

Medical Guide



A *Prescription* For
Good Health

Innovative Healthcare Products

by Jeff Friedman (Owner & CEO, Total Health Solutions)

With the population of the United States living longer and remaining much more active than ever before, manufacturers are regularly introducing new products to meet the growing needs of their customers to improve their quality of life.

Here are some of the exciting new offerings:

Adjustable beds offer real relief from many ailments

Whether you live an active, healthy lifestyle or you suffer from injury, chronic pain, or any of the following health ailments, adjustable beds can help you sleep better and live your life to the fullest:

- Arthritis
- Acid Reflux
- Asthma
- Breathing disorders
- Hiatal Hernias
- Swollen legs and feet
- Phlebitis
- Varicose veins
- Back pain
- Neck pain
- Mobility impairment



With the touch of a button you can change the mattress position and your head and feet are instantly adjusted to achieve the perfect sleeping position, enabling you to wake rested and refreshed, every morning. Because adjustable beds fit the bed to your body, you'll never resort to sleeping in a recliner, stacking pillows, or putting blocks under the head of your bed again. Adjustable beds come in all of the standard mattress sizes and attach easily to your own head and foot boards allowing them to blend perfectly into your bedroom décor. Many models offer a range of mattress firmness levels and massage functions are even an option.

You don't have to miss out on the enjoyment of a soothing hot bath

Bath Lifts are designed to give the user independence while bathing and fit into most standard tubs. Just press one button on the floating hand control and you will automatically be lowered or raised into the bathtub. Simply place the bath lift in the tub and enjoy. They are lightweight and when not needed they can be easily removed and folded out of the way. Bath lifts are powdered by sealed rechargeable batteries so they're completely safe.



Go Where You Want to GO with a Lightweight Transport Scooters

If you're having problems walking or just can't go long distances you can recapture your freedom with a lightweight travel scooter. These full size scooters can accommodate users up to 325 lbs. and yet offer tight space maneuver-



ability with a compact size that allows it to negotiate narrow hallways and while also providing stable outdoor performance. When you're on the go, simply take it apart and stow it in the trunk. It quickly disassembles into 5 easy-to-manage pieces with the heaviest piece weighing only 28 pounds.

Live alone and feel safe with the Guardian 911 Emergency System

With the push of one button on the new Guardian Alert 911 Phone pendant you can speak to a 911 operator from anywhere in or around your home and can be a lifesaver. It is perfect for seniors, singles, baby sitters, or anyone who may be faced with an accident, illness, or a dangerous situation. It uses your own telephone line and your local 911 service and there are no monthly monitoring or activation fees. Think of the Guardian Alert 911 as the world's smallest cordless speakerphone. You wear it pendant-style around your neck, tucked into a pocket, or clipped to your belt. In an emergency, you just push the blue button on the pendant to speak directly to a 911 operator. Since the speaker is contained within the pendant, you do not have to be near your regular telephone to be heard. It has a range of about 600' from the base, sufficient for most homes and even a short distance outside. And if you are unable to speak the 911 Guardian Phone will give the 911 operator your location. It's simple to install. Just plug it into your existing phone jack and you're ready to use it.



Get two lightweight wheelchairs in one!

Even as light as wheelchairs have become, they often are difficult to lift for the elderly or infirmed. But not anymore. This innovative product, "The Pollywog Transport Wheelchair" from Drive Medical can be used as both a transport wheelchair and a standard wheelchair. With a push of buttons on the axles, the big 24" wheels can easily be removed to transform the chair into a transport chair with 8" wheels. Then fold down the backrest, remove the footrests and you're ready to go with a weight of only 18 lbs. It's a portable and high-quality chair, with great flexibility for both user and caregiver.

These products and many others are available at **Total Health Solutions** healthcare products for your home and family, 3211 N. Causeway Blvd., Metairie, LA 70002, phone (504) 834-8114.



The newest technological advancement? Stick it in your ear!

The humble hearing aid, long shunned by engineers as a technological dinosaur, is going stereo and getting linked to cell phones and MP3 players, moves that could turn this badge of old age into a gizmo with the cachet of a Bluetooth ear clip.

Using proprietary technology, the Epoq hearing aid provides a link between two hearing aids so users can get stereo effects to better locate the source of voices, which is necessary when you have a lot of background noise, and with the Bluetooth technology one accessory has a Bluetooth radio that can link to a suitably equipped cell phone or MP3 player. It streams the music or voice call back to the hearing aid over a wireless link.

It has been tested with as many as 100 people using the devices in a single room without experiencing interference, thanks to the short range of the link. In fact, a pair of Epoqs can "talk" with each other, allowing the users to experience a conversation clearly and naturally. The Epoq will not only alter the way people hear, but they way they live!

In the future, the product could be used to link to media on a digital TV or PC, but today is just as exciting for the almost 29 million people in the United States

who suffer from some sort of hearing loss.

To find out more about the new generation of wireless hearing devices, contact the **Creel Hearing Center** at 504-889-5339.

Kids And Braces: The Straight Facts

(NAPSI) — Currently, more than 4 million children and 1 million adults in North America wear braces. For many patients, especially children and teens, a healthy, beautiful smile goes beyond good health; it indicates confidence. "Not only can orthodontic treatment improve health and overall appearance, patients often experience a tremendous boost to their self-esteem when they can smile and not be embarrassed by the condition of their teeth," said Dr. Don Joondeph, president of the American Association of Orthodontists (AAO).

