

HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

May 2011

End of Life Care

*Hospice tends to patients,
families with compassion
during difficult time*

*Inside: Toning shoes
no shortcut to fitness*



HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

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ON & OFF THE VINE



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really is good
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House Call is dedicated to providing our readers with helpful health related information. We strive to help answer the questions of current and ongoing concerns. This publication is not intended to take the place of medical experts, but rather inspire our readers to take an active role in their physical and mental well being.

Cover Story

End of life care

Hospice offers compassion to patients, family during difficult time

BY ALAN REED

areed@paducahsun.com

The terminally ill confront fear, pain and grief at the end of their lives, but hospice volunteers and nurses ease the burden on patients and families.

Susan Mason is volunteer coordinator for Lourdes Hospice. She said the hospice is a specialty care program for patients with any terminal illness.

“Hospice is not about giving up. It’s about loving life. We all work to keep a patient as comfortable as possible, seeking to control their pain and doing what we can for their families,” Mason said. “What we are about is comfort, and we provide support to our patients and families, but they are in the driver’s seat. We don’t administer any medicines or do anything a patient, family or physician does not want.”

Hospice, a hospital service, receives reimbursement through Medicare and Medicaid. If a patient is uninsured or under-insured or facing non-medical expenses, hospice has a foundation for funding. No patient will be turned away for inability to pay, Mason said.

Non-medical personnel are all volunteers. These volunteers provide companionship and basic services for a patient, and allow family members an opportunity to leave home, run errands or take an emotional break from their home lives. Hospice also provides nurses to administer pain medications and monitor patients



ALAN REED | The Sun

Lourdes Hospice volunteer coordinator Susan Mason (left) discusses a volunteer’s duties with trainee Marcia Viets. Viets and all volunteers must receive 12 hours of training before making home visits. During a visit, a hospice volunteer may assist with small chores, provide companionship or give caregivers a respite for an afternoon out of the home.

and chaplains for spiritual needs. Hospice care workers can provide guidance on living wills and advanced directives.

“It’s a way to give back to the community,” Mason said. “So many families benefit from hospice care. Volunteers tend to get more out of the experience than families, though. Why volunteer to work with dying people? We’re all going to die, and so many patients have no families. They’re in a nursing home or their children live out of town. What amazes me about the job is volunteers will go to the homes of strangers and just show a little compassion for patients and families.”

Mason said she has 54 volunteers but needs more. One volunteer in

training is Marcia Viets of Reidland.

“I just turned 85, and my doctor said I would be a perfect candidate to volunteer for hospice,” Viets said. “I called, and they said I needed 12 hours training and would be able to help caregivers who need taking care of themselves.”

Viets said she grew to understand the role of caregivers when she cared for her husband, Jack, who battled Parkinson’s Disease for 25 years before his death five years ago.

“I have a lot of compassion for caregivers, and know it’s a 25-hour-a-day job. They need to be able to rest or get away for a couple of hours. I’d have done anything if someone could have relieved me,” Viets said.

Viets said the main quality needed

by a volunteer is the ability to listen. She expects emotions from patients and families who need an outlet. She is prepared to listen, read, hold hands, and do what patients and families need to cope with illness.

Kate Foley of Lower Town said she and her husband, Jim, enjoy the assistance of hospice volunteers. Jim, suffering from Alzheimer’s, is confined to their home.

“The first year we didn’t know about hospice and home care, and it was emotionally and physically exhausting. I voiced my concerns to a new doctor and he recommended home care and hospice. Now we have two wonderful volunteers that are my

Please see **HOSPICE** | 15

An apple every day really is good for you



An apple a day really can help keep the doctor away, at least for postmenopausal women, researchers said Tuesday.

In a study of 160 women who ate either dried apples or prunes daily for one year, the women who ate apples saw their low-density lipoprotein cholesterol — the “bad” kind known as LDL — drop by 23 percent after six months. At the same time, their “good” high-density lipoprotein cholesterol, or HDL, rose about 4 percent over the course of the study.

Women in the dried apple group ate 2/3 cup of the fruit each day. Though the apple slices added 240 calories to their daily diet, these women wound up losing weight — 3.3 pounds, on average. These women also saw their levels of C-reactive protein (a measure of potentially dangerous inflammation) and lipid hydroperoxide (which can signal higher risk for cardiovascular problems) fall.

Researchers from Florida State University decided to put apples to the test because the fruit contains pectin, which improves the body’s ability to metabolize fat, and polyphenols, which dial back production of inflammatory molecules. At least, those effects had been demonstrated in animals. Now they have some preliminary data that the same might be true in people.

The next step, the researchers said in a statement, is to expand the study to women across the country to test whether the old adage holds up.

And it is an old adage. According to this website on the history of popular phrases, idioms and expressions, the idea that eating an apple a day could keep the doctor away can be traced to Pembroke in southwest Wales. Nearly 150 years ago, a Welsh magazine called “Notes and Queries” published a longer version of the famous rhyme:

“Eat an apple on going to bed

“And you’ll keep the doctor from earning his bread.”

The results of the preliminary research were presented in a poster session Tuesday at the Experimental Biology 2011 conference in Washington, D.C.

