

rans care



transmed
MEDICAL FUND

SECOND EDITION OF 2023

Welcome to the
second **2023**
edition of TransCare,
your healthcare
magazine.

IN THIS EDITION:

- Principal Officer's note
- Ways to boost your immune system
- Get vaccinated
- Dysphagia
- Aphasia
- Visit a DENIS dental network practice to avoid unexpected expenses
- Important contact details

Principal Officer's note



Petrus
Wassermann
Principal Officer

Welcome to the
second 2023
edition of
TransCare, your
healthcare
magazine.

The flu season is upon us and at Transmed Medical Fund we would like to encourage all our members to get their annual flu injections. The flu injection will be paid for from your preventative benefits.

In this edition we cover dysphagia, which is a condition where patients experience difficulty swallowing. Also included is an article on aphasia, which is a disorder that results from damage to portions of the brain that are responsible for language.

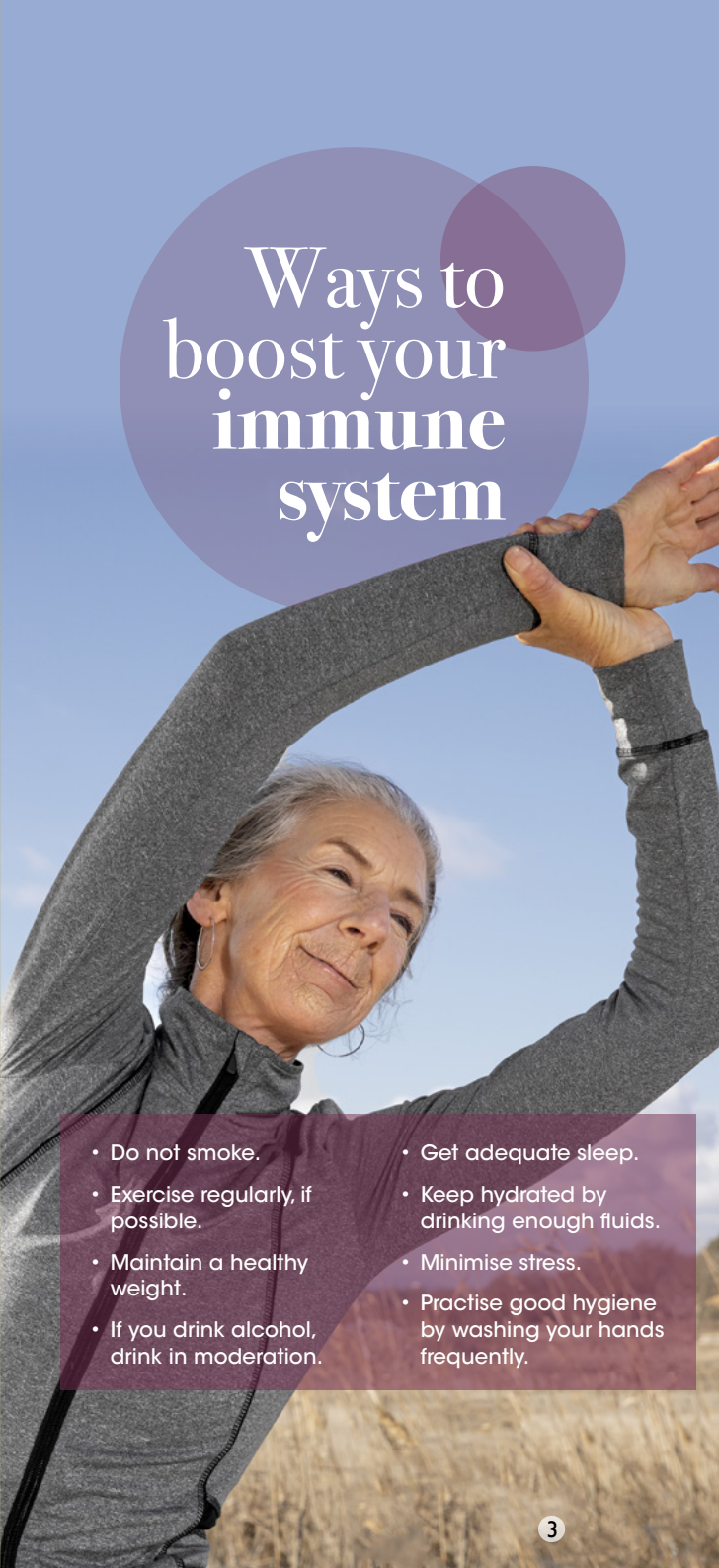
We hope that you will take the time to read this newsletter and that you find it informative and helpful.

