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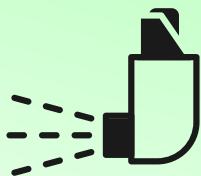
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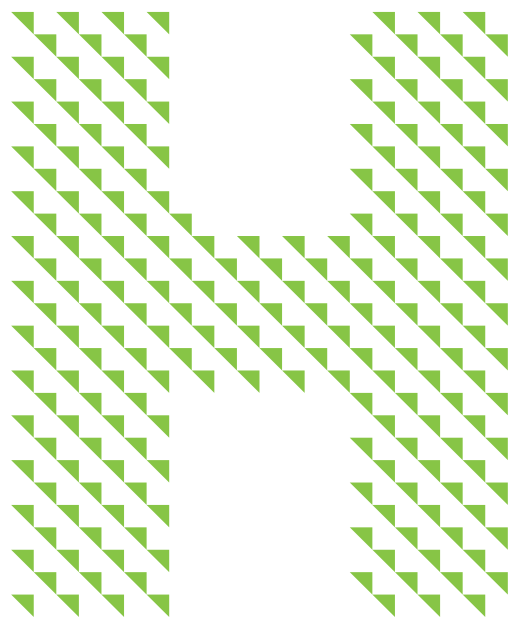
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## WHAT IS *asthma*?



Most people associate asthma with sudden fits of coughing and wheezing, but the disease is actually present 24 hours a day. If your teenager has asthma, the tubes that carry air to her lungs are inflamed and may be swollen and clogged with mucus. This state may not impair her breathing, but it does set the stage for asthma attacks. Her inflamed airway is extra sensitive, and something as seemingly harmless as dust, cold air, or exercise can cause the muscles lining the airway to suddenly squeeze tight, leaving little room for air to pass.

### How can I tell if my teenager has asthma?

Asthma's symptoms can mimic those of pneumonia, bronchitis, allergies, or even a cold, so it's not always clear. Wheezing and coughing (particularly at night) are the most common symptoms of an asthma attack, but other signs -- tightness in the chest or shortness of breath -- are also indications of asthma.

If your teen's symptoms keep him from sleeping through the night or if they interfere with his normal activities, he could have asthma. You should have a doctor examine your child to determine whether or not he has it, and if he does how severely the disease affects his lungs. Keep in mind that many teens with asthma also have allergies; if your teen suffers from hay fever or other allergic reactions, take any sign of asthma seriously. Also, since colds and other respiratory infections often lead to attacks, you should suspect asthma if your teen keeps coughing long after an illness has faded.

### What can I do to prevent attacks?

Try protecting your teenager from the allergies and irritants that commonly trigger attacks. No family members should ever smoke in the house, and urge your teen never to smoke; she should also avoid breathing secondhand smoke. Vacuum your floors regularly, clear her room of major dust traps such as potted plants, rugs, and carpet, and get bedding made of non-allergenic materials. If she's allergic to your pets, ask your allergist for advice. Meanwhile, keep them outside or at least out of her room. (Washing your pet regularly is also effective.) If she suffers asthma attacks only in spring and fall, try limiting her exposure to pollen -- the likely culprit in seasonal allergies -- by keeping

the windows closed and installing filters in your air conditioner. When she goes out in cold weather, remind her to breathe through her nose and suggest that she cover her mouth with a scarf.

Physicians have long speculated that strong emotions can trigger an asthma attack, and a study from the University at Buffalo in New York backs up that theory. The research found that young people have nearly twice the incidence of depression compared to peers without asthma and that being depressed can increase their asthma symptoms. In addition, another study found that kids faced with threats such as street violence were twice as likely to show symptoms of asthma as other children. For these reasons, some psychologists recommend suggesting your child have an appointment for counseling if she seems depressed or under a lot of stress.

### Can my teenager still exercise and play sports?

Absolutely. Many top Olympic and professional athletes have asthma, and there's no reason the condition should keep your teen from her favorite sports. If she's prone to attacks during exercise, she may need to use her inhaler right before working out. Swimming is an excellent form of exercise for anyone with asthma because the warm, humid air around a heated pool makes breathing easier. Sports that require constant motion, such as soccer, may be particularly challenging, but your teen can almost certainly find a way to stay in the game. She should always have her inhaler close by, though, in case she needs it.

### How is asthma treated?

Doctors use two types of medications: one that reduces inflammation (a "controller") and one that opens the airways (a "reliever").

Corticosteroids and similar drugs -- which are either inhaled, injected, or taken as pills -- can ease the inflammation in your teenager's airways and make her less likely to have attacks. Bronchodilators, which are spray drugs usually taken using an inhaler, can make breathing easier by relaxing the muscles that squeeze the airway during an asthma attack. If your child is still struggling to breathe after using the inhaler more than

twice, call 911 or get her to an emergency room immediately.

An asthma journal and a peak-flow meter -- an instrument that gauges how well your child is breathing -- can also be important parts of the treatment plan. By using the peak flow meter regularly to measure the force of her breath and by tracking the number and severity of her attacks in a journal, your teenager can give her doctor information that lets him evaluate how well the treatments are working. Recording what she was doing or feeling just prior to an asthma attack also helps her identify triggers to avoid. Based on this knowledge, the doctor might change your teenager's medications to give her better control over the illness.

### How can I encourage my teen to take her medicine?

Even if your teenager has been dealing with asthma since grade school, she may suddenly have trouble sticking to her treatment. Indeed, one study found that while both children and teens under-used long-term control medication across the board, teens were 20 percent more likely to show signs of inadequate control of their asthma than younger children. Fearful of being teased or ridiculed, many teens try to keep their condition a secret, which often means going without their inhalers or pills.

When left untreated like this, the disease can get worse, leading to permanent lung damage or even a life-threatening attack. Tell your teen that the medications can help her lead a normal life filled with sports and socializing -- if she doesn't try to keep her asthma to herself. Instead, she should tell all her friends and teachers about the condition so they'll be supportive and less likely to panic during an attack.

The good news is that by taking an active role in managing asthma, your teen can lead a full life.

*Further Resources: The American Lung Association, (800) 586-4812 or <http://www.lungusa.org>, has more tips to help both you and your teenager cope. The Asthma and Allergy Foundation of America, (800) 727-8462, offers referrals to books, pamphlets, videos, and local support groups*



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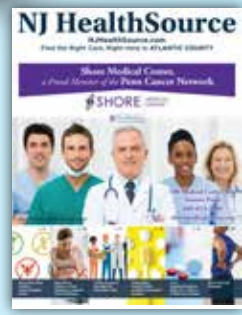
**Salem County** comprises of **372.33** square miles of land (89.1%) and 40.43 square miles of water (10.9%).<sup>1</sup>

## Did you know?

Did you know? The county's name is derived from the Hebrew word "Shalom," meaning "peace." Interesting fact: The County courthouse is the oldest active courthouse in New Jersey.

This edition features over **200** health and wellness providers!

Tooth decay has led to 60 percent of adult Americans losing their upper right, middle molar.



Sources:  
[https://en.wikipedia.org/wiki/Salem\\_County,\\_New\\_Jersey](https://en.wikipedia.org/wiki/Salem_County,_New_Jersey)  
<https://www.health24.com/Lifestyle/Woman/Your-life/30-weird-medical-facts-20120721>





# The **HEART** and *Smoking*

## **Addiction recovery can add years to your life.**

Everyone is aware that cigarettes have the potential to kill. You've undoubtedly known a smoker who has died or is dying of lung cancer by the time you reach middle life. But lung cancer and emphysema aren't the only dangers of smoking; heart disease is also a significant concern.

According to the American Heart Association, cigarettes are responsible for up to a third of all heart disease fatalities in the United States each year. Smoking doubles or quadruples your risk of cardiovascular disease. Starting with as few as four cigarettes per day, your risk increases as you increase the number of cigarettes you smoke. Secondhand smoke (smoke from other people's cigarettes) increases your risk of heart and cardiovascular disease over time.

If you've ever smoked a cigarette, merely reading these figures may cause your chest to tighten. But don't be discouraged: there is a way off the path to a heart attack. If you quit smoking for good, you can reduce your risk of heart disease considerably in a short period of time. If you already have cardiac problems, stopping the habit could help you get

better.

## **What are the effects of smoking on the heart?**

Smoking enables quick and efficient delivery of nicotine into the bloodstream. Cigarettes are popular for a reason: the nicotine in cigarette smoke causes an adrenaline rush, which gives you a boost of energy. However, your heart may be suffering when you're having a good time. Adrenalin increases your heart rate and constricts your arteries. It's possible that your blood pressure will rise somewhat, placing additional strain on your heart. Furthermore, carbon monoxide absorbed by smoking depletes the body's oxygen supply because red cells are faster to prey on and bind to the toxic gas than they are to assimilate oxygen.

To make matters worse, the chemicals in cigarette smoke hasten the onset of atherosclerosis, a disease of the big and middle arteries. Damage to the blood arteries causes them to be less able to "relax" in this disease. Smoking contributes to this by hardening arterial walls, which can cause plaque to break and cause a clot to develop, clogging an artery. Smoking also accelerates the oxidation, or breakdown, of some fats or lipids

(LDL or "bad" cholesterol in particular). Blood clotting and the level of inflammatory chemicals in the blood are both increased as a result of this process.

All of these events have the potential to harm or poison the blood vessel lining. Inflamed arteries make it easier for cholesterol and other lipids to "stick" to the vessels, and damage to the inner lining of the arteries makes this easier. As a result, fatty deposits known as plaque can build up in the arteries, hardening them. Cigarettes exacerbate the problem by lowering HDL, or "good" cholesterol, which aids in the removal of artery-clogging LDL ("bad") cholesterol from the bloodstream.

In reality, many smokers are on the fast track to a heart attack. When plaque clogs the arteries feeding the heart, a condition known as coronary heart disease, the organ can become oxygen-depleted. This can result in excruciating chest pain (angina). A section of the heart will shut down if an artery becomes entirely obstructed. Myocardial infarction is what doctors call it, although it's more commonly known as a heart attack.

## **Is secondhand smoke harmful to your health?**

Yes. Although sitting in a smoke-filled room isn't as dangerous as smoking, there is significant evidence that secondhand smoke can harm your heart and circulatory system. Secondhand smoking increases the risk of heart disease by 25 to 30 percent for nonsmokers and lung cancer by 20 to 30 percent, according to research by the US Surgeon General. According to the findings, there is no safe level of exposure.

## **Isn't it true that smoking is on the decline?**

Cigarette consumption has decreased in states like California, which have legislation prohibiting smoking in workplaces and restaurants. However, smoking is still the greatest cause of preventable mortality in the United States, with more than 15% of adult Americans smoking. The issue for young people is that many equate smoking with being mature, emancipated, and fashionable; teenage females, in particular, may smoke in order to maintain their slim figure. According to studies, although cigarette smoking has decreased marginally among high school students since 2011, more are now using e-cigarettes and hookahs.