McClatchy-Tribune News Service

Dr. Withrow's HeartBeat

by Patrick Withrow, M.D.
Vice President / Chief Medical Officer
Western Baptist Hospital



As featured in The Paducah Sun's House Call • Available online at paducahsun.com and westernbaptist.com

Mini-stroke doubles risk of heart attack

People who suffer a “mini-stroke” need to be concerned about heart disease as well, according to research reported in Stroke: Journal of the American Heart Association. Patients who have these strokes, called transient-ischemic attacks or TIAs, are at twice the risk of heart attack than the general population, the report said.

What is a TIA?

A TIA occurs when a blood clot temporarily blocks a blood vessel to the brain. A TIA is shorter, usually lasting just a few minutes, than a stroke, but the symptoms are similar. Although it does not cause long-term disability, a TIA or “warning stroke” signals a high risk for a larger stroke.

The study shows the risk of

heart attack highest among TIA patients under 60; they were 15 times more likely to have a heart attack than non-TIA patients. The average length of time between a first TIA and heart attack was five years in the study.

Who is at most risk?

The risk of heart attack after TIA increased among men, older people and those taking cholesterol-lowering medications. Nearly two-thirds of people in the study had high blood pressure, more than half smoked and three-fourths were being treated with medication, such as aspirin, to prevent blood clots.

Most heart attacks are caused by coronary-artery disease, which occurs when a clot blocks blood

and oxygen flow in a vessel leading to the heart. Coronary-artery disease is the primary cause of death among TIA patients, according to the report.

Signs of a TIA and stroke are sudden. They include:

- Numbness or weakness of the face, arm or leg
- Difficulty seeing
- Trouble walking because of dizziness or loss of balance
- Severe headache

Free stroke awareness seminar

Neurologists Jacqueline Carter, M.D., and John Grubbs, M.D., and internal medicine physician Danny Butler, M.D., will speak on stroke prevention and care at a luncheon seminar from noon to 1 p.m. Thursday, May 19, in the Baptist Heart Center

auditorium. Reservations are required at (270) 575-2895.

Chest Pain & Stroke Hotline

If you have questions about heart attack or stroke symptoms, you can talk to a Western Baptist nurse free 24 hours a day on the Chest Pain & Stroke Hotline: 1-800-575-1911.

Send your questions!

Do you have a cardiac question tugging at your heart? Send it to heartbeat@bhsi.com or mail it to HeartBeat, 2501 Kentucky Ave., Paducah, KY 42003. If we use it in a future HeartBeat column, you will receive a Western Baptist Hospital door prize.



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THE HOSPITAL OUR REGION PREFERS 2 TO 1

On the Surface

Bugs bug us, and a few pose some real threats

BYLAURAN NEERGAARD

Associated Press

WASHINGTON — It's that time of year when the bugs emerge to bug us.

Some can pose real threats — Lyme disease from tiny ticks, West Nile virus from mosquitoes, or life-threatening allergic reactions to bee stings. But most bug bites in this country are an itchy nuisance.

How itchy or big the welt depends in part on your own skin, how much of the chemical histamine it harbors. Yes, some people really are mosquito magnets. And no, most of the bites people blame on spiders aren't from them at all.

In fact, chances are you won't be able to tell the culprit unless you catch it in the act. Yet doctors and entomologists alike field calls asking, "What bit me?"

"People call up really bummed out," says spider expert Jonathan Coddington of the Smithsonian Institution's National Museum of Natural History, who points to just two worrisome types in the U.S., the black widow and brown recluse family. Spider phobia, he says, is "out of all proportion to actual risk."

It's not uncommon to have a large skin reaction to any bite or sting, and Dr. Reid Blackwelder, a family physician from East Tennessee State University, sees a couple of them a week in the early spring and summer.

"Most of the time, what people need is reassurance," he says.

To explore the most bothersome biters, Coddington offered the AP a behind-the-scenes look at some of the millions of specimens in the Smithsonian's entomology collections that scientists use to identify and study insects and arachnids.

Mosquito bites probably are the most common. Sure we've been told to watch out for them at dusk and dawn. But the Asian tiger mosquito — a fairly recent immigrant that has



Associated Press

Dr. Jonathan A. Coddington, associate director of research and collections, examines vials of preserved brown recluse spiders (above) at the Smithsonian Institution National Museum of Natural History in Washington on Wednesday. It's the time of year when bugs, such as bedbugs (left), spiders, ticks and mosquitoes emerge to bug us.



spread to 30 states since arriving hidden in some tires in Texas — bites all day long. It's a more aggressive, harder-to-swat version than native species, Coddington says.

If it seems every mosquito's after you, well, there are about 3,500 species around the world and Coddington says most don't bite humans, preferring other animals instead.

But those who do can be attracted by sweat, alcohol, perfumes and dark clothing.

Please see **BITES** | 9

wisdom for women

Becky Johnson, APRN, CNM

Women's Health Nurse Practitioner &
Certified Nurse Midwife



It's your time!

National Women's Health Week • May 8-14

Have you ever experienced that guilty feeling after buying something you really wanted but didn't really need? Or have you ever felt bad about ignoring the housework or deadline so you could read a good book? I know I have, and I'm sure you have too at some time. The truth is, women are pretty good at putting others' needs and wants before their own. Women often have responsibilities of spouse, children, homes, families, employers, and sometimes even their parents causing them to lose sight of their own needs. Sometimes it seems easier to just put themselves on the back burner to lighten the load of the day-to-day demands. Unfortunately, women are a common thread that holds the fabric of society in place and without personal time for health and wellbeing, a major unraveling can occur.

