me was my last pregnancy and I want share my story with you.

Life isn't always fair I know that all too well. For me it's not fair that I lost 3 babies. I see those mothers and fathers in the news that don't really deserve to have those precious gifts from God. It's not fair when I see a mother who tried to kill her kids because she never wanted them in the first place. Or it's unfair when you read about a mother or father abusing their kids in some way, whether it's physically or emotionally abusive. I often times wonder why did God let those people become a parent and why God would take that chance away from me. Those dead beat parents don't appreciate the gifts God has given them. I know that God has His reasons for what He does even if I feel it's not fair.

Each of my pregnancies had me very excited. I prayed every day. I prayed that God would watch over my baby and keep us safe, healthy and happy. With my last pregnancy things seemed to be going well, so well that I bought a diaper bag; I was wearing maternity clothes; and picking out the nursery theme and baby wish list items. I was just so happy and it was all I could do not to talk about my baby.

But then something happened. I was into my 4th month. I knew there was something wrong but everyone kept telling me everything was ok, so I started to believe that. I started thinking positively and I started thinking that everything was fine. I cried and prayed every day in the shower. Even though the stress or emotional pain didn't go away at least I could wash the tears away. I kept praying to God and the tears kept falling. But these were tears I needed to shed; tears that would help me heal.

When I found out that I lost my baby I was so upset. I was numb and I felt like I nothing else mattered. I became mad at God, I was mad at the world. Why me? Why did this happen again? Why do I have to have a rare

condition called APS? I didn't understand. I didn't know why God would make me go through something like this again for the third time no less. I screamed.....Why, why, why???



This last pregnancy, I saw my baby move on the monitor. My baby even moved their little tiny hand around as if they were waving to me to say hello. I have pictures of my little 'Angel Baby', pictures that I framed and showed to everyone. I felt my baby move around inside me, I heard my baby's heartbeat. That's right, I heard the heartbeat! It was one of the most beautiful sounds that you could ever hear.

But..... I will never hold my baby, and I will never hear my baby cry, laugh, giggle or coo. I will never hear my baby's first words or hear my baby tell me they love me. I will never get that chance I so deserve, that chance that I so long for. This life that you have growing inside you, this life that you made it's one of the best feelings in the world and I lost it. I lost it forever and my heart broke in two.

One morning not so long ago, as I stepped out of the shower and dried my tears, I looked up at the mirror. It was all fogged up, but there was also something else. There were messages on the mirror. Messages to me! The mirror said "I love you", "Hee" and there were even smiley faces. These messages were written from my husband, Nathan. I knew then that everything was going to be ok, and I know that it will be. I don't know why, but these messages on the mirror made my day and as little as these messages seem to be they matter. They matter a lot! They made me forget all the sadness and even if it was just for that moment those messages made me happy.

I know the healing process takes time and I really am doing ok. I'm not mad at God anymore and I know that God wouldn't give me anything that I couldn't handle. Even though I still cry every now and again and I still think about my 'Angel Babies' I know that they are together in heaven and that they are all

watching over all of us. If I never experience being a Mother at least I had the chance to have 3 'Angel Babies' that will forever be in my heart and will never ever be forgotten. And I have hope and prayer that one day I will be able to carry at least one baby to full term and to be that Mother that I've always wanted to be.

APSFA Needs Your Stories and Articles!

Written by: Heidi Ponagai

We strive to bring you the best newsletter that we can each quarter. In order to do so, we need patient stories and stories of interest from APS patients and their loved ones.



Topics can be from how APS affects you, poems you have written, your favorite hobby, tip and tricks that help you get through your day, to your favorite recipe. We are also taking book reviews of publications listed on our suggested reading page at: www.apsfa.org/publications.htm

Please follow our current guidelines when submitting an article:

- Send your story/article to articles@apsfa.org
- Patient stories and most articles should be approx 500-750 words long
- Articles should be written at a 5th-8th grade reading level
- Please try to include a picture when submitting a patient story
- Patient stories should read like an autobiography—generally from diagnosis to present time, but it doesn't have to

If you have an idea not listed here and are not sure if it would be appropriate? Drop us an email at articles@apsfa.org.



