



The Portland Clinic Quarterly
A HEALTH UPDATE FOR OUR PATIENTS

2016



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Shouldn't You Get That Mole Checked?

SKIN CANCER TAKES MOST PEOPLE BY SURPRISE. PROTECT YOURSELF.



**BY JANELLE ROHRBACK, M.D., DERMATOLOGY
THE PORTLAND CLINIC - BEAVERTON**

When you live in a place that's known for its rain, it can be hard to take sun protection seriously. We don't see sunshine that often, so we just don't think about skin cancer much. Maybe that's why it comes as such a shock when we find it. But skin cancer is by far the most common kind of cancer, even here in the mostly cloudy Northwest. I've lost patients to melanoma, the most dangerous form of skin cancer.

About two-thirds of the melanomas I find during skin exams are in people who came to me for a completely different reason. When I find seriously advanced skin cancers, patients often say that their friends and family members have been telling them for years to "get that mole checked," but they'd had it so long, they thought it was no big deal.

As we head into our short but beautiful sunny season, please protect yourself.

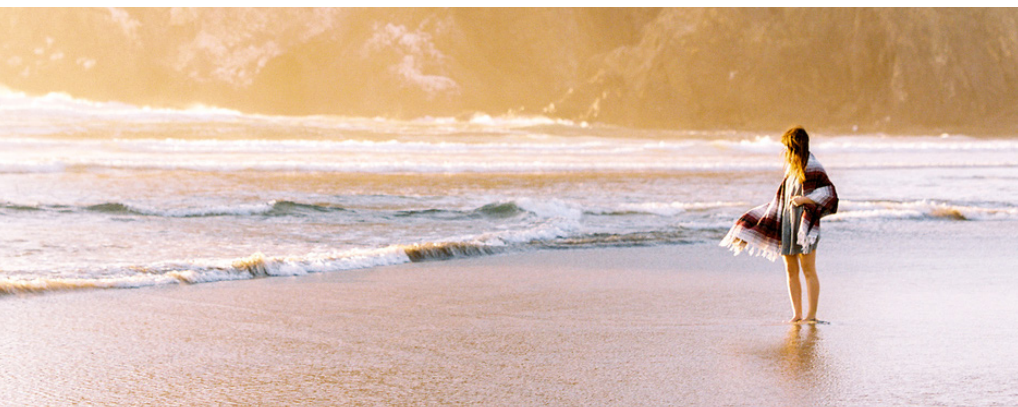
Choose the right sunscreen. Use one with an SPF of 30 or more, and look for the words "broad spectrum" or "UVA and UVB protection" on the label. The SPF rating applies only to UVB protection, but UVA is damaging, too.

Lay it on thick. Most people spread their sunscreen too thin and don't apply it often enough. Slather it on every two hours, especially if you get wet or sweaty.

Avoid mid-day rays. Hit the shade between 10 a.m. and 4 p.m., when the sun is most intense. Wear hats, glasses and protective clothes for extra coverage mid-day. Many stores now carry lightweight clothes with built-in UV protection.

Protect yourself at every age. Does sunscreen still matter in your 60s and 70s? Absolutely. While the years up to the mid-20s are critical, sun damage is cumulative, increasing the harm to your skin's DNA with each exposure.

Protect yourself no matter what your skin type. Light-skinned, dark-skinned — anyone can get skin cancer, and it's often diagnosed in more advanced stages in people who least expected it.



Don't use tanning salons. UV (ultraviolet) light, whether from the sun or a tanning bed, is considered a Group I carcinogen by the World Health Organization. Minors are banned from tanning salons in 12 states, including Oregon, due to the known danger of skin cancer from UV exposure early in life.

Get to know your skin. Starting in your early 20s, take two minutes a month to give yourself a head-to-toe skin check. Get to know what's normal for your skin, and watch for new moles or changes that could be signs of skin cancer. People who do this find melanoma earlier, when it's easiest to treat. Learn how to do a skin check here: www.skincancer.org/skin-cancer-information/early-detection.

Get suspicious moles checked: Most moles develop by your mid-30s and don't change much after that. A mole that does start to change in size, shape or color, or that itches or bleeds, should be checked. Pimples or unexplained sores that don't heal also could be signs of skin cancer and should be evaluated.