May 8-14, 2011 has been designated as National Women's Health Week by the U.S. Dept. of Health and Human Services Office on Women's Health. Their goal is to bring communities, businesses, government, health organizations, and groups together in order to promote women's health. The theme for 2011 is "It's Your Time" in hopes of empowering women to make their health a priority. Steps to improve the physical and mental health as well as lower risks of certain diseases are listed on the U.S. Dept. of Health and Human Services Office on Women's Health website. They include:

- *Getting at least 2 hours and 30 minutes of moderate physical activity, 1 hour and 15 minutes of vigorous physical activity, or a combination of both, each week*

- *Eating a nutritious diet*
- *Visiting a health care professional to receive regular checkups and preventive screenings*
- *Avoiding risky behaviors, such as smoking and not wearing a seatbelt*
- *Paying attention to mental health, including getting enough sleep and managing stress*

Women make a difference everyday just by the activities in which they participate. When children see the women who are role models in their life make healthy choices in their diets or simple things such as applying sunscreen or putting on a seatbelt, they develop lifesaving habits. On the other hand, unhealthy activities such as poor diet, smoking, sedentary lifestyle or drug addiction can generate deadly habits. How will the generations of tomorrow learn a healthy lifestyle if they are not seeing it in those who influence them most? It is vital not only for today's society but for many generations to come.

With this dedication to women and their health and wellness you can make it "your time" without feeling guilty but with a confidence that you are not only impacting your personal life but the lives of those around you. For one week out of the year, make yourself a priority! Visit your healthcare provider for a checkup. Discuss with them the screenings and tests that are right for you and make sure you are up to date on your immunizations. These very important activities often go unnoticed but can greatly impact the quality of your life. I would encourage you to find time for yourself this month, not only in physical health but mental, emotional, and spiritual health as well. Remember, you cannot give what you do not have. It is important to make time for YOU! If you don't do it, no one will.

Do you have a women's health question?
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BITES: Most people face only irritation from bug bites

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Bedbugs are the latest headline-maker. Scientists can't explain why they've suddenly rebounded in many U.S. cities after all but vanishing in the 1940s and '50s. But once they're in a building, they're famously hard to eradicate. You won't feel their needle-like bite, but you might see a line of red dots in the morning.

Not so with horse flies and black flies. They cause painful welts, and they'll chase any blood meal. And yellow jackets may be a bane of summer picnics, but they're most aggressive in the fall, the reproductive mating season, Coddington notes.

Most people face no risk other than infection from scratching, but there are some important exceptions:

■ Blacklegged tick species, commonly called deer ticks, that are as small as poppy seeds can transmit Lyme disease. The Centers for Disease Control and Prevention counted more than 35,000 confirmed or probable cases of Lyme in 2009, the latest data available. These ticks are most active from May through July, and are most common in the Northeast, mid-Atlantic, upper Midwest and Pacific coast.

If a tick's been biting for less than 24 hours, chances of infection are small. So do a daily tick check. And the CDC recommends using insect repellent with DEET.

Antibiotics easily cure most people of Lyme. But other than Lyme's hallmark round, red rash, early symptoms are vague and flu-like. People who aren't treated can develop arthritis, meningitis and some other serious illnesses.

Different tick species around the country can transmit additional diseases, such as Rocky Mountain spotted fever, tickborne relapsing fever, and STARI or Southern tick-

associated rash illness.

■ West Nile virus is the main mosquito concern in the U.S. Although cases have dropped in the last decade, the CDC recorded 45 deaths from West Nile last year. Severe symptoms fortunately are rare but include high fever, neck stiffness, disorientation, coma, muscle weakness and paralysis, and the neurological effects sometimes are permanent.

To avoid mosquitoes, the CDC advises wearing insect repellent containing DEET, picaridin or oil of lemon eucalyptus. Empty standing water where mosquitoes breed.

■ At least 40 people a year die from allergic reactions to stings from bees or other insects, according to the American Academy of Allergy, Asthma & Immunology. Potentially

life-threatening reactions occur in fewer than 1 percent of children and 3 percent of adults.

But seek care quickly for signs of an emergency, Blackwelder stresses: Swelling on the face or neck, shortness of breath or feeling dizzy.

People who know they're allergic should carry an EpiPen.

■ Bites from a black widow or brown recluse can require medical care, although fatalities are incredibly rare. You may not feel the black widow's bite, but within about an hour pain spreads through the abdomen, with cramping or rigid abdominal muscles. Poison centers stock antivenom, but most people do fine with muscle relaxants and other care, says Blackwelder, a spokesman for the American Academy of Family Physicians.

A brown recluse bite eventually forms an ulcerlike lesion that can get fairly large but usually requires just good wound care, he says. But other infections can be mistaken for these bites, so Coddington says bringing in the suspect spider helps identification.

"Most of the time, what people need (after getting bitten) is reassurance."

Dr. Reid Blackwelder
Family physician

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On & Off *the Vine*

Learn the differences between natural sweeteners

BY JOANNA DOLGOFF

McClatchy-Tribune News Service

If you are an avid food shopper, you may have noticed that the selection of sweeteners in the baking aisle seems to have multiplied in leaps and bounds. These sweeteners tend to have exotic-sounding names, each claiming to be tastier, healthier or more environmentally-friendly than plain old table sugar. But are they really any better?

Following are the most common types of “natural” sweeteners to help you decide. Regardless of the type of sweetener you choose, be sure to keep in mind that published recommendations say to limit added sugars from all sources to no more than 10

percent to 15 percent of total calorie intake, which is 120 calories (7.5 teaspoons) of sugar for a 1,200-calorie diet.

