October 2008 Department News Bulletin

DAYLIGHT SAVING TIME UPDATE 01:

The prominent English builder and outdoorsman William Willett conceived Daylight Savings Time in 1905 during a pre-breakfast ride, when he observed with dismay how many Londoners slept through a large part of a summer day. An avid golfer, he also disliked cutting short his round at dusk. His solution was to advance the clock during the summer months, a proposal he published two years later. He lobbied unsuccessfully for the proposal until his death in 1915. Germany, its World War I allies, and their occupied zones were the first European nations to use Willett's invention, starting 30 APR 16. Britain, most of its allies, and many European neutrals soon followed suit. Russia and a few other countries waited until the next year. In 1918, the United States came to the same realization and enacted a law to both preserve daylight and provide standard time for the nation.. It was an unpopular law, and in 1919 was repealed over President Wilson's veto. However, some localities liked the DST concept and continued it. During WWII, the nation, for the years of 1942 - 1945 went under DST year around, which was called "War Time". Since then, the world has seen many enactments, adjustments, and repeals. In 1966, 1972, and 1986, Congress passed various laws concerning the issues of time and daylight savings.

Most of the United States begins Daylight Saving Time at 2:00 a.m. on the second Sunday in March and reverts to standard time on the first Sunday in November. In the U.S., each time zone switches at a different time. This began in 2007. The 2007 U.S. change was part of the Energy Policy Act of 2005; previously, from 1987 through 2006, the start and end dates were the first Sunday in April and the last Sunday in October, and Congress retains the right to go back to the previous dates once an energy-consumption study is done. In the U.S., 2:00 a.m. was originally chosen as the changeover time because it was practical and minimized disruption. Most people were at home and this was the time when the fewest trains were running. It is late enough to minimally affect bars and restaurants, and it prevents the day from switching to yesterday, which would be confusing. It is early enough that the entire continental U.S. switches by daybreak, and the changeover occurs before most early shift workers and early churchgoers are affected. For the U.S. and its territories, Daylight Saving Time is NOT observed in Hawaii, American Samoa, Guam, Puerto Rico, the Virgin Islands, the Commonwealth of Northern Mariana Islands, and Arizona. The Navajo Nation participates in the Daylight Saving Time policy, even in Arizona, due to its large size and location in three states. To keep track just remember Spring (i.e. MAR) forward & Fall (i.e NOV) back.
[Source: EANGUS Minuteman Update 30 Oct 08 ++]

MILEAGE REIMBURSEMENT RATE:

Service members and federal civilian employees who drive their own cars on official business now are being reimbursed 58.5 cents per mile, an 8-cent increase, effective 1 AUG. The General Services Administration announced the increased rate to match the private business rate approved by the IRS that has been in effect since 1 JUL. GSA also increased reimbursement rates for motorcycles, from 30.5 cents to 58.5 cents per mile; and for airplanes, from $1.07 to $1.27 per mile.
[Source: Navy Times Gregg Carlstrom article 21 Aug 08 ++]

INFECTIONS IN SENIORS:

The next time your parent complains of feeling “out of sorts” or gives you a vague list of minor problems, don’t dismiss it as normal grumpiness. There’s a good chance your parent could have an infection. When the human body is under stress or exposed to bacteria and viruses, it triggers a

healing chain of events that, in most cases, results in the prevention of infection or illness. However, when the amount of bacteria is too great an infection occurs. At that point, the immune system kicks in doubly hard, releasing a flood of chemicals to attack the infection and promote recovery. Diagnosing the elderly with an infection can be difficult. Seniors are less likely to have classic symptoms such as fever, chills, and vomiting. Instead they might have atypical symptoms such as subnormal temperature, confusion, fatigue, and decreased appetite. In many cases, these subtle signs can be attributed to the normal aging process - or ignored until the late stages of the infection. Seniors are more susceptible to infection because multiple chronic illnesses that occur with age put extra stress on the body, and the medications for these conditions can block the immune system. In addition, the immune system naturally weakens as we grow older.

The most common sites for infections in older adults are the urinary tract, the respiratory tract, and the skin. It also is common for seniors to develop an infection prior to an acute deterioration of their chronic medical condition or in combination with other acute medical problems. A typical example is the person with congestive heart failure who develops pneumonia. The symptoms of cough, congestion, and shortness of breath are similar and might occur simultaneously, or the onset of pneumonia might precipitate an acute attack of congestive heart failure. So how do you know if your parent is developing an infection? Look for an acute change in his or her ability to perform day to day activities; subnormal temperature; increased pulse rate; unexplained dehydration; confusion; poor appetite; and fatigue with increased aches and pains. For specific infections you might want to look for the following signs:

- Respiratory infections: Cough, Increased mucus, Abdominal pain, Headache, Chest pain, Generalized weakness, and/or Loss of appetite.
- Urinary infection: New onset of incontinence, Pain with urination, More frequent urination, Flank pain, Weakness, and/or Blood in the urine.
- Skin infection: Redness, Warmth, and/or Pain or tenderness

If you note any of these symptoms, due diligence requires a complete medical evaluation to determine the source of the infection and any other acute medical problems. This is extremely important because of the risk of sepsis (an overwhelming infection that enters the bloodstream, is higher in the elderly). The longer these types of symptoms go untreated, the more likely the bacteria will find its way into the bloodstream. Another concern is the prevalence of antibiotic-resistant infections. The overuse of antibiotics for viral illnesses and the common cold have caused bacteria to mutate and become resistant to antibiotics that once treated most infections. The three super infections that pose a threat are Methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (C diff), and Vancomycin-resistant enterocolitis (VRE).

- MRSA is diagnosed by obtaining a culture of the body fluid (sputum, urine, blood) where the infection is present. MRSA infections can occur anywhere in the body, and even though treatment with Vancomycin appears successful, a small amount of the bacteria can remain - a phenomenon medical professionals refer to as colonization. The remaining bacteria can cause infections to reoccur at any time.

- C diff and VRE both cause diarrhea and are the result of antibiotics killing the normal, beneficial bacteria that reside in the intestinal tract and allowing infection-producing bacteria to proliferate. C diff can occur after the prolonged use of any antibiotic; VRE is specific to the use of Vancomycin. Treatment includes preventing dehydration associated with diarrhea, a bland diet, and bulking agents to decrease the amount of diarrhea, and administration of Flagyl to treat the condition and allow the normal bacteria to return to appropriate levels.

The good news is that most infections are isolated and can be treated with short-term antibiotics.

Basic preventative measures - such as assuring that your parents have a pneumonia vaccination, receive the flu vaccine yearly, avoid others with acute infections, and stay well-hydrated - can decrease the likelihood of serious infections. In addition, keeping the skin well moisturized can prevent skin infections. Dry skin is more likely to crack and tear, providing an opening for bacteria to enter. Urinary tract infections are prevented by good hygiene and adequate fluid intake. For more information about infections in the elderly, super infections, and vaccinations refer to www.health.nih.gov/topics.

[Source: MOAA News Exchange Nanette Lavoie-Vaughan article 27 Aug 08 ++]