Smoking-control programs, on the other hand, provide hope. According to a study by researchers at the University of California at San Francisco, California had 33,000 fewer heart disease fatalities than projected over an eight-year period, which they linked to a decrease in cigarette smoking as a result of the state's tough tobacco control program. Furthermore, those Californians who continue to smoke are doing so less frequently.

## **Is it too late to make a change? It's a perfect moment to quit**

smoking, no matter how long you've smoked or how much you've smoked. Your heart will relax shortly after you stop smoking, and your blood will become thinner and less likely to clot. The inner lining of your arteries will start to mend, significantly decreasing plaque accumulation.

This is fantastic news for your heart. Unlike the lungs, which continue to have an increased risk of lung cancer even after you stop smoking for ten years, your heart is more forgiving. Within two or three years of quitting smoking, your risk of heart attack will be comparable to that of someone who has never smoked. Over a three-year period, quitting

smoking reduces the risk of heart attack by roughly 65 percent, with half of the benefits occurring in the first 3-6 months. If you've already had a heart attack, quitting cigarettes will reduce your chances of having another one by half.

Switching to low-nicotine brands, on the other hand, did not appear to lower the risk of a heart attack.

## **What is the best way for me to stop smoking?**

It's not simple to break free from nicotine's grasp. Make a date in your calendar for quitting for good. Inform your relatives and friends that you will require their assistance. When it's time to quit, a nicotine patch or gum can help you overcome your cravings. (First, consult your doctor to ensure that the patch is appropriate for you.) To help you quit smoking, your doctor may prescribe the prescription medications bupropion (Zyban) or varenicline (Chantix). However, the Food and Drug Administration warns that these medications can induce mood swings, sadness, and even suicidal thoughts in some people, so talk to your doctor about it first, and if you do decide to take them, report any changes in your mood or behavior to your doctor right away.



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**For cancer patients, depression means much more than just a dark mood.** The illness, which strikes up to 25 percent of all cancer patients (compared with about 7 percent of the general public), can sap a person's immune system, weakening the body's ability to cope with the disease. Patients fighting both depression and cancer feel distressed, tend to have trouble with everyday tasks, and often can't follow medical advice. Indeed, doctors believe that depression, if left untreated, can shorten a cancer patient's life. A study by the California Department of Health and Human Services found that cancer patients without strong social ties were three more times likely to die earlier than their socially active counterparts.

Can treating depression help?

Yes, according to researchers. When a person suffers from cancer and depression, treatment for the mind can give the rest of the body a huge boost. A study of women with advanced breast cancer, conducted at Stanford University, found that those who attended weekly support groups lived an average of 18 months longer than those who didn't. Although more recent research has not found such an effect on survival rates, it has shown that support groups improve the quality of life for patients.

A later study at UCLA of patients with malignant melanoma found an equally remarkable trend. Patients who participated in group therapy were three times more likely to be alive five to six years later than those who didn't receive therapy.

Antidepressants may also play an important role in the fight against cancer. An Israeli study found that antidepressants increased the levels of natural killer cells — soldiers of the immune system that destroy cancer cells

and other intruders — in a group of cancer patients. The bottom line is that treating depression in cancer patients not only eases symptoms of pain, nausea, and fatigue, it may help them live longer and enjoy a better quality of life.

Can depression actually increase the risk of cancer?

Since depression can hamper natural killer cells (lymphocytes that kill cancer cells and microbes) and other natural defenses the body deploys, scientists have long wondered whether the mental condition made people more vulnerable to cancer. Early studies had mixed results; research in the late 1990s involving 4,825 people ages 71 and over provided the first strong evidence that long-term depression could actually increase the risk of cancer. After taking into account factors such as age, sex, race, disabilities, alcohol use, and smoking, researchers from the National Institute of Aging found that subjects who had been chronically depressed for at least six years had an 88 percent greater risk of developing cancer within the following four years. The researchers cautioned that further studies would be needed to prove any cause and effect.

Further Resources  
National Institute of Mental Health  
<http://www.nimh.nih.gov>

International Foundation for Research and Education on Depression  
<http://www.ifred.org>



# BABYPROOFING

With his 2-year-old upstairs taking a nap, Tim Anderson\* seized the chance to do some yard work. A few moments later, he was bewildered to find the toddler lying on the lawn, crying inconsolably. That's odd, he thought: How did he get downstairs so fast? Then, to his horror, he noticed a window screen lying beside his son. Alone in his room, the enterprising tot had managed to push out the screen on the window beside his bed. After that, he had tumbled onto the roof and fallen two stories to the lawn below.

Thankfully, the story has a happy ending: The little boy had only a minor concussion and made a complete recovery. But his parents still relive the terror of that day. "We were so scared," his father recalls. "We kept asking ourselves, why did we put the bed beside the window? We felt like the worst, the stupidest parents on the planet."

What the Andersons realized is how hazardous an ordinary house can be for a family with children. According to the Consumer Product Safety Commission, approximately 2,200 children are killed and 3.4 million unintentionally injured at home each year. Fortunately, many of these accidents can be prevented with a little advance planning and simple devices that you can find at almost any drugstore and discount retailer.

Making a house safe for babies and toddlers to explore is a big job, but you don't have to do it all at once. Experts recommend that parents conduct periodic safety surveys of the home. That includes literally crawling around on the floor to see the world from your child's view. (Some doctors note, however, that if you do that every six months for three years, you may have a greater risk of hurting your back than keeping your child from harm.) Here's a room-by-room guide for what to do from the very beginning.

### NURSERY

Even before your baby is born, you can make sure the room she'll be staying in is safe. At first, babies will spend a lot of their time in the crib or on the changing table, so here are some suggestions for choosing and placing the furniture:

- Look for a crib that has a Juvenile

Product Manufacturer's Association sticker. This means the crib has met the organization's safety standards.

- Don't buy a crib with splinters, cracks, missing parts or peeling paint.
- Do not choose a crib with elevated corner posts (more than 1/16 of an inch) or decorative cutouts in the headboard.
- Ensure that crib slats are no more than 2 and 3/8 inches apart.
- Make sure all screws, bolts, and other hardware are securely installed to prevent the crib from collapsing.
- Be sure the crib mattress fits snugly. You should be able to slide just one finger between the mattress and the side rails and headboard.
- Don't put pillows, soft bedding, electric blankets, heating pads, or stuffed animals in the crib.
- Do not place the crib or changing table near a window, and replace all blinds with cords with cordless blinds.
- Always use the safety belt when your baby is on the changing table, and don't turn your back for one second.
- Place a slip-free rug under the changing table and crib to provide some protection in case of a fall.
- Electric space heaters should be at least three feet away from the crib, bedding, and draperies to prevent fire.
- It's best to buy a crib new, since safety standards have changed over the years. If you do buy a used crib, make sure you know what make and model it is so you can check with the Consumer Product Safety Commission on whether it has been recalled. You may check on their Web site by searching under "cribs" at <http://www.cpsc.gov/cgi-bin/prod.aspx>, or by calling their recall hotline at 1-800-638-2772.
- Make sure night lights don't touch fabric like curtains or bedspreads. If possible, don't use a nightlight.
- If you still have blinds with cords, never put the crib near them and replace them with cordless blinds before the baby starts crawling.

### WHEN YOUR BABY CAN PULL UP OR STAND UP ON HER OWN:

- Remove bumpers, pillows, stuffed animals, and other toys from the crib so your baby can't use these to climb on.
- Take down mobiles and hanging crib toys.

- Remove strings on crib toys and pacifiers if they are more than 7 inches long, so they do not become a strangling hazard.
- Move the crib bottom holding the mattress to its lowest position.
- Make sure to replace all blinds with cords with cordless blinds and ensure all drapery is rolled up out of a baby or toddler's reach.
- Kitchen

From hot stoves to sharp knives with appliance cords in between, the kitchen is arguably the most dangerous room in the house -- and the one that you probably spend a lot of time in. Here's how to stay safe:

- Don't hold your baby while you're cooking. One solution is to put your baby in a playpen when you're cooking to keep her from getting underfoot when you are moving hot pots and pans.
- Put your baby down while drinking hot coffee or tea.
- Avoid warming baby bottles in the microwave -- the milk or formula may heat unevenly and scald your baby.

### WHEN YOUR BABY CAN WALK OR CRAWL:

- Use baby gates or a playpen to limit the areas of the room your child has access to.
- Store all cleaning supplies out of reach, preferably in a locked cabinet that's high off the ground.
- Store alcohol in a locked cabinet.
- Secure knives and other sharp utensils or heavy pots in an out-of-reach or locked cupboard.
- Place knob protectors on stove knobs if they are on the front of the stove.
- When cooking, turn pot handles toward the back or side of the stove where they are less likely to hang off the counter and be pulled down by little hands. If possible, use only the back burners.
- Keep chairs and step stools away from counters and stove.
- Keep electrical appliances unplugged and out of reach and use outlet covers to keep baby from sticking her fingers into the sockets.
- Make sure appliance cords are wrapped

# YOUR HOME

- short, so when they are in use children cannot pull coffee makers, toasters, or other electric appliances off counters.
- Avoid using tablecloths or runners that your child could pull down.
- Store the trash can in a locked cabinet, or use one with a child-resistant lid.
- Put safety latches on cabinets so that baby can't get into unwanted places, and keep the dishwasher detergent and other household poisons in a high cabinet out of reach of little hands -- toddlers eventually figure out how to open safety latches.

### BATHROOM

Everyone has heard the warning that a child can drown in as little as one inch of water, so the bathroom is another danger zone. In fact, drowning is the second-leading cause of death for children age 1 to 14, and children under age 1 most often drown in bathtubs, buckets, or toilets. Scalds and burns are also common injuries in the bathroom. Here's how to keep your baby safe:

- Set your water heater no higher than 120 degrees F.
- Turn on cold water first, and turn it off last when filling the tub (or running water in the sink).
- Fill the tub with just enough water to cover baby's legs.
- Always test bathwater with your elbow before putting baby in the tub.
- Never, ever leave your baby unattended in the bath, even for a few seconds.
- Unplug electric appliances when not in use, and store them away from the tub, sink, and toilet.
- Make sure you have ground fault interrupters on electrical outlets near sinks and bathtubs.

### WHEN YOUR BABY CAN WALK OR CRAWL:

- Install a safety latch on your toilet. For added safety, ask other family members to lower the toilet seat and keep the bathroom door closed at all times.
- Install a nonskid mat or decals in the bathtub.
- Put a nonskid rug on the floor beside the tub.
- Although they don't guarantee your child's safety, you should use child-

- resistant caps on all prescription and over-the-counter medications, vitamins (especially if they contain iron), and herbal treatments. Store medications and supplements in their original containers, and keep them in a locked cupboard.
- Keep mouthwash, toothpaste, and cosmetics out of reach.
- Store any sharp utensils like scissors, razors, tweezers, etc. in a locked cabinet.

