



## MONTHLY NEWSLETTER

### **FITNESS FOCUS**

#### **Seven Tips**

#### **For Effective Exercise\***

**#1 - Just do it.** Choose an activity that you enjoy—and stick with it. Just because you “don’t feel like it” is not a reason to not exercise. Tell yourself that you’ll feel better afterwards.

**#2 - Don’t neglect your feet.**

Invest in a good pair of exercise sneakers. It’s an investment that you won’t regret!

**#3 - Timing is everything.**

Exercise at a time of day that is most convenient. Do not exercise on a full or empty stomach or just before you go to bed. People with depression often suffer from insomnia, and night time exercise can leave you feeling energized when you want to sleep. If possible, exercise during daylight hours to also benefit from sunlight.

**#4 - Watch out for barriers.**

Anticipate barriers to exercise, and develop strategies to make exercise as easy and simple as possible. Anticipate barriers - bad weather, work commitments, fatigue - and brainstorm solutions.

**#5 - Get a buddy.** Some people who exercise with a partner enjoy it more and are more likely to stick with it. Also, the social support may have additional beneficial effects.

**#6 - Think positive.** Praise your successes. View lapses in your exercise program as learning opportunities and don’t get discouraged if you miss a session.

**#7 - Enjoy the moment.** Take a minute when you are finished with an exercise session to appreciate how you feel.

March 2019

### HEALTH TIP



### **EXERCISE AND MOOD: A STRONG CORRELATION\***

Dozens of medical studies have examined the effects of exercise on people with depression. Most of the studies involve aerobic exercise and a few examined the effects of resistance training. There is good evidence that exercise can help reduce symptoms of depression and prevent relapses in those treated for depression.

Two research studies sponsored by Duke University - called the SMILE (Standardized Medical Intervention versus Long-term Exercise) studies - found no differences in depression scores after 16 weeks between the “older adults” who took medication and the “older adults” who exercised regularly. Furthermore, those study participants who engaged in regular exercise programs ten months after the end of the study were much less likely to be depressed or experience depression symptoms.

Depression in study participants was reassessed one year after the trial. The only predictor of depression was whether or not people were exercising regularly, regardless of the group to which they were assigned for the study. It did not seem to matter whether the study participants were initially treated with exercise or medication - it was regular exercise after completion of the study that was protective against depression.

These study findings suggest that regular exercise may reduce depression symptoms in those who have been diagnosed with depression. The follow-up study findings suggest that exercise may also be helpful in preventing relapse.



### DOCTOR’S NOTE

### **SEASONAL AFFECTIVE DISORDER**

By Dr. Bartholomew

Is it March yet??? Wow, February felt like it was never going to end...much like the movie “Groundhog Day” where everyday we seemingly woke up to 5 degrees and a skiff of snow, a high of 20 degrees, and going to bed with the temperature dropping again on a clear and cold night. I am not trying to complain, but the fact is that winter starts to really drag on in late February. For some folks, the winter blues can become so problematic that we have a medical name for it...Seasonal Affective Disorder (SAD). By definition, SAD is a syndrome of recurrent depressive episodes during a certain season...which for us is normally the winter. Symptoms may include increased sleep, increased appetite (maybe that is where the ole’ winter weight comes from), and increased craving for carbohydrates. Possible causes range from circadian rhythm changes to melatonin release in the brain to a possible decrease in Vitamin D levels.

Now - if you can’t pack up and head south for the winter - there are some ways to combat the winter blues. First, light therapy that includes a 10,000 lux light for 30-90 minutes - best after rising in the morning - is a great baseline therapy. Exercise helps with many forms of mood and depression issues by stimulating the body to release endorphins...the body’s natural “feel good” hormone. Lastly, if the mood changes are interfering with your relationships, ability to perform work or home duties, etc...then it may be time to talk to your doctor about other treatment options, as well.

By the way, did Punxsutawney Phil see his shadow last month???

