SPRING 2019

Med-Sense Guaranteed Association OURNA

INSIDE THIS ISSUE

Are Most Patients With Fibromyalgia Misdiagnosed 8 Foods That Beat a Multivitamin MSGA Investing In Your Future Benefit Spotlight



Are Most Patients With Fibromyalgia Misdiagnosed?

A new study finds that physicians often miss the diagnosis in those who have fibromyalgia and diagnose it in those who don't.

Frederick Wolfe, MD, describes the process of diagnosis as a "negotiation" between patient and clinician.

This is particularly true with fibromyalgia, he says, because there's no specific test that can be used to identify it. And depending on the outcome of these exchanges, those with the condition can be left frustrated and confused, not to mention inadequately treated.

"Fibromyalgia is sort of an optional diagnosis," notes Dr. Wolfe, a semi-retired rheumatologist who heads up Forward: The National Databank for Rheumatic Diseases in Wichita, Kansas.

"There's no blood test for fibromyalgia. A diagnosis is based on patient self-reporting and physician evaluation. You can go to your doctor and say you're anxious or depressed, and have pain in many places, and some doctors may diagnose you with depression or anxiety. Some doctors might say, 'You have fibromyalgia,' while others might say, 'You have arthritis,'" Wolfe says.

Another possible scenario, he adds, is that you may go to your doctor with the classic symptoms of fibromyalgia and your doctor may suggest a number of tests for other conditions, which may result in what seems like an endless cycle of appointments. That's because fibromyalgia's symptoms mirror those of many other conditions.

Fibromyalgia Poses a Unique Diagnostic Challenge

Wolfe has devoted much of his research work to exploring this conundrum, and his latest study, published on February 6, 2019, in the journal Arthritis Care & Research, highlights the unique challenge posed by fibromyalgia. He and his colleagues at Forward evaluated 497 people who visited a rheumatology clinic and asked them to complete a health assessment questionnaire as well as a questionnaire based on the diagnostic criteria for fibromyalgia developed by the American College of Rheumatology (ACR). They were also evaluated by physicians at the clinic.

Of the 497 people who completed the questionnaires, 121 (24.3 percent) had fibromyalgia, based on the ACR criteria. But only 104 (20.9 percent) were actually diagnosed with the condition by a physician.

In all, physicians failed to correctly diagnose 60 (49.6 percent) of those who met the ACR criteria for fibromyalgia. They also incorrectly diagnosed 43 individuals (11.4 percent) with the condition even though they didn't meet the ACR criteria.

According to Wolfe, these findings are supported by those of a larger analysis of 3,000 people who visited



primary care practices performed by his team. The latter study will be published later this year in the journal Arthritis Care & Research Open Access.

Unfortunately, he says, these studies don't really clear up any of the confusion surrounding fibromyalgia. They only add to the ongoing debate around the condition.

The Debate: Expert Opinion? Or Classification Criteria?

Indeed, in a commentary published with the Arthritis Care & Research study, Don L. Goldenberg, MD, rheumatologist and professor emeritus at Oregon Health & Science University in Portland, writes that, "The diagnostic gold standard for fibromyalgia will continue to be the rheumatologist's expert opinion, not classification criteria, no matter how well-refined and intentioned."



Wolfe says that although he respects Dr. Goldenberg as a physician, he vehemently disagrees.

In a related blog post, he compares Goldenberg's argument to a statement made by former U.S. Supreme Court Justice Potter Stewart, who once admitted that although he couldn't define pornography, he'd "know it when [he saw] it." Wolfe says he and his colleagues' findings suggest that many physicians don't necessarily know fibromyalgia when they see it.

Patients and Doctors Must Be Ready to Negotiate for Correct Diagnosis

"Fibromyalgia is not a clearly defined disorder," he explains.

Which means, he adds, it's incumbent upon those who may have the condition to be prepared to negotiate when they visit their physician.

> "Doctors need to not be so afraid of the idea of a fibromyalgia diagnosis," he continues, "and patients need to be aware of the symptoms and ask their physicians, 'What if I have fibromyalgia?""

It may be the only way they can get an exact diagnosis.