### GENERAL PRECAUTIONS

Of course, there are some precautions that you should take in every room of your house. The Consumer Product Safety Commission recommends using the following safety devices:

- Safety latches and locks for cabinets and drawers. (Caution: Babies and toddlers often figure out how to open safety latches, so latches may only slow them down.)
- Safety gates to prevent falls and keep kids out of dangerous areas.
- Door knobs and door locks.
- Anti-scald devices for faucets and showerheads (in addition to setting your water heater to 120 F or lower).
- Smoke detectors for every bedroom and hallway of your home and on each level.
- Window guards and safety netting to prevent falls.
- Corner and edge bumpers to soften sharp edges on furniture and fireplaces.
- Outlet covers and outlet plates to keep curious fingers out of electric sockets.
- Carbon monoxide detectors outside of every bedroom in the house.
- Window cord safety devices to prevent strangulation.
- Door stops and door holders to keep small fingers from getting pinched in interior doors.
- Cordless phone so you never have to leave your child unattended to answer the phone.

### IN ADDITION, YOU SHOULD:

- Keep button batteries and items that contain them far out of children's reach. These batteries -- found in TV remote controls, toys, cameras, thermometers, and even musical greeting cards -- can cause disabling and even fatal burns to

the esophagus in children who swallow them.

- Get rid of any trunks that automatically lock -- children can suffocate if they get trapped inside them.
- Install safety hinges on toy boxes. Better yet, these days most toy stores carry child-safe toy boxes that prevent young children from catching their fingers under the lid.
- Position entertainment equipment so children cannot pull down televisions, stereos, VCRs, or DVD players -- babies and toddlers have been killed when flat-screen or heavy TVs have fallen on them.
- Secure furniture (like bookshelves, entertainment centers, and bureaus) to the wall so that they don't topple over onto small children.
- Move furniture that a child can stand on away from windows.
- Place houseplants out of children's reach. (Learn the names of all your plants in case a child eats one of them -- better yet, get rid of any that could be poisonous if eaten.)
- Keep foods and other objects that are choking hazards away from children age three and younger. These include popcorn, whole grapes, hot dogs, batteries, coins, buttons, small magnets and hard candies.

Although childproofing is a daunting and never-ending task, how much or how little you do is entirely up to you. If you don't feel up to the task, consider hiring a professional to evaluate your house -- and sell you the childproofing products he or she recommends. Most medium-sized towns have child-proofing services. But remember, proper supervision is the best safety measure of all.

\* Tim Anderson is a pseudonym.

Further Resources:  
American Academy of Pediatrics (AAP), 141 Northwest Point Blvd. Elk Grove Village, IL 60007 <http://www.aap.org>  
American Red Cross, 2025 E Street, NW Washington, DC 20006 <http://www.redcross.org>  
National Safety Council, 1121 Spring Lake Drive Itasca, IL 60143-3201 <http://www.nsc.org>  
Poison Control Centers, Tel. (800) 222-1222 (to reach any of the 65 local poison control centers in the U.S.) <http://aapcc.org>  
U.S. Consumer Product Safety Commission (CPSC), Washington, D.C. 20207-0001 <http://www.cpsc.gov>





# Coping with Infertility

When getting pregnant doesn't happen easily, it may come as a surprise. But when pregnancy is unattainable after repeated fertility treatments, the stress can precipitate a crisis among even the most loving couples.

Each time a treatment is unsuccessful, many couples begin to doubt the value of going through further procedures, especially if they are expensive, as in vitro fertilization (IVF) can be.

A woman or her partner are considered to be infertile if they have tried unsuccessfully for a year to create a pregnancy. If they're in their 30s or older, the couple may need to be evaluated by a fertility specialist after trying diligently for six months. Infertility doesn't mean there won't ever be a pregnancy just that there's a problem that could warrant intervention.

"Couples dealing with infertility often have a horrific time," says Alice Domar, PhD, founder and director of the Mind/Body Center for Women's Health at Boston IVF and author of *Conquering Infertility*. Domar says it may be the first time that a couple has dealt with a crisis, and many don't know how to face it.

That stress of infertility is one of the reasons why the American Society of Reproductive Medicine calls it "one of the most distressing life crises that a couple has ever experienced together."

It's also the reason why many fertility clinics like Boston IVF also have mental health services to respond to the depression that can come with infertility. Many of the clinics offer psychological counseling, yoga, stress management, and other relaxation techniques that can lessen the strain.

## What signs should you watch for?

Many of the feelings that infertility brings on can be similar to depression. They include:

- loss of interest in usual activities
- depression that doesn't lift
- strained interpersonal relationships (with partner, family, friends and/or colleagues)
- difficulty thinking of anything other than having a baby
- high levels of anxiety
- diminished ability to accomplish tasks
- difficulty with concentration
- change in sleep patterns (difficulty falling asleep or staying asleep or sleeping more than usual)
- change in appetite or weight
- increased use of drugs or alcohol
- thoughts about death or suicide
- social isolation
- persistent feelings of bitterness or anger
- persistent feelings of pessimism, guilt, or worthlessness

People should also examine whether they can handle the financial sacrifices that are necessary. Many who turn to fertility treatments are straining their bank accounts and don't know when to stop. The average IVF cycle, for example, costs about \$12,400, and many women undergo multiple treatments before they give up.

Even when insurance is available for medical services, "studies show that 50 percent of insured couples undergoing infertility treatment drop out before completing the number of cycles they're covered for," according to Domar.

## What can you do to lessen the strain?

Think realistically about how much you're willing to pay for fertility treatments. If you have to go through two or three cycles of IVF, how much will it strain your budget? Do you have to mortgage your house? Can you turn to savings or relatives to help with the effort?

Many clinics offer financial counselors who can set up long-term payment plans that do not involve large payments every month.

Experts suggest that patients should take advantage of fertility clinics offering

mental health services for people going through treatments.

Domar, for example, teaches patients at the Boston IVF clinic a number of strategies to help minimize stress, including relaxation techniques and deep breathing exercises that minimize their anxiety at night. Domar counsels them not to fall prey to the cycle of hope and despair that comes with each cycle of infertility treatment.

Not only do these programs alleviate the mental strain, they also seem to help with the medical success of treatment. A small, ground-breaking Harvard study showed that infertile women who participated in a relaxation program became significantly less anxious and depressed, and 34 percent became pregnant within six months of completing the program. Since then, other researchers have also noted the connection between stress levels and pregnancy. According to another study of 151 women undergoing in vitro fertilization, those with higher stress levels produced fewer eggs for retrieval and had fewer embryos transferred than women feeling less stress. Finally, experts say, don't think of fertility treatments as the last chance to have a child in your life. Many couples consider adoption when treatments are unsuccessful.

"I was in despair when I was unable to get pregnant," said one woman in Palo Alto, who preferred not to be named. "But once I decided to adopt, those feelings receded and were replaced by joy, hope and excitement. Now that I have my daughter, I feel complete."

Domar urges her patients to join a support group, where they can share their feelings and find understanding among men and women who also face infertility. Sharing these thoughts among others can banish the sense of isolation and discourage negative thinking.

"You look around the room and realize you're not the only one," she says.



Choking is a dangerous condition that affects people of all ages. A piece of food, a child's toy, or blood from an injury that becomes trapped in the neck might cut off a person's breathing supply. The brain begins to die after four to six minutes without air. Quick action can save a life if someone is choking.

**Is it possible to determine whether someone is choking?**  
As he attempts to breathe, a choking victim will often place both hands on his throat. He won't be able to communicate. Don't be hesitant to provide assistance. His lips and nails will turn blue after a minute or two, and he may pass out. There's a good likelihood the windpipe is clogged if someone is unresponsive and not responding to CPR. Examine his airway to discover if anything is obstructing it. If you see anything, use your fingers to try to remove it. If the person is conscious, don't try this.

**What is the abdominal thrust maneuver, and how does it work?**  
The abdominal thrust maneuver is a procedure for removing an object that is obstructing a person's airway. It operates by blasting air upward via the windpipe. The American Red Cross recommends alternating five back blows with five abdominal thrusts.

For victims over the age of one year, the abdominal thrust maneuver consists of four essential steps.

1. Take a step back and wrap your arms around the victim's waist.
2. Make a fist between the ribcage and the victim's navel.
3. With the other hand, grab one fist and quickly drive upward.
4. Continue until the thing is removed.

# Choking (in Children)

If no one can help you and you're choking, you can do a modified abdominal thrust maneuver on yourself. Place your fist on your upper belly, grab it with your other hand, and push upward until the thing comes loose. You can also press your upper abdomen against the back of a chair, a table, or another immovable object to do the thrusts.

Get medical treatment right away after you've dislodged the thing.

**What should I do if the person who is choking is unconscious?**  
Straddle the victim around the waist and lay her on her back. Place one hand's heel on her upper abdomen, the other on top of the first, and make numerous fast upward thrusts until the thing is evacuated. If she doesn't answer, begin CPR right away.

**How can I assist a choking baby?**  
Lay the newborn face down across your forearm, placing his head in your hand, using your lap or thigh for support. The infant's head should be lower than the body and inclined downward. Deliver up to five quick hits between the shoulder blades with the heel of your other hand. If this doesn't work, roll the baby over and rest him on your thigh or lap again while holding his head in your palm. Place your free hand's forefinger and middle finger halfway between and just below the infant's nipples. Up to five times, thrust straight down, compressing the chest by roughly 1 inch.

Five back blows and five chest thrusts should be repeated until the object is dislodged. If it doesn't come free and the baby becomes unresponsive, stops breathing, or becomes blue, yell for help, perform infant CPR (if you're trained), and dial 911. Never reach into

an infant's mouth to remove an object unless you can see it, and never when the youngster is awake.

**Is there any danger in performing the abdominal thrust maneuver?**  
If you perform the abdominal thrust maneuver incorrectly, you risk cracking a rib or causing serious injury. Avoid putting too much pressure on the victim's ribcage when performing the maneuver. There's no cause to break ribs if you do the abdominal thrust maneuver correctly, with your arms just below the breastbone. Once you've ensured that your hands and arms are appropriately positioned, don't be afraid to employ enough force to dislodge the item. Of course, only employ the abdominal thrust maneuver if you're certain someone is choking and can't breathe.

**What can I do to avoid choking?**  
The greatest approach to avoiding choking is to make sure your children chew their food fully and slowly. Food for children should be cut into little pieces.

According to the CDC, 60 percent of children who are transported to the ER for nonfatal choking events are choking on food. Whole grapes, almonds, popcorn, and hot dogs are some of the most prevalent offenders. Coins, marbles, popped balloons, and small toys are all common choking hazards for young children.

**Additional Resources**  
**Check out the Red Cross illustrated primers for performing the abdominal thrust technique on infants, children, and adults:**

[https://www.redcross.org/content/dam/redcross/atg/PDFs/Take\\_a\\_Class/Adult\\_Ready\\_Reference\\_Card.pdf](https://www.redcross.org/content/dam/redcross/atg/PDFs/Take_a_Class/Adult_Ready_Reference_Card.pdf)



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# How Fatty Acids Protect Heart

What do Greenlandic Inuits and citizens of Tokyo have in common? More than you might think: Both groups have a low risk of heart disease and consume a lot of fish. Nutritionists now believe that the fact that such drastically different groups have similarly low rates of heart disease may not be a coincidence.

