

ManageYour Health



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Defend yourself against the flu!

Flu season is upon us! You can help stop the spread of flu by getting the flu shot. Everyone 6 months of age and older should get the vaccine. It is not too late to protect yourself and your family. You can get the flu shot at your doctor's office or a drug store.

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Your transition to **Adult Diabetes care:** Start planning now

Becoming an adult is exciting! But, for young people with diabetes, it is sometimes a challenging time. The move from pediatric to adult healthcare is very important. Our diabetes care providers want the experience to be positive and smooth for every teen/young adult with diabetes. We suggest that you and your doctor plan the where, when, how, and why to move to adult care. We have divided the transition process into 3 steps:

Get ready. Start talking with your diabetes doctor in your early teen years about your needs and preferences. Together, identify what self-care skills you need for adult care and set goals to help you learn those skills. Slowly start practicing diabetes self-care skills while your parent is involved and can help you if you need it. If you are an older teen, we suggest you ask your doctor if you can talk with her without your parents in the room.

Get set. Ask your pediatric diabetes doctor to help you find an adult provider who is a good match. We suggest that you try to meet with the adult provider in person before the leaving pediatric care. A great adult diabetes care provider should give you support and understanding of the challenge of living with diabetes. It is important that you not feel judged by the doctor when you struggle to hit your target blood sugar level. The doctor should teach you ways to cope with diabetes that suits your lifestyle.

Go. Once you choose an adult provider and make an appointment, your pediatric provider will send the necessary medical records to the adult provider. To avoid gaps in care, we suggest that you schedule an appointment within 3 months of the final visit with your pediatric provider.

*Sarah Lyons, MD;
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For more information, check out:

www.gottransition.org
www.YourDiabetesInfo.org/transitions
www.CollegeDiabetesNetwork.com
(College Diabetes Network site has off to college resources)

Your diabetes care providers want the best for you and will partner with you through this important transition.

Texas Children's Health Plan invites you to **Bowling with Santa!**

Strike up some holiday fun at our Bowling with Santa event only for Texas Children's Health Plan members! Enjoy a fun-filled afternoon bowling with your family. Bring your socks and we'll bring the pizza and drinks. You can even have your picture taken with Santa! You may reserve up to 5 tickets.

BOWLING WITH **SANTA**

Who: Texas Children's Health Plan Members

What: Bowling with Santa

When: Saturday, December 12

Where: Max Bowl

3500 Regional Drive

Port Arthur, TX 77642

Registration details coming soon!

It's national Diabetes Month. Try this low fat, low-sugar recipe.

Spiced Pumpkin Cookies

Yummy and good for you.

Ingredients:

- 2/3 cup whole wheat flour
- 2/3 cup all-purpose flour
- 1 tsp. baking powder
- 1/2 tsp. baking soda
- 1/2 tsp. salt
- 1 tsp. ground cinnamon
- 1/2 tsp. ground ginger
- 1/4 tsp. ground allspice
- 1/4 tsp. nutmeg
- 2 large eggs
- 3/4 cup packed light brown sugar or 1/3 cup Splenda sugar blend for baking
- 3/4 cup canned pumpkin
- 1/4 cup canola oil
- 1/4 cup dark molasses
- 1 cup raisins

Directions:

1. Preheat oven to 350 degrees. Coat 3 cookie sheets with cooking spray.
2. Whisk first 9 ingredients in a large bowl.
3. Whisk eggs, brown sugar or Splenda, pumpkin, oil and molasses in a second bowl until well combined.
4. Drop the dough by level tablespoonsful onto the baking sheets. Space cookies 1 1/2 inches apart.
5. Bake cookies until firm to the touch and lightly golden on top for 10 to 12 minutes. Switch the pans back to front and top to bottom halfway through cooking.
6. Transfer to a wire rack to cool.

Thinking about stopping your behavioral health medicines?

Doctors prescribe many types of behavioral-health medicines to help people. The most common reasons doctors prescribe these types of medicines are:

- Depression.
- Anxiety.
- Hyperactivity.

There are times when patients or their parents think they want to stop taking the medicine. This is very common for people taking these types of medicines. There are many reasons for patients to quit, but the most common ones are:

- They feel better.
- They have found other ways of coping.
- They do not like the side effects.