But how do you know if your child needs braces? The AAO provides answers to this and other frequently asked questions:

Does my child need braces?

It's not always easy to tell if your child has an orthodontic problem. However, some signs or habits may indicate the need for an orthodontic examination: early or late loss of baby teeth; difficulty in chewing or biting; mouth breathing; thumb or finger sucking; crowding, misplaced or blocked-out teeth; jaws that shift or make sounds; biting the cheek or roof of the mouth; teeth that meet abnormally or not at all; and jaws and teeth that are out of proportion to the rest of the face.

When should my child see an orthodontist?

If any of the problems above are noted by parents, regardless of your child's age, it is advisable to consult an orthodontist. All children should see an orthodontist no later than age 7 for a simple checkup. This quick and painless exam can identify potential problems and ensure that any future treatment is timed appropriately.

My child sees a dentist for regular checkups and cleaning. Why see an orthodontist?

Orthodontists specialize in the diagnosis, prevention and treatment of dental and facial irregularities. Orthodontists receive an additional two to three years of specialized education beyond dental school to learn the proper way to align and straighten teeth. Orthodontists team with your child's dentist to ensure that your child achieves optimal oral health.

How quickly will we see results and how much will it cost?

Treatment time averages 24 months. Although orthodontic treatment does not produce same-day results, some children may only require limited treatment. In addition, orthodontic treatment is affordable and is often covered by dental insurance plans.

See **BRACES** on Page 13

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Winning the Battle against Arthritis

by Ilene Springer

In ancient times, there were two main predictors of "old age" among our nomadic people. This was when a person lost his teeth or when a person couldn't walk. Losing teeth meant a person couldn't chew and his health steadily declined because of nutritional deficiencies. Not being able to walk, mostly because of arthritis, meant that the individual could no longer work and was often a burden to the tribe, as she would have to be carried around by others.

Today there are advances in dental care which make it possible for us to keep our teeth — or appliances which serve the same purpose — our whole lives. But the most common form of arthritis, osteoarthritis, has still been a major problem among older people, starting with symptoms as early as age 45. True, there are pain medications, but these do not correct the problem and they cause side effects. But research is now showing promise that the battle against arthritis can be won with newer drugs and therapies.

Aching joints

Osteoarthritis, which affects almost BRACES
Continued from Page 12

For more information about orthodontics **Gottsegen Orthodontics** at 504-895-4841.

Abnormal spacing of teeth is just one of the many signs that your child should be examined by an orthodontist.

everyone to some degree as they age, is the deterioration of the cartilage that cushions each joint. When the cartilage breaks down — from injury or wear-and-tear — you have one joint grinding against another. This is what causes the pain, aching and stiffness. The most common areas affected are the fingers, wrists, knees and hips. But the spine can also develop osteoarthritis. Right now, 23 million Americans suffer from osteoarthritis. That's one out of eight people. (Rheumatoid arthritis, generally more crippling and disfiguring than osteoarthritis, is an autoimmune disease that strikes mostly younger women.)

Following vet's orders

According to writer Richard Knox of the Boston Globe, the National Institutes of Health (NIH) announced this past September that it will launch a \$6.6 million study of a diet supplement called glucosamine and a similar supplement called chondroitin. Glucosamine has actually been successfully used by veterinarians to treat dogs and cats who have arthritic symptoms. The drug, which has been used in humans in Europe for quite some time, actually builds up the cartilage between the joints. The NIH study "is one of the most expensive clinical trials ever conducted of any 'alternative' therapy," writes Knox.

There are other drugs on the market which are proving hopeful, such as the

cox -2 inhibitors (Celebrex and Vioxx by prescription) These are painkillers that, unlike aspirin and ibuprofen and other common drugs, has much fewer side effects like stomach irritation and bleeding. Doctors can now also inject medications such as hyaluronate and hylan G-F20 into the joint to reduce pain not responsive to other medications. And a common antibiotic called doxycycline (a synthetic version of tetracycline) may inhibit the enzymes that soften and break down cartilage, thus slowing or even preventing the disease.

Action you can take

There are certain things you can do to help yourself if you have arthritis. Here are some:

- Find a specialist who is up on the latest medications and techniques. Consult the Arthritis Foundation about a referral.
- Lose weight. Overweight individuals are at four to five times the risk of developing osteoarthritis. Just a few extra pounds adds stress to your joints. Try carrying around a ten-pound bag in one hand for 15 minutes. That will give you some idea of what your body has to go through to carry an extra ten pounds of weight.

• If you're a postmenopausal woman, consider some form of hormone replacement therapy. A woman's risk of developing arthritis rises sharply as estrogen levels fall.

- Take vitamin C. Studies show that vitamin C may facilitate cartilage repair.
- Take vitamin E. This antioxidant seems to help with pain because of its anti-inflammatory properties.
- Exercise. It may hurt to move those joints at first, but regular walking, swimming, stretching and strengthening through weight lifting is what will keep you going and will eventually lessen pain and stiffness.
- Try alternative therapies or activities such as tai chi, acupuncture and yoga — all of which can help with pain reduction.

If all else fails, consider joint replacement, a technique which has become greatly perfected recently. Although this is surgery with certain risks, many people find that after joint replacement, they get back their mobility and enjoyment of life — and feel like being a part of the tribe again.