Sugarcane sweeteners

Making what we know as table sugar from sugarcane can range from a relatively simple to a multi-step process, and the final result varies depending on the specific steps in the process. The following sweeteners are made with fewer steps on the processing chain, meaning less of an environmental impact and more of the vitamins and minerals.

■ **Blackstrap molasses:** The dark liquid byproduct from the third boil-

ing of sugar cane syrup and is the most nutritious molasses, containing calcium, magnesium, potassium and iron. Just 2 teaspoons of blackstrap molasses will sweetly provide you with 13.3 percent of the daily recommended value for iron, 11.8 percent of the daily recommended value for calcium, and 9.7 percent of the daily recommended value for potassium.

■ **Evaporated cane juice:** It can be used just like sugar for sweetening foods and beverages as well as in cooking. It may also be known by a variety of other names including dried cane juice, crystallized cane juice, milled cane sugar and in Europe as “unrefined sugar.” Evaporated cane juice contains some trace

nutrients (that regular sugar does not), including vitamin B2 (riboflavin). Evaporated cane juice is available in a variety of forms that vary in texture and flavor:

1. Milled cane: Small grained crystals.
2. Demerara: Coarser grained, slightly sticky crystals.
3. Muscovado: Very fine crystal sugar.

Non-sugarcane sweeteners

Here is the scoop on some of the most common natural sweeteners that are not made from sugarcane.

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Healthy Living

Cooking with yogurt

In addition to being an excellent source of protein and calcium and good for the digestive track, yogurt is a versatile ingredient.

More than dessert

- **Use low-fat yogurt** as a lower-calorie substitute for sour cream or mixed with seasonings and spices for a creamy salad dressing
- **Marinate steaks** or chicken breasts in yogurt before cooking; its acid content helps tenderize the meat
- **Add yogurt** to cake or quick bread batter to improve the crumb; mix it into bread dough to help develop gluten
- **When using yogurt** in stove-top dishes, such as curries and stews, be sure to first lower the heat, then add yogurt slowly to avoid curdling



Source: NPR Kitchen Window, Homecooking.about.com, MCT Photo Service
Graphic: Pat Carr

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SWEETENERS: Honey, maple syrup sweeten without using sugarcane

CONTINUED FROM 10

■ **Agave nectar:** This is produced from the juice of the core of the agave, a plant native to Mexico. It contains trace amounts of iron, calcium, potassium and magnesium, but has a higher calorie count than sugar (60 calories per tablespoon vs. 46 calories per tablespoon, respectively). The fructose content of agave syrup is much higher than that of high fructose corn syrup, which is of concern since some research has linked high fructose intake to weight gain (especially around the abdominal area), high triglycerides, heart disease and insulin resistance. Despite this, it has a low glycemic index because of its low glucose content, which means it won't cause a spike in your blood sugar levels the way sugar does.

■ **Brown rice syrup:** When combined with sprouted rice or barley, cooked brown rice yields this sweet liquid that contains about 13 calories per teaspoon and is less sweet than sugar. The syrup breaks down relatively slowly, providing more of a time-release energy flow than sugar does and contains some magnesium, manganese and zinc.

■ **Date Sugar:** Though it's called "date sugar," this sweetener is not a form of sugar. It's actually an extract taken from dehydrated dates. It contains some essential minerals such as iron, calcium, phosphorus, magnesium, zinc and selenium.

■ **Honey:** Made by bees from the nectar of flowers, it is a ready-made sweetener that contains traces of nutrients. Some research suggests that consumption of honey raises blood levels of protective antioxidant compounds in humans. However, when raw honey is extensively processed and heated, the benefits of certain phytonutrients are largely eliminated. Please note: Do not feed honey-containing products or use honey as a flavoring for infants under one year of age; honey may contain *Clostridium botulinum* spores and toxins that can cause infant botulism,



Some research suggests that honey may raise levels of protective antioxidant compounds, though some of the benefits are eliminated upon heating and processing.

a life-threatening paralytic disease. Honey is safe for children older than 12 months and adults.

■ **Maple syrup:** Sourced from the sap of maple trees, it is filtered and boiled down to an extremely sweet syrup. It contains fewer calories and a higher concentration of minerals (like manganese and zinc) than honey. "Maple-flavored syrups" are imitations of real maple syrup. To easily tell the difference, read the ingredients list on the nutrition label. True maple syrup contains nothing but "maple syrup." Imitation syrups are primarily made of high fructose corn syrup, sugar and/or artificial sweeteners.

Remember, even sweeteners touted as natural or nutritious, like the ones discussed, don't typically add a significant source of vitamins or minerals to your diet. However, there's nothing wrong with the sweetness that a little sugar or other natural sweeteners add to life, so long as it's done in moderation.

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Patients can develop asthma later in life

BY JUDY GRAHAM

Associated Press

Asthma is often overlooked in older patients, but why?

We asked two leading experts to weigh in. Dr. Charles E. Reed is a former head of the division of allergic diseases at the Mayo Clinic in Rochester, Minn. Dr. Monroe King is an associate professor of medicine in the division of allergy and immunology at the University of South Florida and a consultant to the National Institute on Aging for asthma and allergic diseases. This story represents an edited version of their remarks, made in separate interviews.

Q: Can people get asthma for the first time later in life?

