

May is:

- National Asthma & Allergy Awareness Month
- Air Quality Awareness Month and Week (May 2-6)
- World Asthma Day, May 3
- Mental Health Month
- Mother's Day, May 8
- Older Americans Month
- Skin Cancer Prevention Month



*In His Service,  
H-3 Ministry*



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'You, my brothers and sisters, were called to be free. But do not use your freedom to indulge the flesh; rather, serve one another humbly in love'

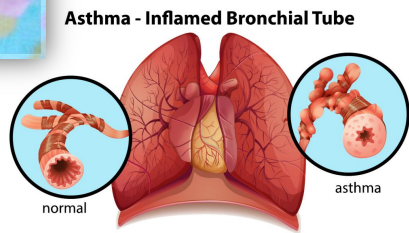
Galatians 5:13



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## Asthma

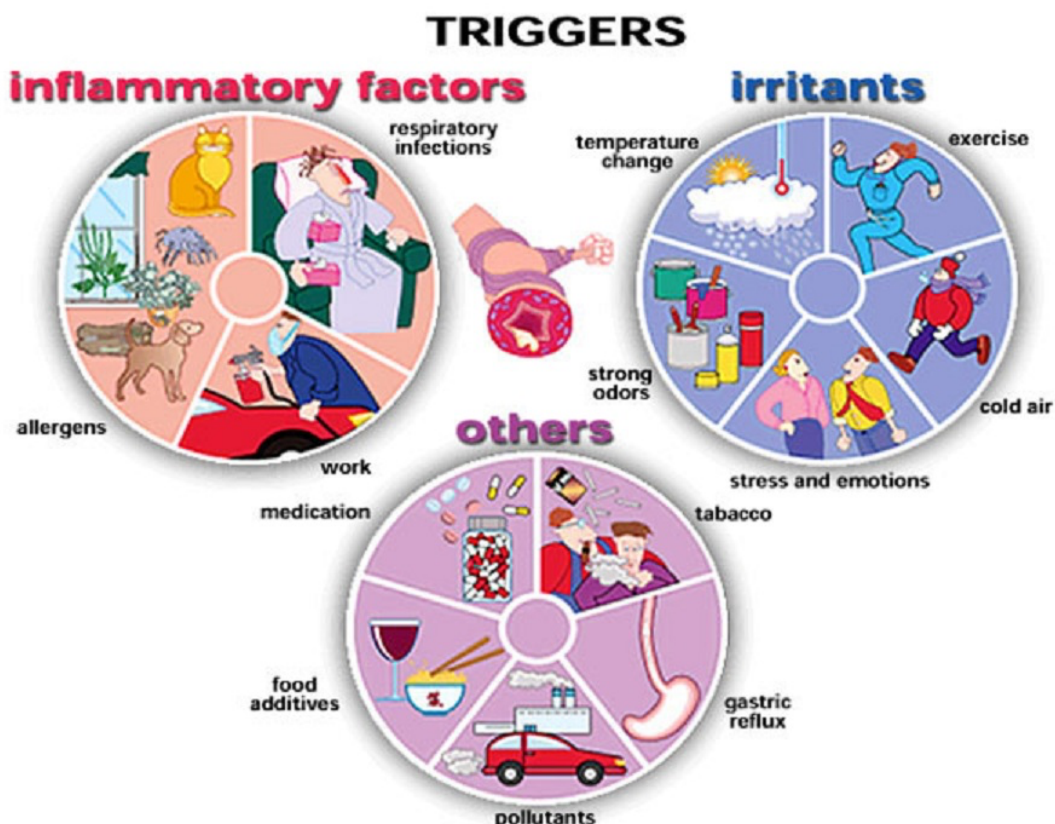
The main goals of asthma management are to optimize control of asthma symptoms and reduce the risk of asthma exacerbations, while minimizing medication adverse effects. It is expected that a person with well-controlled asthma should be able to participate in work, school, play, and sports without limitation due to breathing. The four essential components of asthma management are patient education, control of asthma triggers, monitoring for changes in symptoms or lung function, and pharmacologic therapy. This overview topic presents the goals and components of asthma management. It is applicable to both children and adults. The recommendations are based upon major published asthma guidelines.

