# Mayo Clinic Addiction Services
## Intensive Addiction Program

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INTRODUCTION

The Mayo Clinic Department of Psychiatry and Psychology offers the Intensive Addiction Program (IAP) at the Generose Building 1 East, on the Saint Marys Campus of Mayo Clinic Hospital in Rochester, Minnesota. The program is a 30-day, chemical dependence treatment program. This level of care provides a safe and supportive environment for patients to establish sobriety and develop relapse prevention skills. The program maintains a physician-directed multidisciplinary approach to addiction.

The Intensive Addiction Program combines an outpatient day-treatment program with structured evening programs and supervised overnight lodging. Therefore, patients receive all medical and surgical care on an outpatient status during program participation. The program’s primary goals include:

1) evaluating each patient admitted to the program,
2) beginning the comprehensive treatment required for alcohol and other drug-related problems as well as any associated disorders, and
3) helping patients and their families make the basic life changes necessary to start the process of recovery.

Staff and patients can learn more about the program by contacting the Intake Coordinator at 507-255-3636 or visiting the Web site at www.mayoclinic.org/chemical-dependency.
Mayo Clinic Addiction Services
Intensive Addiction Program

ADMISSION CRITERIA

Persons 18 and older are considered for admission to the Intensive Addiction Program (IAP). Many medical insurance policies cover the treatment of alcohol and other drug dependence. Patients are admitted to the appropriate level of care based upon their needs and the criteria of the American Society of Addiction Medicine (ASAM).

The IAP meets ASAM Patient Placement Criteria for a Level II Intensive Outpatient Treatment setting. IAP is a structured outpatient service that delivers treatment services during the day, in the evening, and on weekends. While engaging in this program, patients are provided essential education and treatment components that allow them to apply their newly acquired skills within “real-world” environments. An Addiction Psychiatrist supervises the initial assessment and meets with each patient at least once weekly to monitor progress and guide the treatment.

The IAP provides comprehensive assessments and individualized treatment plans, including formulation of problem statements, treatment goals and measurable objectives — developed in consultation with the patient.

Admission to IAP is recommended based on ASAM Patient Placement Criteria. Specifically,

1) the patient has no signs or symptoms of withdrawal, or his or her withdrawal needs can be safely managed in this level of care,
2) the patient’s biomedical conditions and problems, if any, are stable or are being addressed concurrently and thus will not interfere with treatment,
3) if emotional, behavioral or cognitive conditions and complications are present, the patient must be admitted to a Dual Diagnosis Enhanced program, depending on the patient’s level of function, stability and degree of impairment in this dimension,
4) the patient requires structured therapy and a programmatic milieu to promote treatment progress and recovery because motivational interventions at another level of care have failed or the patient’s perspective inhibits his or her ability to make behavioral changes without repeated, structured, clinically directed motivational interventions,
5) although the patient has been an active participant at a less intensive level of care, he or she is experiencing an intensification of symptoms of the substance-related disorder and his or her level of functioning is deteriorating despite modification of the treatment plan, or
6) continued exposure to the patient’s current school, work or living environment will render recovery unlikely or the patient lacks social contacts, or has inappropriate social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol or other drugs. He or she also lacks the resources or skills necessary to maintain adequate level of functioning without Level II.1 services.

Mayo Clinic Addiction Services
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GENOMICS OF ADDICTION

The Samuel C. Johnson family has committed a generous financial contribution allowing Mayo Clinic to establish a landmark research program in the genomics of addiction. In honor of this significant support, the program is named the Samuel C. Johnson Program in the Genomics of Addiction. The long-term goal of this research is to predict and prevent alcoholism and other chemical dependencies. Attacking the problem of addiction at the point of origin will allow us to develop personalized therapies, including effective methods of prevention. David Mrazek, M.D., Professor of Psychiatry, Department of Psychiatry and Psychology in Rochester, directs this research.

Among other goals, this research focuses on searching for genetic causes of cravings for alcohol and other drugs and alcohol withdrawal and its complications including seizures and delirium. This research includes clinical trials for medications designed to treat addiction to alcohol and other drugs. In order to achieve these goals, genes relevant to addiction must be identified and followed by tests to determine how patients respond to drug therapies.

Mayo Clinic needs your support to advance research programs that lead to a healthier future for all. During the course of your treatment, you may be approached by the study coordinators inviting you to participate in various research studies. Please carefully review these protocols and decide if you are willing to participate. Taking part in these studies is completely voluntary. It does not allow you any special privileges and does not affect your current or future treatment.

If you have any questions, please call 1-877-751-6444 to speak with a study coordinator.
Mayo Clinic Addiction Services
Intensive Addiction Program

TREATMENT STAFF

Chaplain
The chaplain provides pastoral care as a spiritual guide through structured group sessions and individual counseling. Chaplains are available to all patients and loved ones to listen and offer spiritual and emotional support, to accompany those in crisis and to share prayer sessions and individual counseling. Chaplains are also available to lead worship, and to reflect and consult on ethical concerns and decisions. Chaplains will help you use your spiritual strength throughout recovery.

Clinical Assistant/Desk Staff
The desk staff helps make the patient’s visit go smoothly. Duties include receiving patients and visitors, answering the telephone, coordinating appointments and interacting with the treatment team.

Consultant
The consultant is a psychiatrist specialized in treating addiction, who coordinates all patient care in the Intensive Addiction Program. The consultant supervises your medical assessment and is responsible for your treatment provided by the resident physician. The consultant may provide individual counseling.

Counselor/Social Worker
The licensed alcohol and drug counselor (LADC) or Licensed Independent Clinical Social Worker (LICSW) assists you and your family with the recovery process by offering group, individual, and family counseling sessions. The counselor is available to meet with each patient and family members to coordinate services and resources during and after treatment. The counselor will also assist you in developing a comprehensive discharge plan.

Physical Examination
Upon admission to the Intensive Addiction Program, each patient is required to have a physical examination, documenting the reason for admission, pertinent medical history, review of systems, relevant physical examination, diagnosis, and treatment plan. If the physical was completed within 30 days prior to admission, the report will be reviewed, any changes noted, and referenced in the patient clinical record. If a report is not available, a new physical will need to be completed. If a physical examination has not been completed in the previous 30 days, the patient will meet with an internist from General Internal Medicine following admission to the Intensive Addiction Program.

Psychologist
A staff psychologist supervises psychological testing and reviews the results of psychometric testing for patients as indicated.
Nurse
The nurse is responsible for monitoring patients who will self-administer medications. Nursing staff are available at specified medication times that are posted on the unit. Additionally, nursing staff assume responsibility for facilitation of the random urine Drug Abuse Survey process.

Resident Physician
The resident physician is completing specialty training at Mayo Clinic College of Medicine. The resident physician is responsible for the medical supervision of patients, including gathering medical and psychiatric histories, and may provide individual and group counseling.
TREATMENT MODALITIES

The IAP treatment team views addiction as a disease. With most diseases, treatment and rehabilitation are a joint responsibility between the patient and physician. However, with this disease, the patient is solely responsible for recovery. This responsibility is chiefly one of motivation to continue the recovery process once it has begun. Professional staff will help you understand this disease and develop the ability to cope with it.

There are many methods available to assist you in your recovery. The most effective methods for beginning recovery include detoxification from addictive substances, group meetings, educational sessions, discussion, individual counseling, and a supportive recovery environment. Your physician may also discuss with you medications as an effective part of your recovery.

Soon after admission, you will begin the treatment process. The Intensive Addiction Program includes the following treatment components.

**Continuing Care**

The goal of continuing care is to help you maintain a life of abstinence from drugs and alcohol after your primary treatment has ended. Counselors and staff will work with you and your family to prepare a plan that will best suit your needs for your life after treatment. The chronic nature of this disease dictates the need for support systems, relapse prevention planning, and other resources once you have left the program. We feel that it is best to have this plan in place prior to your last week in treatment. Continuing care, such as individual counseling, outpatient group counseling, specialized treatment programs, ongoing medical care, medication management, and self-help groups will be tailored to meet your needs and desires.

**Craving Group**

You may experience cravings to use for either positive or negative reasons. It is important to learn that cravings consist of irrational thought patterns and do not need to be acted upon. During the weekly Craving Group, you will have the opportunity to complete a craving worksheet and discuss strategies to avoid giving in during moments of temptation. Early in recovery, it will be helpful to remember that experiencing cravings is normal and that cravings will tend to diminish in frequency and intensity.

**Family Conference**

During your treatment, a conference and/or conference call may be scheduled with your family or concerned others to discuss how your addiction has affected the family dynamic. The purpose of this conference is to provide you and your family with additional insight into the disease of addiction and work towards improving family communication. At that time, the recommendation by your treatment team for continuing care will be discussed as well.
Focus Group

Twice per day you will participate in Focus Group to help you examine and evaluate the use of your free time in every day life. During this forum, you will have the opportunity to share what you learned, express feelings and insight into personal growth, and your interaction with others.

Individual Counseling

You will have individual counseling with a counselor, social worker, or physician to discuss issues as they develop during your treatment program.

Introduction to Self-Help

During the treatment program, patients will be introduced to Alcoholics Anonymous, self-help, and twelve step concepts. You will be encouraged to attend Alumni Group on the unit and self-help meetings in the community. Books, pamphlets, videos, and discussion topics are used to supplement the treatment program.

Nutrition Group

The goal of nutrition group is to better educate patients regarding the correlation between addiction and diet. The nutrition group will teach the concepts of general nutrition, with an emphasis on nutrition planning and how it can be successfully integrated into daily behavior in a positive manner.

Process Group

Because self-deception is one of the most difficult aspects of addiction, process group is designed to assist you in recognizing and confronting these challenging issues. Seeing yourself through the eyes of your peers may present a picture not possible through your own perspective. The prospect of beginning to know yourself can be threatening and most group members share this concern. The relationships you develop within the group setting may help to ease your sense of isolation and provide support. Process group is an opportunity for you to confront difficult or painful issues in a safe, secure, and non-threatening environment. It will be important to remember that your actions in group affect everyone present, not just yourself. Honesty is important, but must be tempered with sensitivity. Group members will react not only to what you say, but how you say it. Interactions and sharing between group members is essential, but is also confidential. We encourage you to use process group as a forum to discuss all aspects of your addiction, including personal difficulties contributing to or resulting from your addiction. The group will not “solve” these problems for you, but rather will help you find the strength to resolve the issue by contributing thoughts, feelings, concerns, and their own personal experiences. Utilizing process group could be the most helpful and rewarding aspect of the treatment experience.
Recreational Therapy
The recreational therapist assists you in looking at your attitudes and needs regarding leisure time and provides an outlet for developing social skills in a group setting. The therapist can help you develop a better understanding of leisure time and how it relates to the recovery process.

Spiritual Counseling
If faith and spirituality are to be meaningful, they need to be personal. Your spiritual values will often undergo changes. As a result, you may experience confusion. Chaplains can assist you with these issues.

Structured Group
The series includes 30 daily topics about the physical, medical, psychological, emotional, and spiritual aspects of addictive disorders. During presentation of the topic, patients will have an opportunity to discuss the material and ask questions.