In all, physicians failed to correctly diagnose 60 (49.6 percent) of those who met the ACR criteria for fibromyalgia. They also incorrectly diagnosed 43 individuals (11.4 percent) with the condition even though they didn't meet the ACR criteria.

According to Wolfe, these findings are supported by those of a larger analysis of 3,000 people who visited primary care practices performed by his team. The latter study will be published later this year in the journal Arthritis Care & Research Open Access.

Unfortunately, he says, these studies don't really clear up any of the confusion surrounding fibromyalgia. They only add to the ongoing debate around the condition.

The Debate: Expert Opinion? Or Classification Criteria?

Indeed, in a commentary published with the Arthritis Care & Research study, Don L. Goldenberg, MD, rheumatologist and professor emeritus at Oregon Health & Science University in Portland, writes that, "The diagnostic gold standard for fibromyalgia will continue to be the rheumatologist's expert opinion, not classification criteria, no matter how well-refined and intentioned."

Wolfe says that although he respects Dr. Goldenberg as a physician, he vehemently disagrees.

In a related blog post, he compares Goldenberg's argument to a statement made by former U.S. Supreme Court Justice Potter Stewart, who once admitted that although he couldn't define pornography, he'd "know it when [he saw] it." Wolfe says he and his colleagues' findings suggest that many physicians don't necessarily know fibromyalgia when they see it.

Patients and Doctors Must Be Ready to Negotiate for Correct Diagnosis

"Fibromyalgia is not a clearly defined disorder," he explains.

Which means, he adds, it's incumbent upon those who may have the condition to be prepared to negotiate when they visit their physician.

"Doctors need to not be so afraid of the idea of a fibromyalgia diagnosis," he continues, "and patients need to be aware of the symptoms and ask their physicians, 'What if I have fibromyalgia?""

It may be the only way they can get an exact diagnosis.

Article reprinted from www.everydayhealth.com By Brian P. Dunleavy

These national and international nonprofit organizations are a valuable source of medically accurate information about fibromyalgia research, symptoms, diagnosis, and treatment. They also serve as important reminders that people living with fibromyalgia don't have to do so alone.

May 12

National Fibromyalgia Association

Fibromyalgia Coalition International

National Fibromyalgia and Chronic Pain Association

National Fibromyalgia Partnership Inc.

The American Fibromyalgia Syndrome Association Inc.

Fibromyalgia Action UK

European Network of Fibromyalgia Associations

American Chronic Pain Association

Fibromyalgia Awareness Day

8 Foods That Beat a Multivitamin

Whole foods tend to be loaded with nutrients. In general, getting your nutrients from foods is better than getting them from supplements. That said, some foods are much more nutritious than others. In some cases, one serving of a food can satisfy more than 100% of your daily requirements for one or more nutrients.

Here are 8 healthy foods that contain higher amounts of certain nutrients than multivitamins.



- 1. Kale Kale is extremely healthy. It is one of the most nutrient-dense foods on the planet and particularly high in vitamin K1. Vitamin K1 is essential for blood clotting and may play a role in bone health. One cup (21 grams) of fresh kale contains:
 - Vitamin K1: 68% of the Reference Daily Intake (RDI)
 - Vitamin C: 22% of the RDI

Furthermore, kale is high in fiber, manganese, vitamin B6, potassium, and iron.

SUMMARY: A single serving of fresh kale provides a good proportion of the RDI for vitamins K1 and C.

2. Seaweed - lodine deficiency is one of the most common nutrient deficiencies in the world, affecting nearly one-third of the global population. lodine deficiency causes thyroid problems in adults. During pregnancy, it may also increase the risk of intellectual and developmental abnormalities in your baby. Seaweed — such as kelp, nori, kombu, and wakame — are all very rich in iodine. The RDI is 150 mcg per day. However, different types of seaweed contain varying amounts of iodine. In general, brown seaweeds — such as wakame and kombu — provide higher amounts than green seaweeds, such

as nori. Kombu has a very high iodine content. One gram of dried kombu may contain 2,343 mcg, far exceeding the RDI. It even exceeds the upper level of safe intake, which is 1,100 mcg per day. For this reason, seaweed should not be consumed daily, as it may cause adverse effects. Nevertheless, occasional seaweed consumption is a cheap, effective way to prevent iodine deficiency.