## ADVICE RELATED TO COVID-19 PANDEMIC

Asthma does not appear to be a strong risk factor for acquiring coronavirus disease 2019 (COVID-19; SARS-CoV-2) or to increase the risk of more severe disease or death for the majority of patients. However, it is still important to maintain good asthma control, as poorly-controlled asthma may lead to a more complicated COVID-19 disease course, and some studies have found a higher rate of intubation and prolonged mechanical ventilation in adults with asthma.

Persons with asthma who are eligible should receive the COVID-19 vaccine.

**Controlling asthma triggers** — The identification and avoidance of asthma "triggers" is an important component of successful asthma management, and successful avoidance or remediation may reduce the patient's need for medication. Directed questions can help identify specific triggers (eg, allergens, cigarette smoke exposure) and comorbid conditions



### Allergen exposure

Do you have asthma symptoms year-round or only certain times of year?

Do you have pets? Or birds? Are they indoors or outdoors most of the time?

Have you seen cockroaches at home/school/work in the past month? How about rodents?

Is there moisture, dampness, moldy odor, or visible mold in your home?<sup>¶</sup>

For patients who live in dry climates, do you use an evaporative cooler (also known as a swamp cooler)? These coolers are associated with increased humidity and increased mold/dust mites.

Do your asthma symptoms get worse during pollen seasons (eg, tree pollen in early spring in New England) or more humid times of year (suggests molds and dust mites)?

Have you ever had allergy skin or IgE testing? If so, do you have the results?



**Irritant exposures**

Do you smoke cigarettes? If so, how many/day and how long have you smoked?

Does anyone at home/work/daycare smoke?

Do you smoke cannabis (marijuana), use electronic cigarettes, or vape?

Do you use a wood-burning stove or fireplace at home?

Do you have any unvented/open fire stoves or heaters at home?

Are you exposed regularly to smells or fumes from perfumes, cleaning agents, or sprays?

**Work and school**

Do you cough, wheeze or need your inhaler more during the week at work/school than on weekends or times away from work/school?

Do your eyes or nose itch or feel irritated at work/school?

Do coworkers or other students have similar symptoms?

Are you exposed to fumes, dusts, or vapors at work? If so, what?

**Nasal problems**

Do you have seasonal or persistent nasal congestion, runny nose, postnasal drip, or decreased sense of smell?

Are your nasal symptoms worse at home/school/work?

**Gastroesophageal reflux**

Do you have heartburn (burning sensation in the chest); does food come back up into your mouth; or do you sense/taste sour stomach acid coming up into your throat?

**Medications that can worsen asthma**

Do you use eye drops? If so, which? Do your asthma symptoms worsen after taking them?

Do you use any medications that contain beta-blockers or ACE inhibitors? Has your asthma worsened since you started taking this medication?

Do you take aspirin or other NSAIDs? Do your asthma symptoms flare when you take them?





## Possible sulfite sensitivity

Do you have wheezing, coughing, or shortness of breath after eating shrimp, dried fruit, or processed potatoes or after drinking beer or wine?

When patients should be referred:

Both pulmonologists and allergists/immunologists have specialty training in asthma care. Referral for consultation or comanagement depends on the level of experience and comfort of the primary care provider with asthma care, but is generally advisable when any of the following circumstances arise:

- Difficulty confirming a diagnosis of asthma
- History of a life-threatening asthma exacerbation (eg, intensive care unit admission, mechanical ventilation for asthma)
- Hospitalization for asthma, more than two courses of oral glucocorticoids in a year, or inability to discontinue oral glucocorticoids
- Poor asthma control after three to six months of active therapy and appropriate monitoring
- Anaphylaxis or confirmed food allergy in a patient with asthma
- Presence of complicating comorbidity (eg, aspirin-exacerbated respiratory disease (AERD), nasal polyposis, chronic rhinosinusitis, allergic bronchopulmonary aspergillosis (ABPA), chronic obstructive pulmonary disease (COPD), inducible laryngeal obstruction [also called vocal cord dysfunction])
- Need for additional diagnostic tests (eg, allergy skin testing, bronchoscopy complete pulmonary function tests)
- Patient may be a candidate for allergen immunotherapy
- Patient is a potential candidate for therapy with biologics (benralizumab, dupilumab, mepolizumab, omalizumab, reslizumab) or bronchial thermoplasty.