Reed: Yes. Our epidemiologic studies in Rochester showed us that asthma can start at all ages, even in the elderly. At the same time, people continue to recover from asthma even after age 65. We're not sure exactly why, but we think it's because something in their environment changes.

King: There are two peaks of asthma onset: One, in children and younger adults; the other, in people middle age and older.

Q: What distinguishes people who get asthma later?

Reed: When older people get asthma, they seem to have more severe disease. When I reviewed the elderly asthmatics we saw at the Mayo Clinic — at least 1,000 a year — over 40 percent of them had irreversible lung diseases such as chronic obstructive pulmonary disease or chronic lung infections.

Many of these individuals smoked at one point. Exposure to bad things in the environment — cigarette smoke, moldy houses, contaminated air conditioning systems, nasty workplaces — doesn't just cause asthma, it causes other lung diseases.

King: Older people who get asthma tend to have fewer allergies. The course of their illness is stormier — they tend to have more exacerbations

Seniors and asthma

■ **Prevalence:** Six percent to 10 percent of seniors may have asthma — a chronic inflammatory condition that affects airways in the lungs.

■ **Symptoms:** Coughing, chest tightness, shortness of breath, wheezing.

■ **Diagnosis:** Can be difficult, as asthma can co-exist with conditions that have similar symptoms, including chronic bronchitis, congestive heart failure, sinusitis, gastrointestinal reflux and chronic obstructive pulmonary disease.

■ **Concerns:** Drugs used to treat asthma can exacerbate osteoporosis. Drugs used to treat other conditions — beta-blockers, ACE inhibitors, aspirin, non-steroidal anti-inflammatory medications — can trigger or worsen asthma.

■ **Treatment:** Eliminate environmental triggers such as dust mites or mold. Use medications to reduce inflammation and open inflamed airways.

SOURCE: American Academy of Allergy, Asthma & Immunology

of asthma, more hospitalizations and the highest rate of death of any age group. That may be because older people's immune systems aren't as robust as younger adults. Also, older people tend to get more respiratory infections.

Q: What about treatment of older adults with asthma?

Reed: Older adults often tend to have a poorer response to treatment. Also, they often have other conditions that can make it difficult for a physician to sort out all the details. Young people with asthma are all pretty much similar. Older folks with asthma, each one is different.

King: Older people may also have more difficulty using asthma inhalers if they have arthritis or problems with coordination.

The asthma medications we use for older adults are the same. But because patients frequently have co-occurring conditions and are taking other drugs, there is more risk of adverse reactions.

Q: I know there are gender differences with asthma. Is this true of older adults?

King: Yes. In studies by both the Centers for Disease Control and the New York State Health Department, epidemiologists have shown that women at menopause and older are three times more likely to be hospitalized as men with asthma. Women

over the age of 65 are twice as likely to be hospitalized and twice as likely to die of asthma as men.

Q: What's going on?

King: We don't know if hormones directly affect asthma. But we do

know that boys under the age of 12 have twice as much asthma as girls do. By age 20, girls have twice as much asthma as boys. This reaches a ratio of three to one by the age of menopause.

Q: Is getting an asthma diagnosis hard for older adults?

King: This condition is underdiagnosed, and patients don't think of asthma as a disease older people can get. So, frequently older people attribute difficulty with breathing to aging. They just decrease their level of activity to accommodate it.

Q: What would you advise an elderly person who's having problems breathing?

King: Have a pulmonary function test. And if your primary doctor can't do one, get referred to a pulmonologist or an allergist who can.

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Top of the Chart

Study: DNR patients more likely to die within one month of surgery

BY WILLIAM WEIR

McClatchy-Tribune News Service

HARTFORD, Conn. — Patients with “Do Not Resuscitate” orders are more than twice as likely to die within 30 days of surgery as those without the orders.

A Yale study, led by Hadiza Kazaure, an associate professor of surgery at the university’s School of Medicine, compared the surgical outcomes of 4,128 adult patients with Do Not Resuscitate orders and 4,128 without DNR orders. The two groups were matched for age and types of surgical procedures. The data were collected from more than 120 hospitals between 2005 and 2008. The average age of the subjects was 79. Most were white women.

Of the patients with Do Not Resuscitate, or DNR, orders, 23.1 percent died within 30 days of surgery, com-

pared with 8.4 percent of the patients without the orders.

The results suggest that the patients with the DNR orders are overwhelmingly more likely to die after surgery, regardless of whether the surgery was an emergency procedure.

Kazaure, who worked on the study with Julie A. Sosa and Sanziana A. Roman, both associate professors of surgery at Yale, said some of the reasons for the higher mortality rates among patients with DNR orders are obvious.

“Many DNR patients are sicker, less independent and have poorer nutrition — all those factors that you might suspect,” she said.

But even after adjusting for illness and other factors, she said, the results show that “just being DNR remained an independent predictor

of death.”

“Of course, the question is, ‘Why is that?’” Kazaure said. There may be other “non-spoken” factors, she said. “Do doctors treat them differently? Do they try less hard? I don’t think this really answers that question, but it does raise those questions.”

In her own experience, Kazaure said there’s often a greater delay in arranging surgery for patients with Do Not Resuscitate orders. “There’s a lot of fuzziness and difficulty in deciding whether surgery should be done,” she said.

The study further found that patients with DNR orders also suffered a greater percentage of complications due to surgery and required longer hospital stays.

