Collegiate Risk Management
Providing Health Insurance for Students
110 Athens Street Suite 200
Tarpon Springs, FL 34689

Monitoring Your Students' Health

Collegiate Risk Management
Providing Health Insurance for Students

COLLEGIATE HEALTH NEWS & VIEWS

PRESENTED BY COLLEGIATE RISK MANAGEMENT www.collegiaterisk.com

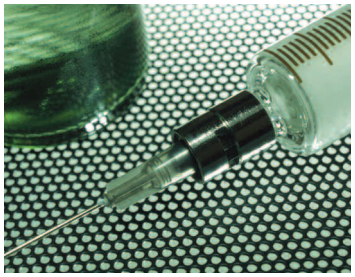
Serving the Health Insurance Needs of Students

2008
VOLUME 4 Issue No. 2

IN THIS ISSUE...

COLLEGIATE RISK MANAGEMENT
110 Athens Street Suite 200
Tarpon Springs, FL 34689
800-922-3420

USF Resident Meningitis Death Initiates New Vaccination Policies by: Cassandra Hanjian



Last year, the death of a young girl at the University of South Florida spurred campus health administration to action. The death, attributed to meningitis, was even more alarming to health administration as the girl was an on-campus resident.

Because of its transmission through simple bodily fluids, residents sharing the same hall are at high risk for contracting meningitis if one person is infected. At the beginning of the 2007 fall semester, Student Health Services did not have written documentation indicating if campus residents had received both meningitis and Hepatitis B vaccinations.

Since then, health administrators at the University of South Florida have pushed through a new policy requiring all on-campus residents to not only provide documentation for these two vaccinations, but to have actually received them. This policy was also enforced among all incoming students this fall, and all other students were obligated to show proof of whether they received or declined vaccination[1].

Not surprisingly, the demand for the meningitis vaccinations has increased since last year. Due to the new policy, Dr. Egilda Terenzi, director of Student Health Services at the University of South Florida, implemented the student clinic offering the vaccine at a low cost to students. Students eighteen years of age (and younger, if applicable) were offered the vaccine free of charge.

The vaccine offered, Menatracta, inoculates students with the four most common strains of meningitis, three of which are rampant on college campuses all over the United States – contributing to 70-80% of collegiate meningitis outbreaks each year. Menatracta also prevents those immunized from being a carrier for the bacterial form of meningitis, unlike earlier forms to inhibit the disease[2].

In addition to all these changes, health administration, along with other officials from the University of South Florida, immediately pushed for a more stringent vaccination policy for all public universities in the state of Florida. They proposed that all incoming students be required to have proof of vaccination against meningitis at a meeting of the Board of Governors for higher education.

Soon after, the Board of Governors also considered limiting waivers of vaccination to only extreme or religious reasons, as well as reinforcing their policy of having student health centers keep record of vaccinations administered and submit them to the state database. The efforts of these dedicated individuals were rewarded in March 2008 when the Board of Governors approved the policy requiring students new to public universities, as well as those living on campus, to provide documentation of vaccination against meningitis and Hepatitis B or else provide a waiver, which was quickly followed by legislative consent.

Although last year's incident was unfortunate, it sparked administration to action, and has radically changed the face of Student Health Services at the University of South Florida, as well as the health administrations at all Florida public universities[3].

Sources:

1 American College Health Association. Meningitis on Campus. 21 Sept. 2008
Guidi, David. USF plans changes to vaccine policy. The Oracle 27 Sept. 2007.

2 Alrajoula, Taghrid. Vaccine clinic draws students. The Oracle 29 Nov. 2007.
Guidi, David. University revisits, revamps vaccine policy. The Oracle. 27 Nov. 2007.

3 Guidi, David. BOG postpones, USF pushes new vaccine policy. The Oracle. 28 Sept. 2007.
Zaragosa, Luis. New students at Florida's public universities must show proof of bacterial meningitis, hepatitis B vaccination. The Orlando Sentinel. 27 Mar. 2008.

