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*Health Wise, Editor*  
Katie Paullin

## Risks and Tips for Seniors Who Drive

Driving has always represented freedom to most of us. But, as we all were told as teenagers, and later told our own children, driving comes with responsibility. It is not a right, but a privilege. The key to being a good driver is knowing your abilities and limitations and how they may change as you get older.

The National Safety Council reports that two million people suffer disabling injuries each year from car accidents. More than 41,000 people die each year as a result of automobile accidents. As a driver behind the wheel, you are responsible for yourself, your passengers, other drivers on the road and pedestrians. Although older people have more experience driving, have developed good judgment and have responsible driving practices, the effects of age on driving abilities cannot be

ignored. In fact, the number of accidents that occur per mile increases at about age 60 and jumps much higher around age 75.

As we get older, the risk of driving at night and in high traffic areas increases. These situations are especially dangerous for seniors because they require the use of senses such as hearing and vision, as well as reaction time, which can be affected by age. The best way to avoid an accident is to avoid dangerous driving situations. Try to avoid driving at night and during rush hour. This will decrease your chances of an accident. If you do have to drive at night, remember to clean your headlights often and check to make sure they are properly

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**Driving,**  
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# Driving: Car Features Can Prevent Injury

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aimed. Also, when driving at night or in a high traffic area, decrease your speed and increase your following distance. If the glare of oncoming headlights makes it hard for you to focus, shift your eyes down and to the right edge of the road, this can guide you until you pass the other vehicle.

Along with taking more precautions when behind the wheel, it is also important for seniors to take precautions when preparing to get behind the wheel. Make sure you consult your doctor if you feel you are having a hard time driving. Together you can decide what is best for you. Doctors can also explain what side effects medications may have on driving performance. For instance, if you are on a medication that may make you very drowsy, it is best to not drive.

Another key to staying safe on the road is choosing a safe car. If you are in the market for a new vehicle, remember that the safety features are just as important as the look and price of the car.

We are all aware of the

basic safety features of our cars, such as safety belts and airbags. Both of these devices can provide protection during a collision. Anti-lock brakes and side-view mirrors are also helpful safety items on the road. These can help you guide your car when changing lanes and can improve steering control when you have to brake suddenly. Although these common features are important, features such as the exterior color of your car, head restraints and an adjustable front seat are also helpful.

A bright exterior will make it easier for other drivers and pedestrians to see you on the road. Head restraints are also beneficial because they prevent your head from snapping back if you are involved in a collision. An adjustable front seat can help you find the best position for comfort and steering when you get behind the wheel.

Driving is a big responsibility and can cause anxiety for some seniors. These tips can help you judge your abilities to drive and keep driving. If you would

like a refresher course on driving mechanics, AARP provides a Driver Safety Program. This eight-hour class helps drivers over the age of 50 improve their skills while learning how to avoid accidents and traffic violations. Upon completion of this course you may be eligible for an auto insurance premium discount or rate reduction. To find out if you qualify for a reduction or to sign up for a class near you, visit [www.aarp.org](http://www.aarp.org) or call 1-888-AARP-NOW (1-888-227-7669).

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## References

*Safe Driving for Seniors*. May 2001. Health Alliance. 6 April 2004 <http://www.health-alliance.com/contentarchive/May01/seniors.html>

Odenheimer, Germaine L. and Richard Marottoli. *Safe Driving for Seniors*. 2001. The American Geriatrics Society. 6 April 2004 <http://www.americangeriatrics.org/education/forum/driving.shtml>

*Driver Safety Program*. AARP. 6 April 2004 <http://www.aarp.org/drive/faq8.html>

## *The Service Rep's Rap*

# Advance Directives

by Barbara Sandoval,  
PERS Service Representative

End of life issues are always difficult. Whether it is making future arrangements for burial or getting your financial affairs in order, sometimes it is easier to put those things out of your mind until the last minute, or until it is too late. But putting off end of life decisions can put a tremendous strain on family members who may be left to make those decisions on their own without knowing your wishes. The other thing about life is that it is unpredictable and the unexpected can happen to anyone.

