



★ VA Study Shows Yoga Improves Balance After Stroke

In a press release dated October 25, 2012, VA announced results of a recent study, published in the journal *Stroke*, which showed that starting yoga, even long after a stroke, may improve balance.

“It’s an exciting thing,” said Dr. Arlene Schmid, a rehabilitation research scientist with the Richard L. Roudebush VAMC and Indiana University both in Indianapolis, Indiana. “People—even older people—can improve their balance years after a stroke. They can change their brain and change their body. They’re not stuck with what they have.”

Schmid and her team recruited 47 stroke survivors who had experienced a stroke more than half a year before. The study subjects were aged 63 years, on average, and time since experiencing a stroke averaged about 4 years. Male veterans—including some from World War II—comprised 75% of the subjects. Thirty-seven study subjects received a specialized, modified version of yoga developed by a yoga therapist and Schmid’s research team. The remaining 10 received no therapy.

“At first, many of the veterans were skeptical about the therapy,” Schmid said. “They told me, ‘yoga is for girls, yoga is for hippies.’ After a couple of yoga sessions, though, and with a little encouragement from their wives and our research team, these guys came to appreciate yoga and the impact it could have on their disabilities.”

“It was initially a hard sell, but by the end they wanted more,” Schmid continued. “They practiced seated, standing, and floor-based exercises like the modified pigeon pose and

the mountain pose, twice a week, over a period of 8 weeks. We made sure the exercises gradually became more challenging as time went on. By the end, the yoga group was showing significant improvement in balance.”

Almost 75% of all stroke survivors experience falls, according to the VA study. These can lead to broken bones, and some can even be fatal.

“In addition to physical harm, strokes can also contribute to depression,” Schmid noted. “Our study sends a very positive message about the ability of stroke survivors—especially older stroke survivors—to improve long after their first post-stroke year.”

Further studies are needed to confirm yoga’s effectiveness, according to Schmid. Yoga therapy is not easily accessible yet. “I used to live in Hawaii, where yoga is everywhere,” she said. “Here in the Midwest, it’s harder to come by.”

★ Service Members Encouraged to Get a Mental Health Checkup From Home

About 17 million people are affected by depression in the U.S., yet almost one-third do not seek treatment, according to a Defense Center of Excellence for Psychological and Traumatic Brain Injury press release dated October 6, 2012. An early diagnosis of depression, which is common and treatable, allows for faster and easier treatment.

“Depression is usually a more serious and sustained problem than simply having a bad day or feeling stressed. Unfortunately, many people do not know how to recognize the signs and symptoms of depression or

where to seek help,” said Dr. Robert Ciulla, director of the Mobile Health Program at the National Center for Telehealth & Technology. “An online screening, in the privacy of one’s own home, is a good first step in getting a better understanding of the problem.”

Early recognition and treatment of depression, before a person reaches a crisis situation, are key factors in addressing this important health issue. Symptoms of depression can include persistent sad, anxious, or empty feelings; loss of interest in activities once enjoyed; decreased energy or feeling tired all the time; feelings of hopelessness or pessimism; feelings of guilt, worthlessness, or helplessness; irritability or restlessness; difficulty concentrating, remembering details, and making decisions; insomnia, early-morning wakefulness, or excessive sleeping; overeating or appetite loss; and suicidal thoughts or attempts. Military Pathways, a DoD-funded initiative, offers anonymous, online mental health screenings at www.militarymentalhealth.org.

★ Electronic Payments Required for Some TRICARE Beneficiaries

In a press release dated October 10, 2012, TRICARE explained that beneficiaries enrolled in TRICARE Reserve Select (TRS) or TRICARE Retired Reserve (TRR) who pay monthly premiums by check will need to switch to an electronic form of payment before January 1, 2013, to avoid losing coverage. At that time, TRICARE will only accept monthly premium payments using recurring automatic payments by credit or debit card or by recurring electronic funds transfer (EFT) from a linked bank account. Beneficiaries are advised to verify that their bank sends EFT payments elec-

tronically. The Defense Manpower Data Center is sending e-mail notifications to current TRR and TRS beneficiaries. New beneficiaries will be informed in their welcome package on enrolling. Beneficiaries needing assistance should log on to the TRICARE website at www.TRICARE.mil/contacts.