SUMMARY: Seaweed is an excellent source of iodine, as 1 gram provides 20–1,000% of the RDI. Note that brown seaweed is much higher in iodine than other types and should not be consumed daily.

- Liver The liver is the most nutritious part of any animal. It's rich in essential nutrients, including vitamin B12, vitamin A, iron, folate, and copper. Vitamin B12 intake is particularly important, as many people are lacking in it. It plays a crucial role in cell, brain, and nervous system health. Beef liver contains high amounts of vitamin B12, vitamin A, and copper. A 3.5-ounce (100-gram) serving boasts:
 - Vitamin B12: 1,200% of the RDI
 - Vitamin A: 600–700% of the RDI
 - Copper: 600–700% of the RDI

However, be sure not to eat liver more than once or

twice per week, as you may run the risk of nutrient toxicity.

SUMMARY: Liver contains very high amounts of vitamin B12, vitamin A, and copper. Yet, it should not be consumed more than once or twice per week.

- **4.** Brazil Nuts If you're lacking in selenium, Brazil nuts may be the perfect snack. Selenium is essential for thyroid and immune system function, as well as antioxidant activity. The RDI is 50–70 mcg, which may be achieved by consuming just 1 large Brazil nut. Each nut may provide up to 95 mcg of selenium. The upper tolerance level for selenium is set at about 300–400 mcg per day for adults, so make sure not to eat too many of them.
 SUMMARY: Brazil nuts are the single best dietary source of selenium. Just one large nut contains more than the RDI.
- 5. Shellfish Shellfish, such as clams and oysters, are among the most nutritious types of seafood. Clams are packed with vitamin B12. In fact, 3.5 ounces (100 grams) provide over 1,600% of the RDI. Furthermore, they contain high amounts of other B vitamins, as well as potassium, selenium, and iron. Oysters are also nutritious. They're abundant in zinc and vitamin B12, with 3.5 ounces (100 grams) packing 200–600% of the RDI for each nutrient. Clams and oysters may be the perfect food for older adults. Higher amounts of vitamin B12 are recommended after age 50 because your digestive system's ability to absorb vitamin B12 may decrease with age. SUMMARY: Clams and oysters both contain high amounts of vitamin B12, which is especially important for older adults. Shellfish are also high in many other nutrients.
- 6. Sardines Sardines are small, oily and nutrient-rich fish. Although commonly served canned, sardines can also be grilled, smoked, or pickled when fresh. Sardines are very rich in EPA and DHA, essential omega-3 fatty acids linked to improved heart health. One 3.75-ounce (92-gram) serving contains more than half of the RDI for DHA and EPA. It also provides over 300% of the RDI for vitamin B12. Furthermore, sardines contain a little bit of almost every nutrient you need, including selenium and calcium. SUMMARY: Sardines are a very nutrient-rich fish. Not only are they loaded with essential fatty acids, but 1 serving contains over 300% of the RDI for vitamin B12.
- 7. Yellow Bell Peppers Yellow bell peppers are one of the best dietary sources of vitamin C. Vitamin C is

an essential vitamin. It's also water-soluble, meaning your body doesn't store extra amounts. Therefore, regularly consuming vitamin C is very important. While vitamin C deficiency — also known as scurvy — is currently uncommon in the West, symptoms include fatigue, skin rashes, muscle pain, and bleeding disorders. High vitamin C intake is linked to enhanced immune function, a reduced risk of DNA damage, and a decreased risk of several chronic diseases. One large yellow bell pepper (186 grams) provides almost 600% of the RDI for vitamin C, which is 75–90 mg. In comparison, yellow bell peppers harbor about 3–4 times the amount of vitamin C found in oranges.

SUMMARY: Yellow bell peppers are an excellent source of vitamin C. One large specimen provides almost 600% of the RDI — up to 4 times more than oranges.