Do Not Resuscitate is a legal document signed by either a patient or the patient’s family member, stipulating

that “extraordinary means” — such as putting the patient on a respiratory machine — should not be administered if the patient suffers a cardiac or respiratory arrest.

Kazaure said the idea for the study came after she and her fellow researchers realized that there was little large-scale research done on the outcomes of DNR patients.

The most common procedures in the study were colon surgery, lower extremity amputation and gallbladder surgery. In all three, DNR patients were more likely to die.

The highest mortality rate was for a procedure known as exploratory laparotomy, surgery used to explore a patient’s abdominal organs. Half the patients with DNR orders died after the procedure, compared with 20 percent of patients without the orders.



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Young kids may make parents less fit, study says

BY LINDSEY TANNER

Associated Press

CHICAGO — Could kids be to blame for new parents' bad health habits?

A study found that mothers of young children were heavier and ate more calories, sugary drinks and fatty foods than childless women. Dads and moms in the study were less active than their peers without kids.

Sheri Lee Schearer, 34, says the results reflect her life with a 5-month-old son. Before, when she worked as a paralegal, she had time to make a spinach salad or go out for one. Now, as a stay-at-home mom in southern New Jersey, she grabs whatever is easiest and quickest.

"I often find that his needs come before mine," she said. "Do I get to the gym? No. Do I eat always healthy? No."

Quick, easily prepared foods are often high in fat and calories. Parents who choose these foods may end up serving them to their children, perpetuating a cycle of unhealthy eating, the study authors said.

"This isn't a study about blame," said co-author Jerica Berge, a University of Minnesota researcher. "This is about identifying ... a very high-risk time period" for parents that doctors should be aware of so they can offer solutions, she said.

That may include diet advice, parent-child exercise classes, or just getting parents to take walks with their kids, the researchers said.

The study involved 1,520 adults aged 25 on average, including parents with children younger than 5 years old. They were among more than 4,000 Minneapolis-area public school students enrolled in a study in their teens; the new study includes those who responded to two follow-up health surveys and answered questions about their diet and activity.

Results are published online Monday in the journal *Pediatrics*.



A new study in the journal *'Pediatrics'* found that men and women with kids were less active than their peers without children and consumed more calories, sugary drinks and fatty foods.

Mothers ate more fatty foods and drank about seven sugary drinks weekly, versus about four among childless women. Moms also had an average of 2,360 calories daily, 368 calories more than women without children. With that many calories, women that age would need to be active to avoid gaining weight, walking more than 3 miles daily at a moderate pace.

But mothers got on average a little more than two hours of at least moderate activity weekly, versus three hours weekly among childless women. Mothers had a slightly higher average body-mass index than childless women — 27 versus 26. Healthy BMIs are in the 19-24 range.

Fathers ate about the same amount of daily calories as childless men and both had an average BMI of about 25, but

"I often find that (the baby's) needs come before mine. Do I get to the gym? No. Do I eat always healthy? No."

Sheri Lee Schearer

New mother of a 5-month-old

fathers got less physical activity — about five hours weekly, compared to almost seven hours among childless men.

Among study participants, more of the parents were black and had low incomes than the childless adults, but the researchers took race, income and other factors into account that might have affected diet or activity levels.

The study has several limitations;

there's no data on how many women recently had babies, whose weight would still reflect pregnancy pounds. There's also no information on the number of single parents, who likely face even more diet and exercise challenges than married parents.

Sarah Krieger, an American Dietetic Association spokeswoman and St. Petersburg, Fla. dietitian who works with new mothers, said some of the mothers may have had postpartum depression, which might affect their eating and exercise habits.

Schearer, the New Jersey mom, said she's lost half the 40 pounds she gained while pregnant and doesn't care if she never loses that last 20 pounds.

Becoming a mom "has been the best thing that ever happened to me," she said.

It's Your Body

Personal Trainer

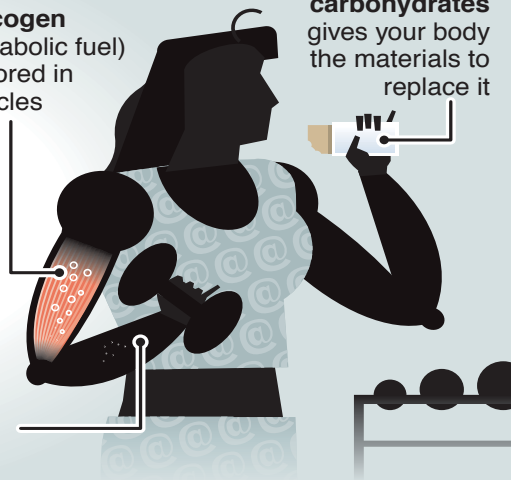
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Exercise consumes it



To replace muscle glycogen most effectively

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Also remember to

- Avoid foods high in fat
- Drink plenty of water to rehydrate your body



Source: Jane Foos of Mayo Health System Red Cedar Clinic
Graphic: Paul Trap
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HOSPICE: Volunteers helps families deal with disease

CONTINUED FROM 3

lifeline to the outside world," Foley said.

Foley said visits from volunteers twice per week allow her to go out, grocery shop and pay bills. Volunteers provide care for Jim, assist with housework, provide basic care, share snacks and assist with small chores. She added hospice care is not just for cancer patients, but for any debilitat-

ing terminal disease.

"I'm mentally able to deal with a hideous disease," Foley said. "I hope people don't rule out volunteering because they feel like they have nothing to offer. Just giving a little time to allow a caregiver a break is getting a breath of life."