We welcome any suggestions that you may have on articles or member benefits you would like to see published in future newsletters. Please send your suggestions to: suggestions@transmed.co.za.

Until the next edition, stay healthy and keep well.

Warm regards

Petrus Wassermann
Principal Officer



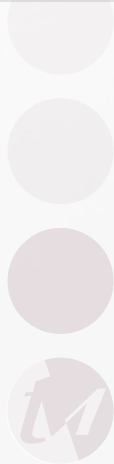
Ways to boost your immune system

- Do not smoke.
- Exercise regularly, if possible.
- Maintain a healthy weight.
- If you drink alcohol, drink in moderation.
- Get adequate sleep.
- Keep hydrated by drinking enough fluids.
- Minimise stress.
- Practise good hygiene by washing your hands frequently.

GET VACCINATED

As we approach the flu season, remember that the flu vaccine is considered the most effective way to prevent flu. The Fund covers one flu vaccine per beneficiary per year from your preventative benefits and will pay for the vaccine at the Transmed rate, subject to the flu vaccine formulary (list of vaccines covered).

The Transmed pharmacy network is the designated service provider for flu vaccines. Visit www.transmed.co.za to find a network pharmacy.



DYSPHAGIA

Dysphagia is difficulty swallowing – taking more time and effort to move food or liquid from your mouth to your stomach. Dysphagia can be painful. In some cases, swallowing is impossible.

What is dysphagia?

Occasional difficulty swallowing, such as when you eat too fast or do not chew your food well enough, is usually not cause for concern. But persistent dysphagia can be a serious medical condition requiring treatment.

Dysphagia can occur at any age, but it is more common in older adults. The causes of swallowing problems vary and treatment depends on the cause.



Swallowing is complex, involving many muscles and nerves. Any condition that weakens or damages the muscles and nerves used for swallowing or leads to a narrowing of the back of the throat or oesophagus can cause dysphagia.'

Symptoms

Signs and symptoms associated with dysphagia can include:

- pain while swallowing
- inability to swallow
- a sensation of food getting stuck in the throat or chest or behind the breastbone (sternum)
- drooling
- hoarseness
- food coming back up (regurgitation)
- frequent heartburn
- food or stomach acid backing up into the throat
- weight loss
- coughing or gagging when swallowing.

Causes

Swallowing is complex, involving many muscles and nerves. Any condition that weakens or damages the muscles and nerves used for swallowing or leads to a narrowing of the back of the throat or oesophagus can cause dysphagia.

Dysphagia generally falls into one of the following categories:

Oesophageal dysphagia

Oesophageal dysphagia refers to the sensation of food sticking or getting caught in the base of your throat or in your chest after you have started to swallow. Some of the causes of oesophageal dysphagia include:

- **Achalasia:** When the lower oesophageal muscle (sphincter) does not relax properly to let food enter the stomach, it can cause food to come back up into the throat. Muscles in the wall of the oesophagus might be weak as well – a condition that tends to worsen over time.
- **Diffuse spasm:** This condition causes high-pressure, poorly coordinated contractions of the oesophagus, usually after swallowing. Diffuse spasm affects the involuntary muscles in the walls of the lower oesophagus.
- **Oesophageal stricture:** A narrowed oesophagus (stricture) can trap large pieces of food. Tumours or scar tissue, often caused by gastroesophageal reflux disease (GERD), can cause narrowing.