Different Ways To Donate To The APSFA This Coming Holiday Season

Written by: Heidi Ponagai



The 2008 Holiday season is right around the corner and sneaking up on us faster than you think! Now is the perfect time to start thinking about where your holiday charity donations are going this year. This page is dedicated to the many different ways you can donate to the APS Foundation of America, Inc. during the holiday season as well as the rest of the year.

Donation Ideas

There are many ways of donating to the APSFA this holiday season.

- ◆ We accept donations in honor or in memory of family, friends, or loved ones.
- ◆ You can print a donation sheet from our website, or send us donations via PayPal online. We accept personal checks and money orders and credit card donations through PayPal.
- ◆ On our website we have APS informational booklets, burgundy ribbon lapel pins, postcards, and APSFA pens for sale. All profits of these sales go to the foundation.
- ◆ We have our ongoing PhoneRaiser fundraiser that allows you to donate used cell phones, MP3 players, digital cameras and some ink cartridges and the APSFA gets the profits.
- ◆ You can become a sponsor of the APSFA website and / or APS Friends & Support forum. These types of sponsorships are \$20.00 per month, per site. The sponsor's name(s) will be posted on the foundation site or the forum. We now have sponsors available for all months in 2009.



- ◆ We also have continuous monthly donation "subscriptions" available in the amounts of \$10, \$15, \$20, & \$25 per month for one year. These can be done by PayPal, or by check if you wish. Contact us for more details.

All donations made to the APSFA are tax deductible and we send out receipts for all donations we receive for tax purposes. Please see our website for more information on making donations to the APSFA.

www.apsfa.org/donate.htm

Please be sure to have all donations for 2008 post dated by 12/31/08.

Without your donations, the APSFA would not be able to survive. We greatly appreciate each one of our donors.

APSFA Online Giving Tree

Our "Giving Tree" was a great success last year, so we're bringing it back this year! Our tree will be "planted" by the time this newsletter goes to print, so please see our website for more details and help us decorate our tree!

The "Giving Tree" will work just like last year, with each ornament on and package under the tree representing a donation. All "Giving Tree" donations are tax deductible.

There will be buttons for making special "Giving Tree" ornament donations on the site. Ornaments will come in different shapes and colors to represent different donation denominations, and just like last year, names (first initial, last

name) will be printed underneath the tree.

Ornaments can also be in memory or in honor of someone and this year they will have a little different look to them so they stand out from the rest of the decorations.

We'd like this year's "Giving Tree" to be even a bigger success than last year's so please consider helping us to decorate our tree.

Information about our "Giving Tree" can be found on our website at:

<http://www.apsfa.org/givingtree.htm>



The APSFA CafePress Online Store

We have a wide selection of APSFA, APS, DVT, Lupus, FVL, and thrombosis gear located on our CafePress online store.

With every item purchased, the APSFA receives a small donation. We have made over \$800.00 so far in 2008 just with CafePress sales!! Thank you to everyone who's purchased our items!

For those people who are not familiar with our store, we have items like t-shirts, sweatshirts, teddy bears, aprons, buttons, magnets, and stickers, just to name a few. We also sell a lot of our APS log books which are a great tool for

any APS patient. They are great to bring to appointments because all the information you need is right there.



New for the holidays, we have our exclusive APSFA Keepsake ornament. We have picked a snowflake to adorn our ornaments because all snowflakes are different, just like every APS patient is different. The ornaments are \$7.99

each and are made of porcelain.

Check out our store online at www.cafepress.com/apsfoundation to buy APS gear and help the APSFA at the same time!



Potential Drug Interactions Between Warfarin and Antidepressants

Written by: Gretchen F Kuntze, Pharrn. D, Pharm. D Candidate
Pharmacy Practice Resident, Gundersen Lutheran Medical Center
Reviewed by: Al Lodwick, RPh, MA

An estimated 35 million Americans will experience depression at some point in their lifetime, and the risk is even higher in patients with chronic illnesses. Patients that struggle with depression have a harder time managing their other disease states, which can lead to further complications. Using antidepressants to control depressive symptoms has proven to be beneficial in patients with chronic diseases. Although these medications are important in the treatment of depression, they also have the potential to interact with many different medications, including warfarin. Therefore, close monitoring of INR is essential when patients are either started on or taken off of antidepressants.