An Advance Directive is one way of making sure your family and doctors know your wishes regarding curative and life-sustaining treatment, or the removal of life support systems. The Advance Directive is a set of instructions that you develop regarding your choice of healthcare at the end of your life, while you are able to clearly express your

personal wishes verbally and in writing, and of your own free will.

To develop an Advance Directive you will need two adults to serve as witnesses while you sign the Advance Directive. At least one of your witnesses can not be related to you by blood or marriage nor entitled to any portion of your estate. Your attending physician, attorney-in-fact and healthcare staff may not serve as witnesses.

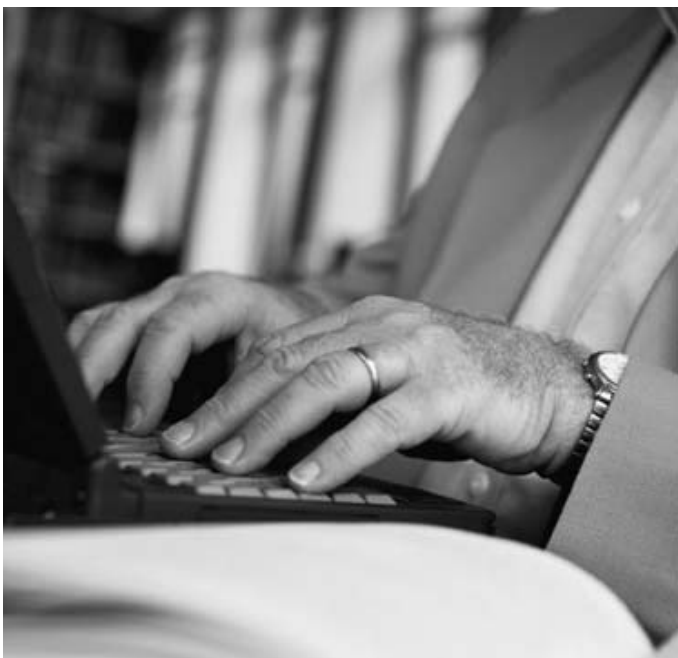
There are four specific physical conditions that are described in the Advance Directive for which you can determine the level of life support and measures provided for you. The four conditions are:

- Close to death: Terminal illness in which death is imminent, with or without treatment, when life support will only postpone the moment of death.
- Permanently unconscious: Completely lacking an awareness of self and external environment, with no reasonable possibility of a return to a conscious state.
- Advanced progressive illness: A progressive illness that will be fatal and is unlikely to improve.
- Extraordinary suffering: Illness or condition in which life support will not improve the medical condition that is causing the person permanent and severe pain.

The Advance Directive allows you to give your healthcare representative the ability to

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# Health Matters

## HEAD 2 TOE

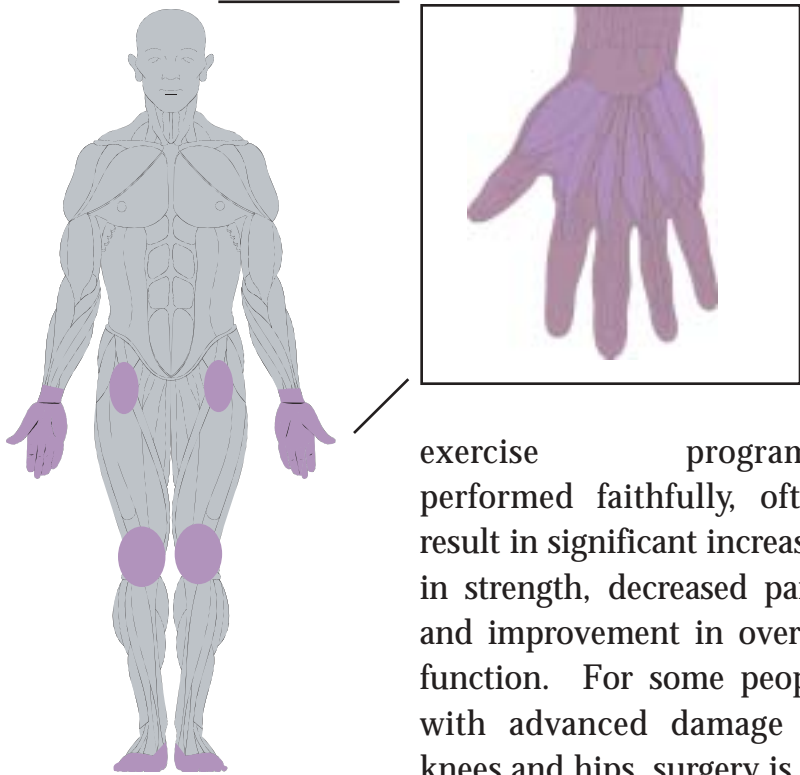
A Health Series Covering  
the Effects of Health  
Problems from Head to Toe.