A Letter from the President of Collegiate Risk Management

Vonda White
President
Collegiate Risk Management

Dear Readers,

Collegiate Health News & Views was created to provide a forum for trends and news that affects college student health insurance. This newsletter will feature the latest news, research and achievements to keep you informed.

Collegiate Risk Management is a national firm specializing in domestic and international student health insurance and intercollegiate sports insurance for colleges and universities. On average, we have saved 15 percent on client health insurance premiums, while improving the overall plan design, benefits and customer service. We can help you with your current plan. Or if you are interested in going hardwaiver, mandatory, or being part of a consortium, Collegiate Risk can initiate and facilitate the process. Our account executives are passionately committed to representing our students' best interests, and to raising the standards of student health care.

As we all strive to better serve students, sharing information among the college health community is a valuable tool. If you have a topic of concern or developments you'd like to see covered, I encourage you to contact me at vonda@collegiaterisk.com. Your input is very important as it allows us to provide you and your peers with the vital information you need. With this newsletter, we hope to provide you with just such a resource and forum.

Sincerely,

Vonda White

Vonda White *President,*
Collegiate Risk Management
800-922-3420 • www.collegiaterisk.com

Dissecting Depression:

Recognizing and Dealing with Depression

The weight of financial burdens combined with an increasingly tough economic state is enough to make anyone stressed. Mounting credit card debt, a failing housing market, a sharp decline in job security, and rising gas prices are just a few of the challenges that could attribute to stress and/or depression. When there is an economic downturn there is an upswing in the number of cases of depression. During difficult times, people must be more sensitive to their friends, relatives, and co-workers needs and consider their potential difficulties.

Today, there is still an unwarranted stigma attached to those who suffer from depression. According to the National Institute of Mental Health (NIMH), depression is thought to be a result of a combination of genetic, biochemical, environmental, and psychological factors. People who suffer from depression aren't just feeling sorry for themselves or unable to break out of a slump. Depression directly affects certain parts of the brain responsible for regulating moods, thinking, sleeping, appetites, and behaviors.

Early symptoms of depression include: frequent headaches, weight gain/loss, insomnia and/or excessive sleeping, difficulty concentrating and remembering details, irritability, restlessness, and a loss of interest in activities that were once enjoyable. Left untreated, depression can lead to persistent feelings of hopelessness, worthlessness, helplessness, and suicide.

Those suffering from depression may feel that there is nothing that they can do to improve their situation. They should be encouraged to take small steps to improve their mental health by engaging in mild activity and/or exercise, setting realistic goals, breaking up tasks into prioritized small goals, and attempting to spend time with other people instead of isolating yourself. While dealing with depression, it is important that they are informed that their mood will improve gradually with treatment and they shouldn't expect to just "snap out of it." During this time they should refrain from making any important decisions like marriage, moving, and changing careers, or talk over any decisions with a confidant who can provide an objective opinion.

Depression can affect anyone, regardless of family histories, age, income level, or gender. Employers are becoming more sensitive to the issue and providing employee assistance programs or counseling components within the workplace. Increased awareness about depression, its effects and symptoms, ensures that those suffering can get the help that they need to control their symptoms.

Annual Physicals for College Students: Necessary or Discretionary?

Over the past several years, the necessity for annual physicals has been questioned by both health care providers and their patients. A recent study lead by the University Of Pittsburgh School Of Medicine found that up to 20% of American adults receive routine check-ups totaling an estimated $8 billion a year in unnecessary costs[1]. Included in this estimate is $350 million in tests not recommended by preventative health care experts, including urine analyses and electrocardiograms. The study also found that recommended preventative tests and services are being competed and recommended during visits in which patients are seeking treatment for illnesses or chronic problems.

While 62% of American college students are under the age of 25, according to a 2006 report from the US Census Bureau, there are several recommended preventative tests and services for adults between 18 and 34. The recommendation of certain tests and services is not being challenged, rather when these tests should be administered is. Healthy women within this age group should still receive annual breast and pelvic exams, Pap smears, and routine blood work to check for anemia[2]. Healthy men within this age range should undergo annual testicular exams, and both sexes should monitor their blood pressure and body mass indexes while ensuring their immunizations are current.