Get screened by a doctor starting at age 50. Even if you check your own skin regularly, it's a good idea to get screened every couple of years by your primary care provider or dermatologist starting at age 50. Not all cancers are easy to spot on your own — in men, the most common site for melanoma is on the back; for women, it's the back of the calves. Dermatologists know what to look for, and use tools that make it easier to examine suspicious areas up close. If you have multiple moles, we also can take photos to track them over time.

If you're at higher risk, take extra care. If you have a personal or family history of skin cancer, have fair skin or multiple moles, have had heavy sun damage or previous blistering sunburns, or have used tanning beds or lamps, start annual screenings with your doctor at age 40. If you have several strong risk factors, start in your 30s. And take skin protection very seriously.

With a few sensible precautions, there's no reason why you can't enjoy the Northwest's beautiful summer days. Protect your skin, relax in the shade during the heat of the day, and have a great — and safe — summer. 🍃

Q&A: Prescription Painkillers

LAURA BITTS, M.D., FAMILY MEDICINE

Q: WHY ARE PAINKILLERS ALL OVER THE NEWS RIGHT NOW?

After two decades of increasing use of OxyContin, Percocet, Vicodin and other opioid pain medicines in the United States, new studies are finding that these drugs are associated with far more harm — including addiction, accidental overdose and death — than previously understood. In Oregon, the majority of drug-overdose deaths are now linked to prescription opioids. In light of what we know now, the medical community is reexamining how we treat pain and updating the guidelines for prescribing these drugs.

Q: WHAT IF I NEED OPIOIDS FOR MY PAIN?

When prescribing any medication, our goal is always to make sure that the benefits to you outweigh the risks. Short-term use of opioids can be helpful for acute pain, and the guidelines don't prevent doctors from prescribing them when appropriate. But the research to date has found no good evidence that opioids improve pain or function when used long term. On the other hand, they pose significant risks for harm. If you've been on opioids for a while, this is a good opportunity for you and your doctor to take a fresh look at your medications to see if there are safer treatments that might make your life better.

Q: WHAT ARE THE RISKS OF THESE MEDICATIONS?


In addition to the risks of addiction and overdose, opioids can have

far-reaching effects on your body and brain. They may cause or worsen depression, sleep problems, cardiovascular disease and low testosterone. They may reduce your ability to function socially or at work. And for many people, they actually increase sensitivity to pain.

Q: HOW ADDICTIVE ARE THEY?

Very. Some people — particularly those with a history of depression, trauma, or addiction to alcohol or other substances — are at especially high risk. But because of the way opioids affect the brain, anyone can become addicted to them. One study found that 47 percent of people on opioids for 30 days will still be on them three years later. Addiction is a serious health issue, not a personal failing, that can and should be treated.

Q: WHAT ARE THE ALTERNATIVES FOR MANAGING PAIN?

There are many — your doctor can help you explore the approaches that might work best for you depending on your individual pain issues. Three that work very well for many people are non-opioid pain medications, physical therapy and cognitive behavioral therapy. These approaches help many people safely manage their pain, reduce or eliminate their need for opioids, function better in their work and activities, and reclaim their lives. It's well worth a conversation with your doctor. 

LAURA BITTS, M.D., IS THE MEDICAL DIRECTOR OF THE PORTLAND CLINIC - SOUTH, WHERE SHE SEES PATIENTS. DR. BITTS HELPED LEAD THE DEVELOPMENT OF THE PORTLAND CLINIC'S OPIOID TREATMENT PLAN.

News Briefs

WHAT'S NEW AT THE PORTLAND CLINIC

PLEASE WELCOME OUR NEW STAFF MEMBERS



Michele Gordon, OT, CHT, has joined our Tigard office. She earned her bachelor's degree in occupational therapy at the University of Hartford. She also is certified in hand therapy, and specializes in treating shoulder, arm and hand injuries through manual therapy, splinting and exercise. "I enjoy getting patients back to their normal functional level so they can be at their best," she says. Michele enjoys running, cycling and hiking, and has recently added dragon boating to her "fun list."