DYSPHAGIA

CONTINUES>>

- **Oesophageal tumours:** Difficulty swallowing tends to get progressively worse when oesophageal tumours are present due to narrowing of the oesophagus.
- **Foreign bodies:** Sometimes food or another object can partially block the throat or oesophagus. Older adults with dentures and people who have difficulty chewing their food may be more likely to have a piece of food become lodged in the throat or oesophagus.
- **Oesophageal ring:** A thin area of narrowing in the lower oesophagus can cause difficulty swallowing solid foods off and on.
- **Gastroesophageal reflux disease (GERD):** Damage to oesophageal tissues from stomach acid backing up into the oesophagus can lead to spasm or scarring and narrowing of the lower oesophagus.
- **Eosinophilic esophagitis:** This condition, which might be related to a food allergy, is caused by too many cells called eosinophils in the oesophagus.
- **Scleroderma:** Development of scar-like tissue, causing stiffening and hardening of tissues, can weaken the

lower oesophageal sphincter. As a result, acid backs up into the oesophagus and causes frequent heartburn.

- **Radiation therapy:** This cancer treatment can lead to inflammation and scarring of the oesophagus.

Oropharyngeal dysphagia

Certain conditions can weaken the throat muscles, making it difficult to move food from your mouth into your throat and oesophagus when you start to swallow.

You might choke, gag or cough when you try to swallow or have the sensation of food or fluids going down your windpipe (trachea) or up your nose. This can lead to pneumonia.

Causes of oropharyngeal dysphagia include:

- **Neurological disorders:** Certain disorders, such as multiple sclerosis, muscular dystrophy and Parkinson's disease, can cause dysphagia.
- **Neurological damage:** Sudden neurological damage, such as from a stroke or brain or spinal cord injury, can affect the ability to swallow.

‘

Although swallowing difficulties cannot be prevented, you can reduce your risk of occasional difficulty swallowing by eating slowly and chewing your food well.’

- **Pharyngoesophageal diverticulum (Zenker's diverticulum):** A small pouch that forms and collects food particles in the throat, often just above the oesophagus, leads to difficulty swallowing, gurgling sounds, bad breath and repeated throat clearing or coughing.
- **Cancer:** Certain cancers and some cancer treatments, such as radiation, can cause difficulty swallowing.

Risk factors

The following are risk factors for dysphagia:

- **Ageing:** Due to natural ageing and normal wear and tear on the oesophagus, as well as a greater risk of certain conditions, such as stroke or Parkinson's disease, older adults are at higher risk of swallowing difficulties. But dysphagia is not considered a normal sign of ageing.
- **Certain health conditions:** People with certain neurological or nervous system disorders are more likely to have difficulty swallowing.

Prevention

Although swallowing difficulties cannot be prevented, you can reduce your risk of occasional difficulty swallowing by eating slowly and chewing your food well. However, if you have signs or symptoms of dysphagia, see your healthcare provider.

Source: <https://www.mayoclinic.org/diseases-conditions/dysphagia/symptoms-causes/syc-20372028>



APHASIA

Aphasia is a disorder that results from damage to portions of the brain that are responsible for language. For most people, these areas are on the left side of the brain.

What is aphasia?

Aphasia usually occurs suddenly, often following a stroke or head injury, but it may also develop slowly as the result of a brain tumour or a progressive neurological disease. The disorder impairs the expression and understanding of language, as well as reading and writing. Aphasia may occur along with speech disorders, such as dysarthria or apraxia of speech, which also result from brain damage.

Who can acquire aphasia?

Most people who have aphasia are middle-aged or older, but anyone can acquire it, including young children.

What causes aphasia?

Aphasia is caused by damage to one or more of the language areas of the brain. Most often, the cause of the brain injury is a stroke. A stroke occurs when a blood clot or a leaking or burst vessel cuts off blood flow to part of the brain. Brain cells die when they do not receive their normal supply of blood, which carries oxygen and important nutrients. Other causes of brain injury are severe blows to the head, brain tumours, gunshot wounds, brain infections and progressive neurological disorders, such as Alzheimer's disease.

Types of aphasia

There are two broad categories of aphasia – fluent and non-fluent – and there are several types within these groups.

Damage to the temporal lobe of the brain may result in Wernicke's aphasia, which is the most common type of fluent aphasia. People with Wernicke's aphasia may speak in long, complete sentences that have no meaning, adding unnecessary words and even creating made-up words.