Fish is excellent for your heart whether you dwell in an igloo or a skyscraper. Not only is it high in protein and low in saturated fat, but it can also be a good source of omega-3 fatty acids, which are an important ingredient for a healthy heart.

Fish has risen to great prominence in the medical community in recent years. The time has come, according to an editorial in the American Journal of Cardiology, to add fish and fish oil supplements to the list of the recommended therapy for coronary heart disease. So, is it a good idea to store up salmon? Could fish oil capsules help you stay alive? Here's all you need to know about fish and the heart.

**Omega-3 fatty acids, anyone?** Omega-3 fatty acids, which are found in all fish, are the key to these heart benefits. Omega-3 fatty acids are abundant in salmon and other fatty fish, and they're not just good for you; they're necessary for living. Omega-3 fatty acids are essential components of the membranes that surround every cell in the body. They also aid in the regulation of hormone and other chemical messenger flow.

Numerous studies have found that eating a diet high in omega-3 fatty acids is beneficial to one's heart. Three recent studies found that these fatty acids helped protect the heart from "sudden cardiac death," which accounts for half of all heart-related deaths. (This happens when the heart starts to beat irregularly and then stops.) The following is a summary of the findings:

According to a study published in the New England Journal of Medicine, healthy men with higher levels of omega-3 fats in their blood were less likely to die during a 17-year period than healthy men with lower levels of omega-3 fats.

According to the Journal of the American Medical Association, healthy women who ate fish five times a week or more had a 45 percent lower chance of dying of heart disease over the next 16 years than healthy women who ate fish less than once a month.

According to a study published in the medical journal Circulation, men who were given one gram (1,000 milligrams) of fish oil supplements daily were 53 percent less likely to die of sudden death than men who were given

a placebo (false pill).

According to Meir Stampfer of the Harvard School of Public Health, who co-authored two of the papers, the evidence from the clinical trial is particularly compelling. When scientists add to that evidence "previous studies on human, animals, and cell cultures," Stampfer told the journal Nutrition Action, "we can now claim that fish oils prevent arrhythmia [irregular heartbeat] and abrupt death."

Omega-3 fatty acids, notably eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) have been shown in previous animal and cell research to assist the heart stay in rhythm and provide powerful protection against severe arrhythmias. They also improve "heart rate variability," which is a crucial indicator of the heart's strength and flexibility. Additionally, fats aid in the prevention of blood clots, the slowing of artery inflammation, and the regulation of triglyceride levels in the body, which are derived from fat and linked to heart disease.

Fish oil has also been shown in human trials to be able to swing the balance between life and death. A study of nearly 20,000 men published in the Journal of the American Medical Association found that eating fish at least thrice a week reduced the risk of cardiac arrest by half. A daily dish of fish lowered the two-year death rate by about 30%, according to the Diet and Reinfarction Trial, which included more than 2,000 male heart attack survivors. Patients who increased their fish consumption were also less likely to have another heart attack. And the pro-fish evidence keeps growing: a study of over 43,000 men published in the Journal of the American Medical Association on December 25, 2021, indicated that men who ate fish once a month or more had a 40% lower risk of specific forms of stroke.

**Fish consumption in the United States is low** The issue is that the body cannot produce omega-3 fatty acids on its own, and the quantity in the American diet has decreased dramatically. Omega-3s can be found in a variety of seafood, but they're particularly abundant in fatty fish, wild game, and free-range livestock, which aren't exactly the most popular foods on today's menu.

However, heart patients may not need to eat fish to reap the benefits of omega-3 fatty acids. A three-year study of 11,300 heart attack survivors discovered that fish oil supplements (the equivalent of around 850 milligrams of omega-3s per day, or less than one gram) reduced the risk of sudden cardiac arrest by 45 percent. The total death rate has decreased by 20%.

All of the research speaks to one conclusion: if you're

concerned about your heart, include seafood in your diet. (Vegetarians can increase their omega-3 intake by eating more dark leafy greens, seaweed, walnuts, and flaxseed oil unless they have bipolar disease.) If you have coronary heart disease or numerous risk factors for the condition, an extra boost of omega-3s can be extremely beneficial.

The American Heart Association suggests eating fish twice a week, with oily fish like salmon, tuna, herring, and mackerel producing the highest omega-3s. There is, however, a catch, as with so everything in modern life. For some people, eating too much deep-sea seafood can be dangerous.

Mercury from mining and industries has crept into waterways, contaminating nearly all fish and shellfish. Although the concentrations of mercury in most fish aren't high enough to be dangerous, some fish have more mercury than others. Women who may become pregnant, women who are already pregnant, nursing mothers, and young children should avoid eating shark, swordfish, king mackerel, or tilefish, and should consume no more than one six-ounce can of albacore tuna per week, according to the Environmental Protection Agency and the Food and Drug Administration.

Salmon levels of potential carcinogens have some researchers concerned. When Indiana University researchers compared wild salmon to farmed salmon, they discovered farmed salmon had considerably greater levels of PCBs (polychlorinated biphenyls) and dioxins. Some studies have connected these chemicals to cancer. The experts suggest consuming no more than 1 to 2 meals of farmed salmon per month to be healthy, however wild salmon can be consumed up to 8 times per month.

**Fish oil pills are causing a stir** According to Harvard Medical School's Andrew Stoll, MD, in his book The Omega-3 Connection, "Every now and then, scientists find a chemical with revolutionary potential, one capable of curing previously incurable diseases and improving the quality of life for the rest of us. Omega-3 fatty acids, which are found in plain fish oil and were formerly abundant in our diet but are now scarce, could be such a chemical."

Fish oil, ideally from the diet, is recommended by the American Heart Association (AHA). While healthy men and women should be able to acquire enough Omega-3s from two or more servings of fish per week, people with coronary artery disease may wish to discuss supplementation with their doctors because diet alone may not be enough. The American Heart Association notes that

while research has indicated that supplements help prevent cardiovascular events such as death, nonfatal strokes, and heart attacks, the optimal amount is yet unknown. More research is needed to identify what is best for various cardiovascular problems.

According to the Berkeley Wellness Newsletter, healthy people should acquire their omega-3s from fish rather than supplements, citing an FDA warning that taking more than 3 grams of omega-3 per day can raise the risk of hemorrhagic (bleeding) stroke. However, people who do not consume enough fish in their diet should take up to a gram of fish oil every day, according to Nutrition Action, a reputable newsletter produced by the Center for Science in the Public Interest. Fish oil is extremely safe at such an amount, according to the study. They point out that most fish oil pills only contain 180 milligrams (0.18 gram) of EPA and 120 milligrams (0.12 gram) of DHA, implying that you'd have to consume more than 10 capsules each day to get to 3 grams.

Fish oil supplements are "generally acknowledged as safe," according to the FDA, even at three times the recommended amount. A "fishy burp" and loose stools are the most typical side effects. To assist reduce them, take a modest amount with each meal rather than a large dose on an empty stomach. To avoid fatty acid oxidation, you should also take vitamin C and vitamin E supplements.

**A few more words of caution** Make sure you read all of the labels. As an omega-3 source, avoid cod liver oil or any other oil derived from fish liver, as these can contain dangerous amounts of vitamin A. Also, 6 ounces of cooked Atlantic salmon can have 3 grams of omega-3 fats, 3 ounces of sardines can have up to 2.8 grams, and trout can have up to 2 grams. (Other types of fish have a serving size of fewer than 2 grams.) To avoid consuming more than 3 grams of omega-3s, skip the fish oil capsules on days when you consume salmon or a can of sardines.

Another issue is that fish oil can slightly raise your LDL cholesterol levels, which can block your arteries. The considerable reductions in triglycerides that omega-3s provide, according to the American Journal of Cardiology, readily offset this risk.

It's likely that if you start taking fish oil for your heart, other sections of your body will benefit as well. Omega-3 fatty acids, according to recent research, may help relieve the symptoms of arthritis and some mood disorders, such as bipolar disorder, often known as manic depression.



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## Exercise + Depression



Is it true that exercise might help you overcome depression?

Although a gym membership and a new pair of walking shoes aren't magic bullets for sadness, there's no denying that your exercise habits are directly linked to your mood. Many studies have discovered that persons who exercise on a daily basis are less worried and sad than those who do not. Exercise programs have been demonstrated to help heart attack survivors, cancer patients, and others who are dealing with major health issues improve their emotions. You undoubtedly already know that a long walk or a strong tennis game makes you feel more alive and energized than a TV marathon.

Still, don't expect miracles if you're trying to walk (or run, or swim) your way out of the blues. According to recent research, exercise has just a minor effect on depression. The Cochrane Collaboration, which assesses the evidence for various therapies, concluded in 2009 that exercise was about as effective as cognitive behavioral therapy for depression. However, when all of the studies were combined, the improvements were not statistically significant, which means they were not powerful enough to rule out chance.

Without a question, exercise may help you become healthier and happier. However, if you're suffering from depression, it's only one step forward.

What role does exercise play in the treatment of depression? Obviously, focusing your mind and body on something other than your troubles will help you feel better — at least temporarily.

Exercise appears to improve your brain chemistry as well. Working exercise has been shown in studies to increase serotonin levels, the same brain chemical that antidepressant drugs aim to increase. Getting stronger, healthier, and leaner will help you feel better about yourself on a basic level.

However, new research reveals that the link between exercise and mood isn't as simple as it appears. Dutch research of over 3,000 pairs of identical twins, for example, showed no evidence that those who exercised more were less depressed or nervous than their siblings. The researchers came to the conclusion that genetics alone could explain why persons who exercise frequently appear to be protected from depression. The same genetic combination that makes someone energetic and ready to exercise also makes them naturally predisposed to be happy.

What is the best sort of exercise? Everyone believes that any sort of exercise is preferable to none, whether it's for your mood, your heart, or your waistline. When it comes to fighting depression, though, it's difficult to identify which sort of exercise is most effective. Structured, tightly monitored classes have had the highest results in research. In such circumstances, simply being in the company of others and receiving encouragement from a professional may be just as beneficial as the exercise itself.

Indeed, research suggests that having a larger social network is one of the reasons why exercise is so beneficial. Researchers discovered that those who engaged in regular physical activity in their spare time were

less likely to experience depression symptoms in a Norwegian study of over 40,000 people. They tended to benefit more when they had higher levels of social support and participation, regardless of the intensity of the exercise.

If you want to boost your mood by exercising, you should look for a class that you enjoy. A walking group might be an excellent option; you'll get all of the social benefits of a class without the registration fees or the requirement for particular equipment or training. It's crucial to discover an activity that provides you joy and happiness, whether you're working out in a group or by yourself. Sweat isn't an antidepressant on its own. You won't feel any better when you're done if you don't appreciate what you're doing.