There are four different classes of antidepressants: the selective serotonin reuptake inhibitors (SSRI's), tricyclic antidepressants (TCA's), serotonin/norepinephrine reuptake inhibitors (SNRI's), and the monoamine oxidase inhibitors (MAOI's). Each class works a little differently to try and balance different chemicals in the brain that can influence mood. The duration of treatment with antidepressants varies with each individual patient, and can be as little as 6 months to life-long. In addition to depression, this class of medications is also sometimes used in the treatment of anxiety, eating disorders, and chronic pain. Regardless of the indication for use, when these medications are used in combination with warfarin, it results in an increase in INR. Some of these medications, such as fluoxetine or Prozac®, can increase INR more than others.

A report of an 83-year-old man that died from a bleed in the brain due to a drug-drug interaction between warfarin and fluoxetine demonstrates the seriousness of these interactions. The patient had been taking warfarin 30 mg per week for atrial fibrillation with a target INR between 2 and 3. The patient had been struggling with symptoms of depression and was started on fluoxetine 20 mg orally per day. Eight days later, the patient's INR increased to 4.8, and the dose of warfarin was decreased to 27.5 mg per week. The next day, the patient presented to the hospital with left-sided weakness and later died from complications of a large brain hemorrhage. The addition of fluoxetine to the patient's drug regimen resulted in increased levels of warfarin in the body and increased anticoagulation.

Another medication that is often used to enhance mood and help with depression is St. John's wort, which is an herbal product available over the counter. Often times, physicians are unaware that their patients are taking dietary or herbal supplements. This key information can lead to unintended drug interactions. Therefore, it is always important to tell your doctor or pharmacist about any non-prescription medication dietary and herbal supplements you are taking, and also those you have stopped taking. Unlike the prescription antidepressants mentioned above, St. John's wort increases the metabolism of warfarin and causes a decrease in INR, leading to less anticoagulation. This decrease in INR puts the patient at increased risk of clot formation.

The degree of anticoagulation that occurs also depends on the

concentration of St. John's wort in the body. This is influenced by the amount of drug you are taking on a daily basis as well as the amount of drug contained in each tablet. Many of the products sold over the counter do not contain consistent amounts of the active ingredient, and can lead to fluctuating concentrations in the body. If you are taking St. John's wort, it is important to always buy the same product and take the same amount each day to ensure balanced levels in the body and maintain a therapeutic INR.

Antidepressant doses are slowly increased during the beginning of treatment until a desired dosage is achieved, resulting in small increases in drug concentrations in the body. Because of this titration schedule, it is important to get your INR checked often to assure therapeutic INR levels. An INR should be checked within a week of starting antidepressant therapy if not sooner. It is also very important not to abruptly stop taking the medication because of complications that can arise. If you and your physician have decided to discontinue the antidepressant, your physician will outline a specific reduction schedule, decreasing the dose slowly. This is even more important if you are taking warfarin because sudden decreases in the concentration of an antidepressant can cause the INR to decrease as well, putting the patient at increased risk of clot formation. Antidepressants are commonly prescribed medications and are used in a variety of patients with different indications and different disease states. It is important to get your INR checked early and frequently if you are going to start or stop one of these medications.

Examples of Antidepressants by Class

SSRI's	TCA's	SNRI's	MAOI's
Fluoxetine Prozac®	Amitriptyline (Elavil®)	Duloxetine (Cymbala®)	Selegiline (Zelapar®)
Citalopram (Celexa®)	Nortriptyline (Pamelor®)	Venlafaxine (Effexor®)	Rasagiline (Azilect®)
Escitalopram (Lexapro®)	Desipramine (Norpramin®)	Phenelzine (Nardil®)	
Paroxetine (Paxil®)	Doxepin (Sinequan®)		
Setraline (Zoloft®)	Imipramine (Tofranil®)		

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Get To Know Your Medical Advisors

Sheldon P Blau, MD FACP FACR

Q. What got you interested in Antiphospholipid Antibody Syndrome?

A. To know APS is to know all of medicine. It's a fascination of mine since it was described.

Q. What made you interested in rheumatology?

A. The plethora of pathology and the gratification that comes from making people with chronic pain function.

Q. Where do you see Antiphospholipid

Antibody Syndrome in 10 years? 20 years?

