Colon Cancer Screening

Who Should Be Screened?
All adults should get screened regularly for colon cancer based on their risk factors. Most people should start getting screened at age 50. Higher risk patients, defined as someone with either a family history of colon cancer or a previous diagnosis of precancerous polyps, should start getting regular screenings at age 40 or 10 years before the age the family member was diagnosed.

Why Should I Get Screened for Colon Cancer?
Colon cancer is the third most common cancer in the U.S. and it occurs more often in people older than 50. Polyps or abnormal cell growth usually take 10-15 years to develop into colon cancer. The discovery and removal of these polyps minimizes the chance that they will turn into cancer. In addition, when colon cancer is found in its early stages, it is highly curable. With early screening and treatment in the United States, more than 1 million people can now say, “I am a colon cancer survivor.”

How Do I Get Screened?
There are two primary methods for screening colon cancer: a fecal occult blood test (FOBT) or a colonoscopy. The FOBT is a stool test, looking for blood in your stool which could signal a bleed due to a polyp or cancer. A colonoscopy is a procedure in which the gastroenterologist uses a flexible scope to examine your entire colon looking for polyps or cancerous lesions.

How Often Should I Get Screened?
The frequency of your screening depends on which method you and your physician choose, as well as your personal risk factors, family history, and the pathology of any polyps you have had.

When Should I Stop Being Screened?
Screening should not be continued when risk may outweigh benefit. Most physicians follow the recommendation from the U.S. Preventive Services Task Force (USPSTF) by NOT offering routine screening after the age of 85. For patients between the ages of 75-85, physicians commonly base their recommendations on current health status and findings of any prior colonoscopy. This is a decision you and your physician need to make together.

<table>
<thead>
<tr>
<th>Method and Pathology</th>
<th>Frequency*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOB – stool test</td>
<td>Yearly</td>
</tr>
<tr>
<td>Colonoscopy – average risk patients</td>
<td></td>
</tr>
<tr>
<td>• with no polyps</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>• with small hyperplastic polyps ( &lt; 1 cm)</td>
<td>Every 10 years</td>
</tr>
<tr>
<td>• with 1-2 tubular adenomas ( &lt; 1 cm)</td>
<td>Every 5-10 years</td>
</tr>
<tr>
<td>• with 3-10 adenomas</td>
<td></td>
</tr>
<tr>
<td>• with 1 or more tubular adenomas ( &gt; 1 cm)</td>
<td>Every 3 years</td>
</tr>
</tbody>
</table>


Please discuss with your physician to decide which method is best for you.
Preventing Falls

How big is the problem? Each year, 1 in every 3 adults age 65 and older experiences a fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, which can lead to the risk of early death. Up to 75% of people who fracture a hip never recover fully. In fact, if you have fallen in the past, you are at a higher risk of falling again! Fortunately, falls are largely preventable.

Am I at risk of falling? Several things can increase your risk of falling such as:

- **Illness.** Diabetes, heart disease, or problems with your nerves, feet, and blood vessels can affect balance.
- **A change in medication.** New medication can cause lightheadedness, drowsiness, and an unsteady balance.
- **A new or unfamiliar setting.** A room with rugs or furniture can be unsafe and make you trip.
- **Getting older.** Decreased reflexes, eyesight, and hearing can make it harder to walk steadily and keep your balance.

What Can You Do to Prevent Falls?

- Make your home safer
- Stay physically active and do weight-bearing exercises
- Have your eyes and hearing tested
- Find out the possible side effects of any medicine you take
- Get enough sleep
- Limit the amount of alcohol you drink
- Stand up slowly
- Get enough calcium and take Vitamin D from food and/or supplements
- Use a cane or walker if needed
- Get screened for osteoporosis and get treatment if needed

And most importantly … always tell your doctor if you’ve fallen, even if you’re not hurt!

* Resource: Up-To-Date, www.uptodate.com and CDC.