Karen Jacobson PA-C, family medicine, has joined our East and Columbia offices. A graduate of Bowdoin College in Brunswick, Maine, she completed her master's degree as a physician assistant at Oregon Health & Science University. She previously worked as a PA in urgent care and in a practice specializing in diabetes. She has special interests in lifestyle change and nutrition. "My goal is to have a caring partnership with my patients," says Karen. She was a marathon runner "before kids," and still enjoys sneaking out for (much shorter) runs. 🏃‍♀️

HELPFUL TOOLS AND RESOURCES

MyChart now lets you send photos of your symptoms to your doctor:

Sometimes, a picture is worth a thousand words. Now, MyChart lets you send photos of your symptoms to your doctor. Just log in to MyChart and click on "Send a message to my doctor's office." Select "browse" to attach up to two photos to your message, and then hit "send." It's a snap.

Get a copy of your medical record: To download your medical record, log in to MyChart, select "My Medical Record," click on "Request Records," then use the "Send a Customer Service Request" link to send a records request. Up to two years and 10 megabytes of information can be released in a downloadable file to your MyChart account. The information should be available within one to two days following your request.


Advance Directive forms are available on our website: An Advance Directive is a legal form that makes your wishes for medical care clear if a future injury or illness ever renders you unable to speak for yourself. Forms and additional information are available in our offices and on our website under Patient Resources/Patient Forms. Please ask your doctor if you have any questions.

Smart phone "ICE" apps provide your medical ID in an emergency: New smart phone apps can give emergency responders access to your crucial ICE (in case of emergency) medical information, even if your phone is locked. Get the details here: <http://www.pcmag.com/article2/0,2817,2489237,00.asp>. 📱

INTRODUCING THE PORTLAND CLINIC FOUNDATION

Community wellness is at the heart of our work. But we know that there is a limit to what we can do in our consultation rooms and clinics; while we have been keeping Portlanders well for almost 100 years, keeping Portland well often means working with means that go beyond medicine.

The Portland Clinic Foundation's mandate is straightforward: through evidence-driven, results-oriented philanthropy, we support initiatives that improve holistic community wellness — whether a clean-water program, a local theater production, a mobile low-income dental clinic, or cutting-edge medical research.

If you are interested in making a contribution to the foundation, we would be very grateful. Contributions can be made in a variety of ways, from one-time gifts to recurring monthly contributions or a fund set up in your name to benefit the cause of your choice. Please get in touch with our new foundation executive director, Kris Anderson (kanderson@tpcllp.com), if you have questions or ideas, or visit WWW.THEPORTLANDCLINIC.COM/FOUNDATION for more information. 

WHAT WOULD YOU LIKE TO READ ABOUT IN FUTURE ISSUES OF OUR NEWSLETTER?

Please let us know whether you would like to keep receiving The Portland Clinic Quarterly: e-mail us at newsletter@tpcllp.com, or complete and mail this form.

- ☐ PLEASE ADD ME TO YOUR PRINT MAILING LIST SO I'LL RECEIVE EVERY ISSUE.
- ☐ PLEASE SEND ME THE NEWSLETTER BY E-MAIL INSTEAD.
- ☐ PLEASE TAKE ME OFF BOTH LISTS (MAIL AND E-MAIL).

We appreciate your feedback and/or ideas for future issues of our newsletter.

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- ☐ CHECK THIS BOX IF THE ADDRESS ABOVE IS DIFFERENT FROM YOUR MAILING LABEL

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800 SW 13TH AVE., PORTLAND, OR 97205

If you have sent this form before, there is no need to send it again unless you are making a change or you are offering feedback on the newsletter.

The Portland Clinic Access Guide

6 LOCATIONS | 24/7 ACCESS | 503-221-0161



1

BEAVERTON

15950 SW MILLIKAN WAY
BEAVERTON, OR 97003
PHONE | 503-646-0161
HOURS | M-TH 7:30 A.M.-5 P.M.
FRI 8 A.M.-5 P.M.

2

TIGARD

9250 SW HALL BLVD
TIGARD, OR 97223
PHONE | 503-293-0161
HOURS | M-F 8 A.M.-5 P.M.
URGENT CARE | M-F 8 A.M.-8 P.M.
SAT 9 A.M.-5 P.M.