A. It will be managed by specific antibodies against the APL (Antiphospholipid).

Q. Any words of wisdom to patients who have Antiphospholipid Antibody Syndrome or are newly diagnosed?

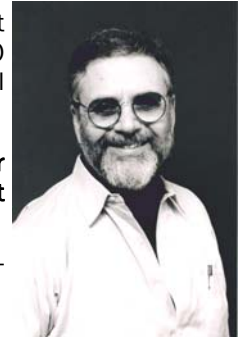
A. Faith and a very informed doctor.

Q. Tell us something that you enjoy doing outside of the medical field?

A. I authored eight books and 50 plus medical articles.

Q. What is your biggest pet peeve?

A. A noncompliant patient.



Thank you to Dr. Blau for sharing with us!

Janet's APS Story

Written by: Janet Hunt



My name is Janet Hunt - I am a part of the Facebook APS community and I wanted to share my story. I was a healthy, active 28 year old loving life. Our daughter had just turned 2 and I was the VP of a small research business here in Denver. We were trying for our second child. My family loved hiking, skiing and the outdoors. In short, I was NOT the "typical" stroke risk profile. At the time, I also did not know I had APS.

In September, 2005, about a month after our daughter's 2nd birthday, I had a massive basilar artery brainstem stroke - completely out of the blue. It landed me in the Neuro ICU unable to move anything below my neck and unable to talk. The doctors were baffled - I wasn't your typical stroke risk; low blood pressure/cholesterol, active, average weight, no family history, I wasn't even on the birth control pill. After awhile they found the stroke was caused by the combination of APS, a dissection of my basilar artery and a PFO (a small hole in my heart that the clot passed through).

I spent 2 weeks in the ICU, another week in

a regular hospital room and 4 weeks at a rehab facility, where I had to "re-learn" everything - how to walk, communicate, eat, everything. I then spent another 6 months outpatient there. I owe them my life. They even worked with me to re-test for my drivers' license, they worked with my boss so I can eventually return to work (in a reduced, part-time role), and they gave me tips so I could hike and ski again (not like before, but still amazing).

Three years have passed since the stroke. I am now 31, and on 12 mg. of Coumadin for the rest of my life for the APS so as to prevent another stroke. The only lingering side effect is fatigue - thank God. In addition, after two miscarriages (which I am told was linked to APS), I am now finally pregnant again - and am 6 months along (due in January). I have to do daily injections of Lovenox and my fatigue is definitely up, but it will be well worth it. We have been "trying" for this blessing since before the stroke (obviously had to take a "break" there until my body healed).

So, that's my APS story. To the outsider, I still look and act like a normal, healthy person...in fact, I have newer friends who don't even know I had a stroke, and can't tell. But I agree - we need to get the word out on APS - had I known I had it before the stroke, I could have gone on anticoagulants earlier and saved myself a world of hurt.

(Continued from page 1)

In fact, it looks last minute." Unfortunately, during the holidays we tend to tabulate and quantify our friendships which really have nothing to do with the material. But we can't help it. A great deal of re-gifting goes on too and when we see our presents re-gifted, we feel hurt. When we give a gift there are invisible strings attached. A possible solution is to buy ourselves what we truly want. This is a tangible action to reinforce the idea of self love. Then anything we receive from our friends is a happy bonus. It is unfair and inaccurate to measure abstractions like love and friendship in dollars, jewelry and gadgets. It is more appropriate to measure relationships by the degree of warmth and positivism they inspire.