Bronchial thermoplasty is an asthma treatment that targets the smooth muscle in the lungs. The treatment uses heat to shrink the smooth muscle so it can't tighten and cause asthma symptoms.

The treatment involves three sessions, with three weeks between each session. A pulmonologist (a doctor specializing in the lungs) performs bronchial thermoplasty.

Bronchial thermoplasty may reduce the frequency and severity of asthma attacks. While you will still need asthma medication, you may be able to take lower doses or take medicines less often, especially steroids.

If you frequently have asthma attacks so severe you need to go to the emergency room, bronchial thermoplasty may reduce hospital visits. The procedure can also reduce sick days when you can't go to school or work.



## Air Quality

**Air pollution** — Air pollution is a significant contributor to illness and increased mortality rates and can be measured by the air quality index (AQI). The AQI quantifies five air pollutants, including:

- Ground level ozone
- Particulate matter
- Carbon monoxide
- Sulfur dioxide
- Nitrogen dioxide

The AQI scale runs from 0 to 500, with a value of 100 or less corresponding to the national air quality standard (AQI of 0 to 50 is consistent with good air quality; AQI of 51 to 100 is consistent with moderate air quality).

An AQI of greater than 100 is considered unhealthy for sensitive groups (ie, those with baseline lung disease), and a value greater than 300 signifies hazardous conditions. Real-time air quality indexes are available globally ([aqicn.org](http://aqicn.org)) and for the United States ([airnow.gov](http://airnow.gov)).

Health care providers can consult these resources when advising patients with asthma or chronic lung disease about going outdoors on “bad air” days.

Varying air pollution levels have been linked to variable rates of morbidity and mortality.

In adults, higher air pollution levels are associated with increased cardiovascular and respiratory illnesses.

Air pollution is also associated with adverse health effects in children, including infant brain development, lung development and function (including asthma), and mortality rates.

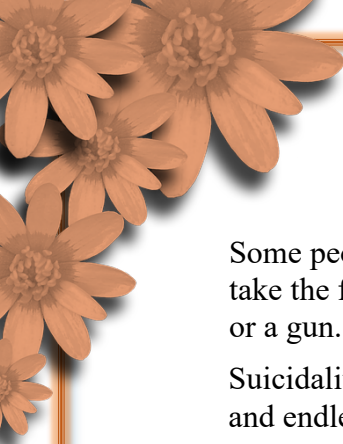
Climate change has resulted in record heat, increased likelihood of wildfires, severe weather events (eg, heat waves, floods, severe hurricanes, droughts), poorer air quality, and sea level rise. These climate effects have major health consequences and increased health risks, including injuries, heat-related illness and death, exacerbations of respiratory and cardiovascular disease, infectious diseases, changes in vector-related diseases, and physical and mental health effects related to forced migration.

Environmental exposures at home (eg, to dust mites and cockroaches) and at work appear to have contributed to the increased incidence and mortality of asthma in both adults and children. In addition, concerns continue to be raised about potential health effects related to dampness and mold in indoor environments including exacerbation of asthma.

## Mental Health/Depression/Anxiety

Depression can take many forms and has varying levels of severity. Part of the variability in the disorder happens because it can co-occur with many other mental disorders (such as anxiety disorders or substance use disorders), which shape the symptoms of depression.