3

PORTLAND SOUTH

6640 SW REDWOOD LN
PORTLAND, OR 97224
PHONE | 503-620-7358
HOURS | M-F 7:30 A.M.-5 P.M.

4

PORTLAND DOWNTOWN

800 SW 13TH AVENUE
PORTLAND, OR 97205
PHONE | 503-221-0161
HOURS | M-F 8 A.M.-5 P.M.
*NOTE: DOWNTOWN URGENT
CARE IS TEMPORARILY CLOSED

5

PORTLAND EAST

541 NE 20TH AVENUE, SUITE 210
PORTLAND, OR 97232
PHONE | 503-233-6940
HOURS | M-F 7:30 A.M.-5 P.M.

6

COLUMBIA

5847 NE 122ND AVE
PORTLAND, OR 97230
PHONE | 503-256-3401
HOURS | M-F 7:30 A.M.-5 P.M.

HILLSBORO PATIENTS: OUR HILLSBORO TEAM IS NOW SEEING PATIENTS AT OUR BEAVERTON OFFICE. FOR MORE INFORMATION, PLEASE VISIT THEPORTLANDCLINIC.COM/CHANGES-IN-HILLSBORO.

SCHEDULING/ PHYSICIAN REFERRAL

503-223-3113

AFTER HOURS

FOR URGENT NEEDS WHEN OUR CLINICS ARE CLOSED, CALL OUR ON-CALL PHYSICIAN: 503-221-0161.

OPHTHALMOLOGY

EYE SERVICES ARE AVAILABLE IN OUR DOWNTOWN, BEAVERTON AND SOUTH OFFICES.

TOLL-FREE FROM SW WASHINGTON

360-693-3532



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WATCH US ON YOUTUBE

[YOUTUBE.COM/THEPORTLANDCLINIC](https://youtube.com/theportlandclinic)

Health Classes

PRE-REGISTRATION IS REQUIRED.

NEW! DIABETES GROUP MEDICAL VISIT

EAST | TUESDAY, JUNE 14, 9-10:30 A.M.

EAST | TUESDAY, JULY 12, 9-10:30 A.M.

EAST | TUESDAY, AUGUST 9, 9-10:30 A.M.

This group session offers a supportive environment where you can feel safe to discuss your concerns about living with diabetes. Family physician Hui-Ning Fung, M.D., and a certified diabetes educator will lead the group and will answer your questions, fill your prescriptions, discuss test results and order any lab tests that you need. Group participants often find that they're able to problem-solve with each other about the challenges they have in common.*

DIABETES: INVITATION TO A HEALTHIER LIFE

DOWNTOWN | WEDNESDAYS, JULY 13-AUG. 10, 1:30-3:30 P.M.

BEAVERTON | WEDNESDAYS, SEPT. 28-OCT. 26, 4-6 P.M.

Whether you've just been diagnosed with Type 2 diabetes, or you've lived with it for years, you'll learn more about diabetes self-management in this five-week series. A registered nurse and a registered dietitian/certified diabetes educator teach each session to help you gain the skills, knowledge and confidence to maintain good health. Many health plans cover the cost of this series; ask your insurer directly about coverage for "diabetes self-management training." To register, call 503-223-3113, or send an email to RSVP@tpcllp.com.*

PREDIABETES: MAKING HEALTHY CHANGES TO AVOID DIABETES

EAST | THURSDAYS, JULY 7 AND AUG. 4, 4:30-6 P.M.

EAST | THURSDAYS, SEPT. 1 AND OCT. 6, 4:30-6 P.M.

Are you newly diagnosed with prediabetes? Research shows that people with prediabetes can avoid developing diabetes. Learn how in this two-part class. Share your story, bring questions, and strategize with other participants. Each session is taught by a registered nurse or dietitian/certified diabetes educator. Most insurance companies cover the cost of the series with your usual copay. To register, please call 503-233-6940.*

**One support person may attend with you at no added cost. 🍌*

BERRIES WITH BANANA CREAM

This might be the easiest no-added-sugar dessert recipe ever, next to simply biting into a ripe summer peach. It comes from ChooseMyPlate.gov:

- Mash together 1/3 cup low-fat plain yogurt, half a ripe banana, and half an ounce (just a splash) of 100% fruit juice.
- Wash and slice 2 cups of strawberries or other berries. Divide berries into four bowls and top with the yogurt mixture. Add an optional drizzle of honey or dash of cinnamon if you like. Sweet, tasty and just 61 calories! 🍌

Food for Thought

NUTRITION TIPS FROM THE PORTLAND CLINIC DIETITIANS

ARE YOU EATING MORE SUGAR THAN YOU SHOULD?

