February is American Heart Month. Cardiovascular disease is the leading cause of death in the United States; one in every three deaths is from heart disease and stroke, equal to 2,200 deaths per day. Many people think “It’s a man's disease” or “I’m too young” or “breast cancer is the real threat.” The real fact is, relying on these false assumptions can cost you your life. Your health is non-negotiable; we need to separate fact from fiction so that together, we can stop this killer once and for all.

**MYTH:** Heart disease is for men, and cancer is the real threat for women.

**FACT:** Heart disease is a killer that strikes more women than men, and is more deadly than all forms of cancer combined. While one in 31 American women dies from breast cancer each year, heart disease claims the lives of one in three. That’s roughly one death each minute.

**MYTH:** Heart disease is for old people.

**FACT:** Heart disease affects women of all ages. For younger women, the combination of birth control pills and smoking boosts heart disease risks by 20 percent. And while the risks do increase with age, things like overeating and a sedentary lifestyle can cause plaque to accumulate and lead to clogged arteries later in life. But even if you lead a completely healthy lifestyle, being born with an underlying heart condition can be a risk factor.

**MYTH:** Heart disease runs in my family, so there’s nothing I can do about it.

**FACT:** Although women with a family history of heart disease are at higher risk, there’s plenty you can do to dramatically reduce it. Simply create an action plan to keep your heart healthy.

**MYTH:** Heart disease doesn’t affect women who are fit.

**FACT:** Even if you’re a yoga-loving, marathon-running workout fiend, your risk for heart disease isn’t completely eliminated. Factors like cholesterol, eating habits and smoking can counterbalance your other healthy habits. You can be thin and have high cholesterol. The American Heart Association recommends you start getting your cholesterol checked at age 20, or earlier, if your family has a history of heart disease. And while you’re at it, be sure to keep an eye on your blood pressure at your next check-up.

**MYTH:** I don’t have any symptoms.

**FACT:** Sixty-four percent of women who die suddenly of coronary heart disease had no previous symptoms. Because these symptoms vary greatly between men and women, they’re often misunderstood. Media has conditioned us to believe that the telltale sign of a heart attack is extreme chest pain. But in reality, women are somewhat more likely to experience shortness of breath, nausea/vomiting and back or jaw pain. Other symptoms women should look out for are dizziness, light-headedness or fainting, pain in the lower chest or upper abdomen and extreme fatigue.

Source: www.goredforwomen.org/about-heart-disease/facts_about_heart_disease_in_women-sub-category/myths-about-heart-disease/
HEART DISEASE FACTS

❤️ Heart disease is the leading cause of death for men in the United States, killing 321,000 men in 2013 — that’s 1 in every 4 male deaths.

❤️ About 8.5% of all white men, 7.9% of black men, and 6.3% of Mexican American men have coronary heart disease.

❤️ Half of the men who die suddenly of coronary heart disease have no previous symptoms.

❤️ Even if you have no symptoms, you may still be at risk for heart disease.

❤️ Between 70% and 89% of sudden cardiac events occur in men.

RISK FACTORS
High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:
- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

PREVENTION TIPS

❤️ **Eat a healthy diet.** Choosing healthful meal and snack options can help you avoid heart disease and its complications. Be sure to eat plenty of fresh fruits and vegetables.

❤️ **Maintain a healthy weight.** Being overweight or obese can increase your risk for heart disease.

❤️ **Exercise regularly.** Physical activity can help you maintain a healthy weight and lower cholesterol and blood pressure. The Surgeon General recommends adults engage in moderate-intensity exercise for 2 hours and 30 minutes every week.

❤️ **Don’t smoke.** Cigarette smoking greatly increases your risk for heart disease. So, if you don’t smoke, don’t start. If you do smoke, quitting will lower your risk for heart disease. Your doctor can suggest ways to help you quit.

❤️ **Limit alcohol use.** Avoid drinking too much alcohol, which causes high blood pressure.

Source: [www.cdc.gov/DHDP/data_statistics/fact_sheets/fs_men_heart.htm](http://www.cdc.gov/DHDP/data_statistics/fact_sheets/fs_men_heart.htm)
SEASONAL AFFECTIVE DISORDER (SAD)

Seasonal affective disorder (SAD) is a type of depression that’s related to changes in seasons — SAD begins and ends at about the same times every year. If you’re like most people with SAD, your symptoms start in the fall and continue into the winter months, sapping your energy and making you feel moody. Less often, SAD causes depression in the spring or early summer.