As a result, it is often difficult to follow what the person is trying to say. People with Wernicke's aphasia are often unaware of their spoken mistakes. Another hallmark of this type of aphasia is difficulty understanding speech.

The most common type of non-fluent aphasia is Broca's aphasia. People with Broca's aphasia have damage that primarily affects the frontal lobe of the brain. They often have right-sided

weakness or paralysis of the arm and leg because the frontal lobe is also important for motor movements. People with Broca's aphasia may understand speech and know what they want to say, but they frequently speak in short phrases that are produced with great effort. They often omit small words, such as 'is', 'and' and 'the'.

People with Broca's aphasia typically understand the speech of others fairly well. Because of this, they are often aware of their difficulties and can become easily frustrated.

Another type of aphasia, known as global aphasia, results from damage to extensive portions of the language areas of the brain. Individuals with global aphasia have severe communication difficulties and may be extremely limited in their ability to speak or comprehend language. They may be unable to say even a few words or may repeat the same words or phrases repeatedly. They may have trouble understanding even simple words and sentences.

There are other types of aphasia, each of which results from damage to different language areas in the brain. Some people may have difficulty repeating words and sentences even though they understand them and can speak fluently (conduction aphasia). Others may have difficulty naming objects even though they know what the object is and what it may be used for (anomic aphasia).

Sometimes, blood flow to the brain is temporarily interrupted and quickly restored. When this type of injury, which is called a transient ischemic attack, occurs, language abilities may return in a few hours or days.

APHASIA

CONTINUES>>>

How is aphasia diagnosed?

Aphasia is usually first recognised by the physician who treats the person for his or her brain injury. Most individuals will undergo a magnetic resonance imaging (MRI) or computed tomography (CT) scan to confirm the presence of a brain injury and to identify its precise location. The physician also typically tests the person's ability to understand and produce language, such as following commands, answering questions, naming objects and carrying on a conversation.

How is aphasia treated?

Following a brain injury, tremendous changes occur in the brain that help it to recover. As a result, people with aphasia often see dramatic improvements in their language and communication abilities in the first few months, even without treatment. But in many cases, some aphasia remains following this initial recovery period. In these instances, speech-language therapy is used to help patients regain their ability to communicate.

Source: <https://www.nidcd.nih.gov/health/aphasia>



**Visit a DENIS
dental network
practice to avoid
unexpected
expenses**



To avoid unexpected expenses, consider going to a dental healthcare professional that is part of the DENIS Dental Network.'

These practices will not charge you more than the Transmed tariff for conservative dental treatment. This means that if you have the benefits available for the treatment, you will not have to pay any money out of your own pocket.

Conservative dentistry services include dental check-ups, fillings, extractions, scale and polish treatment (cleaning), dental X-rays, as well as preventative treatment for younger patients, i.e., fissure sealants and fluoride treatment.

Visit the DENIS website at www.denis.co.za and click on *Find a Network Provider* to search for a practice by suburb. Alternatively, phone the DENIS contact centre on 0860 104 941.

IMPORTANT CONTACT DETAILS

WHO TO CALL TO GET IN TOUCH WITH THE FUND

Services	Contact numbers
Customer service department (general queries)	0800 110 268
Chronic medication application	0800 122 263
Hospital and major medical pre-authorisation	0800 225 151
Optical services (PPN)	0861 103 529
Dental services (DENIS)	0860 104 941
HIV/AIDS	0860 109 793
Ambulance authorisation	0800 115 750
Fraud hotline	0800 000 436
WhatsApp	0860 005 037

✉ IMPORTANT EMAIL ADDRESSES

Services	Email address
Enquiries	enquiries@transmed.co.za
Banking details and membership	membership@transmed.co.za
Compliments	compliments@transmed.co.za
Complaints	complaints@transmed.co.za
Appeals	appeals@transmed.co.za
Claims	claims@transmed.co.za
Ex gratia	exgratia@transmed.co.za
Suggestions	suggestions@transmed.co.za

DISCLAIMER: The information and articles in this newsletter do not constitute medical advice or a medical claim for any product of any nature whatsoever on behalf of the publisher, Fund, Administrator or the distributor. Consult a qualified healthcare practitioner for diagnosis or treatment of any diseases or medical conditions.