8. Cod Liver Oil - Vitamin D deficiency is one of the most common nutrient deficiencies in the world. This is because the food sources of vitamin D are sparse. They include fatty fish, fish liver oils, and — to a lesser extent — egg yolks and mushrooms. Vitamin D is essential for bone health. It's also a crucial part of many bodily processes, including immune system function and cancer prevention. Cod liver oil is a great addition to any diet especially for people who live far from the equator, where no vitamin D can be synthesized in the skin during the winter months. Only 1 tablespoon (14 ml) of cod liver oil provides 2–3 grams of omega-3 fats and 1,400 IU of vitamin D. This is more than 200% of the RDI for vitamin D. However, the same amount of cod liver oil also harbors 270% of the RDI for vitamin A. Vitamin A can be harmful in excessive amounts, so adults are advised to take no more than 2 tablespoons (28 ml) of cod liver oil per day. **SUMMARY:** Cod liver oil is an excellent source of omega-3 fatty acids, vitamin D, and vitamin A. However, taking more than 1-2 tablespoons (14-18 ml) per day is not recommended.

The Bottom Line

Although multivitamins may be beneficial for some people, they're unnecessary for most. In some cases, they may even provide excessive amounts of certain nutrients.

If you want to boost your nutrient intake through diet alone, consider adding some of these nutritious, whole foods to your routine.

Article reprinted from https://www.healthline.com



MSGA is helping students succeed

The US faces a growing challenge as the demand for nurses out paces the supply and MSGA is doing its part to help with solutions.

The path to becoming a registered nurse requires successful graduation from one of the nearly 2,000 nursing programs in the US. However, the cost of the education can be a serious impediment for aspiring nurses. Costs vary depending on the school, type of nursing degree program, geographic location, and more. Community colleges may cost anywhere from \$3,000 to \$5,000 per year and a private 4-year college can cost more than \$20,000 per year.

MSGA has contributed to nursing school scholarship programs to help ease the financial burden nursing students face. Through the Nursing School Gifting Program, we at MSGA have been able to decrease the financial burden for numerous students and help them achieve their educational goals. We are certainly proud to have been able to touch the lives of so many students.

MSGA worked with St. Louis University to establish the MSGA Nursing Scholarship Fund. The Go Further Scholarship initiative via St. Louis University has a matching program that doubles the impact of the gifts. The scholarship fund is awarded to nursing students who show financial need and academic success.

The College of Saint Mary School of Nursing in Omaha, Nebraska is a Catholic women's university with an outstanding nursing program. MSGA has provided gifts totaling \$100,000 to the College of Saint Mary School of Nursing.

St. John's School of Nursing is located in Springfield, Illinois and offers upper division bachelor nursing degree programs to those who have already completed their liberal arts and science courses at other institutions. Associated with the Hospital Sisters of St. Francis, students are offered hands on experience to accompany their nursing program.

In addition to the Nursing School Gifting Program, MSGA provided \$5,000 scholarships to 72 students in the fall of 2018. The MSGA scholarships are available to students in any field. Applications and referral letters were reviewed by our selection committee. The committee looked at community involvement, work history, and overall GPA. In addition, applicants must have demonstrated how the funds would be used to help their academic success. Applicants are limited to MSGA members and their immediate families.

Overall, MSGA has contributed more than \$1,235,000 in the form of gifts and scholarships over the last several years. MSGA hopes to continue these programs in 2019.

MSGA members now have access to Drive.Fitness

Drive.Fitness is a free benefit exclusively for members of Med-Sense Guaranteed Association. Drive.Fitness has partnered with a team of experienced trainers to provide workout routines designed to help you lose weight, gain strength or stay fit.



Download the Drive.Fitness app on your

iOS or Android device and use it at work, home or in the gym. The app offers over 200 different exercises for cardio and strength training and over 60 workout plans. You can even connect the Drive.Fitness app to other applications such as Fitbit, MayMyRun, and MyFitnessPal.

Use the app to view on-demand instructional videos that can guide you through your workout. After your workout you're able to track what you did - how long you worked out, how many reps you did, how much weight you lifted, etc. You can even track results such as weight, waist size and BMI!

Login today to get started!

For information regarding your membership and association services, call or write:

Membership Services Office Med-Sense Guaranteed Association 16476 Wild Horse Creek Road Chesterfield, MO 63017

1-800-992-8044 or (636) 530-7200

Articles in this newsletter are meant to be informative, enlightening, and helpful to you. While all information contained herein is meant to be completely factual, it is always subject to change. Articles are not intended to provide medical advice, diagnosis or treatment. Consult your doctor before starting any exercise program.