Recognized for Quality and Excellence

Greater Newport Physicians has been continually recognized by leading healthcare organizations for our commitment to quality care and patient satisfaction:

- The only Independent Physician Association (IPA) in Orange County to receive the highest rating of “5 Stars” on the Integrated Healthcare Association’s Medicare Stars Clinical Care Ratings
- In 2013, GNP earned the highest “4-Star Elite” rating from the California Association of Physician Groups in their Standards of Excellence program for the fourth consecutive year
- SCAN Health Plan ranked GNP as the highest-rated IPA in California in 2013

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To sign up for our e-newsletter, please visit www.gnpweb.com. Click on the sign-up icon and fill out the required information. Registration is free and you may unsubscribe at any time. Once you submit your email address you will receive a confirmation email from GNP. Then watch for our next issue to come to your inbox!
Urinary Incontinence

What is urinary incontinence? “Urinary incontinence” is the medical term for when a person leaks urine or loses bladder control. Often it is called just “incontinence.”

Incontinence is a very common problem, but it is not a normal part of aging. If you have this problem, you do not have to “just live with it.” There are treatments and things you can do on your own to stop or reduce urine leakage.

What are the symptoms of incontinence? There are different types of incontinence. Each causes different symptoms. The three most common types are:

• **Stress incontinence**: People with stress incontinence leak urine when they laugh, cough, sneeze, or do anything that “stresses” the belly. Stress incontinence is most common in women, especially those who have had a baby.

• **Urgency incontinence**: People with urgency incontinence feel a strong need to urinate all of a sudden. Urgency incontinence is also known as urge incontinence. Often the “urge” is so strong that they can’t make it to the bathroom in time. (If you have these sudden urges but do not leak urine, you might have an “overactive bladder.” That can also be treated.)

• **Mixed incontinence**: People with mixed incontinence have symptoms of both stress and urgency incontinence.

Is there anything I can do on my own to feel better? Yes. Here are some steps that can help reduce urine leaks:

• Reduce the amount of liquid you drink, especially a few hours before bed
• Cut down on any foods or drinks that make your symptoms worse. Some people find that alcohol, caffeine, or spicy or acidic foods irritate the bladder
• Lose weight, if you are overweight
• If you have diabetes, keep your blood sugar as close to normal as possible
• If you take medicines called diuretics, plan ahead. These medicines increase the need to urinate. Take them when you know you will be near a bathroom for a few hours

These techniques can also help improve bladder control:

• **Bladder retraining**: During bladder retraining, you go to the bathroom at scheduled times. For instance, you might decide that you will go every hour. You would make yourself go every hour, even if you didn’t feel like you needed to. And you would try to wait until a whole hour had passed if you needed to go sooner. Then, once you got used to going every hour, you would increase the amount of time you waited in between bathroom visits. Over time, you might be able to “retrain” your bladder to wait 3 or 4 hours between bathroom visits.

• **Pelvic muscle exercises**: Pelvic muscle exercises strengthen the muscles that control the flow of urine. These exercises can help, but people often do them wrong. Ask your doctor or nurse how to do them right.

GNP Welcomes 3 New Primary Care Physicians!

Greater Newport Physicians (GNP) is pleased to announce the addition of three new physicians to our network. These primary care physicians are eager to serve the needs of our members, and are currently accepting new patients.

**Irvine**  
Todd Armbruster, DO  
(Family Medicine)  
(949) 552-2700  
Hospital Networks: Hoag, OCMMC, and SMMC

**San Juan Capistrano**  
Olipa Harwer, MD  
(Family Medicine)  
(949) 661-6555  
Hospital Networks: SMMC

**Long Beach**  
Archna Chaudhary, MD  
(Internal Medicine)  
(562) 988-2777  
Hospital Networks: LBMMC

For more information about our new physicians, visit Find a Doctor on our website or call GNP at (866) 827-5054.

Key to Hospital Networks:  
Hoag = Hoag Hospital  
LBMMC = Long Beach Memorial Medical Center  
OCMMC = Orange Coast Memorial Medical Center  
SMMC = Saddleback Memorial Medical Center