### Osteoarthritis

Osteoarthritis (OA) is the most common musculoskeletal problem that accompanies aging. The parts of the body usually affected are the small joints of the fingers, hands and wrists. Some larger joints are also frequently affected by OA, especially the hips, knees and spine. Two factors appear to be commonly associated with developing OA: An abnormality of the joint cartilage and a history of repeated trauma or overuse of a given joint. The pain caused by OA of larger joints can seriously interfere with the quality of life. The deformities caused by OA of

## Arthritis

by Csaba Mera, MD, ODS Medical Director



smaller joints can make simple daily tasks difficult. OA is most often treated with medications that relieve pain and reduce inflammation of the joints. Certain exercises may also be beneficial to relieve symptoms of OA, particularly those involving muscle resistance. Two to three months of such

exercise programs, performed faithfully, often result in significant increases in strength, decreased pain, and improvement in overall function. For some people with advanced damage to knees and hips, surgery is an option that may provide a reasonable and effective treatment alternative.

### Rheumatoid arthritis

Rheumatoid arthritis (RA) is the second most common disease of joints of the aging population. People

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### Arthritis,

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# Arthritis: Medication and Exercise can Help

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who develop RA in early or midlife often continue to have problems as they get older. It is important for the physicians to differentiate OA from RA in an individual, as the treatment options vary for each. Patients with RA may respond better to anti-inflammatory medications and other more potent agents to stop the progression of joint damage. The latter would not be effective for OA. Limited exercise programs, as prescribed by



the physician, may also provide long-term benefits for patients with RA.

## Gout and pseudogout

Gout and pseudogout are less common, but equally important forms of arthritis that also seem to increase

with age. Gout is caused by deposition of tiny urate crystals in joints that cause swelling and pain. There are very specific medications for gout, and treatment should result in complete, or nearly complete resolution of symptoms. Pseudogout is caused by accumulation of calcium pyrophosphate crystals in joint cartilage. The treatment options are similar to that of gout, but they may not be quite as effective.

## Advance Directives

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make decisions on all, part or none of your life support needs. You can also choose how you want your care to be administered for any of the four circumstances regarding tube feeding and life support, from full life support to no life support. The Advance Directive can be for a limited duration or can be revoked in writing or changed at anytime.

For more information and the Advance Directive form, contact Senior Health Insurance Benefits Assistance (SHIBA) at 1-800-722-4134 or access their website at [www.oregonshiba.org](http://www.oregonshiba.org)



## DANCE

Small everyday activities such as dancing can keep you active. Be active. Stay healthy.

# PHARMACY Corner

## Benefits of Over-The-Counter Medications

by Linda Mai

PharmD Candidate, OSU College of Pharmacy, 2004

America is experiencing a tidal wave of consumer interest in self-care and self-medicating with over-the-counter (OTC) drugs. Approximately 73 percent of consumers prefer to treat themselves with OTC medication. More than 70 percent of consumers correctly believe that drugs switched from prescription (Rx) to OTC status save them money<sup>1</sup>.

Among these recent OTC switches are familiar products such as Advil, Afrin, Drixoral, Aleve, Pepcid AC, Zantac-75, Nicorette, Rogaine, Lamisil, Claritin, Claritin D and Prilosec. OTC medications are held to the same Food and Drug Administration standards for drug effectiveness and safety as prescription-only drugs. Not only are OTC drugs safe and effective, but they provide a great opportunity to save



money. For example, according to the website [www.drugstore.com](http://www.drugstore.com), 30 capsules of prescription Prilosec 20mg is \$115.99 and 42 capsules of Prilosec OTC (20mg) is \$25.99<sup>2</sup>. That is a \$90 savings!