Team Rounds
Once a week, the treatment team will meet to discuss progress, treatment plan objectives, ongoing concerns, and discharge recommendations. Additional urgent concerns are addressed by the treatment team daily.
Mayo Clinic Addiction Services
Intensive Addiction Program

PROGRAM SCHEDULE

Monday through Friday

6:30 – 8:15  Breakfast / Personal Time
7:15 – 7:45  Medication Self-Administration
8:15 – 8:45  Focus Group (Tuesday, Wednesday, Friday)
8:15 – 8:45  Community Meeting (Thursday)
8:30 – 8:45  Focus Group (Monday)
8:45 – 9:00  Break
9:00 – 10:30 Process Group
10:30 – 10:45 Break
10:45 – 11:45 Structured Group
11:45 – 12:00 Medication Self-Administration
11:45 – 1:00 Lunch/Personal Time
12:30 – 2:00 SMART Program (1st and 3rd Wednesday)
1:00 – 2:00 Experiential Group (Monday and Friday)
1:00 – 2:00 Recreational Therapy (Tuesday and Thursday)
1:00 – 2:00 Healthy Living Program (2nd, 4th, and 5th Wednesday)
2:00 – 2:15 Break
2:15 – 3:45 Process Group
3:45 – 4:00 Break
4:00 – 4:30 Focus Group
4:30 – 4:45 Medication Self-Administration
4:30 – 9:00 Dinner / Personal Time / Evening Program
6:30 – 7:30 Alumni Meeting (Monday)
6:30 – 7:30 Evening Program (Tuesday, Thursday, Friday)
6:30 – 8:30 Community AA Meeting (Wednesday)
9:00 – 9:30 Medication Self-Administration

Saturday

6:30 – 8:15  Breakfast / Personal Time
8:00 – 8:30  Medication Self-Administration
8:45 – 9:45  Structured Group
9:45 – 10:00 Break
10:00 – 10:30 Focus Group
10:30 – 10:45 Break
10:45 – 11:45 Process Group
11:45 – 1:00 Lunch / Personal Time
12:45 – 1:00 Medication Self-Administration
1:00 – 2:00 Structured Group
2:00 – 2:15 Break
2:15 – 3:45 Process Group
3:45 – 4:00 Break
4:00 – 4:30 Focus Group
4:30 – 4:45 Medication Self-Administration
4:30 – 9:00 Dinner / Personal Time
6:30 – 7:30 Optional Evening Program
9:00 – 9:30 Medication Self-Administration

Sunday

6:30 – 1:00  Breakfast / Lunch / Personal Time
8:00 – 8:30  Medication Self-Administration
12:45 – 1:00 Medication Self-Administration
1:00 – 1:40 Focus Group
1:40 – 1:50 Break
1:50 – 2:50 Structured Group
2:50 – 3:00 Break
3:00 – 4:00 Process Group
4:00 – 7:00 Personal Time / Dinner
4:30 – 4:45 Medication Self-Administration
7:00 – 8:00 Saint Marys Campus A.A. Meeting
8:00 – 9:00 Personal Time
9:00 – 9:30 Medication Self-Administration
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<td>Process of Recovery and Self-Care</td>
<td>Medical Complications of Addiction</td>
<td>Denial, Defense Mechanisms, and Johari Window</td>
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<td>Spiritual Well-Being</td>
<td>Biology of Addiction</td>
<td>Codependency</td>
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<td>Relationships in Recovery</td>
<td>Depression Group</td>
<td>Forgiveness</td>
<td>Dual Diagnosis</td>
<td>Relapse and Self-Help Groups</td>
<td>Spiritual Well-Being</td>
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**Intensive Addiction Program**

**Structured Group Schedule**

- **Monday**: Intimacy and Recovery
- **Tuesday**: Depression Group
- **Wednesday**: Process of Recovery and Self-Care
- **Thursday**: Medical Complications of Addiction
- **Friday**: Denial, Defense Mechanisms, and Johari Window
- **Saturday**: |  |
- **Sunday**: Structured Group

**Topics Covered**

- Stress Management
- Setting Boundaries
- CBT and Addictive Thought Patterns
- Post-Acute Withdrawal Syndrome
- Hope and Recovery
- Recovery
- Relapse Prevention
- Depression Group
- Spiritual Well-Being
- Forgiveness
- Dual Diagnosis
- Sleep Group
- Denial, Defense Mechanisms, and Johari Window
Mayo Clinic Addiction Services
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MEDICATION SELF-ADMINISTRATION SCHEDULE

**Monday – Friday**
7:15 a.m. – 7:45 a.m.
11:45 a.m. – 12:00 p.m.
4:30 p.m. – 4:45 p.m.
9:00 p.m. – 9:30 p.m.

**Saturday – Sunday – Holidays**
8:00 a.m. - 8:30 a.m.
12:45 p.m. - 1:00 p.m.
4:30 p.m.- 4:45 p.m.
9:00 p.m.- 9:30 p.m.

• A Nurse will be available in the Exam Room at the listed times for Medication Self-Administration.
EXERCISE OPTIONS

Anytime Fitness
TJ Plaza
1300 Salem Road SW
Rochester, MN 55902
507-280-0444
Hours: Open 24/7
Information:  www.anytimefitness-rochester.com  Call for cost.

Apache Mall
333 Apache Mall
Rochester, MN 55902
507-288-8056
Hours: 10:00 a.m. – 9:00 p.m. Monday through Saturday; 10:00 a.m. – 6:00 p.m. Sunday
Information:  Doors directly into the mall open at 7:30 a.m.

Chester Woods Park
8378 Highway 14 East
Eyota, MN 55934
507-285-7050
Hours: 7:00 a.m. – 10:00 p.m. daily
Information:  Walking trail maps available at entrance.  Park permit required.  Call for cost.

Community Education Walking Program
Northrup Education Center
201 8th Street NW
Rochester, MN 55901
507-285-8646
Information:  Adult Walking Fitness Program. Walk in 10 Rochester schools from November through April.  Call for cost.

Curves for Women
808 S. Broadway, Suite 4
Rochester, MN 55904
507-529-9385
Hours:  6:00 a.m. – 2:00 p.m.; 3:00 p.m. – 7:00 p.m. Monday through Friday;
7:00 a.m. – noon Saturday; 6:00 a.m. - 2:00 p.m.; 3:00 p.m. – 7:00 p.m. Sunday
Information:  Several Rochester locations available.  Membership required.  Call for cost.

Energize Fitness and Recreation
Northwest Plaza
3462 55th Street NW, Suite 400
Rochester, MN  55901
507-529-1977
EXERCISE OPTIONS – PAGE 2

Essex Park
925 41st Street NW
Rochester, MN 55901
507-288-6897
Information: Walking and biking trails are available.

Lady Northgate Fitness Center
1643 N Broadway
Rochester, MN 55901
507-282-7494
Information: Fitness for women. Call for cost.

National Karate Schools
3526 55th Street NW
Rochester, MN 55901
507-280-6546

Northgate Health Club
1112 7th Street NW
Rochester, MN 55901
507-282-4445
Hours: 5:00 a.m. – 11:00 p.m. Monday – Friday; 6:00 a.m. – 6:00 p.m. Saturday and Sunday
Information: Walking track available; 12 laps equivalent to 1 mile. Membership required.
Call for cost. www.northgatehc.com

Quarry Hill Nature Center
701 Silver Creek Road NE
Rochester, MN 55906
507-281-6114
Hours: Park closes at dusk.
Information: Over 5 miles of hiking trails. Maps available at center office until 5:00 p.m.

Recreation Center
21 Elton Hills Drive NW
Rochester, MN 55901
507-281-6167
Information: No indoor walking facility available; however, there are outdoor walking trails adjacent to the parking lot on the West Side.

Rochester Area Family Y
709 1st Avenue SW
Rochester, MN 55902
507-287-2260
Hours: 5:00 a.m. – 10:00 p.m. Monday – Friday; 7:30 a.m. – 8:00 p.m. Saturday and Sunday
Information: An indoor track available; 22 laps equivalent to 1 mile. Membership required.
Call for cost. www.rochfamy.org
EXERCISE OPTIONS – PAGE 3

Rochester Athletic Club
3100 19th Street NW
Rochester, MN 55901
507-282-6000
Hours: 5:00 a.m. – 10:30 p.m. Monday through Friday; 7:00 a.m. – 9:00 p.m. Saturday and Sunday
Information: Treadmills and walking track are available; 9 laps equivalent to 1 mile.
Membership required. Call for cost. www.rochesterathleticclub.com

Rochester Community and Technical College Regional Sports Center
851 30th Avenue SE
Rochester, MN 55904
507-289-0721
Hours: 6:00 a.m. – 8:00 a.m.; 5:00 p.m. – 10:00 p.m. Monday through Friday
Information: Free public use of indoor track in morning; Call for cost.

Rochester Park and Recreation Department
201 4th Street SE
Rochester, MN 55904
507-281-6160
Information: Biking/walking trail, maps available at City Hall.

Silver Lake Park
7th Street NE & 2nd Avenue NE
Rochester, MN 55906
Information: Paved trail around lake is 1.8 miles.

Soldiers Field Veterans Memorial Park
244 Soldiers Field Drive SW
Rochester, MN 55905
Information: Walking trail around the entire park and golf course is 2.5 miles.
Outdoor swimming pool.
Mayo Clinic Addiction Services
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FAMILY PROGRAMS

Mayo Clinic offers both short-term and long-term recovery programs for family members and friends who are impacted by someone who has chemical dependence. Both programs give participants the knowledge, strength and understanding they need in dealing with someone suffering from an addictive disorder.

Family members and patients can learn more about the family recovery programs by contacting the Intake Coordinator at 507-255-3636 or visiting the Web site at www.mayoclinic.org/chemical-dependency. Individual family sessions are available.

Alcohol and other chemical use problems can be devastating to relationships. If you know someone who suffers from chemical dependence, Mayo Clinic Addiction Services offers a program for family members and friends. You are encouraged to take this time for yourself.
INTENSIVE OUTPATIENT FAMILY PROGRAM

The Intensive Outpatient Family Program can help participants gain strength and knowledge about addictive disorders. This program is offered every other Monday of each month from 8:30 a.m. to 4:00 p.m. The Family Program will not be offered if the date falls on a holiday or holiday observation. There is a 60-minute lunch break on your own.

The Intensive Outpatient Family Program offers both experiential and didactic counseling modalities. The topics review the disease concept and the impact of chemical dependence on family members and other significant relationships. The program focuses on developing coping skills, problem-solving techniques, and instilling hope and confidence in your recovery journey.

Program Objectives:
- Gaining an understanding of chemical dependence as a family disease and the impact the on relationships
- Learning how to effectively communicate thoughts and feelings and define healthy boundaries as a family member
- Develop a plan for ongoing self-care and recovery

Participants may learn more about the program by contacting the Addiction Services Intake Coordinator at 507-255-3636; Addiction Services at 507-255-4151 or visiting the Web site at www.mayoclinic.org/chemical-dependency.

If you would like to register, please contact Addiction Services at 507-255-4151. In most situations, the Intensive Outpatient Family Program is appropriate for children ages 12 and older. Special accommodations will be made for children under the age of 12.

- Individual family sessions can be scheduled by advance arrangements with the treatment team.

SCHEDULE

<table>
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<th>Time</th>
<th>Activity</th>
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<tr>
<td>8:30 – 9:00</td>
<td>Coffee; Welcome</td>
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<td>9:00 – 9:15</td>
<td>Overview of program / Question / Answers</td>
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<td>9:15 – 10:15</td>
<td>Understanding the Disease Concept Discussion</td>
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<tr>
<td>10:15 – 10:30</td>
<td>Break</td>
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<tr>
<td>10:30 – 11:15</td>
<td>Family Disease / Enabling / Self-care Discussion</td>
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<td>11:45 – 1:00</td>
<td>Lunch Break</td>
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<td>1:00 – 2:00</td>
<td>Effective Communication Discussion</td>
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<td>2:00 – 2:15</td>
<td>Break</td>
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<tr>
<td>2:15 – 4:00</td>
<td>Review / Group Discussion / Questions / Medallion Presentation</td>
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Description/Criteria: The Family Recovery Program is a mixed-gender group of individuals who are interested in learning to cope within a family environment with mental illness or chemical dependence. This is an educational and process oriented closed group that meets for 60 minute sessions for eight consecutive weeks. Any individual who is personally connected to someone who has mental illness or chemical dependence issues and wants to work on their own personal recovery, mental health, and coping skills is invited to join this group. The program will cover family structure dynamics, enabling behaviors, enmeshment, setting healthy boundaries, and establishing a personal support system.

Exclusion Criteria: Individuals with an active addiction.
Facilitator: Marcia Jager, LICSW
Time/Location: Monday from 1:00 p.m. – 2:00 p.m. in Generose MW, room M-371
Duration: 8 weeks
Referrals: Individuals who are interested in this program may schedule a Significant Other Chemical Use Evaluation by contacting the Outpatient Appointment Office at 507-266-5100.

The Outpatient Family Recovery Program offers a mixed-gender group for those who are interested in learning how to cope with a family member’s addiction. This is an educational and process oriented group that meets for 60 minutes for six to eight consecutive weeks. The program offers support for any person who is personally connected to someone who has alcohol and drug related issues and wants to work on his or her own personal recovery.
Admission
After completing your chemical use evaluation, the treatment team will determine if it is appropriate to admit you to the Intensive Addiction Program. If you require detoxification and withdrawal management, you will be referred to Saint Marys Campus for admission. You will be given a tour of the unit and be oriented to program materials. Staff orient patients and visitors to patient expectations, assist you in becoming familiar with the unit and answer your questions. This orientation will be provided in a manner that does not interfere with patient rights or responsibilities, as outlined in Minnesota Patients’ Bill of Rights (MC3570-01rev0707) and Patients’ Rights (MC3570-33). The rights of the other patients must also be considered.

Buddy System
During the early recovery phase of treatment while patients are experiencing the first few days of abstinence, they can be at a high risk for relapse. In addressing this safety concern, and as an extension of our fellowship, patients will be restricted from leaving the unit alone for at least one week following admission. This privilege to leave the unit will vary, as it is contingent upon both relapse risk and safety concerns, which are assessed individually by the treatment team. During the first week or so, patients may only leave the unit with another patient who is identified as a “buddy.” Once the treatment team has determined a patient is safe to leave the unit alone, they will become a “buddy” and are then able to accompany newer patients admitted to the program. Patients are encouraged to think of how the privilege of leaving the unit helps with their individual recovery goals. Any exceptions to the “buddy” system must be pre-approved by the treatment team.