Contact Alan Reed, a Paducah Sun staff writer, at 270-575-8658.

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Toning shoes offer no shortcut to fitness

BY ALAN REED

areed@paducahsun.com

Shoes marketed to shape and tone legs are no easy way to a trim physique, and they could imperil wearers.

Podiatrist Harry Byrne of Paducah said his readings indicate independent laboratory research refutes manufacturers' claims about the shoes' ability to tone wearers.

"The theory is the shoes require wearers to use more muscles to balance, but it isn't so," Byrne said.

Orthopedist Ted Jefferson said he read of a study published in the Wall Street Journal by the American Council on Exercise. The study of 12 women showed wearers of toning shoes showed no more weight loss, muscle toning or other benefits than wearers of normal shoes.

Personal trainer Carrie Gottschalk called the shoes a gimmick.

"People put them on thinking something magical is going to happen. You have to work at it and need cardio and strength training," Gottschalk said. "Manufacturers claim (wearing the shoes) builds muscle, but it could throw off your gait and cause an imbalance that leads to injury."

Byrne said some people find the shoes comfortable as their style of walking accommodates the shoes. For others, the shoes can cause a change in walking leading to sprains of the inside of the ankle. He recommends an evaluation by a podiatrist or shoe fitter before buying toning shoes.

Jefferson said the change in walking patterns could lead to pain in joints or a loss of balance from the instability. This could lead to fractured bones.

"The shoes themselves don't seem to provide improvement, but every article I've read, it says if it gets people walking it's a positive influence," Byrne said.

For good exercise, Jefferson recommends walking at least 15 minutes every day and three sessions per week of strength and resistance training. Pilates, yoga or weight training can provide this.

Gottschalk said she often recommends lunges to clients. Exercising requires movements in multiple directions, forward, back and laterally.

"People put them on thinking something magical is going to happen. You have to work at it and need cardio and strength training."

Carrie Gottschalk
Personal trainer

"Even for people like runners, I recommend something like Zumba. It's good cross training because unlike running, it provides movement front-back, laterally and even diagonally. Cardio kickboxing is also a great workout for strengthening and defining the back of the legs (hamstrings, glutes) and is excellent for cross-training because you will perform exercises in different planes of motion for a more balanced workout."

Jefferson recommends people select a comfortable-fitting shoe purpose-built for the type of activity it will be used for. Running shoes should not be used for walking, and walking shoes are unsuitable for running. He said people should start slowly with exercise, and not do too much when unprepared as this can lead to discomfort or injury.

"Consulting a physical trainer or a physician is a good idea before beginning an exercise program," Byrne said. "An exam and lab work may be a good idea to make sure a person is healthy enough for exercise and the program is never harmful."

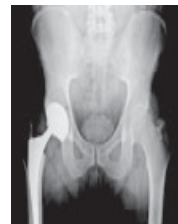
Contact Alan Reed, a Paducah Sun staff writer, at 270-575-8658.



Sun files

Participants exercise at a bi-weekly Zumba class at the Paducah Expo Center. Personal trainer Carrie Gottschalk recommends Zumba classes for exercise rather than toning shoes.

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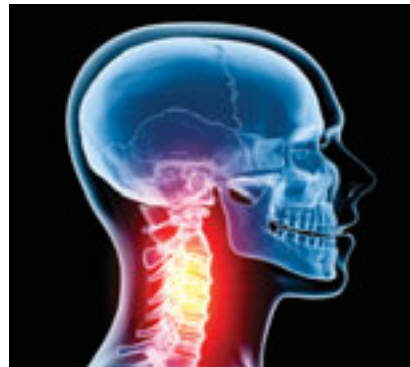
1. See your surgeon, even if you have no symptoms yet. Be alert for inflammation, swelling, pain, and popping/grinding sounds that indicate trouble.
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By Laxmaiah Manchikanti, MD
Medical Director, Pain Management Center of Paducah and Marion
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MEETING THE HEALTH NEEDS OF PATIENTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN

Top of the Chart

Docs choose riskier care for themselves

BY LINDSEY TANNER

Associated Press

CHICAGO — Physicians may choose riskier treatment for themselves than they'd recommend for their patients, according to a study that highlights a need for candid discussions about patients' preferences.

The findings are important because patients faced with difficult medical decisions often ask their doctors, "What would you do?" The answer reflects the doctors' values — not necessarily those of the patient. Doctors should know what their patients value most before giving advice, and patients should ask doctors the reasons behind their answers, said study author Dr. Peter Ubel, an internist and behavioral scientist at Duke University.

For example, not all cancer patients would want life-prolonging treatment if it means suffering through horrible complications — and their doctors should know that,

Ubel said.

The study asked more than 700 primary-care doctors to choose between two treatment options for cancer and the flu — one with a higher risk of death, one with a higher risk of serious, lasting complications.

In each of the two scenarios, doctors who said they'd choose the deadlier option for themselves outnumbered those who said they'd choose it for their patients.

That's likely because doctors are taught to do no harm, and death would be the ultimate harm. But also, some doctors likely reacted emotionally, recoiling at the notion of enduring "these kind of icky side effects," and they tended to put more faith in patients' ability to cope with lasting side effects, said Ubel.

He said previous research shows many people would react in a similar emotional way when presented with difficult choices for themselves versus others.