The approximate 64 millions Americans that get an annual physical exam exceed the number of patients visiting physicians for respiratory conditions or high blood pressure[3]. Researchers argue that there is little evidence that supports the need for patients to schedule separate annual physicals. Although, two-thirds of patients and doctors still regard the annual physical as a necessity, a chance to check-up on a patient's physical well-being and to maintain the patient-doctor relationship. Research further supports that doctors and patients who routinely schedule annual physical exams are clogging up the system and preventing patients who have symptoms from scheduling appointments in a timely manner[3].

The concept that annual physical exams serve as an important tool to screen for asymptomatic diseases and the predisposition for disease was first considered in 1861[4]. In the recent years, careful study of such annual visits accompanied by laboratory testing in healthy adults has not proven itself as a means for the detection and prevention of disease. That fact being stated, national health organizations are now withdrawing their support of the need for annual comprehensive physical exams. Instead they are advocating that preventative tests and services should be completed during routine medical care. Instead of patients scheduling separate appointments for physicals, they can receive the same preventative care during visits to address illness and/or immediate aches and pains. Thus, clearing physician's schedules so that they are better able to treat patients who need immediate attention for symptoms that could indicate potential health problems.

Many patients and doctors still believe that annual physicals are an essential part of comprehensive healthcare. However, national health organizations are beginning to support visits that serve to treat symptomatic patients while administering suggested annual tests and practices. Patients who find themselves in good health and go for long periods of time between illnesses can schedule periodic examinations, but can forgo annual visits as long as their physician approves. This reduction in annual examination visits should reduce healthcare costs and free up scheduling time for physicians enabling them to treat symptomatic patients in a timelier manner.

Sources:

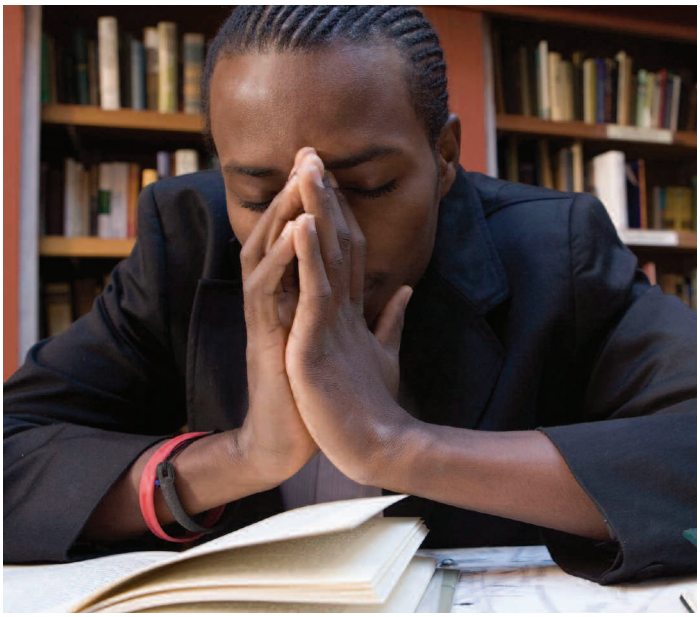
1 McCullough, Marie. New study raises doubts; Annual physicals worth it? The Philadelphia Inquirer, p. A01. September 25, 2007.

2 Carmichael, Mary and Roxana Popescu. A Guide to Predicting Your Medical Future. Newsweek. Vol. 151, No. 3. p. 59. January 21, 2008.

3 Smith, Stephen. The annual physical gets a checkup – A yearly exam may not be the best way to assure patients get proper care. The Boston Globe. p. C1. October 22, 2007.

4 Prochazka et al. Support of Evidence-Based Guidelines for the Annual Physical Examination. American Medical Association. 2005.