Communication Services
Unless clinically necessary, copy and facsimile services are not provided on the unit. The Patient and Visitor Library in the Francis Building, tower section, seventh floor, has a copy machine where you can make copies for a nominal fee. Fax service is available Monday through Friday 8 a.m. to 4 p.m. in the mailroom in the Domitilla Building, main floor, room M-105A. Otherwise, these services are accessible in the community. Patients are provided with a mailbox in order to send and/or receive parcels. Stamps are available in the mailroom or Sisters Crossing Gift Shop.

Community Meeting
Each Thursday at 8:15 a.m., the Intensive Addiction Program patients and unit staff meet for a community-based group. The objective is to review the program policies and procedures to foster a positive group experience for all patients. To assure that a positive milieu is being maintained, patients are given the opportunity to express their concerns.

Confidentiality
Patients shall be assured confidential treatment of their personal and medical records, and may approve or refuse their release to any individual outside the facility. However, all patients are encouraged to provide contact information for emergency purposes and to sign Authorization for Mayo Clinic to Disclose Information (MC0072-34) for individuals involved
Confidentiality (cont)
in their care. Patients requesting revocation or restriction of an Authorization to Exchange
Protected Health Information should contact Record Copy and Review at 507-284-1791 and
submit a written request. For group members to get to know each other, they must be genuine
and open to risk. Patient confidentiality is necessary for effective treatment — “what is said
in the group, stays in the group.” Additionally, the use of cameras (including cell phones with
camera capabilities) on the unit for any reason is not allowed. If a patient agrees to being
videotaped or photographed, written permission must be given by the patient.

After discharge from the Intensive Addiction Program, former patients are not allowed back
on the unit. This policy is to protect the confidentiality of other patients, unless a former
patient is visiting a specific patient. After dismissal, patients are encouraged to schedule
individual appointments if they must discuss issues with a staff member.

Contraband
We support your goal to be free from alcohol and other drugs. Contraband and weapons are
not to be brought onto Mayo Clinic property. Items that are prohibited on the unit, but not
limited to, include products or beverages containing alcohol, mood altering substances,
preservation or over the counter medications, weapons, pornography, videos with a “R” rating,
and video games with a M (Mature) or AO (Adults Only) rating.

Random urine Drug Abuse Surveys and alcohol breath tests will be administered as
indicated. If the test is positive for alcohol and/or drugs, the patient will be referred to the Saint
Marys Campus Emergency Department. A patient who refuses to go to the Emergency
Department will be asked to find alternative housing for the night and will not be allowed to
return to the unit until the treatment team can schedule a meeting with the patient. Physician
and staff collaboration will occur to determine action to be taken (e.g., contact Security, maintain
close observation, transfer from program). Security will be contacted if the patient has an alcohol
level of .08 or above, or showing signs they are unable to take care of themselves.

Curfew
If patients choose to leave the unit during personal time, they must sign out upon departure
and sign in when they return. The building doors are locked between 9 p.m. and 6:30 a.m.;
therefore, patients cannot leave the unit between these times. An exception will be made if the
patient makes prior arrangements to attend support meetings (AA, NA, Celebrate Recovery)
in the community. Anyone returning after 9 p.m., or leaving the unit between 9 p.m. and 6:30
a.m., without prior arrangements must obtain alternative housing for the night and will not be
allowed to return to the unit until the treatment team can schedule a meeting with the patient.
Physician and staff collaboration will occur to determine action to be taken (e.g., contact
Security, maintain close observation, transfer from program).

Daily Schedule
Participation in all scheduled activities is essential for your recovery. Patients are expected
to actively participate in all program sessions, as well as being prompt and considerate of other
patients.

Dress
Casual dress is suggested. Appropriate attire is required while on the unit, including shoes
and shirts when in public areas. Hats and sunglasses are not allowed while patients are
participating in scheduled programming.
Electronic Devices
While telephone and computer Internet access is available, use of these devices is strongly
discouraged during scheduled programming. Each patient room is equipped with a telephone
and AM/FM/CD alarm clock. Patients are not charged for local calls. Long distance calls may
be charged to your home telephone number, credit card, calling card, or you may call collect.
A computer with Internet connection is also accessible on the unit at no additional charge.
Patients are not allowed access to Web sites that violate mutual respect policy. Patients are
allowed to use their own personal electronic equipment at staff discretion. To encourage
mutual respect, videos with a “R” or games with a M (Mature) or AO (Adults Only) rating will
not generally be allowed. However, at staff discretion, videos with therapeutic value may be
considered.

Grievances
If you or your family have a question or concern or feel your rights as a patient were
not upheld, please contact us immediately. Your well-being is our first concern. Normally,
most grievances or complaints can and should be handled quickly and efficiently by contacting
the staff on the unit. If you are unable to obtain satisfaction in this manner, either you or your
representative may contact the hospital patient relations coordinator in the Office of Patient
Experience at 507-284-4988.

Leisure Time
Although an exercise facility is not available on the unit, patients are encouraged to
incorporate a balanced level of physical activity into their recovery program. A list of local
health clubs and walking areas is available on the unit.

Laundry
A laundry room is available on the unit daily from 6 a.m. until 10 p.m. A washer, dryer,
and clothes iron are provided at no additional charge; however, laundry detergent, fabric
softener, and bleach are not provided. The housekeeper can provide additional linen,
toiletries, or cleaning supplies as needed.

Meals
Patient breakfast, lunch, and dinner meals are provided on the unit. You may select your
meals from the menu provided. Visitors can be directed to outside eating establishments in
the vicinity or to the Visitor Cafeteria on Saint Marys Campus, from 7 a.m. to 7 p.m. Vending
areas are available in the Generose Building, main floor.

The patient kitchenette is equipped with a refrigerator, microwave, freezer, ice and water
machine, coffee maker, dishwasher, and cupboard space. Patient food is stored under
proper conditions of temperature and sanitation. Any food left in the common area must be
individually wrapped. Food placed in the refrigerator for a patient must be labeled and dated
by the patient. Patients are responsible for keeping the kitchenette area clean and disposing of
unused food.
Medical Appointments
Participation in all scheduled activities is essential for your recovery. Patients are expected to actively participate in all program sessions, as well as being prompt and considerate of other patients. Attending medical appointments during participation in the Intensive Addiction Program can disrupt your continuity of care. Therefore, it is strongly suggested that medical appointments be arranged before beginning or after completion of the Intensive Addiction Program. However, if needed, the treatment team can assist patients with scheduling medical appointments at Mayo Clinic. The patient shuttle is free and runs continuously Monday through Friday from 6:45 a.m. to 5:30 p.m. on days the clinic is open. If medical concerns arise during evening or weekend hours, patients are referred to the Saint Marys Campus Emergency Department.

Medications
Patients who take prescribed or over-the-counter medications must bring their medications in appropriately labeled containers.

To comply with licensing regulations, patients will self-administer medication under the observation of a trained staff person. Medications will be secured in the medication room on the unit. A refrigerator is available for medications that require refrigeration.

Pharmacy Services is located on Saint Marys Campus, Mary Brigh Building, main floor from 7 a.m. to 11 p.m., seven days per week. The pharmacy can be contacted at 507-255-5731. Patients are asked to confer with the medical staff for recommendations regarding the use of over-the-counter medications and supplements and notify staff of any medication use. Patients are not allowed to share over-the-counter medications, nor provide medical advice to fellow patients.

Mutual Respect
Mutual respect, consideration, and courtesy are traditional at Mayo Clinic and are expected of patients. Every patient has the right to pursue treatment free from harassment, coercion, or disruptive conduct from others. Disrespectful behavior of any kind, sexual or any other form, ranging from inappropriate humor and subtle hints to overt acts, threats, or physical contacts, is not tolerated. Fraternizing, or forming close personal or romantic relationships, may negatively affect other group members and is contrary to the goals of treatment. Patients are not allowed in other patients rooms, unless an exception is approved at staff discretion. Physician and staff collaboration will occur to assess the severity and degree of the inappropriate behavior and determine action to be taken (e.g., contact Security, maintain close observation, transfer from program).

Parking
Patients and visitors receive top priority for the most convenient parking. A patient/visitor parking area is available for those who have a vehicle. The cost to park in the patient/visitor parking area is $2.00 for the first hour and $1.00 per additional hour. The daily maximum charge is $12.00. Multiple day parking passes are also available for purchase. A 5-day parking pass is $25.00; a 10-day parking pass is $40.00; and a 25-day parking pass is $75.00. Parking passes do not expire and are valid in all Mayo patient parking ramps.
Personal Time
While engaging in this program, patients are provided essential education and treatment components while allowing them to apply their newly acquired skills within “real-world” environments. If patients choose to leave the unit during personal time, they must sign out upon departure and sign in when they return. The building doors are locked between 9 p.m. and 6:30 a.m. Activities related to recovery are offered each evening. Patients are reminded that their sobriety is potentially at risk if they choose to leave the unit.

Room Assignment
You will have a private room when you are admitted to the Intensive Addiction Program. Features of the room vary (bathtubs, stand-up showers, wheelchair accessibility), but all rooms have a twin bed, closet, desk, recliner, bathroom, alarm clock, and telephone. Your room is furnished with bedding and linen; however you are welcome to bring additional personal accessories. You will be responsible for the neatness of your room. Patients are not allowed in other patients rooms, unless an exception is approved at staff discretion.

Room Search
To maintain ongoing safety on the unit, Mayo Clinic reserves the right to search patient rooms and the personal belongings of patients and visitors. In the presence of the patient, personal belongings will be searched upon admission to the Intensive Addiction Program and during the course of participation in the program. Staff may determine that certain items are potentially harmful and remove from patient possession. Items that are prohibited on the unit, but not limited to, include products or beverages containing alcohol, mood altering substances, prescription or over the counter medications, weapons, pornography, videos with a “R” rating, and video games with a M (Mature) or AO (Adults Only) rating.” Personal belongings of visitors may be subject to a search. Visitors may choose to leave the unit rather than be subject to a search.

Safekeeping
The unit cannot be responsible for the loss of articles kept in your room. Patients are reminded not to leave their valuables in open view when away from their room for any length of time. Hospital safekeeping is available for patients, located at the Business Services desk on Saint Marys Campus, Mary Brigh Building, main floor. Withdrawals may be made at the Business Services desk Monday through Friday from 5:30 a.m. to 5 p.m. There is a closet with a lock in each patient room.

Safety
Every patient, visitor, and staff is entitled to an environment where hazards are identified, evaluated, and controlled, to the extent possible, to minimize harm or damage to people, property, or the environment outside of the facility. Staff will promote and maintain an environment, which protects, to the extent possible, patients, visitors, and staff from unsafe practices and unsafe conditions. Patients are not allowed in other patients rooms, unless an exception is approved at staff discretion.
Security
We will work with you to create an environment safe from threat of harm. The Section of Security protects and serves patients, visitors, staff, and Mayo Clinic property by promoting a safe and secure environment. Threatening behavior will be managed to protect patients, visitors, and staff. Threatening behavior is any threat, behavior, or verbalization that could be potentially life threatening, or that indicates a person wants to harm self or others. Physician and staff collaboration will assess the severity and degree of the threatening behavior and determine action to be taken (e.g., contact Security, maintain close observation, transfer from program).

Tobacco Products
The use of all tobacco products (cigarettes, cigars, chewing tobacco, e-cigarettes, snuff, pipes, etc.) is prohibited in or on all Mayo-owned or Mayo-leased buildings, subway areas, grounds, parking lots, ramps, plazas, and vehicles. No exceptions to this policy will be granted. Patients and visitors are notified of this policy prior to arrival whenever possible. In addition, “no smoking” signs are strategically located throughout the Mayo campus. All staff are authorized and encouraged to communicate this policy with courtesy and diplomacy to patients and visitors.

Visiting Hours
Visitors are welcome when patients are not in session or at staff discretion. Visitors are required to sign in when they are present on the unit. Patients are reminded that visiting is not allowed in patient rooms. To respect the privacy of other patients, visiting is not allowed in the dining area and must take place in other areas of the unit or in the atrium. Patients are not allowed in other patients rooms, unless an exception is approved at staff discretion. If patients choose to leave the unit during visiting hours, they must sign out upon departure and sign in when they return. Visiting is not allowed after 9:00 p.m.