For example, one study asked participants if they would approach an attractive stranger in a bar if they noticed that person was looking at them. Many said no, but they would give a friend the opposite advice. Saying "no" meant avoiding short-term pain — possible rejection by an attractive stranger — but also missing out on possible long-term gain — a relationship with that stranger.

Two hypothetical situations were presented: one involved choosing between two types of colon cancer surgery; the less deadly option's risks included having to wear a colostomy bag and chronic diarrhea. The other situation involved choosing no treatment for the flu, or choosing a made-up treatment less deadly than the disease but which could cause permanent paralysis.

In the colon cancer scenario, about 38 percent of doctors chose the deadlier treatment for themselves, while 25 percent recommended that option

for patients.

In the flu scenario, 63 percent chose the deadlier option of no treatment for themselves, versus 49 percent recommending it for patients.

Some advocates of giving patients a more active role in their care contend that doctors shouldn't make recommendations, but instead should neutrally present options, an Archives editorial notes.

But in tough situations, "it might not be fair to lay out the a la carte options and leave it to the patients" to decide, said editorial co-author Dr. Roshni Guerry.

But before making recommendations, doctors should discuss patients' personal, cultural and religious beliefs, and make sure that the doctors' own values don't get in the way, according to the editorial by Guerry and Drs. Eric Shaban and Timothy Quill, all from the University of Rochester Medical Center.

The Pharmacy

CDC: Half of US adults take vitamins, supplements

BY MIKE STOBBE

Associated Press

ATLANTA — About half of U.S. adults take vitamins and other dietary supplements — a level that's held steady for much of the past decade, new government figures show.

But the data also show a booming number of older women are taking calcium.

Federal officials released figures April 13 showing that the use of dietary supplements has grown since the early 1990s when it was about 42 percent. The data shows use leveled off in 2003 through 2008, with about half of adults 20 and

older taking at least one dietary supplement.

The biggest change was for calcium. Two-thirds of women 60 and older take it, up from 28 percent in the early 1990s.

Experts note the ranks of the elderly have been growing, and include many women who have been encouraged for years to take calcium to help protect against osteoporosis.

The information comes from national, in-home surveys in 1988-1994 and 2003-2008. The surveys in the past decade included more than 2,000 people each year. Interviewers not only asked participants what supplements they took, but also asked to see the bottles to verify their answers.

Use of multivitamins crept up to nearly 40 percent.

Most people who take vitamins and other supplements are educated, have good incomes, eat pretty well and already get the nutrients they need from their diets, the surveys suggests.

"It's almost like the people who are taking them aren't the people who need them," said Regan Bailey, a nutritional epidemiologist with the National Institutes of Health.

The government supports some supplements as an option for certain people — such as iron for women who are pregnant, folic acid for women thinking of getting pregnant and calcium for older women.

But health officials say people should talk to their doctors first, and consider enriched foods that can accomplish the same goal.



On the Horizon

Discovery could lead to new diabetes treatments

McClatchy-Tribune News Service

LOS ANGELES — Type 2 diabetes, like Type 1, may be an autoimmune disease, but the immune system's target cells are different, Stanford researchers said Sunday. The discovery sheds new light on how obesity contributes to the onset of Type 2 diabetes and could lead to new types of treatment for the disorder, the researchers reported in the journal *Nature Medicine*.

Diabetes is a growing problem in the United States, triggered in large part by the obesity epidemic. An estimated 27 million Americans are now thought to have diabetes, with the vast majority of them — all but about a million — afflicted with Type 2 diabetes. That disorder strikes in adulthood and is marked by a growing inability of cells to respond to insulin in the bloodstream, which

necessitates using drugs to increase the output of the hormone by the pancreas. Intriguingly, not everyone who becomes obese develops diabetes, however, and researchers have never been sure why.

Dr. Daniel Winer, an endocrine pathologist now at the University of Toronto, and his twin, Dr. Shawn Winer of the University of Toronto's Hospital for Sick Children, reasoned that the death of excess fat cells might trigger an autoimmune reaction. In an earlier study with senior author Dr. Edgar Engleman of the Stanford University School of Medicine, they demonstrated in mice that, as fat accumulates in the tissues surrounding organs, it outstrips its blood supply, leading to the death of cells on the periphery of the fat deposits. When that occurs, the body mobilizes its immune system to break down and

carry off the dead cells. But that produces antibodies against the cells and many of the proteins normally found only inside the cells.

In the new study, the team turned its attention to B cells, the lymphocytes or white blood cells that manufacture antibodies against foreign invaders. They genetically engineered mice so that they could not produce B cells and found that the rodents never became diabetic, no matter how fat they became. They next looked at normal mice that were prone to becoming diabetic when they became obese. One group they treated with a biological drug called anti-CD20 that binds to B cells and blocks their activity. The second group received no treatment. The mice that received the drug did not become diabetic when they became obese, while those that did not receive it did become diabetic. The effect lasted only

about 40 days, however, and then needed to be repeated.

The group finally studied a group of 32 obese men, half of whom were diabetic and half who were not. They found that the diabetic men had a distinct group of antibodies against cellular proteins that were not present in the healthy men, suggesting that an unusual autoimmune reaction was taking place. The findings suggest that some people are genetically more susceptible to the immune reaction.

"We are in the process of redefining one of the most common diseases in America as an autoimmune disease, rather than a purely metabolic disease," Daniel Winer said. "This work will change the way people think about obesity, and will likely impact medicine for years to come as physicians begin to switch their focus to immune-modulating treatments for Type 2 diabetes."



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