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**BETTER ACCESS = BETTER CARE.**

**PRACTICE NEWS**



**CASINO HEALTHCARE – BOOK CLUB RECAP**

A small group of 307Health members and physicians met on February 21 to discuss the book *Casino Healthcare*. The book raises many good points about the state of healthcare in America. Unfortunately, participants were left feeling that we have glaring problems with no clear solutions. We agreed that raising awareness of the issues at multiple levels is crucial, starting with our local healthcare system.

For users of the healthcare system, true price transparency is a reasonable goal. Trying to figure out how much something will cost before you pay for it is very difficult in the American healthcare system. Hospitals are now required to post a pricing list called the “Chargemaster”, but this pricing list only shows the top price an individual with no insurance may have to pay. In addition, many hospitals have a disclaimer on their Chargemaster\* page indicating that prices may differ from the posted prices. Less opacity by government mandate is not the same as price transparency. It seems that universal pricing would be a helpful first step.

Further discussions about the payment model itself are also needed. The current fee-for-service model, when combined with lack of pricing transparency, ensures the system will continue to maximize the patient revenue stream. The American healthcare system is more opaque than it is complicated. The author makes the point that universal healthcare is not the same as a single payer system, pointing to the healthcare system in Switzerland as an example to study.

Change is slow to occur in U.S. healthcare because many people are profiting from the current system. The problem of escalating healthcare costs was captured by Florida’s past-Governor Rick Scott who said, “How many businesses do you know that want to cut their revenue in half? That’s why the healthcare system won’t change the healthcare system.”



**MEMBER SERVICES FOCUS**

**BOOK CLUB RECOMMENDED READING**

- *Ending Medical Reversal – Improving Outcomes, Saving Lives* (Prasad & Cifu)
- *Casino Healthcare – The Health of A Nation: America’s Biggest Gamble* (Munro)
- *Being Mortal – Medicine and What Matters In the End* (Gwande)

**ONE PERSON = ONE TEXT OR EMAIL**

If you have multiple family members enrolled, please remember to separate text and/or email messages by person. For example, if you have a medication request or want to send us updated medical information about two people in your house at the same time, please do so in two separate texts. We need to assign each text to the appropriate chart and the only way to do that is to keep the text threads separate.

**\*REFERENCES IN THIS NEWSLETTER**

**NIH DEPRESSION ARTICLE**

The information on depression described in this newsletter comes from the extensive and free article “Is Exercise a Viable Treatment For Depression” published by National Institute of Health for the public and available online here for further reading - [Is Exercise A Viable Treatment For Depression?](#)

**THE CHARGEMASTER**

The Wikipedia definition of “chargemaster” is a great place to get a brief, referenced definition of the centerpiece of non-transparent hospital pricing in the U.S. Click here for details - [The ChargeMaster](#) .

**NATIONAL HEALTH -TRENDS & TOPICS-**

**THE COST OF DEPRESSION**

Approximately 7% of full-time U.S. workers experienced major depression (MDD) within the past year. This 7% represents the people we know about. Unfortunately, many people do not feel comfortable discussing this concern with friends, family, and even their physician.

Depression is a very expensive diagnosis. The total economic burden of depression is now estimated to be \$210.5 billion per year. For every dollar spent on depression’s direct costs in 2010, an additional \$1.90 was spent on depression-related indirect costs. This means that 1/3 of the \$210 billion spent each year is directly related to depression. The other 2/3 is spent on related illnesses such as post-traumatic stress disorder (PTSD), back disorders, sleep disorders, migraines and reduced workplace productivity.

Reduced workplace productivity is important to consider. People with depression may be at risk for concentration difficulties and may struggle with task completion. Two terms are used in the discussion of workplace productivity. The first is “absenteeism”, when one is more frequently absent from work than is necessary. The second is “presenteeism” which occurs when people with an acute illness like the flu, or something more lingering such as depression, are at work when they should probably not be at work. If you are absent from your workplace, you will likely not be productive unless you are equipped to work from home. If you are present at work when you should be somewhere else, such as seeing your doctor to treat depression or any other illness, you are also not ideally productive.

Depression has a high cost to the individual, the workplace, and the country. Please contact your 307Health physician if you want to learn more about depression.