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Protecting Your Family

First-Aid Tips For Outdoor Fun

(NAPSI)-Outdoor activities are fun but can also raise your risk for cuts, scrapes, bug bites, poison ivy and skin irritations that, if left untreated, can turn into something serious. To stay safe while enjoying the great outdoors, try some of these tips:

1. Come prepared. A well-stocked first-aid kit is essential.
2. Protect your skin with a sunscreen of at least SPF 15. Reapply frequently.
3. Use insect repellent on exposed skin and clothing to reduce insect bites.
4. Avoid using scented soaps, per-

fumes or hair sprays before heading out to help prevent bee and insect stings. Should they occur, apply Maximum Strength Cortisone, which relieves itching and soothes skin.

5. Treat cuts, scrapes and other irritations promptly.

6. If stings or bites occur, apply cortisone, which relieves itching while also soothing the skin.


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When the Thyroid goes out of Whack

by Ilene Springer

In Jewish tradition, our bodies are considered holy vessels, and it is a mitzvah to take care of them and see to problems quickly when things aren't right. But sometimes symptoms can be so vague or confusing that it takes a while to figure out what's wrong. That's very true with problems with the thyroid gland that controls our metabolism. Apparently, thyroid problems are quite common, with an estimated 20 million people being treated for them, according to the New York Thyroid Center (NYTC). And there are about two million people who don't even know they have a problem. You could be one of them. Here is the low-down on the most common forms of thyroid disease:

Who gets them?

Women are eight times more likely to get thyroid disease than men. At least eight percent of women will experience thyroid dysfunction following pregnancy, and thyroid problems may lead to infertility if not treated. Risk factors also include a personal or family history of insulin-dependent diabetes, rheumatoid arthritis, pernicious anemia, prematurely graying hair and certain autoimmune diseases.

What are they?

The thyroid gland, located in the neck and throat area, usually secretes the right amount of thyroxine, a hor-

mone that regulates your body's metabolism. An excess of thyroxine can lead to hyperthyroidism — an overactive thyroid gland; a decrease of thyroxine can cause hypothyroidism — an under activity of the gland.

The most typical symptoms of hyperthyroidism are nervousness, heart palpitations, insomnia, heat intolerance and weight loss. "It is estimated that approximately one million patients in the United States suffer from Grave's disease, the most common form of hyperthyroidism," says the NYTC. (Grave's disease was what former President George Bush and Barbara Bush both suffered from.) In extreme cases, there can also be thyroid enlargement in the neck (called a goiter) and protrusion of the eyes due to swelling of the tissue behind the eyes (with Grave's disease).

On the other hand, people with hypothyroidism — due to an underactive thyroid — experience extreme fatigue, weight gain, difficulty concentrating and depression. It makes the whole body tired.

Treatment

All treatment should start with a full physical examination, especially of the thyroid gland to determine its size and to see if there are any nodules. There are also blood tests that

should be performed if your doctor suspects thyroid disease. These include a very sensitive test called the Thyroid Stimulating Hormone test. There are also iodine scans, among other Procedures, to determine the level of thyroxine and the functioning of the thyroid itself.

Treatment depends on if the thyroid is overactive or under active. For hyperthyroidism, if the condition seems limited in duration, there may just be monitoring. But if the disease takes an extreme course, the thyroid gland may need to be shrunk down (often with radioactive iodine — or, possibly, surgery) to eliminate the hyperactivity. If the gland is removed, you will be given a synthetic hormone to replace the natural thyroxine.

An under active thyroid is easier to treat. Because these patients are deficient in thyroid hormone, they are given replacement drugs such as levothyroxine (Synthroid). Follow-up blood tests are often needed to make sure you're getting the right level of hormone. But recovery is very often complete after treatment.

The important thing to remember in taking care of your body is to be persistent. Because the symptoms of thyroid disease can be vague or misleading, insist that your health practitioner thoroughly check out your thyroid if you believe that you may have a problem. It's not just the "holy," thing to do; it's the healthy thing to do.

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A Smart Way To Shape Up For Good

by Sherry Torkos, B.Sc. Phm

(NAPSI) — There's a new tool in the battle of the bulge — it's called the Glycemic Index (GI).

The index ranks all forms of carbohydrates on a scale of zero to 100 on how they affect blood sugar levels and consequently insulin levels. Foods that are broken down into sugar more slowly during digestion and do not cause sudden blood sugar spikes are ranked low on the GI.

Low-GI foods include green leafy vegetables; most beans, apples, pears and berries; oat bran and pumpernickel bread; brown rice and pasta; plain yogurt; and dark chocolate. Foods that are rapidly broken down, causing sudden blood sugar spikes, include refined white flour products; white rice; sugar-rich candy and soda pop; and most pastries and doughnuts.

Eating high-GI meals causes blood sugar to rise rapidly. When blood sugar and insulin levels are high, the body stores more fat. The pancreas overproduces insulin, causing blood sugar levels to drop. When blood sugar is low, people get more cravings. Continually eating high-GI foods can raise your risk for type 2 diabetes.

Low-GI foods break down more slowly so they promote more stable

blood sugar and offer the body sustained energy. Whenever possible, choose low- or moderate-GI foods, avoid high-GI foods, engage in regular exercise and take smart supplements. Clinical studies have shown that a handful of natural supplements can improve glycemic control. They include:

- Phase 2, a standardized extract of the white bean, reduces the digestion of starches, lowers after-meal blood sugar levels and may assist in weight control. The recommended dosage is 1,000 to 1,500 mg before starchy meals.
- Soluble fiber slows the rate of digestion, promotes more stable blood sugar levels and enhances the feeling of fullness. Look for fiber supplements that contain oats, psyllium or glucomannan. Take daily with lots of water.
- Cinnamon contains compounds that work with insulin to help reduce blood sugar levels. Add 1/2 tsp. to your cereal, yogurt or protein shake, or take in supplement form.