- **Diagnostic criteria** — When people talk about so-called “clinical depression,” they’re usually referring to what health care providers call major depression (also called major depressive disorder or unipolar major depression). To be diagnosed with major depression, a person must have **five or more** of the following symptoms present most of the day nearly every day for at least two consecutive weeks. For the diagnosis, at least one symptom must be either depressed mood or loss of interest or pleasure.
- **Depressed mood** – People with depression tend to feel sad, hopeless, discouraged, “blue,” or “down in the dumps.” Sometimes they describe this as feeling “blah” or having no feelings. Plus, some people with depression feel anxious, annoyed, frustrated, irritable, or angry.
- **Loss of interest or pleasure in most or all activities** – People with depression are no longer as interested in or feel as much pleasure doing the things they used to enjoy. The medical term for this is anhedonia. Hobbies and activities lose their appeal, and depressed people say “they don’t care anymore.” They may withdraw from or lose interest in friends, social activities, or hobbies. Many depressed people lose interest in sex.
- **Change in appetite or weight** – Appetite and weight can either decrease or increase as part of depression. Some people have to force themselves to eat, while others eat more and sometimes crave specific foods (such as junk food and carbohydrates). Some people with severe depression can gain or lose so much weight that they have health problems related to their weight change.
- **Insomnia or hypersomnia (sleeping too little or too much)** – Depression often disrupts sleep patterns, leading people to either sleep too much or be unable to fall asleep or stay asleep. Even when they do sleep, people with depression often say that they do not feel rested and have a hard time getting out of bed in the morning.
- **Psychomotor agitation or slowing (restlessness or sluggishness)** – People with depression can feel agitated and restless, or have the opposite effect and feel slowed down. Agitation can manifest as hand-wringing, pacing, or fidgeting, while slowing can manifest as a reduction of body movements or a sense of slowed thinking or speaking.
- **Fatigue or loss of energy** – People with depression often feel exhausted and listless. They sometimes need to rest during the day or even feel as though their arms and legs are weighted down. Many have trouble starting or completing tasks.
- **Feelings of worthlessness or excessive guilt** – People with depression can feel inadequate, inferior, worthless, or like a failure. They often carry tremendous guilt about things that they may have done or not done. Often this leads them to misinterpret neutral events or minor setbacks as evidence of personal failings.
- **Poor concentration** – Some people with depression have trouble thinking clearly, concentrating, or making decisions. They can also be easily distracted or complain of memory problems.
- **Recurrent thoughts of death or suicide** – People who are depressed can experience recurrent thoughts of death or suicide, and may attempt suicide. Thoughts of death or suicide, termed “suicidal ideation,” can be passive, meaning the person thinks simply that life is not worth living. Suicidal ideation can also be active, meaning the person actively wants to die or kill themselves. People with any form of suicidal ideation need prompt medical attention.



Some people have specific plans for suicide or have started making preparations. Preparations can take the form of selecting a time and place for suicide or buying a stockpile of lethal medications or a gun. Some have even made unsuccessful attempts at suicide, and some die by suicide.

Suicidality gets worse when people feel hopeless and see suicide as their only escape from intense and endless emotional pain.

Some people with depression hurt themselves, for example by superficially cutting or burning their skin.

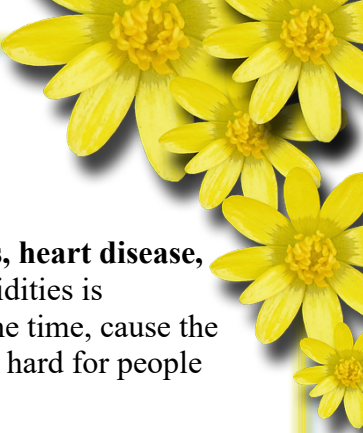
- Other symptoms of depression can include anxiety, hopelessness, and ruminative thinking (tending to dwell on the same negative thoughts).
- **Subtypes of depression** — Aside from major depression, discussed above, there are other forms of depression, which are characterized by their most prominent symptoms , Examples include:
  - Depression with mixed features – This is the term for depression that is accompanied by some manic symptoms, but not enough to diagnose a person with bipolar disorder. A person with this type of illness might do things like talk much more than usual, have extra energy, sleep less, or have episodes of seeming unusually happy or excited.
  - Anxious depression – The most prominent symptoms of anxious depression include worrying, pacing, and other manifestations of anxiety.
  - Situation-specific forms of depression – For example, women sometimes develop depression just before or just after giving birth, called “peripartum onset,” or cyclically, just before menstruating, called “premenstrual dysphoric disorder”
  - Seasonal affective disorder (SAD) – This is a form of depression that comes and goes during certain times of the year. The most common form of SAD starts in late fall and goes away in the spring and summer, only to return the next fall.

Treatment for the different forms of depression can vary depending on the person’s symptoms and situation.