Rx-to-OTC switches have historically been approved at a fraction (usually one-half) of the prescription strength. However, social and economic pressures are

fostering more Rx-to-OTC switches at prescription strengths. Following are some of the more recent switches:

- Claritin is a non-drowsy antihistamine used for allergy relief. Visit [www.claritin.com](http://www.claritin.com) for a \$3 coupon.

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**OTC,**  
continued on page 7

- Prilosec OTC is a proton-pump inhibitor used to relieve heartburn. Visit [www.prilosecotc.com](http://www.prilosecotc.com) for a free sample.

Safe and effective nonprescription drugs are used to manage or assist in the management of more than 450 medical conditions, including head lice, sunburn, headache, constipation, diarrhea, athlete's foot, fever, acne, PMS and motion sickness.

Although OTCs offer exciting cost savings, they are still medications with real risks and benefits. When taking OTC medications there are 3 R's to remember:

- *Respect* that OTCs are serious medicines that must be taken with care.

- *Recognize* the risks and benefits that all medications (OTC & Rx) have.

- Take *Responsibility* for learning about how to take OTC drugs safely. This includes following this important rule: Consult with a pharmacist, doctor or nurse before taking an OTC to make sure that it is compatible with your current medications and medical condition.

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### References

1. <http://www.bizjournals.com/birmingham/stories/2003/07/07/focus2.html> Birmingham Business Journal accessed on April 20, 2004
2. [www.drugstore.com](http://www.drugstore.com) accessed on April 20, 2004

## PERS Plan Change Meetings Have Special Importance This Year: Medicare Modernization Act

Because of the upcoming changes to Medicare for plan year 2006, the Plan Change Meetings conducted this fall will be of particular importance. The PERS Health Insurance Program staff hopes to have more information by that time about the Medicare changes and the impact those changes may have for the PERS prescription drug benefit, and how it will affect PERS members.

As always, the 2005 Member Handbooks will be mailed to current members during September 2004. It is extremely important that you review the material carefully, as it contains premium rates for 2005 and any changes in your health plan benefits. Be sure to contact the PERS Health Insurance Program office if you have not received your packet by November 1, 2004. Meetings will again be conducted throughout the state in late September and October. The meeting schedule will be published in the fall issue of Health Wise and on the PERS website, as well as contained in the packet mailed to your current address. To ensure you always receive the most current information, be sure the PERS Health Insurance Program always has your correct address.

# Numbers You Should Know



## **PERS Health Insurance Program**

**www.pershealth.com**

PO Box 40187  
Portland, OR 97240-0187  
503-224-7377 • 1-800-768-7377

## **PERS Pension Office**

**www.pers.state.or.us**

*Mailing Address*

PO Box 23700  
Tigard, OR 97281-3700

*Street Address*

11410 S.W. 68th Parkway  
Tigard, OR  
503-603-7777 • 1-888-320-7377

## **Kaiser Permanente**

**www.kaiserpermanente.org**

500 N.E. Multnomah, Suite #100  
Portland, OR 97232-2099  
503-813-2000 • 1-800-813-2000

## **Providence Health Plan**

**www.providence.org**

3601 S.W. Murray Blvd. #10  
Beaverton, OR 97005  
503-574-8000 • 1-800-603-2340

*Mailing Address*

PO Box 4327  
Portland, OR 97208-4327

*Ask A Nurse*

1-800-365-7010

*Claims*

PO Box 3125  
Portland, OR 97208-3125

*Providence RN*

503-230-6520 • 1-800-700-0481

## **Clear Choice Health Plans**

**www.clearchoicehp.com**

2650 NE Courtney Dr  
Bend OR 97701  
541-385-5315 • 1-888-863-3637

*Claims*

PO Box 7469, Bend OR 97701

## **ODS**

**www.odscompanies.com**

601 S.W. Second Avenue  
Portland, OR 97204-3156

*Medical*

503-243-3880  
1-800-962-1533 (Oregon)  
1-800-852-5195 (National)

*Dental*

503-243-4494  
1-800-452-1058 (Oregon)  
1-800-852-5195 (National)

*Pharmacy*

503-243-3960  
1-888-361-1610

*Claims*

PO Box 4030  
Portland, OR 97208-4030

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