How long do you think it'll take you to feel better?

People suffering from serious depression felt better after a single 30-minute activity, according to small research published in the journal *Medicine & Science in Sports & Exercise*. However, if you want to see long-term results, you'll need to make a long-term commitment. According to an article published in the *Harvard Mental Health Newsletter*, an exercise program should be tried for at least two months.

When I can hardly get out of bed, how can I force myself to exercise? If you're too sad to even consider exercising, consult your doctor first about counseling or medication. Once you're feeling a little better, you might try to incorporate exercise into your overall healing strategy.



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# Tasty Ways to add Fiber in Your Child's Diet

Vitamin and mineral deficiencies aren't the major problems in most Americans' diets. It's Fiber. Adult women should consume 25 grams per day, while men should consume 38 grams, according to experts. Despite this, our average weight is only 15 grams.

Our children aren't faring any better. Children aged 1 to 3 should consume at least 19 grams of fiber per day, and children ages 4 to 8 should consume at least 25 grams. According to the AHA, girls between the ages of 9 and 18 require a minimum of 26 grams, while boys between the ages of 9 and 18 require 31 to 38 grams. The majority of children's diets fall far short of their nutritional requirements.

### Why be concerned?

Fiber provides numerous health advantages.

- High-fiber meals fill bellies while consuming fewer calories, so eating a lot of them is essential for keeping a healthy weight.
- Fiber has been demonstrated to lower blood cholesterol levels and lower the risk of a heart attack. (These aren't huge dangers for a 6-year-old, but good eating habits now can help your child live a long and healthy life.)
- It also appears to protect against type 2 diabetes, which is becoming more prevalent among youngsters in the United States, and some malignancies.
- Fiber relieves constipation, which is a less frightening but still unpleasant condition.

### The Bottom Line

Increasing your child's fiber intake is one of the best things you can do to help him thrive. (As a bonus, the many other critical nutrients included in

most fiber-rich foods will enhance his health.) Nutritionists advise starting cautiously because the digestive system needs time to adjust to the extra roughage. Gas and bloating can result from consuming too much food too rapidly. Encourage your youngster to consume extra fluids, particularly water.

**Here's how doctors recommend getting more fiber into your child's diet: More fruits and vegetables should be served.**

Dietary fiber can only be obtained through plant-based foods such as fruits, vegetables, legumes, and whole grains. Aim for at least 2 to 5 cups of fruits and vegetables per day, according to experts.

However, not all fruits and vegetables are similarly high in fiber. Artichokes, avocados, dried fruits, okra (not everyone's favorite), baked potatoes with the skin, pears, and carrots are among the standouts. Focus on the ones that your child enjoys.

**Peeling produce isn't recommended.** Most of the fiber is found in the skin and membranes of apples, pears, potatoes, and many other fruits and vegetables, so resist your child's pleas to peel them unless he genuinely won't eat them otherwise. Just make sure to thoroughly rinse the veggies before serving. Organic vegetables are a good choice if you're concerned about pesticide residue and can afford them (but you should still rinse them well, as many people may have touched them since they left the tree or bush, and they may not be pesticide-free).

**Vegetables can be served raw or minimally cooked.** Many children love crunchy vegetables. Serve your child's favorite

vegetables, such as carrots, celery, cauliflower, and broccoli, with salsa or a low-fat salad dressing for dipping. To keep the majority of the nutrients in vegetables, microwave them in a tiny amount of water or steam them briefly.

However, if your toddler will only eat broccoli if it is mushy, you know what to do: It should be mushy. He might eventually accept lower levels of mush. Make a veggie garden a family activity if you want to increase his interest in vegetables in general. He'll be delighted to see his homegrown snow peas arranged on his dinner dish.

**Whole grain cereals and bread are ideal.**

Whole grains have a higher fiber content than processed grains. They're also high in vitamin E, and B vitamins, such as folic acid, and other essential nutrients. Whole grain cereal with reduced-fat milk is a quick and healthy meal for your child; study labels to choose a brand with at least 5 grams of fiber per serving and that isn't laden with sugar. Add raisins or sliced strawberries for even additional fiber, vitamins, and minerals. When buying bread, don't go by appearances: You could believe that the darker the loaf, the more whole grain it contains.

However, some dark loaves have simply been colored with food coloring. Furthermore, "wheat bread" does not always indicate "whole wheat," and even a loaf labeled "whole wheat" may include more refined flour than you prefer. It's a good idea to study the fine print to see if whole wheat flour, dark rye flour, rolled oats, oat bran, or wheat germ are high on the ingredient list. One piece of nutritious grainy bread from the health food store could include up to 4 grams of fiber.

### Switch the pasta around.

Whole grain pasta, which can be found in the most natural and conventional food stores, provides far more fiber than supermarket counterparts, so test if your youngster would eat them. When the spaghetti is awash in his favorite tomato sauce, he might not notice that you used whole wheat instead of white pasta. In the midst of the cheese, vegetables, meat, and sauce, whole wheat or spelled lasagna noodles are even tougher to spot.

If your youngster objects to the chewy texture or stronger flavor, seek half-whole grain, half-refined pasta, which can be found at many gourmet and health food stores. Alternatively, you could use regular pasta and add vegetables and legumes to boost the fiber content of the dish; try adding peas to macaroni and cheese or sneaking shredded carrots or sliced zucchini into spaghetti sauce.

### Toss in some beans to the mix.

Beans and lentils are excellent fiber sources (not to mention protein, B vitamins, iron, and other crucial nutrients). A quarter cup of kidney beans, for example, contains a significant amount of fiber. Dried lentils cook rapidly, while dried beans typically require soaking before cooking for an hour or more.

If you're too busy to do so, simply buy canned beans, choosing low-sodium varieties when possible, or empty the can into a strainer and rinse the beans. Try black bean chili or a salad with three beans. Incorporate beans into your Tuesday casserole and Wednesday stew. Garbanzo beans (also known as chickpeas) have a nutty flavor that makes them a superb meat substitute in pasta meals.

If your child like falafel, you can make them at home by rolling mashed and spiced garbanzos into balls and baking

them; the results are far healthier than deep-fried falafel. Baked beans are a popular side dish among children; to keep the fat level low, choose a brand without extra meat, such as franks or pork.

### Snack on high-fiber foods.

When your child gets hungry in between meals, keep carrot sticks, celery sticks, fresh fruit, dried fruit, and popcorn available. Offer a fig bar, a raisin biscuit, or an oatmeal cookie when he needs a cookie. Choose whole wheat crackers that are free of hydrogenated oils and spread them with crunchy peanut butter. If he enjoys pretzels, there are varieties with oat bran added — don't worry, he won't notice!

### Play around with grains.

Oats, millet, buckwheat, barley, brown rice, bulgur, triticale, and amaranth are some of the fiber-rich alternatives to whole wheat. Oatmeal is a classic choice for a hearty breakfast, but you can also prepare hot cereal by cooking buckwheat with a pinch of amaranth (high in calcium, iron, and complete protein); add chopped fruit and a sprinkle of brown sugar.

Tabbouleh (bulgur wheat mixed with parsley, mint, lemon juice, olive oil, onion, and tomatoes) is a delicious side dish, but children's palates aren't always ready for it, so make a simple bulgur pilaf instead. Whether your youngster doesn't like brown rice, consider if a mixture of brown and white rice will satisfy him (to cook them together, start the brown kind first and add the white for the last 20 minutes).

Millet is a versatile grain that can be made into hot cereal, pilaf, casserole, or pudding. Combine millet, honey, a drop of vanilla essence, sliced dates, and yogurt for a delicious, fiber-rich dessert.





# SHINGLES: The Uncomfortable Truth

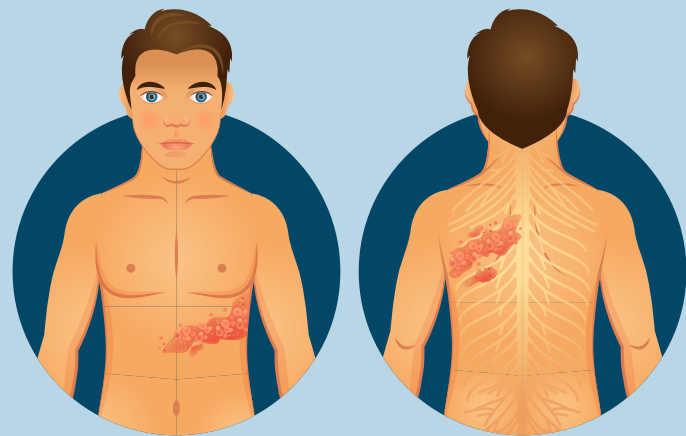
For many adults, getting chickenpox as a child was a big deal. People who had chickenpox as kids are more likely to get shingles, which can be very painful. This is because one in three adults who had chickenpox as a child will get shingles later in life when they least expect it.

Varicella-zoster is the same virus that causes chickenpox. It can happen at any time after you get chickenpox, but it's most likely to happen after you're 50.

## Who are at risk?

- Individuals above 50 years of age.
- People suffering from certain diseases that weaken their immune systems, like HIV/AIDS and cancer.
- Patients undergoing radiation or chemotherapy.
- People with long-term exposure to immunosuppressive drugs like steroids.
- People with high-stress levels.

The two illnesses are caused by the same virus, but the shingles rash is different from the chickenpox epidemic that has spread across the country. There are clusters of painful, red bumps on the skin that blister and then scab over. Several people report that they have pain or tingling on their skin before they have the shingles rash show up on their skin. Symptoms like headache, fever and light sensitivity may happen in some patients in the days before the rash shows up.



## Treatment

Treatment for shingles includes controlling pain and giving antiviral medications to people who have a rash for three days after it starts. Eventually, your body will get rid of the rash, but it is possible to get an infection from the bacteria that breaks down the skin because of the rash.

In most cases of shingles, it will start to crust over and heal in one to two weeks. The virus can spread when the rash is in the blister phase, so it's important to cover the rash as to not spread it to others. Because most people with normal immune systems don't get sick when the blisters are dry and crust over, the rash is not usually contagious after that.

Following shingles, people often get postherpetic neuralgia. There is pain even after all of the blisters have gone away. For many people, this pain lasts a long time. The rash can cause pain in the area where it is. It can cause burning, stabbing, throbbing, and/or shooting pain. Pain from postherpetic neuralgia can last for weeks, months, or even years.

A vaccine for shingles exists, and it works well for the first four years after it is given. If you're over 50, you should take it. It should be taken twice a year, two to six months apart. Most pharmacies have the shingles vaccine for very little or no cost.

# Placebo Pill Eases Cancer-Related Fatigue in Study

Patients with advanced cancer often suffer crippling fatigue, but there has been little in the way of relief for them as they battle their disease.

Now, a new investigation may have landed on a surprising solution -- a dummy pill that contains no medication of any kind.

"Cancer-related fatigue is the most frequent and debilitating symptom experienced by advanced cancer patients," explained study author Dr. Sriram Yennu.