Keep in mind, supplements are intended to complement, not replace, a healthy lifestyle. Regular exercise and a healthful diet are essential for success. More information is available at www.phase2info.com.

Foods that are low on the Glycemic Index break down more slowly and don't create spikes in blood sugar.

Sherry Torkos, B.Sc. Phm., is a pharmacist, author and certified fitness instructor. Visit www.sherry-torkos.com for more information.

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When Is It Time To Move?

Your home becomes harder to maintain. Transportation and shopping seem to be a burden. You feel isolated; socializing is more difficult. Meals are less inviting.

The questions you are faced with are: Where shall I go? What kind of place would fit now and in years to come?

Fifteen to twenty years ago, the options were limited. A nursing home was considered the next step if it was time to leave your house since few communities offered anything less comprehensive than the highly skilled care and supervision of a nursing home. Communities that offered limited services, such as prepared meals, entertainment and transportation, were not readily available.

Times have really changed. There are extraordinary options to choose from depending on your needs, tastes, and pocketbook. Today, communities vary from luxurious (and expensive) to home-like and comfortable (reasonably priced), to income-based or "subsidized" (low income). You can now choose to live in a community that allows as much independence as you want when you move in, and has the ability to provide assistance if and when you need or want it as you age in place.

How do you decide where to begin? The best advice is to PLAN AHEAD! It is best to make a move when you have the opportunity to choose. Don't wait until some health crisis forces your family to choose for you. You want to take time to visit and talk with the residents living in different communities to see how they like it.

The following amenities should be considered:

- Home cooked meals – ask if you can stay for lunch
- An attentive and professional staff – were you made to feel welcome
- Transportation – is this provided for shopping and medical visits?
- Activities – what kind of events are scheduled daily that offer you opportunities to spend time with other residents (now friends) or to remain in your apartment home to enjoy quiet time alone.
- Services – housekeeping, maintenance and security should be addressed.

This article was submitted by Tina Stephenson of **Summerville at Kenner Assisted Living**. Please contact her for more information. She can be reached at 504-467-1000.



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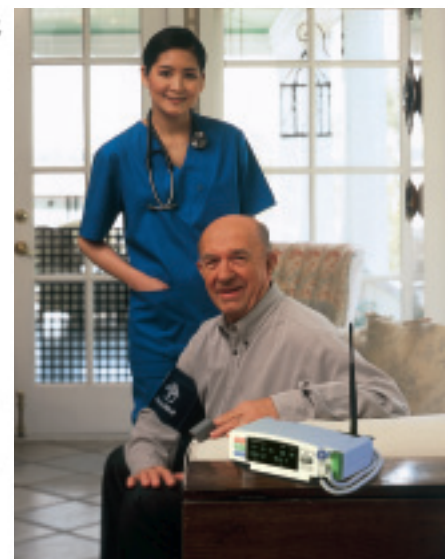
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Life or Death in the "Big Easy"— Choose Life

Suicide is not unfamiliar. We know of cases here and elsewhere. We don't like to hear about it or talk about it. The increase in suicide rate in New Orleans and the surrounding area since the hurricanes is another index of the human tragedy we continue to endure. As individuals and as a community it's important for us to know some facts about it.

More suicides happen in the spring, the most lethal days of the week are Monday and Friday, rich people and poor people alike kill themselves, more men than women kill themselves, but women are more likely to attempt suicide.

Amongst the factors for suicide are clinical depression, alcoholism and drug abuse, mental illness, physical illness, feeling hopeless, anger, a sudden loss, or experiencing a scandal or extreme embarrassment.

There are often clear warnings that

a person is considering suicide. Some of the warning signs to take seriously are: someone makes a threat of suicide, e.g., "I wish I were dead", expresses hopelessness, helplessness, worthlessness, talking about death, having previous suicide attempts, seeming depressed, moody or angry, abusing alcohol or drugs, withdrawing from other people, behaving differently or oddly, sleep difficulties, giving away prized possessions and suddenly seeming happy after exhibiting several of the behaviors listed above.

When someone is suicidal, take action immediately. Call your doctor, hospital, mental health center, suicide hotline 1(800) SUICIDE or (504) 837-5400, and/or a police emergency number (911).

Barry D. Schwartz, Ph.D. is a psychologist in private practice and can be contacted at 504 899-5788.

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Understanding the Stages and Symptoms of Alzheimer's Disease

(NAPSI) — Perhaps Dad has been repeating things over and over. Maybe Mom lost her wallet -again. Or your spouse couldn't find his or her way home from the grocery store. You're probably wondering, is this just a normal part of aging? Or is it something more serious, like Alzheimer's disease?

Alzheimer's disease (AD) is a progressive brain disease that gradually destroys a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities. Taking care of a loved one with AD is not easy.

When you care for someone with AD, you become an integral part of his or her life. You may need to learn new skills to cope with your loved one's needs. You may have to change your daily routine to make time for caregiving. "It is important to recognize that people with AD progress at different rates, and their symptoms and awareness of symptoms may vary," said Daniel Kuhn, MSW, author of *Alzheimer's Early Stages: First Steps for Family, Friends and Caregivers*. "How caregivers perceive

their loved ones' symptoms is key to determining the type of care they need to provide."