## COMORBIDITY

When a person has two or more medical conditions, the conditions occurring together are called comorbidities. Depression can occur on its own, but it often occurs along with other psychiatric or medical disorders. In fact, having another psychiatric or medical disorder increases the risk of developing depression.

**Psychiatric** — Among the psychiatric conditions that can co-occur with depression are anxiety disorders, posttraumatic stress disorder, obsessive-compulsive disorder, attention deficit hyperactivity disorder, substance (alcohol and drug) use disorders, and others. It is also possible to have depression along with a personality disorder, such as avoidant or borderline personality disorder.



**Medical** — Depression can co-occur with other medical problems, such as **diabetes, heart disease, cancer,** and many others. The relationship between depression and medical comorbidities is complicated. Depression can worsen in the face of medical problems and, at the same time, cause the medical conditions themselves to worsen. In part that's because depression makes it hard for people to take care of their medical conditions.

## DIAGNOSIS

If your health care provider suspects you could have clinical depression, he or she will ask about your symptoms and state of mind. The most important information will come from your description of your illness.

- During the exam, the health care provider will:  
Note and observe which signs of depression you have
- Determine when your symptoms began and whether they have happened before (and, if so, how they progressed)
- Figure out how your symptoms are affecting your everyday life and relationships
- Ask about factors that could be making your symptoms better or worse (such as stressful life events or a loss)
- Ask whether any of your family members have a history of depression, suicide, bipolar disorder, or other forms of mental illness
- Address any other psychiatric or general medical conditions you may have (such as an anxiety or substance use disorder, or heart disease), and explore whether any of the medications you take could be contributing to your symptoms
- Check whether you have ever had symptoms of what health care providers call mania, which is when you feel happy, charged, impulsive, frenetic and grandiose (these could be a sign of another psychiatric condition called bipolar disorder)

**Suicide risk** — As part of your evaluation, your health care providers will need to determine whether you are at risk of suicide. They will ask if you have thoughts of death or suicide and, if so, whether those thoughts include any specific plans or actions.

Depending on your level of risk, your health care providers may decide to simply follow your progress or – if they are concerned about the risk of suicide – refer you to a mental health expert or the local hospital's emergency department.

Suicidal thoughts that are part of depression can improve with treatment, just like other symptoms of depression. This makes it all the more important to see a health care provider because death or injury from suicide attempts in depression can be prevented with proper treatment.





# African Americans and Mental Health Statistics



According to the National Institute of Mental Health, nearly one in five U.S. adults live with a mental illness ( 52.9 million people in 2020). While **People of Color (POC)** have rates of mental health disorders similar to Whites, these disorders are more likely to last longer and result in more significant disability for POC. Most mental illness goes untreated, especially in communities of color.

Forty-six percent of Whites with any mental illness (AMI) received mental health services in 2015, compared to 30% of Blacks and 27% of Hispanics.

According to SAMHSA, “service cost or lack of insurance coverage was the most frequently cited reason for not using mental health services across all racial/ethnic groups.”

A 2021 report by HHS cites “persistent systemic social inequities and discrimination” that worsen stress and associated mental health concerns for POC during the COVID-19 pandemic when 40.3% of Hispanics experienced current depression, and 36.9% had an increase or initiation of substance use, compared to 25.3% depression and 14.3% substance use in Whites.

The statistics in this Fact Sheet point to significant health inequities in the United States. These inequities are reflected in **differences in the average length of life, quality of life, rates of disability, severity of illness, and access to treatment.**

Mental health equity will be achieved when all people have the opportunity to attain their full health potential, and no one is impeded from doing so because of socially determined circumstances.

Advice – seek help about your medical conditions, learn more about environmental triggers, help each other and learn more about mental health – it is just as important as seeing your doctor about your other physical ailments. Serve one another as Jesus does for us.

# “Age My Way” is theme for Older Americans Month 2022



We traditionally celebrate Older Americans Month (OAM) each May. OAM is a time to acknowledge the contributions of past and current older persons in our country, in particular those who defended our country. Every President since Kennedy has issued a formal proclamation during or before the month of May asking that the entire nation pay tribute in some way to older persons in their communities. OAM is celebrated across the country through ceremonies,

events, fairs, and other activities. Older adults play vital, positive roles in our communities – as family members, friends, mentors, volunteers, civic leaders, members of the workforce, and more. Just as every person is unique, so too is how they age and how they choose to do it – and there is no “right” way. That’s why the theme for Older Americans Month (OAM) 2022 is Age My Way.