<table>
<thead>
<tr>
<th>Monday through Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>6:30 a.m. - 8:15 a.m.</td>
<td>6:30 a.m. - 8:45 a.m.</td>
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<tr>
<td>11:45 a.m. - 1:00 p.m.</td>
<td>11:45 a.m. - 1:00 p.m.</td>
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<tr>
<td>4:30 p.m. - 6:30 p.m.</td>
<td>4:30 p.m. - 9:00 p.m.</td>
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<tr>
<td>7:30 p.m. - 9:00 p.m.</td>
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Worship Services
Programs and meditations from Chaplain Services are televised daily. For a complete listing, refer to the TV menu on channel 11. The following services are available to patients and visitors at Saint Marys Campus: Catholic, interdenominational, and other faith traditions. If you have other needs, arrangements can be made to attend services in the community.
Mayo Clinic Addiction Services
Intensive Addiction Program

MISCELLANEOUS PROCEDURES

MENU SELECTION PROCESS

- The Diet Office will place your menu for the next day outside of each patient room.
- You will be provided with one menu per day.
- Select your menu choices and return the completed menu to the Generose 1 East Desk in the “menu box.”
- Menu choices must be completed and turned in before 1 p.m.
- Meal trays will be delivered to the dining area around 7:45 a.m., 12:15 p.m., and 5:30 p.m.
- When you are done eating, return your tray to the meal cart.

LAUNDRY ROOM PROCESS

 Laundry Room Hours

Monday thru Saturday
6:00 a.m. – 8:15 a.m.
11:45 a.m. – 1:00 p.m.
4:30 p.m. – 10:00 p.m.

Sunday
6:00 a.m. – 12:30 p.m.
3:30 p.m. – 10:00 p.m.

Washing Machine Instructions

- Start water.
- Add correct amount of laundry detergent and fabric softener to water.
- DO NOT put laundry detergent in the corner bleach dispenser.
- Before washing machine is completely filled with water, place sorted laundry into washer tub. Do not overload washer.
- Select cycle, wash time, and water temperature based on fabric type, amount of soil, and size of load.
- To stop spin, raise washer lid; close lid to resume wash.
- Clean out the washing machine after each use with spray and cloths provided.
- If you have questions, please ask staff.

Dryer Instructions

- Place clothes in dryer.
- Select temperature, press care, and dry time; start dryer.
- Clean lint filter after each cycle.
- If you have questions, please ask staff.
The Disease of Addiction
Medications to Help Your Recovery

As you think about taking medication to help with your recovery, keep in mind:

• It may seem odd that treatment for addiction would include medication. But medication can be a valuable part of your treatment program.
• When medication is part of an addiction treatment plan, it may help lower cravings and make it easier to stay sober. Medication may also lower your risk of relapse.
• Medication alone will not cure addiction. It must be part of your active addiction treatment plan. That plan includes other therapies, such as counseling and support groups.

Medication can be important in treating alcohol addiction. But medication is only one part of your treatment plan. Follow all of your health care provider’s instructions. See your therapist or counselor and attend support group meetings regularly.

The chart on the back page lists medications currently approved by the Food and Drug Administration (FDA) to treat alcohol addiction. Use this information when you talk with your health care provider about taking medication as part of your treatment plan.

Medications have side effects and risks. Ask your health care provider for a detailed list of the risks and side effects for the medication you are prescribed.
Mayo Clinic Addiction Services  
Intensive Addiction Program

<table>
<thead>
<tr>
<th>Medication</th>
<th>What you need to know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acamprosate (Campra™)</td>
<td>• Acamprosate may help you to keep from drinking alcohol.</td>
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<tr>
<td></td>
<td>• How acamprosate works isn’t completely clear. Researchers think this medication helps balance alcohol-related brain activity. This lessens symptoms of cravings and tension that could make you want to start drinking again.</td>
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<tr>
<td></td>
<td>• Acamprosate may help you stay sober longer.</td>
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<tr>
<td></td>
<td>• Acamprosate does not work for everyone with alcohol addiction.</td>
</tr>
<tr>
<td>Naltrexone (Revia™, Vivitrol™)</td>
<td>• Naltrexone can help lessen alcohol cravings in some people.</td>
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<tr>
<td></td>
<td>• By blocking cravings, naltrexone may help keep you from drinking.</td>
</tr>
<tr>
<td></td>
<td>• By blocking the pleasure from alcohol, naltrexone also may reduce the amount of heavy drinking in those who do drink alcohol.</td>
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<tr>
<td></td>
<td>• There is a genetic test that can help predict if naltrexone will help you.</td>
</tr>
<tr>
<td></td>
<td>• An injectable form of naltrexone called Vivitrol™ is available.</td>
</tr>
<tr>
<td>Disulfiram (Antabuse™)</td>
<td>• Disulfiram is a medication that can help motivate you not to drink.</td>
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<td></td>
<td>• Disulfiram causes a physical reaction if you drink alcohol when you are taking it.</td>
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<td></td>
<td>• If you drink any alcohol while taking disulfiram, you may become sick with nausea, vomiting, sweating, dizziness, mild difficulty breathing and headache. (If you don’t drink alcohol, you won’t have these side effects.)</td>
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</table>

Other medications also show promise in treating alcohol addiction. In addition, medications are available to treat other addictions, like nicotine dependence. Talk to your health care provider to find out if an

Source: MC5731
Mayo Clinic Addiction Services
Intensive Addiction Program

PATIENT COMPLIMENTS/COMPLAINTS/GRIEVANCES

Content Applies To
Rochester

Scope
Mayo Clinic’s campus in Rochester

Purpose
To define a process for handling, monitoring and addressing patient compliments, complaints and grievances.

Key Terms
Compliment: An expression of satisfaction.
Complaint: An expression of dissatisfaction, generally solved at the local level, and relating to some aspect of care.
Grievance: A formal, written, or verbal complaint about health care services submitted by a patient, patient representative, or Mayo employee, on behalf of the patient and brought to the attention Office of Patient Experience (OPE).

Policy Statements
1. Mayo Clinic Rochester staff consistently seeks to provide high quality care and excellent service. However, occasionally a patient is not satisfied with the care received while at Mayo.
2. Mayo believes that all patients have a right to express concerns regarding their care.
3. When staff present cannot resolve a patient issue, the patient or family should be referred to the Office of Patient Experience (OPE). Patients may contact the OPE in person or by calling or writing.
4. Patients may also choose to fill out a comment card. Comment cards are available in information racks, information desks throughout the Mayo Clinic and in hospital rooms.
5. Monitoring compliments, complaints and grievances is an ongoing responsibility delegated to the OPE by the Personnel Committee of the Board of Governors.

Procedure Statements
Hospital and Hospital-Based Outpatient Areas
All compliments, complaints and grievances coming through the OPE are documented in the Complaint and Recovery Excellence (C.A.R.E.) electronic database. Access to C.A.R.E. is restricted and information obtained in or generated from the database is confidential.

Compliments
1. Compliments for services or care received are documented in OPE and shared with the staff members involved.
2. Compliments about services should be shared at the unit or department level by the person directly responsible for serving the patient, if at all possible, or by the supervisor of the area.
Complaints/Grievances
1. Patients are notified of the existence of this complaint and grievance procedure through the Patient & Visitor Handbook (MCH-RMC MC3570, MCH-SMC MC3103) located in patient rooms. The Patient Bill of Rights (MC3570-01) is also available to inpatients and hospital outpatients upon admission.
2. To facilitate patient notification, reasonable accommodations should be made to individuals who need assistive devices (e.g., magnifying glass, Braille, sign language) or who have a communications challenge, such as deafness, low vision, blindness, or lack of proficiency in English. See Communication Assistance - PC.6.
3. Patient complaints about dissatisfaction with care will be addressed, in a timely manner, at the unit or departmental level. Generally discussion would include the staff directly involved in the patient’s care or the nurse manager of the area. If the nurse manager is unavailable to assist in resolving the complaint, the nurse administrator or nursing supervisor should be contacted.
4. If the complaint cannot be resolved at the unit or departmental level, either the patient and/or family or the involved Mayo staff should contact the OPE. The office is open Monday through Friday from 8:00 a.m. until 5:00 p.m., or call 4-4988. At other times the involved Mayo staff may contact, if indicated, the administrator on-call.

Patient Relations Coordinators work with staff and administrators in a neutral capacity to help facilitate a reasonable solution.

If the patient files a grievance regarding care or Durable Medical Equipment with the OPE, the OPE will make reasonable efforts to provide a written response in seven days for most grievances. If the response time will be longer than seven days, the OPE will notify the patient in writing about the anticipated time-frame for a response (30 days). The response should contain the hospital contact person, the steps taken on behalf of the patient to evaluate the grievance, the results of the evaluation and the date of completion.

Additional Information
- Comment and C.A.R.E. data is analyzed by the OPE on an ongoing basis. Confidential reports are provided to department administrators, department chairs, and nurse administrators for quality improvement purposes. Individual, departmental, and institutional trends are identified for appropriate follow up. When appropriate, trends will be referred to other internal quality or safety review groups. This is a responsibility delegated to the OPE by the Personnel Committee of the Board of Governors.
- On a quarterly basis, comment data is reviewed in the OPE quarterly meeting, which includes OPE staff, Personnel Committee chair/physician and legal representatives
- The patient may, at any time, contact the Minnesota Department of Health, Office of Health Facility Complaints.
- A Medicare beneficiary admitted as an inpatient at any campus of Mayo Clinic Hospital — Rochester may, at any time, request a review of their complaint (grievance) by the appropriate Utilization and Quality Control Peer Review Organization. Patients are notified of this right through the brochure, An Important Message from Medicare About Your Rights (MC3022).
PATIENT COMPLIMENTS/COMPLAINTS/GRIEVANCES
PAGE 3

Related Documents
- Maltreatment of Vulnerable Adults - PA.2b
- Patient Bill of Rights - PR.4
- Sentinel Event Reporting - PC.17

References
- Office of Patient Experience/Patient Relations Coordinators
- Legal Department
- Personnel Committee of the Board of Governors

Contact
- Supervisor, Office of Patient Experience

Approved By
- Hospital Practice Committee
- Clinical Practice Committee
- Legal Department – 10/17/2005

Content Information
- Release Date: 02/10/2011

Contacts
- Minnesota Department of Human Services Licensing Division
  PO Box 64242
  Saint Paul, MN 55164-0242
  Phone: 651-296-3971

- MDH-Health Occupations Program Investigations & Enforcement
  PO Box 64882
  St. Paul, MN 55164-0882

- Office of the Ombudsman for Mental Health and Developmental Disabilities
  121 7th Place East, Suite 420
  Metro Square Building
  Saint Paul, MN 55101
  Phone: 651-296-3848 or 1-800-657-3506

- Board of Behavioral Health and Therapy
  2829 University Ave SE, Suite 210
  Minneapolis, MN 55414
  Phone: 612-617-2178
Mayo Clinic Addiction Services
Intensive Addiction Program

MALTREATMENT OF VULNERABLE ADULTS

Content Applies To
Rochester

Scope
MCR

Purpose
To provide guidance on handling suspected and confirmed cases of Vulnerable Adult Maltreatment in accordance with Minnesota law.

Key Terms
Common Entry Point: The public agency designated to receive vulnerable adult reports. If the patient lives in Minnesota, the Common Entry Point is in the Minnesota county in which the patient resides (generally this is the county social service or law enforcement agency). If the patient lives outside of Minnesota, contact the Adult Advocacy Coordinator or Mayo Legal for assistance with reporting issues.

Maltreatment as defined by statute includes:

Abuse:
- Criminal assault including sexual assault
- Conduct, not an accident or therapeutic conduct, which produces or could reasonably be expected to produce physical pain or injury or emotional distress
- Sexual contact between a staff member and vulnerable adult

Neglect:
- The failure or omission by a caregiver to supply a vulnerable adult with reasonable and necessary food, clothing, shelter, health care or supervision.
- An error in the provision of therapeutic conduct that results in injury or harm in which
- Care is not sought and provided in a timely fashion as dictated by the condition of the vulnerable adult;
- The health status of the vulnerable adult, as determined by the attending physician, is not restored to the vulnerable adult’s pre-existing condition;
- The error is part of a pattern of errors by the individual;
- The error is not immediately reported and recorded internally;
- The facility does not identify and take corrective action or implement measures designed to reduce the risk of further occurrence of the error, and;
- The error is not sufficiently documented for review and evaluation by the facility and state agencies.

Financial exploitation:
- Unauthorized use of a vulnerable adult’s funds
- Failure to use funds to care for a vulnerable adult

Mandated Reporter: A professional or professional’s delegate engaged in the care of vulnerable adults or a person providing services in a hospital or licensed facility.
Vulnerable Adults:
- Residents or inpatients of a state licensed facility;
- Individuals who receive services from or at a facility licensed to serve adults;
- Individuals who receive services from a licensed home care provider; or
- Individuals who possess a physical or mental infirmity or physical, mental or emotional
dysfunction that impairs their ability to provide adequately for their own care (food,
shelter, clothing, healthcare or supervision) without assistance and because of their
dysfunction or infirmity and the need for care or services for their health, safety, wel-
fare or maintenance, have an impaired ability to protect themselves from maltreatment
(Minnesota law, Sec. 626.5572).