ADHD Prescription Abuse on Colle



The number of prescriptions for attention deficit hyperactivity disorder (ADHD) medications increased 369% to 23.4 million a year in the United States over a 10 year period, from 1992 to 2002, according to the National Center on Addiction and Substance Abuse Report. Included in the populations of patients who are visiting family physicians and specialists complaining of symptoms of ADHD are increasing amounts of adults and post-secondary students[1]. Diagnosing ADHD is problematic, as it is a clinical diagnose based on self-reported symptoms and establishing the presence of diagnostic criteria for ADHD in childhood. To date, there are no accepted neuropsychological tests which are consistent enough to serve as a diagnostic test for ADHD.

The drugs predominantly prescribed for the treatment of ADHD are classified as psychostimulants[2]. Commonly prescribed psychostimulants include: methylphenidate (Ritalin, Concerta), dextroamphetamine/amphetamine (Adderall), and dextroamphetamine (Dexedrine). Another medication that has similar results in the treatment of ADHD, but is not a psychostimulant, is atomoxetine (Strattera).

Common side affects of the commonly prescribed drugs are insomnia, irritability, and loss of appetite. Increasingly, ADHD prescriptions are being used illicitly on college campuses as a study aid. In a 2005 study of students attending 119 colleges nationwide found that, on certain campuses, up to 25% of the respondents had misused ADHD medications[3]. Higher prescription abuse rates were reported at colleges that were academically competitive, located in the Northeast, or had high rates of binge drinking. Furthermore, students with a grade point average (GPA) of a B or lower were twice as likely to abuse ADHD prescriptions that students with a B+ or higher GPA.

Prescription misuse goes beyond use as a study aid. In survey of undergraduate students attending large public universities throughout the southern United States respondents reported misusing ADHD prescriptions to study (84%), to stay awake (51%), for recreational use in an attempt to get high (8%), and for weight control (5%)[4]. The same study found that students diagnosed with ADHD had been asked by friends to supply them with medications (84%), asked to sell their medications (54%), and asked how to fake ADHD symptoms (19%).

Students and adults abusing Adderall and Ritalin, which are classified as Schedule II drugs in the amphetamine class, may take the tablets orally, snort crushed tablets, or inject tablets dissolved in water[5]. Many abusers believe that these methods offer a safe alternative to cocaine. However, the opposite is true as the potency of Adderall and Ritalin increase exponentially when they enter the bloodstream directly as a result of being snorted or injected[6]. An increased risk of negative side effects are associated with this type of abuse and include: respiratory problems (i.e.: destruction of the nasal and sinus cavities and lung tissue), heart arrhythmia, problems with circulation, psychotic episodes, increased aggression, toxic shock, and death in extreme cases.

Additionally, extended abuse of ADHD prescriptions can create withdrawal symptoms similar to those of cocaine. Adderall's chemical makeup, which is similar to that of methamphetamine, poses added risk with continued, extended abuse[6]. Developmental problems concerning the brain and negative changes in brain wave activity are seen with extended abuse. Withdrawal from the drug must be monitored closely as symptoms including severe depression, psychosis, restlessness, and extreme feelings of agitation are often seen.