While Age My Way will look different for each person, here are common things everyone can consider as they get older:

- **Planning:** Think about what you will need and want in the future, from home and community-based services to community activities that interest you.
- **Engagement:** Remain involved and contribute to your community through work, volunteer, and/or civic participation opportunities.
- **Access:** Make home improvements and modifications, use assistive technologies, and customize supports to help you better age in place.
- **Connection:** Maintain social activities and relationships to combat social isolation and stay connected to your community.

There is a great [website](#) developed by the U.S. Department of Health and Human Services, Administration for Community Living that is dedicated to the celebration of OAM. There is also a phone number available at 202-401-4634 if unable to connect online. There are wonderful resources, ideas, activities and even marketing materials to use for this special month. Diverse communities are strong communities. Ensuring that older adults remain involved and included in our communities for as long as possible benefits everyone.

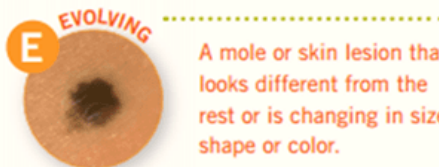
# May is Skin Cancer awareness month - check your skin!

*Check your skin...If you can spot it, you can stop it.*

## THE ABCDEs OF MELANOMA

### What to Look for:

Melanoma is the deadliest form of skin cancer. However, when detected early, melanoma can be effectively treated. You can identify the warning signs of melanoma by looking for the following:



#### Example:



Skin cancer is the most common type of cancer in the United States.

The three main types, basal cell carcinoma, squamous cell carcinoma and malignant melanoma, are mainly caused by UV exposure to ultraviolet (UV) radiation from the sun. However, skin cancer can form anywhere on the body even if it not exposed to the sun. All ethnicities and skin tones are at risk.

Basal cell carcinoma is the most common form of skin cancer with more than 4 million cases diagnosed each year. Squamous cell carcinoma is the second most common with over 1 million cases each year. Melanoma is a less common form of skin cancer with approximately 87,000 new cases each year; however, it is more dangerous because it tends to grow and spread.

The good news is that skin cancer can be prevented, and it can almost always be cured when it's found and treated early.

A change in your skin is the most common sign of skin cancer. This could be a new growth, a spot that doesn't look like others on your body, a sore that doesn't heal, or a change in a mole. The "ABCDE rule" can be used as a guide to look for some of the typical signs of melanoma, the deadliest form of skin cancer (See Figure 1).

Not all skin cancers look the same, so discuss any skin change concerns you may have with your doctor.

Take these simple steps today to protect your skin:

- Stay out of the sun as much as possible between 10 a.m. and 4 p.m.
- Use a broad spectrum (UVA/UVB) sunscreen with SPF 15 or higher
- Put on sunscreen every 2 hours and after you swim or sweat
- Cover up with long sleeves and a hat
- Check your skin regularly for changes
- Report any unusual moles or changes in your skin to your doctor



See something  
NEW, CHANGING  
or UNUSUAL?  
**It could be skin cancer.**

SKIN CANCER  
AWARENESS MONTH



More people  
are diagnosed  
with skin cancer  
each year in the U.S.  
than all other cancers  
**combined.**

SKIN CANCER  
AWARENESS MONTH



Having 5 or more  
**sunburns doubles**  
your risk  
for melanoma.

SKIN CANCER  
AWARENESS MONTH



Late-stage  
melanoma diagnoses  
are more prevalent among  
**Hispanic and Black patients**  
than non-Hispanic white  
patients.



SKIN CANCER  
AWARENESS MONTH

**Resources:**

<https://extension.illinois.edu/blogs/family-files/2022-04-22-age-my-way-theme-older-americans-month-2022>

<https://www.marywashingtonhealthcare.com/Posts/2018/May/May-is-Skin-Cancer-awareness-month-check-your-sk.aspx>

[www.UpToDate.com](http://www.UpToDate.com)

[www.airnow.gov](http://www.airnow.gov)