This year let's tell our friends and family what we want from them instead of burdening them with the job of mind reader. Likewise they will reciprocate to lighten our load by telling us what they want from us. The doors of communication will open real wide for the rest of the year. And instead of complaining about what is missing in our lives, let's create our own opulent commercials about what we have! We can reframe any story with a happy spin. We can choose words that build up our significant other, our children and our home. It's not such a bad life after all - right?

Source: <http://turnonyourinnerlight.com/Antidote.html>



GINA: An Overview

Submitted by: Tina Pohlman



President George W. Bush signed the Genetic Information Nondiscrimination Act (GINA) into law on May 21, 2008. We continue to celebrate this monumental event as the culmination of thirteen years of dedication and perseverance from the health community, led by the Coalition for Genetic Fairness, and many Congressional offices.

Senator Ted Kennedy applauded GINA as "the first civil rights bill of the new century of the life sciences". GINA protects individuals from genetic information discrimination in health insurance and employment. The health insurance provisions of the bill, Title I, will take effect 12 months after the date of signing, on May 21, 2009. The protections in employment, Title II, will take effect 18 months after the date of signing, on November 21, 2009. These protections will apply to residents of all 50 US States and territories.

It is believed that GINA will not only protect individuals from genetic discrimination, but will also begin to ease fear that employers or insurers would discriminate against individuals based upon genetic information. Because of this fear, some individuals have decided not to be tested or use genetic services as tools to manage health. Clinicians have had to discuss the potential for discrimination with their patients. Researchers have experienced decreased enrollment in clinical trials, due in part to participant concerns regarding genetic discrimination when research involves genetic testing. Learn more about the impact fear of genetic discrimination has on clinical research [here](#).

When GINA takes full effect in November 2009, every American will be protected against genetic discrimination in both health insurance and employment.

www.geneticfairness.org/ginaresource_overview.html

Coping with Winter Depression: Tips for Managing Seasonal Affective Disorder

Submitted by: Todd Ponagai

During the fall and winter months, some people suffer from symptoms of depression that can appear gradually or that come on all at once. These symptoms often dissipate when spring arrives and stay in remission through the summer months. Symptoms of depression that come during the colder months can be associated with Seasonal Affective Disorder (SAD). This mood disorder is often attributed to the lack of light during the colder months of the year.

"SAD is a real mood disorder that requires diagnosis and may require treatment. If you regularly experience a significant, lasting, downturn of mood when the weather gets colder and daylight lessens then you should consider consulting a psychiatrist or other health professional to discuss your symptoms," says Douglas Jacobs, M.D., Executive Director of the nonprofit organization Screening for Mental Health and Associate Clinical Professor of Psychiatry at Harvard Medical School.

SAD has been linked to a biochemical imbalance in the brain brought on by the shortening of daylight hours and a lack of sunlight in winter. The most difficult months for SAD sufferers are January and February. Younger persons and women are thought to be at higher risk. There is also some evidence suggesting that the farther someone lives from the equator, the more likely they are to develop SAD.

Whereas the exact number of Americans suffering from SAD is not known, it is believed that between 10 and 20 percent of the U.S. population may suffer from mild symptoms associated with the disorder.

These symptoms can include:

- excessive sleeping, difficulty staying awake, overeating, and weight gain during the fall or winter months;



- feelings of extreme fatigue, inability to maintain regular life-style schedule;

- depression (feelings of sadness, loss of feelings, apathy)

combined with irritability;

- lack of interest in social interactions, losing interest in activities of enjoyment;
- remission of symptoms in the spring and summer months.

Those suffering from mild cases of SAD can benefit from additional exposure to the sun. This can include a long walk outside or arranging your home or office so that you are exposed to a window during the day. For many suffering from more severe cases of the condition, light therapy (phototherapy) has proven an effective treatment option. This form of therapy involves exposure to very bright light (usually from a special fluorescent lamp) for a few hours each day during the winter months. Additional relief has been found with psychotherapy sessions, and in some cases, prescription of anti-depressants.

"Getting screened and evaluated is a smart, sensible way to take care of your health and ensure that you can enjoy the pleasures of the season," says Jacobs. Symptoms of SAD can be confused with other medical conditions, such as hypothyroidism or viral infections like mononucleosis, so a proper evaluation by a medical professional is crucial.