Symptoms specific to winter-onset SAD, sometimes called winter depression, may include:
- Irritability
- Tiredness or low energy
- Problems getting along with other people
- Hypersensitivity to rejection
- Heavy, “leaden” feeling in the arms or legs
- Oversleeping
- Appetite changes, especially a craving for foods high in carbohydrates
- Weight gain

WHEN TO SEE A DOCTOR
It’s normal to have some days when you feel down. But if you feel down for days at a time and you can’t get motivated to do activities you normally enjoy, see your doctor. This is especially important if your sleep patterns and appetite have changed or if you feel hopeless, think about suicide, or turn to alcohol for comfort or relaxation.

CAUSES
The specific cause of seasonal affective disorder remains unknown. Some factors that may come into play include:
- Your biological clock (circadian rhythm). The reduced level of sunlight in fall and winter may cause winter-onset SAD. This decrease in sunlight may disrupt your body’s internal clock and lead to feelings of depression.
- Serotonin levels. A drop in serotonin, a brain chemical (neurotransmitter) that affects mood, might play a role in SAD. Reduced sunlight can cause a drop in serotonin that may trigger depression.
- Melatonin levels. The change in season can disrupt the balance of the body’s level of melatonin, which plays a role in sleep patterns and mood.

TREATMENTS AND DRUGS
Light therapy
Light therapy is one of the first line treatments for fall-onset SAD. It generally starts working in a few days to two weeks and causes few side effects. Research on light therapy is limited, but it appears to be effective for most people in relieving SAD symptoms.

Medications
Some people with SAD benefit from antidepressant treatment, especially if symptoms are severe.

Psychotherapy
Psychotherapy, also called talk therapy, is another option to treat SAD. Psychotherapy can help you:
- Identify and change negative thoughts and behaviors that may be making you feel worse
- Learn healthy ways to cope with SAD
- Learn how to manage stress

Lifestyle and home remedies
- Make your environment sunnier and brighter. Open blinds, trim tree branches that block sunlight or add skylights to your home. Sit closer to bright windows while at home or in the office.
- Get outside. Take a long walk, eat lunch at a nearby park, or simply sit on a bench and soak up the sun. Even on cold or cloudy days, outdoor light can help — especially if you spend some time outside within two hours of getting up in the morning.
- Exercise regularly. Exercise and other types of physical activity help relieve stress and anxiety, both of which can increase SAD symptoms. Being more fit can make you feel better about yourself, too, which can lift your mood.

Source: www.mayoclinic.org/diseases-conditions/seasonal-affective-disorder/basics/symptoms/con-20021047
**My eLink** Log onto My eLink, our convenient and confidential web portal for easy access to health plan information 24/7. View member benefits, eligibility, claims data, accumulators, download forms, search our drug formulary and more. Sign up today by visiting us online at www.mahealthcare.com.

*Is your member profile current? For change of name or address:* you may notify us in person at 1605 Associates Drive, Dubuque; by email at memberservices@mahealthcare.com; online at www.mahealthcare.com; or by calling our Member Services staff at 563-584-4885 or 866-821-1365.

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**Physician & Provider Network Update**

Medical Associates Health Plans welcomes new participating providers! Benefits are based upon individual subscriber contracts. Questions may be directed to our Member Services staff at 563-584-4885 or 1-866-821-1365.

- **Maggie Thronaum, DO**
  Medical Associates Clinic
  Dubuque, IA

- **Leah Thronaum, DO**
  Medical Associates Clinic
  Dubuque, IA

- **Brad Ecklor, PA-C**
  Mineral Point Medical Center
  Mineral Point, WI

- **Lauren Welter, PhD**
  Medical Associates Clinic
  Dubuque, IA

- **Courtney Messerly, MD**
  Regional Family Health
  Manchester, IA

- **Susan Bushman, ARNP**
  Medical Associates Clinic
  Dubuque, IA

- **Patrick Gordon, MD**
  Medical Associates Clinic
  Dubuque, IA

- **Debra Gallagher, DNP**
  Mineral Point Medical Center
  Mineral Point, WI

- **Michael Scott, MD**
  Medical Associates Clinic
  Dubuque, IA

- **Michael Connolly, MD**
  Medical Associates Clinic
  Platteville, WI

- **Amy Tibbits, PA-C**
  Mineral Point Medical Center
  Mineral Point, WI

**Providers sometimes move from the area or retire. No longer participating:**

- **Patrick Gordon, MD**
  Medical Associates Clinic
  Dubuque, IA

- **Michael Connolly, MD**
  Medical Associates Clinic
  Platteville, WI

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**Wellness Pipeline**

PUBLISHED BY MEDICAL ASSOCIATES HEALTH PLANS
1605 Associates Drive | Dubuque, IA 52002
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