Policy Statements
Any vulnerable adult who, in the judgment of a Mayo health care provider, appears to be
neglected or abused, presents with an observable injury that is inconsistent with the history
given, or presents with physical or behavioral indicators for abuse is to be screened for abuse.
Indicators for maltreatment include the following:
- Poor hygiene, pressure ulcers, inappropriate or dirty clothing, insufficient medical care,
lack of supervision, malnutrition, and dehydration.
- Patterned bruising, cuts, burns, deformities, and abnormal scars.
- Behavior such as poor eye contact, withdrawn body language, deference to others in
  attendance, and fear of caretaker.

A mandated reporter who has reason to believe that a vulnerable adult is being or has been mal-
treated by a caregiver external to Mayo should report immediately to the common entry point.
An internal reporting process has been established to assist employees in determining whether a
mandatory report may be required for internal vulnerable adult events. Reporting internally sat-
isfies the mandatory reporting requirement for an individual employee. However, an employee
may make a report directly to the common entry point and in those circumstances, Mayo is pro-
hibited by law from retaliating against an employee who, in good faith, reports an incident to the
common entry point.

The following situations should be reported internally by calling the event reporting pager (127-
8900), but may not require mandatory reporting to external agencies:
- Accidents, defined as sudden, unforeseen, and unexpected occurrences or events that
  are not likely to occur and could not have been prevented by due care and, if occurring
  while the vulnerable adult is receiving services from a facility, happen when the facility
  is in compliance with laws and rules.
- A suspected error in the provision of therapeutic conduct.

The following circumstances are not reportable as maltreatment:
- A refusal to consent to medical therapy, including artificial nutrition and hydration, or
  withdrawing consent for such care, is not – in itself – neglect or abuse of a vulnerable
  adult, if the refusal or withdrawal is within the boundary of medical practice and per-
  mitted by law.
- Verbal or physical aggression between patients or self-abusive behavior unless it consti-
  tutes serious harm.

If a report is mandated, medical records may be disclosed to the extent necessary to comply with
the law. However, if the report concerns a patient receiving treatment for chemical dependency,
medical information is protected from disclosure by federal regulation, and patient consent to
make a report is needed.
The Mayo vulnerable adult assessment team will provide oversight for the process of reporting maltreatment of vulnerable adults and will review reports made by Mayo to the common entry point on a regular basis.

**Procedure Statements**
If a person has reason to believe that maltreatment of a vulnerable adult involving a caregiver external to Mayo has occurred, the team caring for the patient (physician, nurse, and social worker) should collect information and make a report directly to the common entry point within 24 hours. Information collected may include, but is not limited to, interviewing the caretaker and asking for an explanation of the patient’s injury, contacting the patient’s physician or others involved in the events, and reviewing existing documentation. A Mayo social worker is available 24 hours per day, 7 days per week to assist with reporting. Call 4-2131 Monday through Friday or the Mayo Clinic operator after hours and on weekends and holidays.

If a person has reason to believe that maltreatment of a vulnerable adult (inpatient) involving a Mayo employee as the caregiver has occurred, the person should report the circumstances to the event reporting pager (127-89000). Home Care program staff should submit the report using Remote Data Entry. The information is forwarded to the vulnerable adult assessment team and/or security to assist in collection of relevant information.

If maltreatment of a vulnerable adult has been determined, a report will be made to the common entry point.

A confidential written notice of whether the event was reported to the common entry point will be given to the person who reported internally.

If visible injuries exist, or obvious signs of neglect exist (for example, pressure ulcers or malnutrition) contact Mayo Photography for photographic documentation and complete a Photography Request form (MC0040).

For questions regarding the need to report, contact Medical Social Services at 4-2131 Monday through Friday or the Mayo Clinic operator after hours and on weekends and holidays.

**Related Documents**
- Child Abuse/Maltreatment Reporting - PA.2a
- Domestic Violence - PA.4
- Event Reporting: Patient, Visitor and Volunteer - OF.1b
- Photography and Videotaping (Non-radiological images) - PR.51

**References**
- Medical Social Services
- Legal Department
- Minnesota Statute Chapter 626.557 Reporting of Maltreatment of Vulnerable Adults

**Contact**
Adult Advocacy Coordinator

**Approved by**
- Clinical Practice Committee
- Hospital Practice Committee
- Legal Department – 09/01/2009
- Violence and Abuse Awareness and Education Committee – 10/19/2009
- Vulnerable Adult Assessment Team – 10/14/2009

**Content Information** Release Date: 02/10/2011
# Mayo Clinic Addiction Services
## Intensive Addiction Program
### COMMON ENTRY POINT

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<td>YELLOW MEDICINE</td>
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<td>(320) 564-2211</td>
<td>(320) 564-2130</td>
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# VULNERABLE ADULT EVALUATION

Patient Name: ___________________________  Date: ______________________

**Instructions:** Briefly, please review and describe any significant problems the Mayo Clinic Addiction Services patient has experienced in the following areas. (Approximately? When? Where? Who? What Happened?)

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Mayo Clinic Addiction Services  
Intensive Addiction Program  

PREVENTION OF SEXUALLY TRANSMITTED DISEASES

Introduction
A sexually transmitted disease (STD) is a disease that is passed from one person to another during vaginal, anal or oral sex between a man and a woman, between two men or between two women. STDs are not spread by casual contact, such as handshaking or sitting on a toilet seat. STDs include chlamydia, gonorrhea, syphilis, genital herpes and human immunodeficiency virus (HIV).

STDs can have serious effects on health, yet people often fear or are embarrassed about being tested for the disease. Testing and treatment are important to stop the spread of STDs.

You can help stop STDs from spreading and protect yourself, your family members and your friends. Read this information and share it with others. If you think you may have an STD, get tested and treated. Testing is important — anyone can get an STD. Many people believe that they can only get an STD through engaging in high-risk behaviors such as having sexual contact with a prostitute or using illegal drugs. However, any time you have sexual contact and do not know your partner’s sexual history, you may be at risk to get an STD. If you have questions after reading this information, please talk with a health care provider.

How Can You Protect Yourself From Getting STDs?
Here are some ways you can protect yourself and help prevent the spread of STDs:

• **Do not have sexual contact.** This is the only sure way not to get an STD. You never need to feel pressured to have sexual contact.

• **Limit the number of your sexual partners.** Besides not having sexual contact, the best way to prevent STDs is by having sexual contact with only one other person who does not have an STD.

• **Talk about risks of STDs with your sexual partners.** It may be hard to talk about this subject, but it could help you stay healthy.

• **Avoid unsafe sexual contact.** Do not have sexual contact with people who have STDs, who have many sexual partners or who are intravenous drug users.

• **Use a condom.** Condoms do not always prevent the chance of getting an STD. However, using a new latex or polyurethane condom correctly with each sexual contact reduces your risk of getting an STD. Condom use is very important if you do not know whether your sexual partner might be infected with an STD. Petroleum jelly should not be used with condoms because it may cause them to break.

• **Have regular physical examinations.** Ask a health care provider to check for STDs.

• **Use birth control cream, foam or gel.** These may help kill some STD germs, but not all. They are not as effective as using a condom, but most types can be combined with a condom for added protection.

• **Do not share or reuse needles.** Needles used to inject drugs should be sterile.

• **Do not share razor blades or toothbrushes.** These can carry traces of STD-infected blood. Some STDs can be passed to another person by sharing these items.
How do you know if you have an STD?
You can have an STD without having any symptoms. You may have symptoms of an STD such as these:
  • Painful urination
  • A yellow or green discharge from the vagina, urethra, penis or anus
  • Pain, itching or tingling sensation in the pelvic area
  • Painful blisters that form scabs in the genital area
  • Painful sexual intercourse
  • Dry, sore throat and painful swallowing
  • Painless sores or blisters in the genital area
  • Rash over any area of the body (especially on the palms of the hands or soles of the feet) that does not itch and may look like measles
  • Thin white sores on the inside of the mouth, throat, genitals or rectum
  • Soreness and aching in the bones or joints
  • Fever or chills

What should you do if you think you may have an STD?
Most STDs do not go away without treatment. If you have any symptoms of an STD or think you may have been exposed to an STD (even if no symptoms are present), you should see a health-care provider for testing and treatment. Testing is available at private and public clinics. Names and locations of local resources are listed in the back of this pamphlet. Do not let fear or embarrassment stop you from asking to be tested.

Health care providers and interpreters have a responsibility to keep information about STD testing private. Health care providers can give you information about the importance of testing and what may happen if your test results are positive.

How are STDs treated?
Most STDs can be treated with medication. You should avoid sexual contact during treatment for STDs and until a health care provider confirms that sexual contact is again safe.
Why is it important to be tested and treated for STDs?
Testing for and treatment of STDs are important for many reasons:
• Being tested and treated for STDs helps you stay healthy and able to care for your family.
• It takes courage to be tested and treated for an STD, but this is the right thing to do for yourself, your family and the community.
• It is important to set good examples for young people, your family and community members.
• It is easier to treat some STDs at an early stage. If not treated, STDs will affect your future health and can become life-threatening. Some STDs may seem to go away, but may continue to affect other parts of the body such as the urinary tract, genitals, rectum, mouth, throat, nervous system and brain, joints and blood vessels.
• Some STDs can cause infertility. If this occurs, you would not be able to have children.
• Even if you have been treated for an STD in the past, you can get an STD again.
• If not treated, you may infect others with an STD. Even if you have no symptoms, you are still able to transmit the infection to others. Testing and treatment can help prevent sexual partners, family members and friends from getting sick.

Where is STD testing done?
If you think you may have an STD, you should see a health care provider right away. The following clinics and agencies in Rochester can provide information, testing and treatment for STDs:
• A primary health care provider at Mayo Clinic, 201 First Street S.W., 507-284-2511
• A primary health care provider at Olmsted Medical Center, 210 Ninth Street S.E., 507-288-3443
• Olmsted County Public Health Services, 2100 Campus Drive S.E., 507-285-8370
• Planned Parenthood, 1202 1/2 Seventh Street N.W., 507-288-5186

Source: MC5222
Introduction
AIDS (acquired immunodeficiency syndrome) is a long-term, life-threatening condition caused by the human immunodeficiency virus (HIV). HIV damages or destroys the cells of the immune system. This affects the body’s ability to fight off germs that can cause disease.

The virus and the infection are called HIV. The term AIDS is sometimes used to refer to the HIV infection in its later stages. Both the terms HIV and AIDS refer to the same disease.

HIV/AIDS can have serious effects on health and is life-threatening, yet people often fear or are embarrassed about being tested for the disease. Testing and treatment are important to stop the spread of HIV/AIDS.

You can help stop this disease from spreading and protect yourself, your family members and your friends. Read this information and share it with others. If you think you may have HIV/AIDS, get tested and treated. Testing is important — anyone can get HIV/AIDS. Many people believe that they can only get HIV/AIDS through engaging in high-risk behaviors such as having sexual contact with a prostitute or using illegal drugs. However, any time you have sexual contact and do not know your partner’s sexual history, you may be at risk to get HIV/AIDS. If you have questions after reading this information, please talk with a health care provider.

How can you get HIV/AIDS?
You can become infected with HIV in these ways:
- Sexual contact — If you have vaginal, anal or oral contact with an infected partner whose blood, semen or vaginal secretions enter your body.
- Infected blood — In some cases, the virus may be passed through blood and blood products received in blood transfusions. In the United States, methods of blood testing developed since 1985 have greatly reduced the risk of getting HIV through a transfusion. In addition, safer ways to find and screen blood donors are used.
- Needle sharing — HIV is easily passed when using needles and syringes contaminated with infected blood. Sharing intravenous drug equipment puts you at high risk not only for HIV but also for other infectious diseases such as hepatitis.
- Mother to child — Women infected with HIV can pass the infection to their unborn babies. However, if women receive treatment for their HIV infections during pregnancy, their babies are at lower risk.

HIV/AIDS is not spread by casual contact, such as touching, talking or sharing eating utensils.
PREVENTION OF HIV/AIDS – PAGE 2

How can you protect yourself from getting HIV/AIDS?
Here are some ways you can protect yourself and help prevent the spread of HIV/AIDS:
• Do not have sexual contact. You never need to feel pressured to have sexual contact.
• Limit the number of your sexual partners. Besides not having sexual contact, one of the best ways to prevent HIV/AIDS is by having sexual contact with only one other person who does not have HIV/AIDS.
• Talk about risks of HIV/AIDS with your sexual partners. It may be hard to talk about this subject, but it could help you stay healthy.
• Avoid unsafe sexual contact. Do not have sexual contact with people who have HIV/AIDS, who have many sexual partners or who are intravenous drug users.
• Use a condom. Condoms do not always prevent the chance of getting HIV/AIDS. However, using a new latex or polyurethane condom correctly with each sexual contact reduces your risk of getting HIV/AIDS. Condom use is very important if you do not know whether your sexual partner might be infected with HIV/AIDS. Petroleum jelly should not be used with condoms because it may cause them to break.
• Have regular physical examinations. Ask a health care provider to check for sexually transmitted diseases (STDs). You are at greater risk for contracting HIV/AIDS if you have another STD, such as syphilis, herpes, chlamydia or gonorrhea.
• Do not share or reuse needles. Needles used to inject drugs should be sterile.
• Do not share razor blades or toothbrushes. These can carry traces of HIV-infected blood. HIV/AIDS can be passed to another person by sharing these items.