[Read NAMI's Fact Sheet on Seasonal Affective Disorder](#)

* Source: American Psychiatric Association Press Release, November 23, 2004

Article source: http://www.nami.org/Content/NavigationMenu/Top_Story/Coping_With_Winter_Depression.htm



Flu Shots and Warfarin

Written by: Gretchen F Kuntze, Pharrn. D, Pharm. D Candidate
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Reviewed by: Al Lodwick, RPh, MA

The flu season runs from November through April, with the highest number of infections occurring during the months of January and February. It is recommended that people get their flu vaccines as early as September or October, however, you can still receive a vaccination as late as March or April.

Why is it important to get a flu vaccine every year? The flu vaccine is changed every year to cover what experts believe will be most likely to infect people. The virus changes from year to year, so the vaccine has to be modified as well in order to be effective. In order to be protected against these likely strains of the flu virus, you must be revaccinated every year.

Although it is encouraged that everyone older than 6 months of age receive a flu vaccine, there are certain groups of individuals that are at higher risk of getting the flu. Patients with chronic illnesses such as chronic obstructive pulmonary disease (COPD), asthma, and diabetes are at par-



ticular risk, and therefore, should always be vaccinated. Certain medications, such as chronic steroid use, can cause a decrease in immune function, making it easier for individuals to get sick. So it seems wise for these people to be vaccinated, too.

Warfarin does not decrease immune function, but is known to interact with many medications. Several studies have shown that warfarin does not interact with the flu vaccine to cause a change in INR, and no bleeding or clotting complications have been reported. People on chronic warfarin therapy may also have other disease states that may lessen their immune system activity. Therefore, it is important for individuals on warfarin to get a flu shot.

Editor's Note: While studies show that the flu shot does not interact with warfarin, I have seen many instances where the INR was in the range of 4 to 5 within two or three days after a flu shot. The INR seems

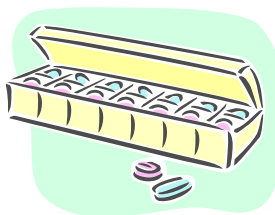
to return rapidly to the desired range. If this should happen to you, consider asking your warfarin manager to simply hold one warfarin dose and then return to your normal dose. A follow-up check in a week or two would also be a good idea for a double check.

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Make the Most Of Your Meds

Submitted by: Tina Pohlman



Taking medicine correctly isn't always e a s y — especially if you're taking multiple medications. It can be hard to re-

member how and when to take each medicine. This is important, because forgetting to take medicine or not taking it as directed can make it less effective, putting your health at risk.

The more you know about your medicine and how to take it, the more likely it will help you stay as healthy as possible. Here are some tips:

Get organized. Make a list of all the medicines you are taking, including all nonpre-

scription drugs and supplements and herbal products. Write down the dosage and how often you're supposed to take each one. Take this list to all your doctors' appointments to alert your doctors to what medications you are already taking. This will make it less likely that any new medicine will interact with something you're already taking.

Use reminders. Use a pill container with compartments that help organize your medications by day and week. Automated pill containers feature electronic reminder alarms that beep. You can also set your watch or cell phone alarms to remind you to take your medicine.

Check labels before leaving the pharmacy. Be sure you received the right medicine, and make sure you know the answers to these questions: How many times a day are

you supposed to take it? Should you take it with or without food? Can it be stored in the medicine cabinet or does it need to be refrigerated? Ask the pharmacist if there are any prescription or over-the-counter drugs or supplements that might interact with this medication to cause side effects.

Side effects? Speak up! If a medication is causing side effects that make it hard to tolerate, you'll be more likely to skip doses or stop taking it altogether. Tell your doctor about side effects so you can work together to find alternative drugs or dosing regimens.

Remember, even the most effective medication won't help you if you aren't taking it!