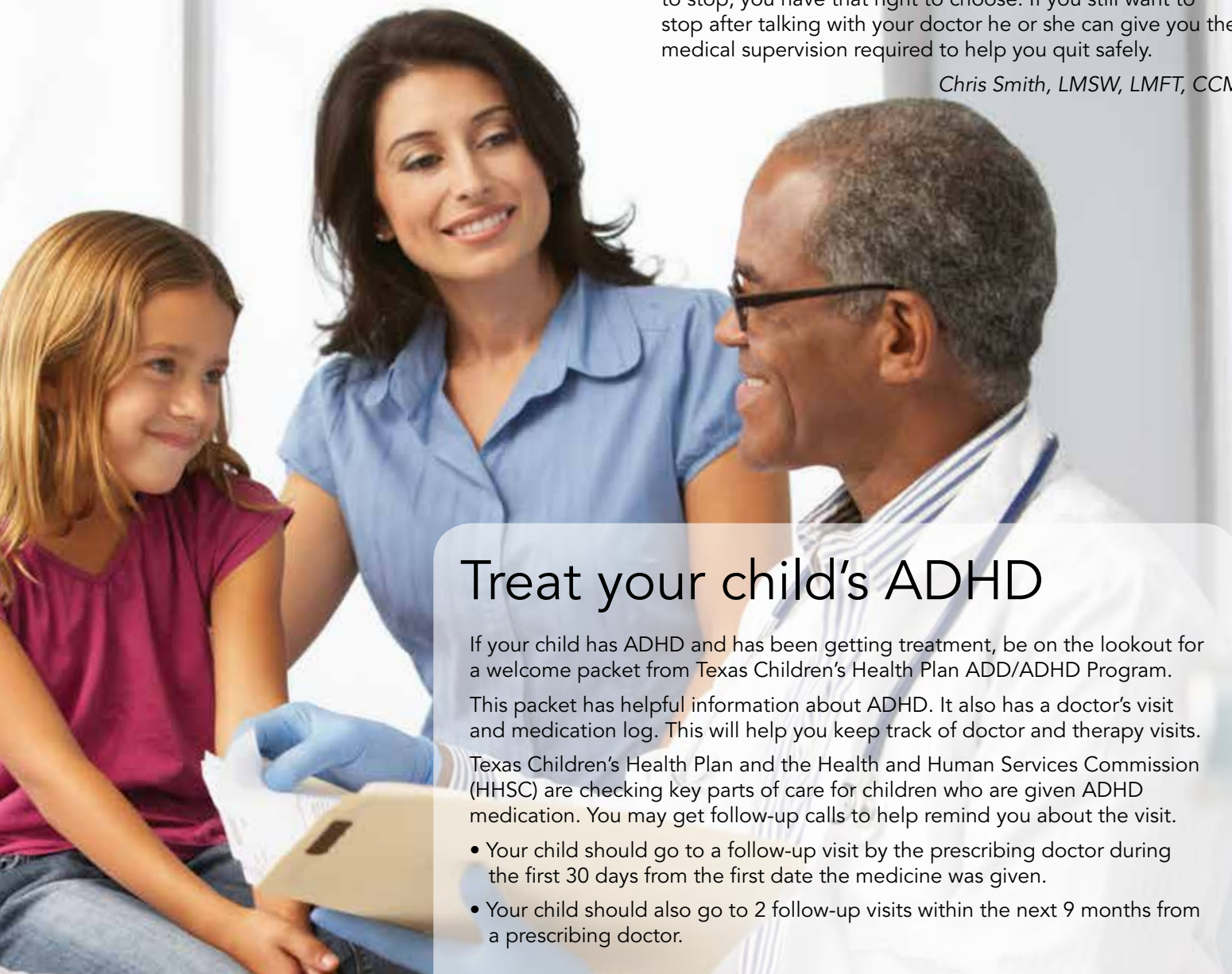
It does not matter what the reason is, you should think it through and plan well before you decide to quit. Suddenly stopping medicines, or going “cold turkey,” can have serious side effects, including:

- Extreme nausea.
- Anxiety.
- Insomnia.
- Restlessness.
- Muscle tension.
- Shaking.
- Other strange behavior.

In some cases, it can even be life-threatening.