★ Improved Battlefield Triage and Transport

The American College of Surgeons stated in a press release dated October 4, 2012, that wounded soldiers who sustained chest injuries in Operation Enduring Freedom (Afghanistan) and Operation Iraqi Freedom (Iraq) had higher mortality rates than soldiers in the Korean War and the Vietnam War, according to a military trauma study presented at the 2012 American College of Surgeons Annual Clinical Congress in Chicago, Illinois. Trauma surgeons from the U.S. Army Institute of Surgical Research at Fort Sam Houston, Texas, compared mortality rates from chest injuries in previous conflicts. Chest injury mortality rates were as follows: the Civil War, 63%; World War II, 10%; Korea, 2%; Vietnam, 3%; Iraq and Afghanistan, 8.3%. The focus of the injuries was the thorax. Data were analyzed from the Joint Trauma Theater Registry for U.S. soldiers who sustained a chest injury in Iraq and Afghanistan from January 2003 to May 2011. Soldiers killed in action were excluded from analysis.

“We feel that these findings are likely a reflection of our ability to get more severely injured soldiers—whom otherwise may have died on the battlefield—to a medical facility,” said Capt. Katherine M. Ivey, MD, a resident in general surgery at San Antonio Military Medical Center in San Antonio, Texas, and presenter of the study. “We have the capability now of

moving sicker patients from theater to the United States that we didn’t have before.”

The surgeons concluded that advances in prehospital care, rapid transport, and protective equipment for combat personnel might have resulted in more severely injured patients arriving alive at a field hospital or other medical facility, which contributed to increased mortality after admission. In the analysis of 2,049 chest injuries in the 2 conflicts, 70% occurred in Operation Iraqi Freedom. Chest injuries were caused by the following: penetrating trauma (61.5%), blunt trauma (26.7%), and blast injuries (11.6%). Collapsed lung, pulmonary contusions, and rib fractures were the most common thoracic injuries.

★ TRICARE Pharmacy Benefits Accessible by App

In a press release dated September 27, 2012, TRICARE announced that its beneficiaries have new pharmacy options available and accessible using the enhanced mobile application of Express Scripts, TRICARE’s pharmacy contractor. The updated app includes a medication reminder feature, giving beneficiaries the option to set up daily alerts to make sure they take their medications as prescribed and don’t skip a dose. Beneficiaries can also use this app to register for TRICARE Home Delivery and change current prescriptions to home delivery. Those with GPS-enabled smartphones can use the app to direct them to the nearest network retail pharmacy.

“The Express Rx mobile app gives beneficiaries access to their prescription information anytime, anywhere,” said Rear Adm. Thomas J. McGinnis, chief of TRICARE Pharmacy Operations. Smartphone users can download the free app by logging on to www.express-scripts.com/mobile. TRICARE beneficiaries can access the

mobile-optimized pharmacy website by logging on to <http://m.esrx.com>.

★ \$12.5 Million Available to Assist Older and Disabled Americans

HHS Secretary Kathleen Sebelius announced, in a press release dated September 11, 2012, that Aging and Disability Resource Centers (ADRCs) will receive \$12.5 million to support older Americans and people with disabilities to stay independent and receive long-term services and supports. The Affordable Care Act and the Older Americans Act funded these grants, which support counselors who help individuals and their caregivers, regardless of income or financial assets, identify and access long-term services and supports.

“Whether someone is in the hospital and ready to be discharged, or living at home but needing additional care, an options counselor can help them evaluate their needs and sift through the options available in their community to create a plan that meets their needs,” Secretary Sebelius said.

ADRCs are comprehensive centers where older adults, people with disabilities, their caregivers and families can get information and services as their health and long-term care needs change. These centers offer a single, coordinated system of information and access for people seeking long-term services and help consumers and their caregivers identify those options that best meet their needs. State and local governments can also more easily manage resources and monitor program quality through coordinated data collection and evaluation efforts through the ADRCs.

All 50 states and 4 territories have operational ADRCs or will have one. For more information, log on to <http://www.hhs.gov/acl/2012/09/11/aging-and-disability-resource-center-program-2/>. ●