Heart Care Health monitor—February 2008

<http://www.healthmonitor.com/takingcare/heartcare/make-most-your-meds.html>



Saving Money On Your Prescriptions

Written by: Heidi Ponagal

With the decline of our economy and the rise in health care, there are thousands of people all over this country who simply cannot afford to get their monthly prescriptions filled—many APS patients included.

Fortunately, there may be savings options available to you that you don't even know about!

Walmart has a number of \$4.00 prescriptions available in their program. From the Walmart website: *"The list of eligible drugs in the \$4 Prescriptions Program – available at Walmart, Neighborhood Market and Sam's Club pharmacies nationwide – represents up to 95 percent of the prescriptions written in the majority of therapeutic categories. The affordable prices for these prescriptions are available for commonly prescribed dosages for up to 30-day or 90-day supplies. Ask your pharmacist or physician about switching to 90-day prescriptions for appropriate medications."*

Walgreens also has a Prescription Savings Plan (Club). From their website: *"Whether you have insurance coverage or not, Walgreens Prescription Savings Club may provide significant savings on medications for you and your family. Start Saving Today! More*



than 5,000 brand name and generic medications. Over 400 generics priced at \$12 for a 90-day supply -that's less than \$1 a week! Medications in all drug classes covering most common and chronic health conditions." Walgreens does charge a small fee for their program, please be sure to read their website.

Savings clubs such as Sam's Club and Costco also advertise lower prescription prices. If you have a membership to these stores, a trip to the pharmacy there may be cost saving for you.

Of course, before you switch your scripts to any of these stores, or begin using these programs, you should first talk to someone at the pharmacy and get a full understanding of how their program works and check that your medications are on their discounted lists. If you are eligible you could really save yourself some money on the every rising cost of prescription drugs.

Sources:

<http://www.walmart.com/pharmacy>

<http://www.walgreens.com/pharmacy>



Gifts That Matter—8 Helpful Ideas

Submitted by: Tina Pohlman



At this time of year, friends, family, and neighbors get the holiday spirit and want to help out and give thoughtful gifts. What do you tell them? Start by explaining how small gestures can be priceless. And then be prepared to offer specific ideas for gifts that will make life easier and more enjoyable for you.

Can't think of anything off hand? These 8 ideas just may fix needs you didn't even know you had.

1. A meal and a conversation.

Getting out and about can be challenging, and tiring. But not getting out can lead to a sense of isolation. So when asked what people can give you this holiday, tell them you'd really enjoy their company and perhaps a home cooked meal. Fresh meals prepared and cooked in your home are even better. The aroma is free and the sensory experience is

great for restoring appetite in you. When people prepare fresh meals in our home instead of their own, you get the benefit of talking, laughing and maybe even a helping during the cooking process.

2. Help with the chores.

Grocery shopping, trips to the library, picking up prescriptions, climbing up on ladders to change a light bulb, cleaning the fridge – these tasks take up valuable energy and time or don't get done. A donation of chore time can be invaluable.

3. A stockpile of the basics.

Ask people to provide a year's supply of paper products, cleaning supplies, and other bulk items.

4. Home organization.

Have a highly organized neighbor or visiting niece reorganize closets and shelves in your house to make things easier for you to reach and use.

5. A well-organized coupon collection.

Who has time to cut coupons? Having someone else collect coupons and stick them in an organizer can drastically reduce household expenses and allows you to focus on what's most important.

6. A festive home – without the work.

Invite friends and family to come over and decorate the house for the holidays. Familiar sights and scents of holiday cheer, from the soft lights of burning candles to the scent of fresh pine, can do wonders to life moods and restore a sense of normalcy to your holiday experience.

7. Grocery delivery.

Out of town family members can call the local grocery store and arrange for favorite foods to be delivered directly to the home.

8. Three-month trial subscription to Netflix.

This is easy entertainment for you. What's better than your favorite holiday movies showing up in the mailbox for you to watch at your own convenience?

Source: National Stroke Association Nov/Dec 2008

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Founded in June 2005, the APS Foundation of America, Inc. is dedicated to fostering and facilitating joint efforts in the areas of education, support, research, patient services and public awareness of Antiphospholipid Antibody Syndrome in an effective and ethical manner.



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