In fact, between 60% and 90% of patients end up waylaid by persistent fatigue, noted Yennu, a professor of palliative, rehabilitation and integrative medicine at the University of Texas MD Anderson Cancer Center in Houston.

Encouraging patients to engage in physical activity is the usual go-to treatment. But many patients simply aren't strong enough to manage it, he added. And those who do typically experience only a "very modest benefit."

So Yennu and his colleagues decided to test the effects of a dummy medication, or placebo.

The concept is rooted in the so-called placebo effect. It's a real-world dynamic that the U.S. Center for Complementary and Integrative Health defines as a "beneficial health outcome resulting from a person's anticipation that an intervention will help," even absent any active medication.

Indeed, in an earlier investigation Yennu's team found that when patients were simply offered a placebo, more than half (56%) did

experience significant fatigue relief.

This time around, however, they decided to go a couple of steps further.

A total of 90 participating patients were told in advance that the twice-daily "fatigue pill" they were being offered contained no actual medicine. In other words, no patient embarked on a dummy pill regimen without explicitly knowing that was the case.

Half were told to take the pills, and the other half were given no treatment of any kind for one week, meaning neither an actual medication nor a dummy pill.

The result: After the first week, those who had been randomly assigned to openly receive a dummy pill experienced significant fatigue relief, considerably more than those enrolled in the one-week long, treatment-free group.

From this point, patients from both groups were given the dummy pills. The team then checked back with all participants a month after the study launch.

The finding: Significant fatigue relief was seen across the board, with no difference between those who had taken dummy pills for a full month and those who had taken it for three weeks.

Yennu said more research will be necessary before deciding to routinely include placebo treatment as standard care for cancer patients.

But at the same time, he pointed out that placebos might actually offer benefits for other ailments.

Yennu noted that the dummy pill benefits seen in the context of fatigue are "consistent with prior published studies using 'open-label placebo' for treatment of chronic pain, episodic migraine attacks, allergic rhinitis, major depression, menopausal hot flashes, attention-deficit hyperactivity disorder, irritable bowel syndrome, and in cancer survivors with cancer-related fatigue."

Yennu and his colleagues presented their findings this week at the American Society of Clinical Oncology (ASCO) annual meeting, in Chicago. Research presented at meetings should be considered preliminary until published in a peer-reviewed journal.

Corinne Leach, a senior principal scientist in behavioral research with the American Cancer Society, described the finding as "interesting," and acknowledged that the amount of relief seen in the study "was statistically and meaningfully significant."

But Leach, who wasn't part of the study, also cautioned that the finding "warrants further investigation with a larger sample," to specifically compare the amount of fatigue relief gained via dummy pills with the amount of relief gained from standard treatments, such as physical activity and/or psychological interventions.

SOURCES: Sriram Yennu, MD, professor, palliative, rehabilitation, and integrative medicine, University of Texas MD Anderson Cancer Center, Houston; Corinne Leach, PhD, MPH, MS, senior principal scientist, behavioral research, American Cancer Society; American Society of Clinical Oncology annual meeting, June 3-7, 2022, Chicago





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# HEADACHES IN CHILDREN



## **MOST PEOPLE ASSOCIATE HEADACHES WITH ADULTS, BUT THEY CAN AFFECT CHILDREN AS WELL**

Childhood headaches are frequently only the symptom of a cold, the flu, or a sinus, eye, or ear infection. However, some children, like adults, might suffer from tension headaches, migraines, or other types of recurring head discomfort. There's nothing to be concerned about if your youngster gets slight headaches now and then but otherwise appears to be in good condition. Severe, recurrent headaches, on the other hand, clearly demand attention.

## **HERE ARE SEVERAL HEADACHES TO KEEP AN EYE OUT FOR:**

### **HEADACHES ARE CAUSED BY TENSION**

A dull discomfort on one side of the head is a common symptom of this type of headache. Tension headaches in children can be caused by stress, worry, or sadness, much like in adults. They may become more noticeable throughout the school day and then go away over the weekend or during vacation.

### **MIGRAINES**

Migraines can strike at any age, even if they don't normally strike before children start school. A migraine is a strong, pounding headache that lasts from two hours to two or three days and is often accompanied by nausea and vomiting, abdominal pain, and a desire to seek relief via sleep. It is estimated that one out of every 20 school-aged children has experienced at least one migraine. The headaches usually stop before the youngster reaches adolescence. Migraine pain can affect both sides of the brain in young children, although it usually affects only one side in older children. Auras (distorted visuals) may appear in children with migraines before the headache begins, just as they do in adults.

### **HEADACHES IN CLUSTERS.**

Teenagers, particularly boys, are prone to these headaches. The agony comes in clusters, as the term implies. Each attack begins in the vicinity of the eye and then spreads outward. The eye may swell and become watery, and the face will most likely turn red.

### **MENINGITIS**

Aside from a terrible headache, a youngster with meningitis will experience a slew of other symptoms. High fever, vomiting, sensitivity to light, and acute stiffness in the

neck are all symptoms of inflammation of the brain covering (sometimes accompanied by an inability to touch the chin to the chest). Irritability and listlessness are two other symptoms. If you suspect your kid has meningitis, call 911 or seek medical attention right once.

## **I'M NOT SURE WHAT I CAN DO REGARDING MY CHILD'S HEADACHES**

You might be able to prevent some headaches in the first place if you encourage your youngster to move regularly and drink plenty of water. If your child has tension headaches or migraines, you should figure out what's bothering her. She may require more assistance in dealing with her issues, such as counseling.

Migraine sufferers must also learn to recognize and avoid the triggers that cause their headaches. Excessive sun exposure, strong lights, intense activity, and specific meals, such as lunch meats, MSG, and aged cheese, are all probable triggers.

An over-the-counter pain treatment such as ibuprofen or acetaminophen can be used to treat most childhood headaches. (Aspirin should not be given to children under the age of 16 unless a doctor recommends it.) Allow no more than a couple pills every week

for your child. Put a cold pack or ice compress on his head for extra relief, or gently massage your child's shoulders and back of her neck. Encourage him to lie down in a dark, quiet room until the discomfort subsides or improves.

## **SHOULD I TAKE MY CHILD TO THE DOCTOR?**

If your child's headaches are severe and persistent, you should make an appointment with her doctor very once. A doctor can assist in determining the type of headache and developing a treatment plan, which may include the use of prescription medicines. However, talk to your doctor about possible side effects. If children are also taking antidepressants known as SSRIs or SNRIs, at least one migraine drug licensed for children may increase the risk of serotonin syndrome. Hallucinations, rapid heartbeat, nausea and vomiting, seizures, and dramatic changes in blood pressure can occur in people who take the medications together, and they can be fatal if not treated.



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Chocolate, butter, and sodas: Avoid These Foods for a Healthier Middle Age

It's no secret that too much sugar and saturated fat are bad for you, but which dietary combinations put you at a higher risk for heart disease and death as you get older?

The answer, according to a new University of Oxford study, will certainly disappoint many people.

Diets high in chocolate and pastries, butter, table sugar, sodas, and fruit juices, as well as poor in fresh fruit and vegetables, were found to be the worst. Diets high in sugary drinks, chocolate and sweets, table sugar, and preserves are also dangerous, but less so, even when similar diets are low in saturated fat items like butter and cheese.

“There’s a lot of study and data on specific nutrients,” said senior author Carmen Piernas, a research lecturer in primary care health sciences. “The problem is that people don’t eat nutrients; we eat food, combinations of food,” she added. “Telling people they need to cut down on sugar is quite complicated, and it may not be the proper message,” she says. So her team opted to look at diet and health outcomes in terms of individual foods rather than specific substances to limit.

They used the UK Biobank, a database of almost 117,000 persons in the United Kingdom who were recruited between the ages of 37 and 73 between 2006 and 2010.

Between two and five times, participants self-reported their diets. The food classes and nutrients were identified by the researchers. The rates of heart illness and death were calculated using hospital and death registry statistics.

Participants were divided into groups based on the foods they consumed. Piernas found that persons who ate a lot of chocolate, candy, butter, and white bread had a 40% greater risk of heart disease and a 37% higher risk of dying young.

The sugary beverage group had a 14 percent higher risk of heart disease and an 11 percent higher risk of mortality, albeit the associations were less evident than in the other group, according to Piernas. The study simply discovered connections, not a cause-and-effect relationship.

“Perhaps the value of this study is to start talking about chocolate, confectionery [sweet], white bread, butter, and high-fat cheese instead of sugar and fat,” Piernas said. “We need to educate people that if they eat a diet heavy in these items but low in fruits and vegetables, they are more likely to get heart disease and die young.”

“Primarily, these unhealthy diets cause individuals to gain weight,” says one expert, putting them at danger for heart disease.

Because the participants in this study were from the United Kingdom, the results may differ in other parts of the world, according to Piernas.

Participants who consumed more chocolate, confectionery, butter, and white bread in their diets were more likely to be younger male smokers. People who ate these foods in big quantities tended to be less active, fat and had high blood pressure than those who did not.

Even if they were more active and less likely to smoke, be obese, or have high blood pressure, diabetes, or high cholesterol, those who preferred a diet high in sweetened drinks and preserves had a higher risk of heart disease and death, according to the study.

Other foods previously associated with poor health, such as breaded fried fish, savory snacks, and processed and red meats, exist in this study but contribute to a lesser extent, according to Piernas.

According to the researchers, the data comes from 24-hour assessments and

may not be indicative of the participants' lifetime eating patterns. Future studies could go into the possible causes of the links.

The findings were reported in BMC Medicine on April 21.

The findings were evaluated by Whitney Linsenmeyer, a spokesman for the Academy of Nutrition and Dietetics.

“A diet rich in refined carbohydrate with white bread, high in saturated fat, high in added sugar hits all of those warning flags that are well supported by research,” she explained.

Linsenmeyer, who is also an assistant professor of nutrition and dietetics at Saint Louis University in Missouri, said that thinking about individual foods in terms of poor health consequences or even mortality might be frightening.

“I believe it’s far more essential to stress that all of these items can undoubtedly fit into a balanced eating pattern,” she said. “We don’t have to completely avoid them, but we don’t want our diets to be high in these things,” Linsenmeyer said. “Moderation is kind of a dietitian trope, but it’s the real deal.” Healthy eating guidelines generally emphasize vegetables and fruits, lean protein, whole grains, and dairy or dairy alternatives, according to Linsenmeyer. Following that, less nutritious (or “nutrient-dense”) items would be added.

“To me, a balanced diet includes a good mindset and a connection with food that allows us to enjoy some of these delights without feeling guilty,” Linsenmeyer said.

More information The American Heart Association provides diet advice.







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# DRUG INTERACTIONS

Remember those chemistry projects in high school where you mixed two innocuous compounds and got a strange reaction? When you take two prescriptions at the same time, you may be doing a similar experiment on yourself. When certain medications are combined, they have a powerful reaction and can have dangerous side effects. Drug interactions can be fatal in rare situations.