How do you know if you have HIV/AIDS?
The symptoms of HIV/AIDS vary, depending on how long a person has had the infection. When first infected with HIV, you may have no symptoms at all. It is more common to develop a brief flu-like illness two to six weeks after being infected. Since the symptoms of this first infection (which may include fever, headache, sore throat, swollen lymph glands and rash) are similar to those of other illnesses, you may not realize that you have been infected with HIV.

You may not have any signs of infection or illness for eight to nine years or longer, but the virus continues to increase and destroy the cells that fight infections. Eventually, you may develop mild infections or long-lasting symptoms such as:
• Swollen lymph nodes (often one of the first signs of HIV infection)
• Diarrhea
• Weight loss
• Fever
• Cough and shortness of breath
During the later stages of AIDS, which may occur up to 10 years after the first infection, more serious symptoms may begin to appear, including the following:

- Heavy sweating at night
- Chills and shivering or a fever higher than 100 degrees Fahrenheit (37.8 degrees Celsius) for several weeks
- Dry cough and shortness of breath
- Chronic diarrhea
- White spots or unusual sores on the tongue or in the mouth
- Continual headaches
- Blurred and distorted vision
- Weight loss
- Continual, unexplained fatigue
- Swelling of lymph nodes for more than three months

People with HIV infections are also at greater risk of developing certain cancers. Children with HIV often fail to gain weight or grow normally. Children are also susceptible to the same infections as adults and may have severe forms of common childhood illnesses such as ear infections, pneumonia or tonsillitis.

What should you do if you think you may have HIV/AIDS?
If you have any symptoms of HIV/AIDS or think you may have been exposed to HIV, you should see a health care provider for testing and treatment. Testing is available at private and public clinics. Names and locations of local resources are listed in the back of this pamphlet. Do not let fear or embarrassment stop you from asking to be tested.

Health care providers and interpreters have a responsibility to keep information about HIV/AIDS testing private. Health care providers can give you information about the importance of testing and what may happen if your test results are positive.

How is HIV/AIDS treated?
A number of medications are used to treat both HIV/AIDS and related infections. None of these medications cure HIV/AIDS, but they help extend and improve the quality of life. New vaccines are being tested and many new drugs are in development.

Why is it important to be tested and treated for HIV/AIDS?
Testing for and treatment of HIV/AIDS are important for many reasons:

- Being tested and treated for HIV/AIDS helps you stay as healthy as possible. Early detection and treatment of HIV/AIDS will help you live and care for your family longer.
- It takes courage to be tested and treated for HIV/AIDS, but this is the right thing to do for yourself, your family and the community.
- It is important to set good examples for young people, your family and community members.
- Treatment helps manage symptoms and prolong life.
- If not treated, HIV/AIDS will affect your future health. HIV/AIDS also makes you more likely to get other infections.
- If not treated, you may infect others with HIV/AIDS. Even if you have no symptoms, you are still able to transmit the virus to others. Testing, treatment and education about living with HIV/AIDS can help prevent sexual partners, family members and friends from getting sick.
Where is HIV/AIDS testing done?
If you think you may have HIV/AIDS, you should see a health care provider right away. The following clinics and agencies in Rochester can provide information, testing and treatment for HIV/AIDS:

- A primary health care provider at Mayo Clinic, 201 First Street S.W., 507-284-2511
- A primary health care provider at Olmsted Medical Center, 210 Ninth Street S.E., 507-288-3443
- Olmsted County Public Health Services, 2100 Campus Drive S.E., 507-285-8370
- Planned Parenthood, 1202 1/2 Seventh Street N.W., 507-288-5186
Mayo Clinic Addiction Services
Intensive Addiction Program

DRINKING AND YOUR PREGNANCY

Drinking Can Hurt Your Baby
When you are pregnant, your baby grows inside you. Everything you eat and drink while you are pregnant affects your baby. If you drink alcohol, it can hurt your baby’s growth. Your baby may have physical and behavioral problems that can last for the rest of his or her life. Children born with the most serious problems caused by alcohol have fetal alcohol syndrome.

Children with Fetal Alcohol Syndrome May:
- Be born small.
- Have problems eating and sleeping.
- Have problems seeing and hearing.
- Have trouble following directions and learning how to do simple things.
- Have trouble paying attention and learning in school.
- Need special teachers and schools.
- Have trouble getting along with others and controlling their behavior.
- Need medical care all their lives.

Here are some questions you may have about alcohol and drinking while you are pregnant.

1. Can I drink alcohol if I am pregnant?
   No. Do not drink alcohol when you are pregnant. Why? Because when you drink alcohol, so does your baby. Think about it. Everything you drink, your baby also drinks.

2. Is any kind of alcohol safe to drink during pregnancy?
   No. Drinking any kind of alcohol when you are pregnant can hurt your baby. Alcoholic drinks are beer, wine, wine coolers, liquor, or mixed drinks. A glass of wine, a can of beer, and a mixed drink all have about the same amount of alcohol.

3. What if I drank during my last pregnancy and my baby was fine?
   Every pregnancy is different. Drinking alcohol may hurt one baby more than another. You could have one child that is born healthy and another child that is born with problems.

4. Will these problems go away?
   No. These problems will last for a child’s whole life. People with severe problems may not be able to take care of themselves as adults. They may never be able to work.

5. What if I am pregnant and have been drinking?
   If you drank alcohol before you knew you were pregnant, stop drinking now. You will feel better, and your baby will have a good chance to be born healthy. If you want to get pregnant, do not drink alcohol. You may not know you are pregnant right away. Alcohol can hurt a baby even when you are only 1 or 2 months pregnant.
6. How can I stop drinking?
   There are many ways to help yourself stop drinking. You do not have to drink when other people drink. If someone gives you a drink, it is OK say no. Stay away from people or places that make you drink. Do not keep alcohol at home.

   If you cannot stop drinking, GET HELP. You may have a disease called alcoholism. There are programs that can help you stop drinking. They are called alcohol treatment programs. Your doctor or nurse can find a program to help you. Even if you have been through a treatment program before, try it again. There are programs just for women.

For help and information
You can get help from a doctor, nurse, social worker, pastor, or clinics and programs near you.

For confidential information, you can contact:

Alcoholics Anonymous (AA)
check your local phone book for listings in your area
Internet address: http://www.aa.org

National Council on Alcoholism and Drug Dependence (NCADD)
22 Cortlandt Street, Suite 801
New York, NY 10007-3128
Phone: (212) 269–7797; Fax: (212) 269–7510

HOPELINE: (800) NCA–CALL (24-hour Affiliate referral)
Email: national@ncadd.org
Internet address: http://www.ncadd.org

National Institute on Alcohol Abuse and Alcoholism (NIAAA)
5635 Fishers Lane, MSC 9304
Bethesda, MD 20892-9304
(301) 443–3860; Fax: (301) 480–1726
Internet address: http://www.niaaa.nih.gov

National Organization on Fetal Alcohol Syndrome (NOFAS)
900 17th Street, NW, Suite 910
Washington, DC 20006
(800) 66–NOFAS; Fax: (202) 466–6456
Internet address: http://www.nofas.org

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Facility Locator
(800) 662–HELP
Internet address: http://www.findtreatment.samhsa.gov

PREGNANCY AND ILLICIT DRUG USE

A great deal of medical, governmental, and media attention has been given to the use of illicit drugs by pregnant women because of risks to unborn children.\textsuperscript{1,2} The 1999 National Household Survey on Drug Abuse (NHSDA) includes information on the past month use of illicit drugs among women aged 15 to 44 who reported that they were pregnant at the time of the interview.\textsuperscript{3}

\textit{Prevalence of Illicit Drug Use}

The 1999 NHSDA estimated that almost 4 percent of pregnant females aged 15 to 44 used illicit drugs (i.e., marijuana, including hashish; cocaine, including crack; heroin; hallucinogens, including PCP and LSD; inhalants; or any prescription-type psychotherapeutic used nonmedically) during the month before the survey.\textsuperscript{4} Of these, 3.4 percent of pregnant females aged 15 to 44 had used a single illicit drug in the past month, and 0.3 percent had used two or more drugs. Past month illicit drug use among pregnant women (4 percent) was half the rate among nonpregnant women (8 percent).

Marijuana was the most widely used illicit drug among pregnant women in 1999, with an estimated 2.8 percent reporting past month use (Figure 1). An estimated 0.9 percent of pregnant women reported the nonmedical use of one or more prescription psychotherapeutic drugs in the past month. An estimated 0.2 percent of pregnant women had used hallucinogens in the past month, and 0.1 percent had used cocaine.

\textit{Age Differences}

The rate of past month illicit drug use among pregnant women was higher for females aged 15 to 25 (7 percent) compared to women aged 26 to 44 (2 percent). These percentages translate to approximately 66,000 pregnant females aged 15 to 25 who were past month illicit drug users compared to 25,000 pregnant women aged 26 to 44. Among females aged 15 to 25, the rate of illicit drug use among those who were pregnant was half of the rate for those who were not pregnant. Among women aged 26 to 44, the rate of illicit drug use among pregnant women was one third of the rate for nonpregnant women.
Racial/Ethnic Differences
In 1997 and 1998, white and Hispanic women who were pregnant had lower rates of past month illicit drug use than their peers (Figure 3). However, the rate of past month illicit drug use among pregnant black women (7 percent) was not significantly different from the rate among black women who were not pregnant (8 percent). Pregnant black women were 4.5 times more likely to have used illicit drugs in the past month than white pregnant women.

Illicit Drug Use Among New Mothers
The lower rate of illicit drug use reported during pregnancy continued during the first year after women gave birth (Figure 4). Approximately 5 percent of new mothers (females aged 15 to 44 who had a child younger than 1 year old) reported using an illicit drug in the past month, which was significantly less than the rate for all nonpregnant women. The rate of any illicit drug use was similar between new mothers and currently pregnant women. This same pattern held for past month use of marijuana; the rate among currently pregnant women (3 percent) and new mothers (3 percent) was similar and was half the rate for all nonpregnant females aged 15 to 44 (6 percent). However, for illicit drugs other than marijuana, the rate of past month use was higher for new mothers (3 percent) compared to currently pregnant women (1 percent). The rate for new mothers was also lower than the rate for all nonpregnant women.

Summary
According to the 1999 NHSDA, the rate of illicit drug use among pregnant females aged 15 to 44 was half the rate for nonpregnant women, but an estimated 91,000 pregnant women had used illicit drugs in the month before the survey. Marijuana was the drug most frequently used, followed by the nonmedical use of prescription psychotherapeutic drugs. Younger pregnant women were more likely to use illicit drugs than older pregnant women. In 1997 and 1998, illicit drug use was higher among black pregnant women than white pregnant women; the rate for pregnant black women was similar to the rate for nonpregnant black women. The rate of marijuana use among women who had a child younger than 1 year old was lower than the rate for all nonpregnant females aged 15 to 44, indicating that the lower rate of marijuana use reported during pregnancy continues in the year after giving birth. The rate for illicit drugs other than marijuana was higher among women who had recently given birth than for currently pregnant women.

Figure 3. Percentages Reporting Past Month Illicit Drug Use Among Females Aged 15 to 44, by Pregnancy Status and Race/Ethnicity: 1997 and 1998****

Figure 4. Percentages Reporting Past Month Illicit Drug Use Among Females Aged 15 to 44, by Pregnancy and Recent Motherhood Status: 1999*
Figure legends
*Data presented may differ from previously published data from the 1999 NHSDA because of corrections made to imputation procedures.
**Any Illicit Drug indicates use at least once of marijuana/hashish, cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically.
***Nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant or sedative; does not include over-the-counter drugs.
****Data were combined over 2 years because in a single year there were too few pregnant women reporting illicit drug use to permit an analysis.
*****Any Illicit Drug Other Than Marijuana indicates use at least once of cocaine (including crack), inhalants, hallucinogens (including PCP and LSD), heroin, or any prescription-type psychotherapeutic used nonmedically; marijuana/hashish users who also have used any of the other drugs listed are included.
Source (Figs. 1, 2, and 4) : SAMHSA 1999 NHSDA.
Source (Fig. 3) : SAMHSA 1998 NHSDA.

References
3. Except for women who had been pregnant for less than 1 month, this information on past month use indicates use during pregnancy.
4. Note that these estimates of illicit drug use during pregnancy are conservative because they reflect use only in the past month, not during the entire pregnancy. The estimated numbers of illicit drug users reflect the numbers of users among women who were pregnant at the time of the survey, not among all women who were pregnant in 1999.
5. The numbers of pregnant women of different demographic groups who reported using illicit drugs in any 1 year were insufficient for an analysis. To ensure adequate precision of estimates for pregnant women, the presented data represent annual average estimates for 1997 and 1998 combined.

