Welcome to the third issue of "Living Well", a publication of the Department of Mental Retardation, Office of Quality Management. "Living Well" is published on a quarterly basis and features important information for individuals and their supporters.

Information includes health advisories/alerts, home, work and community safety tips, and "promising practices" in services and supports to individuals with mental retardation. "Living Well" represents one component of DMR's continuing commitment to share information which will safeguard and improve the quality of lives of individuals we support. Information and knowledge is a powerful tool. We hope that this and future editions of "Living Well" will be used effectively to enhance our service system.

We'd welcome your feedback and suggestions regarding content areas for future editions of the publication. Please submit your suggestions to Sharon.Oxx@dmr.state.ma.us. Thank you!

Gerald J. Morrissey, Jr. Commissioner
Department of Mental Retardation
DEHYDRATION
(the lack of sufficient fluid in the body)

Because many people are on certain medications requiring a stable blood level to maintain effectiveness (like seizure and psychotropic medications), even mild dehydration can cause those blood levels to rise to dangerous levels, even toxic levels. This can create serious health consequences for the individual. Increasing fluid intake on hot days and offering them frequently can help prevent such an event.

Some signs of dehydration include:

- Decreased amount of urine
- Less frequent urination
- Dry skin or cracked lips
- Sunken eyes
- Less elasticity to the skin
- Fever
- Sleepiness
- Headache
- Increased heart rate
- Strong, dark urine

**REMEMBER:**
Popsicles, watermelon, cantaloupe, fruit salads and jello all contain a lot of water. And summertime is the perfect time to indulge in such treats.

As many of the individuals supported by staff may not be able to express their increased need for fluids or are unable to access it independently, special effort must be made to anticipate this need by staff.

**RULE OF THUMB**
If a staff person is consuming a beverage, the person that they support should have one as well.
HEAT ILLNESSES

- **Heat Cramps** occur after vigorous activities like running or playing tennis. Their signs are painful abdominal spasms and cramps in major muscles such as the legs and abdomen. Cramps subside with rest, cooling down and plenty of water.

- **Heat Exhaustion** has many symptoms—fever, heavy sweating, fainting, rapid pulse, low blood pressure, clammy skin, ashen skin tone and nausea. Overexertion and not drinking enough water is the usual cause. To treat it, go indoors with a fan or air conditioning or to a shady spot, apply cool clothes, immediately lie down with your legs elevated, loosen tight clothes, and drink cool water or sports beverages.

- **Heat Stroke (Sunstroke)** can be life-threatening and requires immediate medical help. The symptoms include not only those associated with heat exhaustion, but also very rapid pulse and breathing, delirium, unconsciousness, and lack of perspiration to cool the body.

**Risk factors for heat stroke include:**

- Dehydration
- Age over 65
- Obesity
- Consuming alcohol in hot weather
- Having chronic heart or lung disease
- Taking medications that interfere with the body’s heat-regulating system

**To prevent a heat illness**

- Avoid direct sun from late morning until 4pm
- Limit vigorous exercise or chores to early morning or late afternoon
- Dress in light colored, loose-fitting clothes
- Continually drink plenty of water or juice
- Avoid caffeine or alcohol
- Eat light meals

SUN EXPOSURE

Whenever you or the people you support are in the sun, you need to apply sunscreen. Buy a quality product rated at least SPF (Sun Protection Factor) 15 and apply it liberally to all exposed skin at least 30-60 minutes **before** going out into the sun and frequently thereafter especially during peak sun hours or after sweating or swimming. Not only will this help prevent sunburn but skin cancer as well. Too much sun is also a risk factor for cataracts, so use sunglasses that block UVA and UVB ultraviolet rays. And don’t forget your wide brimmed hat

**Remember,**

Certain medications (like anticonvulsants, antipsychotics and high blood pressure medications) can cause people to burn more rapidly and more severely.
West Nile Virus  
(And we don’t live anywhere near the Nile)

So what is it?  
West Nile Virus (WNV) was first diagnosed in New York City in 1999. This potentially fatal disease has spread across the country more quickly than expected. Its continued spread means that it is here to stay. Last year Massachusetts had 23 cases reported and 3 deaths.