AD can be generally divided into 3 stages: mild, moderate and severe.

- **Mild AD:** People with mild AD may have memory loss, have trouble naming common items, may ask or say the same thing over and over, may get lost easily and may lose things more often than normal and have some personality changes, wander often at night, and be worried or depressed.
- **Moderate AD:** People with moderate AD may have poor memory of recent events, may have a hard time dressing appropriately for the weather or a specific occasion, may forget to shave or shower, may argue more often and may believe things are real when they are not.
- **Severe AD:** People with severe AD may have eating problems, such as forgetting to eat or eating too much, may have problems with speech, may not recognize their caregiver or family members, may become unable to control bowels or bladder and may have problems with walking.

Although there is no cure for AD, prescription treatments are available to help treat the symptoms of the disease. One treatment, Aricept® (donepezil HCl tablets), is the first once-daily prescription medication approved to treat the full spectrum of AD, for mild, moderate and severe AD. "Aricept has been proven effective and well tolerated to help treat symptoms of mild to moderate Alzheimer's disease," said Rachelle Doody, M.D., Ph.D., professor of Neurology, Baylor College of Medicine in Houston. "Aricept can also provide benefit in memory, thinking and activities of daily living in people with severe Alzheimer's disease."

Early diagnosis and prescription treatments, which may help delay the progression of symptoms of AD, offer advantages to those who have the disease and their caregivers. They may provide families with more time to discuss care options, finances and legal decisions while their loved one can still participate in the decision-making process. They also may offer the chance to treat the symptoms of the disease when people with AD still

retain much of their memory and thinking abilities.

Caring for someone with AD is difficult, and therefore, it is important for caregivers to make sure they care for themselves and have support. Educating family and friends about the disease and its symptoms can help them understand their loved ones' changing behavior. For more information about caring for someone with AD, visit www.Brhope.com.

Aricept is well tolerated but may not be for everyone. People at risk for stomach ulcers or who take certain other medicines should tell their doctors because serious stomach problems, such as bleeding, may get worse. Some people who take Aricept may experience fainting. Some people may have nausea, vomiting, diarrhea, bruising, or not sleep well. Some people may have muscle cramps or loss of appetite or may feel tired. In studies these were usually mild and temporary.

To learn more about Aricept and AD, please call (888) 999-9616 or visit www.aricept.com. Information provided by Eisai Inc. and Pfizer Inc.

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Coping with Irritable Bowel Syndrome

by Ilene Springer

Ever get a really bad stomach ache and have to run to the bathroom after one of your grandmother's heavy Jewish chicken dinners? Imagine having that happen to you all day long for years on end. That's what the sufferers of irritable bowel syndrome have to live with.

Irritable bowel syndrome (IBS) is one of the most common gastrointestinal disorders seen by physicians. About 35 million Americans have IBS, according to the Mayo Clinic, and the condition accounts for a significant amount of time lost from work and school — second only to the common cold. "Three times as many women as men are affected," says the Mayo Clinic HealthOasis.

A pain in the belly

If you have IBS, you've probably experienced a number of painful and uncomfortable symptoms, including repeated abdominal pain, cramping, a bloated feeling, gas, and alternating between diarrhea and constipation. To get down to the nitty gritty, sometimes it's difficult to have a bowel movement and there's a lot of straining or a feeling of incomplete evacuation of the stool; other times there's a sense of urgency. There can also be the passage of mucus. The good news is that IBS is not related to and does not lead to cancer. And, it's a real condition; it's not "just in your head."

What Causes IBS?

This is one of those conditions in which the cause is not immediately identified. However, there is some speculation. Researchers believe that IBS is caused by changes in the nerves that control sensation or muscle contractions in the bowel. Other experts believe that the central nervous system plays a role. "Hormonal changes may explain why women's symptoms are worse before or during menstruation,"

says the HealthOasis. Some people with IBS, say researchers, have bowels that react more strongly to stress diet or change in physical activity.

Other things that can trigger IBS are a bout with the stomach flu (gastroenteritis), changes in diet, travel or psychological trauma. There seems to be some correlation between severe cases of IBS (in which a person has sharp, nearly constant pain) and a history of physical or sexual abuse.

The diagnosis of IBS is usually made only after other stomach conditions are ruled out, such as Crohn's disease and ulcerative colitis. Your doctor may recommend a colon X-ray or a colonoscopy, especially if you're over 50.

Treatment is usually based on symptom relief and the degree of discomfort. Generally, diarrhea is more

easily treated than pain and bloating. Here are the usual options:

- Mild symptoms are usually treated by your primary physician. There are some medications that can help, and you may need to make some lifestyle and diet changes.
- Stress management is usually part of a total treatment program.
- Treatment for moderate symptoms include "fiber supplements for constipation, drugs that affect nerves associated with the bowels and stomach, and medications that stop diarrhea," according to the HealthOasis.
- There are some foods that seem to aggravate IBS and you may be told to avoid them: fatty foods, beans and other gas-producing foods, alcohol and caffeine. Sometimes too much fiber may make symptoms worse.
- In certain situations, psychological

treatment is recommended to learn how to cope with the stress of the condition itself.

- In severe cases, antidepressants may be prescribed to help alleviate the depression which often accompanies the physical pain. You may also be referred to a pain center.

If you suffer from IBS, one of the best things you can do for yourself is to develop a long-term trusting relationship with a doctor who can reassure you and tailor a treatment program to help you — and keep up with the latest developments in research. The good news is that more medications, especially nerve transmitters, are being developed which will relieve IBS symptoms more effectively.