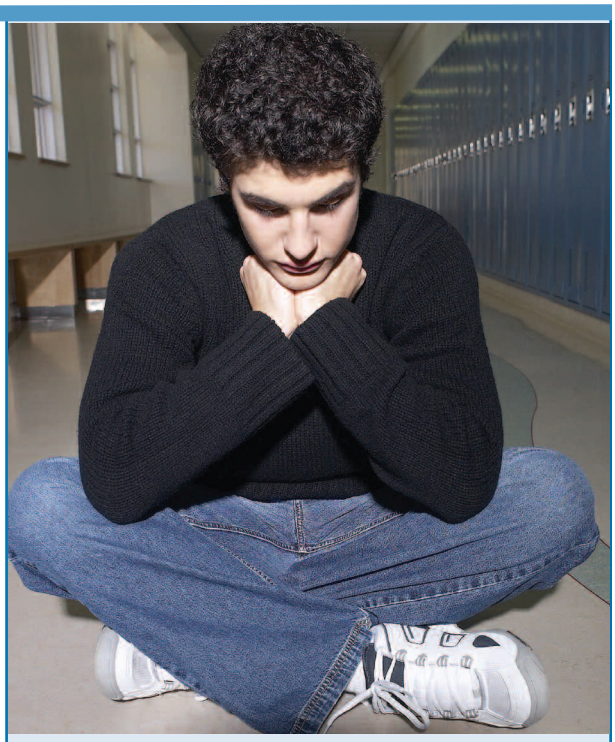
ge Campuses

Results from multiple ADHD prescription abuse studies suggest that clinicians should be cautious when diagnosing ADHD in adults, especially those who are presenting for a first-time diagnosis[7]. Clinicians should not base their diagnosis solely on the results of symptom checklist data, as these checklists have poor discriminant validity and are easy to fake according to recent research. Additionally, research supports that students faking the symptoms of ADHD were frequently successful in producing scores on tests of reading and processing speed that fall within a range typically associated with impaired performance.

The increase in the number of ADHD prescriptions and recent research supports the fact that general practitioners are under increasing pressure to provide patients with ADHD prescriptions even if they lack experience in properly diagnosing ADHD[8]. Provided the highly addictive nature of these prescription drugs and in extreme cases, the occurrence of paranoia, hallucinations, and heart attacks, physicians and clinicians should be thorough in their diagnoses of ADHD and prescription of medication.

Sources:

1 A.G. Harrison et al. Identifying students faking ADHD: Preliminary findings and strategies for detection. Archives of Clinical Neuropsychology, Issue 22, Vol. 5. p 577–588. 2007.
2 Attention-deficit/hyperactivity disorder (ADHD). Mayo Clinic. February 16, 2007. www.mayoclinic.com
3 Twohey, Megan. Pills become and addictive study aid. Milwaukee Journal Sentinel. March 25, 2006. www.jsonline.com
4 Adcokat et al. Licit and Illicit Use of Medications for Attention-Deficit Hyperactivity Disorder in Undergraduate College Students. Journal of American College Health, Vol. 56, No. 6. p. 601-606. 2008.
5 Stimulant Abuse by School Age Children. The Drug Enforcement Administration. June 2001. www.deadiversion.usdoj.gov
6 Snorting Adderall and Ritalin. Health Services at Columbia. May 18, 2007. www.goaskalice.columbia.edu
7 A.G. Harrison et al. Identifying students faking ADHD: Preliminary findings and strategies for detection. Archives of Clinical Neuropsychology, Issue 22, Vol. 5. p 577–588. 2007.
8 Adcokat et al. Licit and Illicit Use of Medications for Attention-Deficit Hyperactivity Disorder in Undergraduate College Students. Journal of American College Health, Vol. 56, No. 6. p. 601-606. 2008.



ADHD Stereotypes

Adults with ADHD may have symptoms that manifest themselves as socially inappropriate behaviors that are often attributed to other causes. People who are unfamiliar with the disease are likely to consider the inattentiveness, forgetfulness, and lack of impulse control that ADHD patients suffer from as rude, self-centered, irresponsible, and lazy[1].

Some believe that children and adults taking medication for their ADHD are more likely to abuse their medications and other drugs. In fact, the opposite is true. Properly medicated adults and children have a reduced risk of drug and alcohol abuse[2].

People with ADHD are often thought of as lazy and/or stupid. In actuality, those diagnosed with ADHD are of above-average intelligence[2].

The more intelligent the ADHD sufferer, the later they will begin to encounter ADHD-related challenges[3]. For some, the jump from being supervised in high school to their unstructured college schedules may highlight their lack of organization and time management skills. While others may graduate from medical school, but be unable to pass their medical boards or complete all their course requirements for a Ph.D., but never finish their dissertation.

Sources:

1 Social Skill in Adults with ADHD. Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) 2003.

2 7 Myths About ADHD... Debunked! ADDitude Aug/Sept 2005.

3 Nadeau, Ph.D., Kathleen. Does Your Gifted Child Have ADD (ADHD)? ADDvance 2004.