HEPATITIS C

What is Hepatitis C?
Hepatitis C is a liver disease caused by the hepatitis C virus (HCV). HCV is one of at least five types (A, B, C, D, E) of viral hepatitis and was only identified in 1989, although it has been around much longer.

Hepatitis C can be present in the body without symptoms for many years; because of this, it is a growing public health problem all over the world. Approximately four million Americans are infected with the hepatitis C virus, and many of them do not know it.

The symptoms, course of the disease, and outcome of hepatitis C infection vary greatly from person to person. At one extreme are the people who develop cirrhosis, liver failure and liver cancer. Liver damage resulting from hepatitis is the most common indication for liver transplant in the United States.

However, many people with long-term hepatitis C infection do not develop serious health problems. Some people have normal blood tests, no symptoms and little or no liver damage.

This information is meant to answer commonly asked questions about the growing problem of hepatitis C. There is a list of words frequently used when discussing hepatitis C at the end. The first time a word appears in the text, it appears in bold print.

What is the liver and what does it do?
The liver is the largest solid organ in the body. It is located in the right upper part of your abdomen under your ribs (figure 1). The liver in an adult weighs about three pounds.
The liver is like a factory; it makes substances you need to live and it inactivates harmful materials. Functions of the liver include:

- Making proteins
- Processing drugs
- Inactivating toxic chemicals
- Removing waste products
- Making bile for digestion

Proper liver function is needed for normal digestion and nutrition, muscle building, blood clotting, storage of nutrients, and processing of medications so they have the proper effects.

Hepatitis C may damage the liver so that it cannot perform some of its functions. In order for you to be healthy, you need a healthy liver.

**What are some risk factors for Hepatitis C?**
Several risk factors have been identified. They include:
- A blood transfusion or organ transplant before 1992
- Receiving blood clotting factors before 1988
- Injection of street drugs, even for a short time many years ago
- Long-term kidney dialysis

Other factors that appear to carry a fairly low risk include:
- Being born to an infected mother
- Sexual contact with an infected person
- Sharing razors or toothbrushes with someone who has hepatitis C

Factors that might be significant but are not proven include:
- Tattoos
- Body piercing
- Using non-injected street drugs

**How is Hepatitis C transmitted?**
Hepatitis C is spread through exposure to infected blood or body fluids

- **Blood transfusions** – Currently, hepatitis C is almost never transmitted by blood transfusions. However, before 1992, when dependable blood screening tests for the hepatitis C virus became available, people were infected with the virus through blood transfusions.
- **Sexual transmission** – Hepatitis C infection is rarely transmitted in a single sexual encounter. Transmission is also very infrequent in a long-term relationship with one partner. The risk of transmission to a long-term partner is about 1 in 10,000 per year. People with multiple sexual partners are actually more likely to encounter other sexually transmitted diseases such as AIDS, hepatitis B, gonorrhea or chlamydia. If you have multiple sexual partners, use latex condoms, get vaccinated against hepatitis B, and have regular checkups.

If you are sexually active and have hepatitis C, inform your partner.

Information about the risk of spreading hepatitis C with specific sexual practices such as French kissing or oral sex is not available. However, this risk is assumed to be quite small.
• **Maternal-infant transmission** – If you have hepatitis C, you do not need to avoid pregnancy or breast-feeding. Only about 5 percent of babies born to women with hepatitis C become infected at birth, and half of these babies do not remain infected. There is no treatment to prevent transmission other than trying to cure the infection with antiviral treatment before pregnancy. Babies infected at birth seem to do well, but more studies of the long-term effects of hepatitis C need to be done on these children. There is no evidence that the virus is spread through breast-feeding.

• **Transmission to health-care workers** – The risk of health-care workers getting hepatitis C from a random needle stick is less than 1 percent. If the patient is known to be infected with hepatitis C, the risk is 5 percent to 10 percent. Spread of hepatitis C from health-care workers to patients is very rare.

**What is the course of Hepatitis C infection?**
If chronic hepatitis C progresses, it is usually slowly over a period of years. The disease may stay in a mild state, or it may advance, causing serious liver damage.

Generally, hepatitis C is divided into four phases, which may overlap. These phases are not directly related to the stages seen in a liver biopsy. The four phases of hepatitis C are infection, liver inflammation, fibrosis and cirrhosis:

1. **Infection** occurs when the hepatitis C virus enters the bloodstream and begins to infect the liver cells. Your body’s immune system usually is not successful in getting rid of the hepatitis C infection. About 55 to 85 percent of people who become infected with HCV stay infected. In this early phase, very few people have symptoms. The symptoms may be nothing more than mild fatigue.

2. **Liver inflammation** is caused by the immune system’s attempt to get rid of infected liver cells. Another term for this is chronic hepatitis. It varies from mild to severe. In people with little or no liver inflammation, the disease may never progress to produce serious damage.

3. **Fibrosis** is the formation of scar tissue in the liver. Chemicals released in the liver during liver inflammation may stimulate certain liver cells to produce scar tissue. Generally, if your liver biopsy shows significant fibrosis, you have had hepatitis C for more than 10 years. **Cirrhosis** is the phase of hepatitis C in which the scarring or fibrosis of the liver has become widespread in a “honeycomb” or nodular pattern. Cirrhosis eventually may affect the liver function. Cirrhosis eventually occurs in an estimated 20 to 30 percent of people with hepatitis C.

4. **End-stage liver disease** may occur if cirrhosis is present for a number of years. Possible complications may include gradual liver failure, increased pressure in the abdominal veins or liver cell cancer.

Some factors that increase the risk of fibrosis or cirrhosis have been identified. They are:
- Moderate to heavy alcohol consumption
- Gender (Men are more likely to develop cirrhosis than are women.)
- Age at the time of infection (People over the age of 40 when infected have increased risk of cirrhosis.)
- Duration of infection
Hepatocellular carcinoma (primary liver cell cancer) is a complication of chronic hepatitis C infection that occasionally occurs among people who already have cirrhosis. Among those with cirrhosis, the risk of liver cell cancer is from 1 to 2 percent per year. People who develop liver cancer have usually had hepatitis C infection for 30 years or more.

What are the symptoms of Hepatitis C?
Most people with hepatitis C do not have symptoms. Early symptoms of a new hepatitis C infection may be mistaken for flu symptoms. These may include:

- Nausea
- Fatigue
- Loss of appetite
- Headaches
- Right upper abdominal pain
- Muscle or joint aches

The time between infection with the hepatitis C virus and the appearance of these symptoms, if they occur, varies but is generally about eight weeks.

A person with chronic hepatitis C may have no symptoms until the disease is advanced. Jaundice (abnormal yellow color of the skin and eyes) may be the first symptom of hepatitis C in a late phase of the disease. Other symptoms of advanced liver damage may include:

- Dark urine
- Gray or light-colored stools
- Vomiting of blood
- Black or bloody stools
- Abdominal swelling
- Prolonged and generalized itching
- Weakness and muscle wasting
- Mild to severe mental confusion
- Excessive bruising
- Frequent nosebleeds

If you have any of the above symptoms, contact your physician immediately.

How is Hepatitis C diagnosed?
A number of tests are available to detect and evaluate hepatitis C. However, these tests are not part of a routine physical exam. If you feel you are at risk of having hepatitis C, discuss your concerns with your physician, who will order appropriate tests.

Blood tests—Exposure to the hepatitis C virus can be detected by a simple blood test for the hepatitis C antibody (anti-HCV). The anti-HCV antibody is evidence of the body’s reaction to the virus. If the initial screening test for anti-HCV is positive, a second blood test should be done to see if the virus itself is present. Additional blood tests your physician may order include:

- Liver enzymes – ALT (alanine aminotransferase), AST (aspartate aminotransferase), alkaline phosphatase – indicators of liver damage.
- Liver function tests – Albumin, bilirubin, prothrombin time.
- HCV RNA tests – Direct tests for the HCV virus.
  - Qualitative – A very sensitive test that tells if even small amounts of virus are present.
  - Quantitative – Measures the level of virus but may not detect small quantities of virus.
HEPATITIS C – PAGE 5

• **Genotyping** — A test that determines the specific strain (genotype) of HCV.
  – There are six main genotypes (subtypes) of hepatitis C virus, numbered 1 to 6.
  – Type 1 is the most common (65 to 75 percent of cases).
  – Types 2 and 3 are easiest to treat.

**Imaging techniques**– If your blood tests for hepatitis C are positive, your physician may order an ultrasound or CT scan of your liver to find out if there are any obvious changes in its size, shape or texture.

• **Ultrasound** – Ultrasound is an imaging technique that uses sound waves above the hearing range to “see” organs. An ultrasound is a painless way to look at the size, shape, texture and blood supply of the liver.

• **CT scans** – The CT scan is a type of X-ray that takes cross-sectional pictures of the body and its organs. A CT scan is sometimes used to get a different view of the liver from that seen on ultrasound exams. Sometimes the CT scan can “see” something that ultrasound does not, or vice versa.

• **MRI scans** – Magnetic resonance images may help determine the identity of nodules in the liver when the information from ultrasound and CT scans is not enough to make a diagnosis.

**Liver biopsy**– A **liver biopsy** is a short outpatient procedure in which a small piece of tissue is taken from the liver using a special needle. Although this may sound frightening, the procedure is relatively easy to do and complications are rare. Your physician will explain the biopsy procedure to you. See About Your Liver Biopsy (Mayo publication MC0221-16) for a more complete description of your liver biopsy. The steps of a liver biopsy are:

• A physician or technician will examine you to determine where the biopsy should be done, using ultrasound for accuracy.

• Your skin will be washed with an antiseptic solution.

• You will be given a local anesthetic (like what you receive at the dentist) at the place where the biopsy will be done.

• You will feel pressure when the needle is inserted. It usually takes only a few seconds to get the tissue sample.

• After the biopsy you will rest in an outpatient observation area for about three hours. If you have no signs of complications after three hours, you are allowed to leave. If you live more than 30 minutes away from the medical center, you may be asked to stay overnight locally.

A liver biopsy is the best way to get a true picture of your liver. Your physician will use the information from the biopsy to draw conclusions about the severity of your disease. Specifically, information from a liver biopsy may:

• Confirm the diagnosis of hepatitis C

• Rule out other liver diseases

• Allow your physician to assess the stage and severity of your hepatitis C

• Help your physician to decide about treatment

• Find liver cirrhosis (scarring), if present

• Help your physician to estimate the future course of your disease

**Liver biopsy for patients under 18**
The liver biopsy procedure is slightly different for patients under 18. Children and adolescents get deep sedation to prevent pain or discomfort, and an anesthesiologist or anesthetist is present. Also, they are monitored on the pediatric ward for four to six hours after the liver biopsy. If there are no signs of complications after that, they can go home. They should avoid vigorous activity until the next day.
Biopsy results
A pathologist looks at the liver tissue under a microscope to see if changes have taken place. The pathologist mainly looks at the severity of inflammation (“grade”) and the degree of fibrosis (“stage”). The level of inflammation is a measure of the aggressiveness of the disease. Fibrosis is an indication of the long-term damage caused by hepatitis C. If present, the damage is usually described using four stages:

- Stage 1 shows fibrosis (scar tissue) limited to a few spots called portal areas (little islands of “plumbing” or ductwork in the liver tissue).
- Stage 2 shows fibrosis beginning to appear outside the portal areas. These strands of fibrosis are not yet connected to each other.
- Stage 3 shows different areas of fibrosis connecting to each other.
- Stage 4 is the widespread, honeycomb-like scarring known as cirrhosis.

Treatment for Hepatitis C
Currently, the most effective treatment for hepatitis C is a combination of two medications, long-acting interferon (peginterferon) and ribavirin. Interferon is a protein that occurs naturally in your body and helps to stimulate a response to infection. In its manufactured pure form, it can be used to treat hepatitis C by injecting it under the skin. Ribavirin is an oral (taken by mouth) medication that was developed to fight viruses. The treatment combination of interferon and ribavirin works better than treatment with either of these medications alone.

Peginterferon usually is injected once a week. If you are treated with interferon, you will be taught to give yourself the injections.

Ribavirin is taken by mouth twice a day. Interferon-ribavirin treatment typically lasts from six months to one year. Your physician may use your HCV genotype to help determine the length of your treatment. For example, many cases of genotype 2 or 3 infection are cured after six months, while the best chance of curing a genotype 1 infection occurs only after one year of treatment.

About 55 percent of the people who start treatment get rid of the virus completely so that it does not come back. However, even if treatment does not rid the body of hepatitis C completely, it may suppress the virus and reduce damage to the liver.