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A Common Women's Health Condition That Most Don't Know About

(NAPSI) — Listen up ladies: Too many women are needlessly suffering with a common health condition called pelvic organ prolapse (POP).

Why? For a number of reasons — some wait to see if it gets better, others are too embarrassed to talk about it. POP, or the shifting of pelvic organs, affects as many as 50 percent of all women who have given birth vaginally.

In fact, new survey results show that four out of five women over the age of 21 have never heard about POP, and nearly half (47 percent) waited one to two years before discussing their symptoms with their doctors.

"For eight years I had increasing pelvic pressure, sharp pains with heavy lifting, low-back pain, urinary frequency and urgency, and discomfort during sexual intercourse, but I was embarrassed to discuss such intimate

issues with my doctor," said Nina, a POP patient. "Looking back, I can't believe how foolish I was to suffer in silence for so long."

So what is happening down there? The organs in the pelvic cavity — the uterus, vagina, bladder and rectum — are held in place by a web of muscles and connective tissues that act like a hammock.

When these muscles and tissues become weakened or damaged, which can happen as a consequence of vaginal childbirth, one or more of the pelvic organs shift out of their normal position and literally "fall" into, or even out of, the vagina.

As a result, the organs may press against the vaginal walls producing a hernia — like bulge, causing discomfort, affecting sexual activity and limiting physical activity.

Although it's so common, two out

of three women in the survey who were diagnosed with the condition were not aware of it before experiencing symptoms.

Why? Unfortunately, there's a communication gap between doctors and patients — 81 percent of surveyed women who have given birth did not receive education about the relationship between vaginal delivery and possible POP from their OB/GYN.

Results also showed that of the women who were aware of POP, 86 percent learned about it from sources other than their doctor, such as friends, relatives or co-workers.

So, if you think you have POP, what do you do?

Say something to your doctor!

Trust your instinct — if something feels wrong, ask about it. The good news is a variety of treatment options are available. However, because there are different types and stages of prolapse, defined by where the weakness occurs and which organ is affected, treatment options can vary from Kegel exercises to surgery.

Talk to your doctor if you are experiencing any of the symptoms listed in the box above and together you can determine the treatment option that's best for you.

This survey was conducted among 508 females ages 21 and older, living in the continental United States.

It was sponsored by Ethicon Women's Health & Urology, a division of Ethicon, Inc., a Johnson & Johnson Company.

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A Family Affair: Helping Prevent and Deal with Overweight in Children and Teens

by Dr. Jessica E. Simmonds, Ph. D

The percentage of children who are overweight has almost doubled over the past 20 years, and is now being viewed as an epidemic in this country. Today, children are spending more time sitting in front of computer screens, spending too many hours watching TV, and less time involved with physical activities. Children are also consuming more high fat, salty snacks, drinking more soft drinks, and eating less fresh fruits and vegetables. Type 2 diabetes, which in the past was mostly found in adults over the age of 40, is now being found in children and being linked to childhood obesity.

Overweight children also suffer emotionally. As most of us can remember from our own childhoods, it is a time when we want to fit in and be a part of the group, rather than standing out as being different. For the overweight child, there is no way of hiding a difference which often makes him/her the target of cruel teasing and discrimination. Anti-fat attitudes may begin in children as young as 3-years-old. In one study in which kindergarten children were shown pictures of "chubby" children, 86% expressed an aversion to "chubbiness" and tended to describe the chubby children as being mean, as possessing negative characteristics, and as being undesirable playmates. Other findings showed that overweight children between the ages of 12 to 16 years were more often found to be the victims of group aggression. Overweight children may also be judged more critically by adults who see them as older than their age, and have expectations beyond the child's developmental capacity. The stigmatization of overweight children leads to feelings of shame, contributing to low self-esteem, depression and poor body image.

Although parents may not be able to shield their child from teasing and discrimination from others, it is essential that they provide a supportive, loving, and accepting environment at home. Children need to know that they are loved regardless of their size. Making criticisms or shaming children about their size can lead to children turning toward food as a way of comforting themselves. Food becomes a friend, and children begin to turn away from contact with peers, parents, and other adults, leading to isolation. Teaching children that theirs is a good body will encourage them to want to keep it healthy. Help your child identify his/her strength, talents, and interests, and focus on the positive aspects of your child and not just the weight problem. Harm can result when children receive messages that suggest their personal worth and respect from others is related to their body size.

Research suggests that when the whole family focuses on making positive lifestyle changes and creating an accepting environment, that healthy changes will occur. When parents serve as healthy role-models, their children will follow their example. The idea is not to single out the overweight child as being different from the rest of the family, or having different nutritional needs. All members of the family should be served the same healthy food and participate in physical activities. Mealtimes should be a pleasant experience with conversation and sharing,

and not a time to talk about weight. The goal is to create lifelong healthy eating and physical activity habits which allows the overweight child to grow into his/her natural body weight. Rather than losing weight, it may be more beneficial if a child can maintain a current weight through healthy eating, and slim down as he/she grows in height.

Placing children on "diets" can be detrimental to their health and can have opposite effects to weight loss. Typically, this causes weight loss and regain, or weight cycling which itself can be a health risk. Frequent dieting puts youth at risk for obesity or eating disorders. Parent's attitudes and beliefs about food can also be transmitted to their children. Parents need to stop "dieting" themselves, stop talking about their hips, stomachs, and thighs, and realize that their own attitudes and behaviors may contribute to their children's eating and weight problems.