Choosing to enjoy a sweet treat now and then is perfectly fine within a healthy, balanced diet. But most of us eat way more sugar than we realize — about three to six times more than the maximum that nutrition experts recommend — and it's not by choice. Manufacturers add sugar to almost every packaged food and beverage you buy — even some that you might think are healthy choices.

Here are some tips to help you avoid hidden sugars and the weight-gain that comes with them, so you can savor the occasional treat on your own terms.

Know your sweet spot

The American Heart Association recommends staying below a daily limit of 6 teaspoons (25 grams) of sweeteners per day for women, and 9 teaspoons (38 grams) for men. If you don't eat a lot of sweets, you may think you're OK, but on average, most of us actually take in about 20 teaspoons of added sugar per day.

The natural sugars in fruit are not the problem — berries and bananas are packed with fiber and nutrients. It's the "added" sugars that get us. According to sugarscience.org, there are 61 names for the sugars added to food products. You can spot them on labels by looking for ingredients that include the words "sugar" or "syrup," and words ending in "ose," such as sucrose, maltose and dextrose.

Watch out for sugar sneaks

Only 31% of the added sugar in our diets comes from the obvious sweets and snacks. The rest is sneakier.

Beverages: Sodas (25%), sweetened fruit drinks (11%), sweet coffee drinks and teas (7%), sports and energy drinks (3%) and alcohol (1%) supply 47% of America's added sugar.

One can of pop, alone, can deliver 29 grams — about a full day's limit. Some energy drinks deliver nearly three times that much. Ditch the sugar; choose water with fresh lime instead, and rediscover black coffee and tea.

Flavored yogurts: They sound healthy, but fruit-added and flavored yogurts can pack in 19-30 grams of added sugar per serving. Choose plain yogurt instead and stir in fresh fruit.

Cereals and granola bars: Even healthy-sounding cereals can contain 15 grams of sugar per cup, and granola bars can pack as much sugar as a candy bar. Choose wisely.

Bottled sauces: Barbecue sauces, ketchup and teriyaki can sneak 8-13 grams of sugar into two tablespoons. Even pasta sauces add sugars. Read the labels and go easy on these.

Canned soups: Many contain up to 15 grams of sugar in a cup and a half. Again, read the label.

Salad dressings: With 9-10 grams of sugar in 2 tablespoons of many bottled brands, you're better off making your own. A go-to favorite: olive oil and lemon juice whisked together. 🍋

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Make the most of naturally sweet fruits

Summer is the ideal season to shift your dessert tastes away from added sugars and toward naturally sweet fruit. This crisp recipe couldn't be easier, and can be made with berries, peaches, plums or other summer fruits, as well as apples.

Yes, the recipe does call for a little sugar, but it's less than a teaspoon and a half per serving, and you can try less if you prefer. But if you reduce the "sneaky" sugars in your diet, you can have your crisp and enjoy it, too.

By The Portland Clinic dietitians.
Recipe from *ChooseMyPlate.gov*.

The Grocery Bag

LOW-SUGAR FRUIT CRISP

Topping:

- 3/4 cup white whole-wheat flour
- 3/4 cup rolled oats
- 3 tablespoons white sugar
- 1/4 cup brown sugar
- 1/2 teaspoon salt
- 1/3 cup canola oil (or unsalted butter, melted)

Filling:

- 6 cups peeled, diced apples (or berries, etc.)
- 1 tablespoon white whole-wheat flour
- 3 tablespoons white sugar (or less, to taste)

Preheat oven to 350°. Lightly grease a baking dish with butter or oil. Combine dry topping ingredients. Add the oil (or butter) and stir again. Fill baking pan with filling ingredients. Stir well. Cover with the topping. Bake until the fruit is tender and topping is golden, about 45 minutes.

Makes 8 servings. Per serving: 167 calories, 7 g fat (1 g sat fat — higher if using butter), 2 g protein, 26 g carbs, 14 g sugar (7 g added sugars).