How do I get it?  
WNV is principally a disease of birds. It grows inside an infected bird and is spread to other birds, animals and people through mosquito bites. Not all species of mosquitoes carry the disease. Even in areas where mosquitoes carry the disease, much less than 1% of the insects are infected.

Although adults are more likely to be bitten by mosquitoes than children and men are bitten more often than women, anyone can become infected with WNV. The disease cannot be spread through normal contact with infected animals or people.

What are the symptoms?  
Most infected people will not know that they have the disease because they will have either very mild symptoms or no symptoms at all. The symptoms may include:

- Fever
- Headache
- Body aches
- Skin rash (rare)
- Swollen lymph nodes (rare)

The symptoms usually occur within a few days to a couple of weeks after infection. Persons who have flu-like symptoms that continue for more than 2-3 days should contact their physician immediately. If a mild infection exists, fluids and rest will be prescribed. Those who have symptoms of a more severe infection will be given a blood test to see if there are antibodies to the virus present.

What if I have a severe case?  
Because no specific treatment currently exists, people who develop a severe infection are hospitalized to receive supportive care to help their bodies fight the disease. That care might include intravenous fluids, respiratory support, and prevention of other infections which can weaken the body’s ability to fight the WNV. Most people fully recover from WNV.

So what can I do to prevent it?  
There are several things you can do to lower the risk of WNV by lowering the risk of mosquito bites:

- Remove all open containers of water and fill in or drain all pools of standing water near your home
- Stay indoors at times when mosquitoes are most active—dawn, dusk, and early evening
- When outdoors, wear long-sleeved shirts and long pants
- Be on the lookout for dead birds, especially crows and jays, and report them to local and state authorities
- Avoid floral-scented perfumes and toiletries, such as soaps, lotions and shampoos
- Spray clothing with insect repellent that contains 35%-50% DEET. Use repellent sparingly on exposed skin, and follow manufacturer’s instructions
- Vitamin B and ultrasonic devices are not effective against mosquitoes

The risk from WNV is real but extremely low. By taking a few precautions and being aware of the WNV symptoms, you'll be ready to enjoy all of the pleasures of summer.
Lyme Disease

Deer ticks are tiny insects that live in low brush and can spread Lyme disease in a small percentage of the people they bite.

- Use bug repellent with DEET whenever out in such areas to keep these pests and others away.
- Wear a long-sleeved shirt, long pants, socks and a hat if you are in tick country.
- When you get home, carefully check yourself and the person you support for ticks.
- And don’t panic!

Usually, a Lyme disease carrying tick has to be attached for at least 24 hours to spread the disease. Ticks can be difficult to kill so it is best to flush them whenever possible.
WATER SAFETY

In the Living Well edition from July 2002, Water Safety was presented, as activities on or near the water can provide much enjoyment during the warm weather. Since this is such an important safety area and there may be many new staff supporting individuals this summer, much of the information provided before bears repeating here. So here goes. Remember to:

ASSESS each person’s water safety skills when in or near different water venues, such as a pool or lake.

BE KNOWLEDGEABLE about each person’s capabilities and vulnerabilities and provide the needed support. This should include having staff with water safety skills.

IDENTIFY potential hazards and unique safeguards needed for a particular setting. Is there a log right under the surface at the lake, so someone could hurt themselves if they dove in?

WATCH for the “dangerous too’s” – too tired, too cold, too far from safety, too much sun, too much strenuous activity

BE ALERT to changing weather and leave the water with the approach of bad weather

ENSURE needed safeguards are in place when maintaining a home pool, as outlined in the DMR policy of 1/8/97, “Safeguards for Pools.” These include having a pool that is maintained safely and there are safeguards in place when the pool is not in use.

IMPORTANT SAFEGUARDS FOR EVERYONE

- Never swim alone
- Do not chew gum or eat while swimming as you could easily choke
- Use caution when swimming after a large meal
- If you are a non-swimmer, always wear an approved life jacket while in the water
- Swim only in supervised areas
- Learn to dive correctly and know when it is safe to dive

With a little precaution, water activities can be the basis of some wonderful summer activities.

So use the proper precautions, provide the needed support and ENJOY!