Overweight children may eat for many different reasons other than hunger, and often have lost touch with the ability to respond to their own internal cues of hunger and satiety. It is essential that the overweight child develops the capacity to recognize those cues, and begins to regulate their own hunger level. It is often difficult for parents to trust that their overweight child will, given nutritious food choices and a supportive environment, eat the amount that they need. Parents need to structure regular meal-times and snacks, but let their child decide how much to eat. Becoming the "food police" will lead to frustration, and may lead to your child eating in secrecy. It is also helpful not to define some foods as "good" and some as "bad". Labeling some foods as

bad or forbidden can make them more desirable, leading to sneaking and binge-eating of these products. All foods are good, but some need to be eaten more in moderation.

The Jewish community is not immune to the problem of overweight in children and teens. There may be truth and even a sense of pride connected to the stereotype of Jews placing more value on the intellect versus the physical, but creating a balance between the two is essential for overall health. More children in the Orthodox community are being diagnosed with obesity, and eating disorders among Orthodox young women are on the rise. One physician connected with the Yeshiva Health Task Force stated that recognizing our obligation to care for our health is the halachic (correct according to Jewish law) thing to do. He goes on to say that the Torah clearly states that we must take responsibility for protecting our physical and mental health.

Opportunities to teach children about nutrition can be incorporated into the celebration of Jewish holidays. For example, harvest holidays such as Shavuot and Sukkot can be occasions to teach about the vitamins and minerals found in fresh fruits and vegetables, Passover can focus on grains, and Hanukkah on oils and fats. Whether helping address the problem of overweight or trying to prevent it, raising children's awareness of healthy nutrition and physical activity can be a fun experience for the whole family, leading to the establishment of lifelong healthy patterns.

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What is Dystonia?

Dystonia is a neurological movement disorder characterized by severe and uncontrollable, and often painful, muscle contractions. Its many forms can affect the eyes (Blepharospasm), neck (Cervical Dystonia or Spasmodic Torticollis), limbs (Generalized Dystonia), hands (Writer's Cramp), or vocal cords (Spasmodic Dysphonia).

- ➔ Dystonia is the third most common movement disorder after Parkinson's Disease and Tremor.
- ➔ More than 300,000 people in North America are affected by some form of dystonia.
- ➔ It can affect anyone at any time (all races and ethnic groups).
- ➔ It can be hereditary or result from a brain injury.
- ➔ It is not fatal, nor does it affect intelligence.
- ➔ There is no cure for dystonia, only treatments, which include drug therapy, botulinum toxin injections, and several types of surgery.

For more information on diagnosis and treatment of dystonia, physician referral, genetic testing, and support groups, please contact:

Dystonia Medical Research Foundation
 One East Wacker Drive • Suite 2430
 Chicago, IL 60601-1905
 Phone: 312-755-0198 • Fax: 312-803-0138
 E-mail: dystonia@dystonia-foundation.org
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Know the Risk Factors For Early Detection Of Chronic Kidney Disease

(NAPSI) — If you or a loved one has any of the common risk factors for chronic kidney disease (CKD), such as diabetes and high blood pressure, you are not alone. Twenty million Americans (1 in 9 U.S. adults) have CKD, but may not recognize the warning signs, until the disease has progressed.

To get the word out about CKD risk factors and the importance of early detection, former U.S. Surgeon General Joycelyn Elders, M.D., the National Kidney Foundation (NKF), Ortho Biotech Products, L.P. and other sponsors are joining forces to educate Americans about kidney disease.

Chronic kidney disease is a progressive condition in which the kidneys are unable to function effectively. Many people do not realize that they have CKD, or are even at risk for developing it, until they have reached advanced stages of the condition.

The most common risk factors for CKD include diabetes, high blood pressure and a family history of kidney disease. If you are over 65, your risk for CKD is also greater.

Due to high rates of diabetes and high blood pressure — the leading cause of kidney disease, Jews have an increased risk for developing CKD.

Anyone with high blood pressure, diabetes or a family history of kidney

disease is at risk and should have his or her kidney function tested.

People can take action by evaluating if they are at risk for CKD and by identifying common signs and symptoms often associated with the condition. Anemia, a low concentration of oxygen-carrying red blood cells, is an often-overlooked warning sign of CKD. It is particularly important for those at risk for CKD to be aware of symptoms of anemia, such as tiredness or weakness, dizziness, or shortness of breath.

In addition to the symptoms of anemia, people should pay attention to other possible warning signs of CKD, including foamy urine, puffy eyes, and swollen face, hands, abdomen, ankles or feet.

Dr. Elders and the NKF offer the following tips to help detect kidney disease early and prevent kidney failure:

- Find out your family's health history.
- Visit your doctor for regular check-ups (including urine and blood tests).
- Follow your doctor's instructions to keep hypertension and diabetes in control.
- Keep your weight in check and follow a balanced diet recommended by your doctor.
- Start exercising by walking for 30

minutes at least three times a week. Check with your doctor before beginning any exercise program.

- Limit salt intake to control high blood pressure.
- If you smoke, quit.
- Limit your intake of alcoholic beverages.

The National Kidney Foundation offers convenient, free CKD screenings as part of the Kidney Early Eval-

uation Program, or KEEP, throughout the year.