Drugs can interact with one another in a variety of ways. A medication's action can often be blocked or enhanced by another. Antibiotics, for example, can be less effective when taken with certain over-the-counter antacids (see below). In some circumstances, medications may interact too well with one another. Aspirin and the prescription medicine warfarin (Coumadin), for example, can thin the blood and help prevent blood clots. However, when used together, they can increase the risk of major bleeding.

**What should I be on the lookout for?**

Fortunately, you can take precautions to avoid potentially harmful drug interactions. First and foremost, inform all of your doctors about all of your existing medications, including over-the-counter medications and herbal medicines. Every doctor's appointment should ideally include a list of your prescriptions. Better

still, bring all of your medications to your doctor's office so you can discuss them. You should also read the labels on all of your drugs carefully. If you have any concerns, don't hesitate to seek advice from your doctor or pharmacist.

You might also want to do some preliminary study on possible interactions so that you're better prepared when you see your doctor or pharmacist. Every prescription comes with a package insert that explains the drug's potency, dose, and adverse effects. If you've misplaced yours or thrown it away, you can look up your medication's package insert online or ask your pharmacist for a copy. Carefully read the sections on possible side effects and drug interactions. (Some box inserts are available in consumer and medical professional versions; the handout for doctors is more comprehensive, so you may wish to request both.)

**What drug combos should I stay away from?**

Here are some instances of common medications that can interact with one another.

**Aspirin**

This over-the-counter pain medicine also prevents platelets in your blood from adhering together, putting you at greater risk of bleeding. When aspirin is combined with a prescription blood thinner like warfarin

(Coumadin), the risk of bleeding is greatly increased. In rare situations, your doctor may advise you to take both but will do frequent blood tests to assess your blood's clotting ability. Because aspirin can affect uric acid levels in the blood and make a gout attack worse, it should not be taken with some gout treatments.

**Antibiotics**

When these infection-fighting medications are used with antacids (such as Mylanta, Maalox, or Tums) or other calcium-containing treatments, their effectiveness may be reduced. Furthermore, it has been discovered that the antibiotic rifampin reduces the efficiency of birth control pills. Other antibiotics may work in a similar way, but further research is needed. Probenecid (Benemid), an antibiotic used to treat gout, can cause antibiotic levels in the blood to rise. In some circumstances, doctors may even benefit from this interaction: Doctors occasionally prescribe this medicine in conjunction with antibiotics to give it a stronger antibacterial punch.

**Antidepressants**

SSRIs, such as fluoxetine (Prozac) and paroxetine (Paxil), are newer antidepressants that should not be combined with MAOIs, which are older mood-lifters (such as phenelzine). Serotonin syndrome, a potentially life-threatening illness marked by muscle rigidity, fever,

elevated blood pressure and heart rate, confusion, and possibly coma, can result from this combination. Fluoxetine and related medicines can elicit similar symptoms when combined with St. John's wort. Confusion, fever, elevated blood pressure, and tremors are all possible side effects of such combos. Antidepressants known as tricyclics (such as Elavil) can also interact with MAOIs, resulting in disorientation, seizures, and coma.

**Bronchodilators**

When taken with MAOIs or tricyclic antidepressants like nortriptyline, the common medication albuterol (Proventil HFA, Ventolin HFA) can induce hazardous blood pressure rises (Aventyl, Pamelor).

**Medications for the heart**

When used with antacids like Maalox, the popular heart medication digoxin (Lanoxin) can lose its effectiveness. However, some other drugs, such as diazepam (Valium) and several antiarrhythmic treatments, can amplify its effects. When combined with the erectile dysfunction medicine sildenafil, nitrates can cause dangerously low blood pressure (Viagra). The blood pressure medicine atenolol (Tenormin) combined with various calcium channel blockers (particularly verapamil) can result in a potentially hazardous decrease in heart rate.

**Statins**

According to an American Heart Association scientific statement, administering these cholesterol-lowering treatments with a variety of heart medications can result in serious drug interactions. The statement, which was published in the journal Circulation, stated that the following medicines could create issues when used with statins:

- Fibrates are also used to reduce cholesterol levels.
- Calcium channel blockers are drugs that block calcium channels in the body.
- Blood thinners are drugs that thin the blood.
- Antiarrhythmic medications
- Medications for heart failure
- Immunosuppressive medications

Prescription and over-the-counter pharmaceuticals aren't the only things to be concerned about. Herbal medicines like ginkgo Biloba, which slows blood clotting, can also interfere with medications. When taken with an anticoagulant like Coumadin, or ginkgo, among other herbs, can raise the risk of severe bleeding (warfarin).

**Is it possible that food has an impact on how medications work?**

Yes. Food has the ability to alter the way medications work in the body. Grapefruit juice, for example, inhibits enzymes that metabolize calcium channel blockers and

statins, resulting in greater amounts of medicine in the bloodstream.

If you routinely consume alcohol, you should be cautious when taking over-the-counter pain medicines. If you take acetaminophen (Tylenol) with alcohol, you run the risk of liver damage, and taking aspirin, ibuprofen, or naproxen with alcohol can lead to peptic ulcers and other stomach problems.

Drug-to-drug interactions are still the main source of worry. Remember that the following list barely touches the surface of possibly harmful medication interactions.

You might wish to use internet resources to see if there are any potential interactions between the foods you eat and the medications you're taking. Online drug checkers are available on websites for seniors, such as the AARP and those from hospitals, which can inform you about potential interactions.

There is a slew of additional possible dangers out there. Consult your doctor about the medications you have on hand. It's possible that you'll find out that they don't always get along.





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# How to Talk to Your Child About Sex, Ages 12 to 16



**What’s the best way to initiate a conversation about sex with my child?**

First of all, give up on the idea that it’s going to happen the way you plan it -- fruitful conversations with adolescents rarely take place when and how their parents want them to. If you’re the one who brings up sex, don’t be offended when your child looks horrified that you did so. At least now she knows you’re willing to discuss it. Remember how much she both does and does not want to talk about sexuality with you of all people -- who, as her parent, are not supposed to have any of your own. Try to stay open to her overtures on the subject because when you least expect it -- say, at 11:30 at night, as you’re trying to get her to turn off the stereo and go to sleep -- you may find yourself answering an important question or exploring a delicate topic. (These conversations also frequently take place in cars, which have the advantage of being private spaces in which you don’t have to look at each other. Indoor staircases are great too: You’re close together, the walls around you feel protective, and you can each hug your knees and study your feet as you talk.)

Another useful gambit is to buy a good, readable book for teenagers on sexual development. Before buying, skim it to make sure you like its approach. One excellent series is the What’s Happening to My Body? books -- one for boys and one for girls -- by Lynda Madaras. Another source of answers to tricky questions is It’s Perfectly Normal by Robie H. Harris and Michael Emberley. Subtitled Changing Bodies, Growing Up,

Sex, and Sexual Health, it has detailed coverage of intercourse, male and female sex organs, contraception, pregnancy, AIDS, and everything else kids need to know to stay healthy and become sexually responsible adults. An invaluable guide for girls is The Period Book: Everything You Don’t Want to Ask (But Need to Know) written by Karen Gravelle in consultation with her 15-year-old niece, Jennifer. Positive and practical, it covers tampons, pads, pimples, mood swings, and all of the other things girls wonder and worry about as they learn to deal with their menstrual cycles.

Leave the book of your choice in your child’s room, where she can read it in private. Casually let her know that you put it there and that she can check it out if she feels like it. You can be sure the book will be read, and it may ease her fears as well as her discomfort about talking to you about sexual issues and feelings.

**What issues are likely to be on my child’s mind at this age?**

By the time your child is in middle school, she knows the mechanical details of sex even if you weren’t the one who explained them. Now the information she needs is more complicated but just as important. “What’s date rape?” “What’s sexual harassment?” “How does the morning-after pill work?” “How long should I wait before having sex?” “Is it normal to think about sex all the time?” “Am I still a virgin if it was only oral sex?” “What’s a transsexual?” “How do I know if I’m gay?”

It’s better not to wait for Big Discussion moments to explore these tough topics. Introducing them matter-of-factly in the course of other conversations lets your child know that she won’t have to endure a big awkward scene if she asks you a highly charged question. You may also find conversation-starters in television dramas, movies, newspaper articles, or even works of literature assigned in school. (Remember, the precipitating event in To Kill a Mockingbird is an accusation of rape.)

**How do I talk to my child about birth control and protection from sexually transmitted diseases without implying that I approve of sex at her age?**

Almost all parents grapple with this question at some point. Many teenagers become sexually active before they think seriously about protection, and a single incident can force a youngster to confront pregnancy or life-threatening illness. You may be deeply convinced that abstinence is the best course for your child, but if she thinks you won’t forgive her for losing her virginity, she may be afraid to talk to you and end up in big trouble.

Thinking about your own adolescence might be your best training for this, if you can remember how mixed up you felt. That doesn’t mean filling your child in on the details of your teenage love life, which she absolutely does not want to hear. It means letting her know that you remember how tough it was to be 14 and how many questions and turbulent feelings you had. If you show your child it’s safe to come to you for help, then it’s

easier to convey important messages: “Respect yourself.” “Know how much responsibility sex carries with it.” “Don’t let anybody pressure you into doing something you don’t want to do.” “I love you.” “You can count on me for support.”

The area in which you can make the most difference may be helping your child cope with the peer pressure to have sex - or, at least, to appear sexually sophisticated. Beyond the abstractions of sex education, dating involves a lot of tough choices and moment-to-moment decisions. What your child might really like help with, for example, is how to say no without hurting someone’s feelings. Or what to do when her friends smirk and giggle about how far they went on their Saturday night dates. If your child is open to this, you might talk about ways she might respond to pressuring suggestions or even role play particular situations.

If you’re sure that your daughter is having sex or intends to, no matter how much you disapprove, then you’re doing her a terrible wrong if you don’t guide her toward securing the best birth control and disease protection she can get. If you don’t feel comfortable about taking her to a physician or a Planned Parenthood clinic, have an adult female friend or relative do it, or at least give her the information she needs to go on her own. And make sure she has some condoms too, as the pill and other birth control methods for women don’t offer protection from disease. This doesn’t mean you have to stop talking to her about the importance of waiting until she’s older -- it just means she’s

protected from disaster right now.

Parents shouldn’t be any less concerned about boys, who need to understand that failure to use a condom -- even once -- could endanger their lives. Your son may need some practical help. Make sure he knows where he can buy condoms and feels comfortable enough to do so, or -- if you think there’s any chance he’ll try sex -- buy some for him. And don’t shrink from reminding him of the tremendous responsibility he’d incur by getting a girl pregnant.

**How do I talk to my child about oral sex?**

First of all, if your child asks you about it, try not to run out of the room, which is challenging enough. The good news is that you probably won’t have to discuss mechanics, since she most likely knows what oral sex is -- the recent crop of teen gross-out movies have put “blow job” into most teenagers’ vocabularies. It’s certainly wise to have this discussion because, unfortunately, many teenagers now think of oral sex as a low-risk, no-responsibility alternative to actually Doing It -- the same way people now in their sixties used to categorize “heavy petting.”