Side effects
Side effects from interferon-ribavirin treatment that occur early in the treatment are flu-like symptoms, including:

- Headaches
- Fever
- Chills
- Muscle and joint aches
- Fatigue
- Loss of appetite
- Nausea
These symptoms may appear four to 12 hours after the injection. Some people who have not had symptoms from hepatitis C may feel worse during treatment. However, many of these symptoms are temporary and go away after two to three weeks of treatment.

Chronic side effects of combined interferon-ribavirin treatment include fatigue, irritability and depression. Drops in blood cell counts (hemoglobin, white cells or platelets) often occur, so regular blood tests are necessary. If you have symptoms of depression during treatment, tell your physician. In some cases, it may be necessary to treat the depression with medication.

Less common side effects of combined interferon-ribavirin treatment include hair thinning, rash, itching, cough and thyroid damage.

Ribavirin causes birth defects. Couples being treated with ribavirin must practice effective birth control during treatment and for six months after finishing treatment.

If you have a history of severe depression, thyroid disease, low blood counts or autoimmune disease, treatment with interferon may not be recommended because it could make your existing condition worse. Interferon treatment is not safe for people who have active alcoholism.

**Treatment for children with hepatitis C**
Interferon treatment is not recommended for children under 3. Generally, after age 3, treatment is given at doses based on weight or body surface area. The duration of treatment is the same as for adults.

**How can you tell if the interferon-ribavirin treatment is working?**
Blood tests measure your response to interferon-ribavirin treatment. Treatment should be stopped if the blood test for the virus does not show a big drop after 12 weeks of treatment, or if the blood test is still positive after six months of treatment.

About two-thirds of people on treatment have a negative blood test for HCV at the end of treatment. However, the infection comes back after treatment in about 15 percent of these people. Each person responds to treatment differently. Ask your physician to explain the blood test results and what they mean.

**Who should be treated?**
There is still considerable debate over who should be treated for hepatitis C. Although there is no way to predict who will develop serious liver disease, many physicians may not treat people with mild blood test and liver biopsy abnormalities. In such cases, it may be reasonable to “watch and wait” — to see if the disease gets worse.

The best way to monitor hepatitis C is to repeat a liver biopsy in three to five years. Treatment should be considered if the biopsy shows progression of the disease. Generally, treatment is recommended for people who have a biopsy result showing the potential for significant liver damage.

Interferon-ribavirin treatment is not right for everyone. Discuss treatment options with your physician.
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Are new treatments being tested?
Researchers are working to develop new, more effective treatments for hepatitis C. Some possible new therapies include:

- Very long-acting forms of interferon
- Nucleoside analogs (antiviral medications)
- Viral protein inhibitors (protease and polymerase inhibitors)

Research is ongoing for more effective treatments and for a vaccine for hepatitis C. Ask your physician for up-to-date information about available treatments for hepatitis C.

Will I need a liver transplant?
Hepatitis C is the leading cause of permanent liver damage (end-stage liver disease) requiring liver transplantation. A liver transplant may be the only treatment option for people with liver failure; however, the likelihood that hepatitis C will lead to liver failure is small. Currently, each year in the United States, less than one-tenth of 1 percent of people with hepatitis C die or need a liver transplant.

People with cirrhosis may develop liver failure. If you are diagnosed with cirrhosis, your physician will watch your symptoms and test results closely for any worsening in your liver function. If it seems like a liver transplant may be necessary, your physician can make a timely referral. The timing of the referral is important because people needing transplants may be on the waiting list for one to two years before a liver becomes available.

Signs and symptoms that you have end-stage liver disease and may need a liver transplant include:

- Accumulation of fluid in the abdomen (ascites)
- Changes in mental function
- Gastrointestinal bleeding
- Jaundice
- Severe weakness
- Loss of muscle mass

Contact your physician if you have symptoms of liver failure that are not controlled by medication.
How will my life change after being diagnosed with Hepatitis C?
After being diagnosed with hepatitis C, you can lead your life as you normally do, with a few exceptions. You can continue to interact with your family as you always have. You can continue to have close relationships. If you have a long-term relationship with one person, you do not have to change your sexual practices. Ask your physician if you have questions about hepatitis C and your sexual relationship. You can become pregnant and breast-feed your baby.

Hepatitis C infection is not spread by:
• Close contact such as hugging and kissing
• Sneezing or coughing
• Sharing eating utensils or drinking glasses
• Food or water
• Casual contact

However, there are precautions to follow to prevent the spread of hepatitis in your household. Do not share any instruments that could allow for blood-to-blood transmission, such as:
• Nail clippers
• Manicure scissors
• Razor blades
• Toothbrushes

It is not necessary to change your eating habits as long as you eat a healthy, well-balanced diet. However, do not drink alcohol. Drinking alcohol increases the risk of liver damage for people with hepatitis C.

Avoid medications that may damage your liver; ask your physician about medications you are taking. If new medications are prescribed, tell your physician and pharmacist that you have hepatitis C. In general, small amounts of acetaminophen and other pain relievers are safe if you do not have advanced liver disease (cirrhosis).

You can do your usual activities; in fact, it is a good idea to have some kind of regular exercise program. With the development of fibrosis, some people start to get portal hypertension (increased pressure in the abdominal veins). If that is the case, mild aerobic activity (walking, jogging, biking, swimming) is better for you than activities requiring straining, such as heavy weightlifting. The straining that goes with heavy weightlifting may promote the development or progression of esophageal varices. Ask your physician if weightlifting is appropriate for you.

Whatever exercise you do, pace yourself and rest when you feel tired.

How often you visit your physician will depend on whether you are undergoing treatment for hepatitis C or have cirrhosis. A common practice is to see your physician once a year if you are not receiving treatment and do not have cirrhosis. If you do not have immunity to hepatitis A and B, get vaccinated. Talk to your physician about specific activities or concerns.
What can be done to prevent the spread of Hepatitis C?
Since there is no vaccine for hepatitis C, the only way to prevent this disease is to avoid becoming infected.

If you have been diagnosed with hepatitis C, observe these guidelines to prevent spreading the disease:
- Do not donate blood, tissue, body organs or semen.
- Avoid body piercing and tattooing.
- Do not share needles.
- If you have multiple sexual partners, use condoms.
- Inform your sexual partners that they should be tested for hepatitis C.
- Do not share toothbrushes, razors or manicure scissors with others.
- Cover open sores or any breaks in the skin until completely healed.

If you have questions about a specific activity or how hepatitis C is spread, ask your physician.

Source: MC2930
Alanine aminotransferase (ALT) — An enzyme found in the liver. Enzymes are proteins that bring about chemical reactions. When liver cells are damaged, ALT leaks into the bloodstream, causing a rise in ALT levels.

Alkaline phosphatase — An enzyme produced in the bile ducts, intestine, kidney, placenta and bone. A rise in the serum alkaline phosphatase may suggest disease of the bile ducts.

Aspartate aminotransferase (AST) — An enzyme that is similar to ALT, but it is less specific for liver disease because it is also produced in the muscle.

Chronic infection — An infection that lasts for a long time or that returns after it seemed to be cured. Infections lasting more than six months are considered chronic.

Cirrhosis of the liver — The formation of widespread, honeycomb-like scar tissue because of long-term inflammation or damage to the liver. This can lead to loss of liver function and increased resistance to the blood flow through the liver.

Fibrosis — Formation of scar tissue.

Genotype — Refers to the genetic strain of the virus. There are six main genotypes or subtypes of HCV. The majority of HCV cases in the United States are type 1. Genotypes 2 and 3 are the easiest to treat.

HCV RNA — The genetic material of hepatitis C, comparable to human DNA. A test for HCV RNA can determine the presence or absence of the virus in the blood (qualitative test) or measure the amount of virus present (quantitative test).

Hepatocellular carcinoma — Cancer of the liver cells that begins in the liver and is not spread from another part of the body.

Infection — A disease caused by the invasion of microorganisms (virus, bacteria). Infections can be acute (sudden) or chronic (prolonged)

Inflammation — A protective reaction of the body in response to tissue injury. White blood cells invade the area and release chemicals to promote eventual healing. This process may result in swelling, pain, heat and redness.

Interferon — A protein produced by the body that promotes the body’s response to a virus. In its manufactured pure form, it is used to treat hepatitis C and other virus infections.

Jaundice — A condition characterized by yellowness of the skin and eyes, caused by a buildup of bilirubin, the main pigment in bile. It can result from liver disease or from a blockage of the liver's bile duct.

Liver biopsy — The removal of a small piece of tissue from the liver using a special needle. The tissue is examined under a microscope, looking for evidence of liver disease.

Liver failure — Inability of the liver to perform its normal functions.

Nucleoside analogs — Antiviral medications that work by imitating virus building blocks.

Polymerase chain reaction (PCR) assay — A test that detects the presence of very small amounts of DNA and RNA in the bloodstream, such as the RNA fragments from the hepatitis C virus.

Portal hypertension — Abnormally increased pressure in the portal vein at the entrance to the liver. High pressure in this vein leads to high pressure in other abdominal veins (see varices).

Protein — Chemicals in living things that act as building blocks and control chemical reactions.

Ribavirin — A broad-spectrum antiviral medication.

Vaccine — A biological preparation given to people to produce artificial immunity to a specific disease, such as hepatitis A.

Varices — Varicose veins. High pressure in the abdominal veins (see portal hypertension) can lead to formation of varices in the esophagus or stomach. Large varices could be a risk for bleeding, so people with cirrhosis should be checked with an upper endoscopy, which involves looking at the esophagus and stomach through a scope.

Viral hepatitis — A form of liver infection caused by one of the hepatitis viruses. Hepatitis A is transmitted from hand to mouth; it can cause severe hepatitis but does not become chronic. Hepatitis B and C viruses can cause chronic disease; both are transmitted in blood or body fluids, but hepatitis B is spread much more easily than C.

Virus — A tiny infectious agent that can invade the body and cause disease. Viruses range from minor (the common cold) to deadly (AIDS).
A tuberculosis (TB) skin test can help determine if you have been exposed to TB bacteria. This information outlines what TB test results mean.

**Tuberculosis**
Tuberculosis is an infection caused by the bacterium Mycobacterium tuberculosis. Although TB can affect other organs and tissues, it primarily attacks the lungs. TB spreads through airborne droplets when a person who has the infection coughs, speaks, laughs or sneezes. Usually, prolonged exposure to an infected person is necessary to become infected yourself.

TB has two phases — TB infection and TB disease.

**TB infection (Latent tuberculosis)**
TB infection can occur if you breathe in TB bacteria, but your immune system can fight the bacteria. If you have TB infection:
- You do not feel sick or have symptoms.
- You cannot spread the disease to others.
- The latent (inactive) bacteria may live in your body for years.
- Treatment usually requires taking an antibiotic medication for about nine months.
- Without treatment, TB infection can develop into TB disease.

**TB disease (Active tuberculosis)**
TB disease occurs when TB bacteria are active and spread throughout your body. If you have TB disease:
- You are likely to feel sick, although you might have no symptoms.
- You can pass TB to others even if you do not feel sick.
- Treatment usually requires taking three or four medications for at least six months.
- Without treatment, TB disease can lead to chronic symptoms (such as chest pain or a persistent cough with bloody sputum) and can be fatal.

**Tuberculosis skin test**
A TB skin test can help diagnose TB infection and TB disease. For the test, a small amount of tuberculin is injected just under the top layer of skin on your forearm. You may have a TB skin test even if you have been vaccinated with bacillus Calmette-Guerin (BCG), sometimes used in countries with high TB infection rates. BCG does not always prevent latent or active TB.

You may wash and dry the injection site gently. Do not rub or scratch the site or cover it with a bandage. **A health care professional must check your arm within 48 hours of the injection to determine if you have a reaction to the tuberculin.**
Test results
TB skin test results may be negative or positive. A negative result means no bump or other reaction was evident. A positive result causes a firm raised bump or redness at the injection site. Only a health care professional can interpret your response to the test; do not try to make this evaluation yourself.

If your test result is negative
Having no reaction to the TB skin test usually means that you are not infected with TB bacteria. However, TB infection can be present despite a negative test (false-negative result). A false-negative result could occur, for example, if you have the test too soon after becoming infected with TB bacteria, or if illness or other factors have weakened your immune system. In some cases, your health care provider may suggest repeating the test in a few months.

If your test result is positive
A positive response means you may have TB infection. It does not necessarily mean you have TB disease. If your test results are positive, contact your health care provider as soon as possible. Determining whether you have TB infection or TB disease is important, so that treatment can begin.

Your health care provider likely will perform a physical examination and may recommend tests such as a chest X-ray and evaluations of your urine, stomach secretions or sputum (the mucus that comes up when you cough). If you have TB infection or TB disease, your health care provider can recommend correct treatment based on your test results and other factors such as your age and general health.

Contacting your health care provider
If you have questions or concerns about your TB skin test or this information, talk with your health care provider. To contact your Mayo Clinic health care provider, call the Mayo Clinic operator and ask for your health care provider.

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480-301-8000

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