In order to avoid any negative outcomes, make an appointment with your main doctor or psychiatrist to talk about your wish to stop taking the medicines. They may urge you to keep taking the medicine. But, if you are determined to stop, you have that right to choose. If you still want to stop after talking with your doctor he or she can give you the medical supervision required to help you quit safely.

Chris Smith, LMSW, LMFT, CCM



Treat your child's ADHD

If your child has ADHD and has been getting treatment, be on the lookout for a welcome packet from Texas Children's Health Plan ADD/ADHD Program.

This packet has helpful information about ADHD. It also has a doctor's visit and medication log. This will help you keep track of doctor and therapy visits.

Texas Children's Health Plan and the Health and Human Services Commission (HHSC) are checking key parts of care for children who are given ADHD medication. You may get follow-up calls to help remind you about the visit.

- Your child should go to a follow-up visit by the prescribing doctor during the first 30 days from the first date the medicine was given.
- Your child should also go to 2 follow-up visits within the next 9 months from a prescribing doctor.

Make your asthma medicines work for you!

The best treatment for an asthma crisis is to prevent the next one. Good asthma care starts with good asthma control. Good asthma control starts with using medicines correctly. Asthma medicines can be confusing. One makes you feel better for a few hours but does nothing to fix the problem. The other helps to prevent crises, but does not give quick relief. Here are some things you should know about asthma medicines.

- **Quick Relief Inhalers.** These make you feel better but don't fix the problem. If your problems with asthma are mild and occasional, this may be enough. If you have asthma attacks often, such as more than twice a week or so, it is not enough. If asthma gets bad enough to go to the hospital or emergency room, quick relief medicines are not enough. Albuterol is the quick relief medicine used the most. Brand names include *ProAir*® (red inhaler) and *Proventil*® (yellow inhaler). Most of the time albuterol is used when doctors give nebulizer machine treatment for an asthma attack.
- **Long term control medicine.** These medicines help to make the breathing tubes in the lungs less sensitive, so that little things don't cause asthma problems. They keep you and your child out of the hospital and emergency room. Long term control inhalers include *QVAR*® (brown or reddish brown inhaler), *Flovent*® (orange inhaler), *Asmanex*® (white dry powder inhaler), *Advair*® (purple inhaler or diskus), *Symbicort*® (red and grey inhaler), and *Dulera*® (blue inhaler).
- **When do I need a long term control medicine?** If you think you have more than a slight chance of having an asthma flare in the next 6 months, then you should ask your doctor about a long term control medicine. You can get a good idea about what will happen with your asthma in the future by knowing the past. If you have had a lot of trouble with asthma and you don't change anything, chances are pretty good that you will have a lot more trouble.
- **Routines.** Taking medicine when you feel sick is easy. When you feel well it is hard. Having a routine helps. Using the medicine before brushing your teeth is one routine. Putting an alarm in your phone is another. Find the one that works best for you.

How do I know that my asthma is in control? Asthma is in control when there are no asthma problems. There is no cough, wheeze, or chest tightness. If you stop having asthma attacks and can run and play without asthma problems, your asthma is probably under control. If your asthma is not in control, talk to your doctor or call the Texas Children's Health Plan nurse help line.

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Associate Medical Director, Texas Children's Health Plan*

Does your child have a Written Asthma Action Plan?

An Asthma Action Plan is a written guide to help keep your child well and deal with asthma problems. You make this plan with your child's doctor. The plan may change as your child's asthma needs change. You should have a copy at home and at school and with other caregivers.

An Asthma Action Plan includes:

- A daily care plan to help keep your child well and meet goals for asthma control.
- A rescue plan to help your child deal quickly with increasing symptoms.
- A guide for asthma emergencies to help you know when to call the doctor and when you need emergency help.

Call us at 832-828-1430 if you need an Asthma Action Plan.



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7- and 30-day mental health follow-up

Has your child been in the ER or hospital psychiatric care?

If so, you may have been informed that your child must have a 7- and 30-day follow-up visit with a mental health professional.

Take your child to an in-network provider within 7 days of release. And again within 30 days of release. We urge you to see a therapist for the 7-day follow-up and a psychiatrist for the 30-day follow-up. This makes sure your child is seen post release when they may be at the most risk for relapse. If needed, your child can work through any issues in therapy on an outpatient basis. And he or she can see the psychiatrist to check his or her medications.