Look for an opening, perhaps using one of these awful movies, to introduce the general topic. Make sure your child understands that oral sex is not a casual business -- that it can transmit diseases, that it can make one or both parties feel used and cheap, and that it should be done only with respect and as a sign of mutual love.

**How should I respond to my child’s questions about homosexuality?**

Many adolescents worry about their own sexuality as they come of age. Your child needs to know that having a same-sex attraction, or even a same-sex physical encounter or two, doesn’t mean she’s a lesbian or that he’s gay and that such experiences are not uncommon among heterosexual people. Even if she is gay, she probably won’t know for sure until she’s older.

This is also a chance to talk with your child about respect for others since kids can cruelly harass gay peers or those rumored to be so. Your child needs to understand that homosexuality is not a disease, a curse, or an invitation to hatred and that using words like “fag” is akin to using racial epithets. It may help to mention that someone they know and like is gay, such as Aunt Joan or that nice neighbor down the street.

References: American Academy of Child and Adolescent Psychiatry. Talking to Your Kids About Sex: Facts for Families.



# URINARY INCONTINENCE: CAUSES, TYPES AND TREATMENT

## What is Urinary Incontinence?

You have urinary incontinence if you lose pee by accident on a regular basis. Of course, you are not alone. Incontinence affects up to 35 percent of elderly persons who live alone, and the rate is substantially greater in nursing homes.

Incontinence is more than an annoyance. For fear of an accident, many seniors give up golfing, bridge club, drives to see their grandchildren, and other beloved hobbies. Self-esteem might be harmed, and loneliness and sadness can result.

Urinary incontinence embarrasses some people to the point where they won't even tell their doctor about it. That's a shame because good medical care can help many elderly people regain bladder control. Incontinence isn't always a sign that you've aged and become feeble; it's a medical ailment that's usually simple to manage.

## What is the difference between the various types of incontinence?

Incontinence is a strong desire. This type of incontinence, often known as overactive bladder, affects the majority of older adults who have difficulties holding their urine. Even though their bladder isn't full, the muscular wall of their bladder contracts several times throughout the day, causing a sudden and urgent desire to urinate. Before a person can get to the toilet, small amounts of pee frequently escape.

Bladders become more twitchy as we get older, but there are a number of variables that might exacerbate urge incontinence. Stroke survivors, people with Parkinson's disease, some types of cancer, multiple sclerosis, urinary tract infections, and males with an enlarged prostate are more likely to develop the disorder.

## Incontinence due to overflow.

Many senior citizens are incontinent because their bladders do not fully contract. Urine flow slows to a trickle, and the bladder never feels completely empty. Overflow incontinence is a problem that occurs when the tube that transports pee out of the bladder becomes obstructed (the urethra). Many persons with this syndrome drip urine frequently, if not constantly.

Overflow incontinence can be caused by anything that kills the nerves that control the bladder, such as diabetes, prostate surgery, and drugs like narcotic painkillers and sedatives. The disease can also be an adverse effect of tremor-controlling and hypertension-controlling medications (calcium channel blockers such as diltiazem). Antihistamines and other over-the-counter medications can also lead to this sort of incontinence. Overflow incontinence in men occurs when the flow of urine is blocked by an enlarged prostate.

## Incontinence due to stress.

Many women suffer from stress incontinence, a bladder control issue in which they frequently lose small amounts of pee when they laugh, sneeze, cough, or exercise. Drops in estrogen can weaken the tissues that hold back urine, making this problem more common in older women.

## How can I get rid of my incontinence?

Make an appointment with your family doctor, urologist, or geriatrician if you're having difficulties managing your urine. A doctor can diagnose your specific kind of incontinence (or multiple types), rule out any underlying disorders or drugs, and, most importantly, help you recover control.

Simple lifestyle adjustments can often be enough to alleviate incontinence. To retrain your bladder if you have an overactive bladder, your doctor may recommend sticking to a regular

schedule for both drinking and urinating.

Women with stress incontinence can avoid many accidents by crossing their legs when they laugh, cough, or sneeze, which is the ultimate in simple solutions. Cutting back on caffeine and alcohol, peeing before leaving the house or going to bed, and urinating frequently whether or not you feel the need is all simple remedies.

Kegel exercises, which strengthen the pelvic floor muscles, can help women with stress incontinence. These are the muscles that allow you to stop your urine in the middle of its flow. Squeeze them 10 to 20 times in a row, holding each squeeze for 10 seconds, three times a day. Within eight weeks, nearly 80% of all women who try the exercises say their incontinence has significantly improved or even disappeared.

When it comes to a muscle-strengthening exercise as a preventative precaution, some people swear by Pilates. While the evidence for Pilates is at best anecdotal, doctors do know that physical activity, in general, lowers the likelihood of having incontinence in the first place.

Meanwhile, absorbent pads that fit into underwear or even adult diapers are available without a prescription at drugstores and supermarkets, allowing many elders to remain mobile and active. Many elders have resumed their previous activities, such as traveling and attending dances, thanks to the usage of these devices. The Cleveland Clinic recommends wearing dark, loose-fitting clothing to help disguise stains, as well as a barrier cream.

If self-help tactics aren't working, your doctor has a variety of options, including pharmacological therapy.



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# WEIGHT GAIN *with Stress*

Even though Ding Dongs and Doritos have never solved anyone’s troubles, we nevertheless turn to food for comfort. We often try to soothe our brains by filling our bellies when work gets chaotic, plans break apart, and relationships fall apart.

Everyone has their special dish of comfort food. A bag of chips, a large dinner of macaroni and cheese, or a carton of mocha fudge ripple ice cream can all briefly help someone feel better.

Food therapy has an obvious drawback: it is fattening as well as comfortable. Obesity rates have been progressively rising over the decades, and we live in stressful times, as everyone knows. Is it possible that we’re just eating our way to happiness? Is it possible that stress is causing us to gain weight?

Scientists have recently discovered surprising links between stress, appetite, and weight gain. Simply put, the chemicals we create during times of stress can influence what we eat and how fat is stored in our bodies.

Despite what some late-night commercials promise, this new understanding has not resulted in any weight-loss miracles; you can’t lose weight by popping a drug that claims to suppress stress chemicals.

However, new research backs up

what many psychologists and weight-loss experts have been saying for years: stress management is an important first step toward losing weight.

**The cortisol channel**  
Cortisol is a hot topic in medical publications and the media, and for good cause. For one thing, it appears to have a significant role in a wide range of stress-related health issues, such as heart disease and compromised immune systems.

It also aids in the control of fat accumulation, a process that is of great interest to almost everyone. Cortisol can collect fat from the blood and other storage areas in the body and transport it to the belly during times of stress. Individual fat cells can also grow in size as a result of cortisol. Waist size may be an outward symptom of stress for certain people. When faced with a challenging task, women with primarily abdominal obesity tended to release exceptionally significant amounts of cortisol, according to a study published in Psychosomatic Medicine.

Cortisol isn’t the only stress hormone released, and it’s certainly not the only hormone that regulates hunger. As a result, claiming that cortisol alone promotes weight gain is excessively simplistic. Similarly, she thinks it’s

ridiculous to believe that so-called cortisol-blocking medicines may help with weight reduction, even if they can reduce cortisol levels in the first place.

Still, there’s no denying that cortisol has an impact on eating choices. The hormone may help spark a desire for high-energy foods high in fat, sugar, or both, according to animal and human studies. Rats that have their adrenal glands removed lose all interest in sugary drinks, but will cheerfully consume their rat chow, according to a study published in the Proceedings of the National Academy of Sciences. (It’s also worth noting that they no longer want to run in their wheels.) When rats are given the rat counterpart of cortisol, they develop a craving for sugar and lard, which they prefer over their regular chow.

The stress alert in a rat’s brain can be silenced by sweets and fats, according to the same study. The rush of stress chemicals subsides, and the rat becomes less irritable. If the rat could talk, it would probably remark it feels tranquil, similar to how humans frequently feel when they reach the bottom of an ice cream box.

It’s not always easy to adapt animal discoveries to people. Nonetheless, other research suggests that cortisol may also induce people to overeat. Women who produced

high levels of cortisol during stressful events, for example, consumed more calories subsequently, according to a study published in Psychoneuroendocrinology.

**Stress-inducing binges**  
Subjects who were prone to eating binges had greater cortisol levels both when they woke up in the morning and after completing a physically strenuous task, according to research published in the Annals of the New York Academy of Sciences.

Stress, according to researchers, is especially dangerous — and fattening — for people who suffer from binge-eating disorder, a condition that causes people to go on uncontrollable eating binges regularly. According to Gluck and colleagues in the Annals of the New York Academy of Sciences, around 30% of those seeking medical weight loss treatment have the disease. The experts believe that stress is a major factor in the beginning of the illness. Binge eaters, on the other hand, aren’t the only ones who overeat when things get bad. While binge eaters believe they have lost control of their eating, others may make the conscious decision to eat that additional brownie or slice of pizza, maybe in the hope that a full stomach will distract them from their problems.

**Stress management and weight loss**  
Whatever a person’s underlying food philosophy is, prolonged stress can sabotage any weight-loss efforts. “Weight loss is never successful if you stay burdened by worry and other unpleasant sentiments,” according to an American Psychological Association research. If you’re fighting stress and weight loss at the same time, soothing your mind should be your top concern.

A weight-loss program has been developed by Laurel Mellin, a clinical psychologist at the University of California at San Francisco Medical School, to address this issue. She claims that in order to overcome the need to overeat, people must first learn to nourish themselves and set boundaries. She suggests, among other things, asking oneself two fundamental questions at least five times a day: “How do I feel?” and “How do I feel?” “Can you tell me what I require?” She recommends 30 to 90 minutes of exercise per day to help reduce stress and find balance, in addition to learning how to detect and deal with sometimes buried sentiments and needs.

Of all, there is no such thing as a one-size-fits-all solution to stress. Physical activity, relaxation exercises, yoga, and meditation can all help some people feel better. Others should consult a

psychotherapist who can help them change their perspective on life and their eating habits. Others may need to adopt lifestyle modifications, such as taking more long walks and working fewer late nights.

**Other weight-loss advice provided by the American Psychological Association is as follows:**  
Consider what you’re eating and why you’re consuming it. Do you have a habit of overeating when you’re unhappy or sad? If that’s the case, keep in mind that there are healthier and more effective ways to deal with stress.

Avoid making drastic dietary or physical activity changes. Trying to recreate yourself in a day or two will simply add to your stress. Instead, make gradual modifications. Instead of moving to whole new foods, you could, for example, reduce the portion sizes of things you usually eat.

Seek the help of family and friends. Encourage everyone in your family to eat healthier and join an exercise group. As a bonus, you’ll find that social support is a great stress reliever.

A person can feel better after eating ice cream and chips, but the feeling will not endure. Staying well is, in the end, the ultimate win over stress.



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