To find out more about the National Kidney Foundation's schedule of KEEP screenings, visit www.keeponline.org. To receive a free "Am I at Risk?" brochure from the NKF, call (800) 622-9010. For information about kidney health, visit www.kidneyresource.com.

Understanding Diabetic Nerve Pain

by Dr. Albert Ray

(NAPSI) — Approximately 5 million people are affected by a condition called diabetic peripheral neuropathic pain, or diabetic nerve pain. Over time, diabetes can harm nerves in the legs, feet, arms or hands, causing the slightest movement or light touch of the skin to trigger pain.

Highly Misunderstood

Diabetic nerve pain is a highly misunderstood and often misdiagnosed condition. In fact, a recent Harris Interactive online survey of about 600 physicians who see at least one diabetes patient in a typical week found that almost all those surveyed (97 percent) believe that diabetic nerve pain is often misdiagnosed.

Additionally, other research has shown that many people at risk for developing diabetic nerve pain are unaware that the condition exists, causing many misconceptions. Below are some examples of how diabetic nerve pain is misunderstood and the facts about the condition:

"This pain is all in my head, or maybe I'm just getting old."

Pain from nerve damage is not a

result of aging. It is a real medical condition in patients with diabetes caused by various factors, including high blood sugar and/or smoking. Millions of people have it and most of the time it can be managed.

"There is nothing I can do to stop further nerve damage."

It is possible to stop further nerve damage through exercise and by keeping blood sugar levels under control. Research also shows that walking regularly and doing low-impact exercise can help reduce leg pain. Before starting any exercise plan, it's important to talk with a physician.

"The nerve damage causing my pain can be cured."

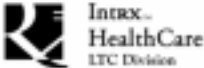
Unfortunately, there are no medications that can reverse nerve damage, but the good news is there are medications available to help manage diabetic nerve pain.

"My physician doesn't need to understand how diabetic nerve pain has impacted my life."

Diabetic nerve pain can negatively affect a person's quality of life, making it physically more challenging to participate in normal activities. The symptoms of diabetic nerve pain can also make people feel older than their years, alone and sad. Talking to a health care provider about how the pain may have impacted your life can help him or her determine the best treatment plan.

Talk Beyond Pain: Understanding Diabetic Nerve Pain Program

To clear up misconceptions about diabetic nerve pain and to help patients communicate better with their physicians, the National Pain Foundation and Eli Lilly and Company are sponsoring a new program called Talk Beyond Pain: Understanding Diabetic



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See *NERVE PAIN* on Page 21

Does Your Skin Have You Red In The Face?

(NAPSI) — Flushing with frustration over your chronically red facial skin? Everyone experiences facial redness at one time or another, but for many people, living with the embarrassing effects of persistently red, blotchy skin is something they deal with on a daily basis.

More than 16 million women in the United States suffer from rosacea, a common skin problem that often appears on the nose, cheeks and chin and can take various forms — from a slight flush to more noticeable reddening on the face.

Facial redness triggers are unique to each person, but some common causes include:

- Food and drinks, such as alcohol and caffeine
- Activities, such as intense exercise
- Weather conditions, including excessive sunlight, wind or any sort of weather extremes
- Emotional moments, such as stress or anxiety or any sudden change in emotion.

Dermatologists offer the following advice to patients who suffer from facial redness:

Use appropriate skin care products. An appropriate skin care regimen is essential to healthy skin, especially in preventing rosacea. Look for products specifically formulated for sensitive or visibly red skin. Eucerin, a dermatologist-trusted and recommended brand, offers Redness Relief, a comprehensive skin care line that provides immediate relief while improving the condition of visibly red skin in four weeks.

Wear sun protection. Since sun

exposure is one of the most prevalent facial redness triggers, apply a facial lotion with a sun protection factor (SPF) of at least 15, such as Eucerin Redness Relief Soothing Moisture Lotion SPF 15. Wearing a hat and sunglasses provides additional coverage.

Conceal red skin the right way. Formulas with green pigments are the most effective at neutralizing and evening out redness and blotchiness,

yet they won't leave skin looking green. Eucerin Redness Relief offers a daily moisturizer and a concealer that are formulated with green color neutralizers to instantly counteract and even out visible redness and blotchiness on the skin.

Change your diet. If certain foods or drinks cause facial redness, write them down in a diary. This will help you avoid them in the future.

Visit a dermatologist. Persistent facial redness can mean you have a skin condition. See a dermatologist who can help you understand how to treat the problem, so you can be comfortable with how your skin looks and feels.

For more information, visit www.EucerinUS.com or the official Web site of the National Rosacea Society, www.rosacea.org.

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NERVE PAIN

Continued from Page 20

Nerve Pain. The program includes tools such as an educational guide to help you talk to your physician about your diabetic nerve pain symptoms and how they are impacting your life, as well as a personal diary for you to share with your physician. Talk Beyond Pain: Understanding Diabetic Nerve Pain materials are free and can be downloaded at www.TalkBeyondPain.com. The company also provided both content and financial support to the NPF for the educational campaign. Survey participants were unaware of who sponsored the survey.

Dr. Albert Ray is Chairman of the Board for the National Pain Foundation, a non-profit organization that advances the recovery of persons in pain through information, education and support.



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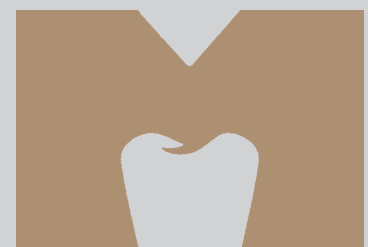
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