



Healthy People Newsletter

OCTOBER 2017

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National Health Observances

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Breast Cancer Awareness Month

Dental Hygiene Month

Disability Employment Awareness Month

Health Literacy Month

Home Eye Safety Month

Medical Librarians Month

Medical Ultrasound Awareness Month

Patient-Centered Care Awareness Month

Pharmacists Month

Physical Therapy Month

SIDS, Pregnancy and Infant Loss Awareness Month

“Talk About Your Medicines” Month

Healthcare Foodservice Workers Week (1-7)

Healthcare Supply Chain Week (1-7)

Mental Illness Awareness Week (1-7)

Case Management Week (8-14)

Central Service Week (8-14)

Arthritis Day (12)

Infection Prevention Week (15-21)

Medical Assistants Recognition Week (16-20)

Health Care Facilities and Engineering Week (22-28)

Respiratory Care Week (23-29)

Lock Your Meds Day (24)

Lung Health Day (25)

Psoriasis Day (29)



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IDENTIFYING AND TREATING *Chronic Pain*

There are two kinds of pain. Acute pain begins suddenly, lasts for a short time, and goes away as your body heals. You might feel acute pain after surgery or if you have a broken bone, infected tooth, or kidney stone.

Pain that lasts for several months or years is called chronic (or persistent) pain. This pain often affects older people. Examples include rheumatoid arthritis (RA) and sciatica. In some cases, chronic pain follows after acute pain from an injury or other health issue has gone away, like postherpetic neuralgia after shingles.

Living with any type of pain can be very hard. It can cause many other problems. For instance, pain can:

- » Get in the way of your daily activities
- » Disturb your sleep and eating habits
- » Make it difficult to continue working

- » Cause depression or anxiety

DESCRIBING PAIN

Many people have a hard time describing pain. Think about these questions when you explain how the pain feels:

- » Where does it hurt?
- » When did it start? Does the pain come and go?
- » What does it feel like? Is the pain sharp, dull, or burning? Would you use some other word to describe it?
- » Do you have other symptoms?
- » When do you feel the pain? In the morning? In the evening? After eating?
- » Is there anything you do that makes the pain feel better

or worse? For example, does using a heating pad or ice pack help? Does changing your position from lying down to sitting up make it better? Have you tried any over-the-counter medications for it?

Your doctor or nurse may ask you to rate your pain on a scale of 0 to 10, with 0 being no pain and 10 being the worst pain you can imagine. Or, your doctor may ask if the pain is mild, moderate, or severe. Some doctors or nurses have pictures of faces that show different expressions of pain. You point to the face that shows how you feel.

ATTITUDES ABOUT PAIN

Everyone reacts to pain differently. Many older people have been told not to talk about their aches and pains. Some people feel they should be brave and not complain when they hurt. Other people are quick to report pain and ask for help.

Worrying about pain is a common problem. This worry can make you afraid to stay active, and it can separate you from your friends and family. Working with your doctor, you can find ways to continue to take part in physical and social activities despite being in pain.

Some people put off going to the doctor because they think pain is just part of aging and nothing can help. This is not true! It is important to see a doctor if you have a new pain. Finding a way to manage your pain is often easier if it is addressed early.

TREATING PAIN

Treating, or managing, chronic pain is important. The good news is that there are ways to care for pain. Some treatments involve medications, and some do not. Your doctor may make a treatment plan that is specific for your needs.

Most treatment plans do not just focus on reducing pain. They also include ways to support daily function while living with pain.

Pain doesn't always go away overnight. Talk with your doctor about how long it may take before you feel better. Often, you have to stick with a treatment plan before you get relief. It's important to stay on a schedule. Sometimes this is called "staying ahead" or "keeping on top" of your pain. As your pain lessens, you can likely become more active and will see your mood lift and sleep improve.

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DO MEMORY PROBLEMS *Always Mean Alzheimer's Disease?*

Many people worry about becoming forgetful. They think forgetfulness is the first sign of Alzheimer's disease. But not all people with memory problems have Alzheimer's. Other causes for memory problems can include aging, medical conditions, emotional problems, mild cognitive impairment, or another type of dementia.

AGE-RELATED CHANGES IN MEMORY

Forgetfulness can be a normal part of aging. As people get older, changes occur in all parts of the body, including the brain. As a result, some people may notice that it takes longer to learn new things, they don't remember information as well as they did, or they lose things like their glasses. These usually are signs of mild forgetfulness, not serious memory problems, like Alzheimer's disease

Memory Loss Related to Medical Conditions

Certain medical conditions can cause serious memory problems. These problems should go away once a person

gets treatment. Medical conditions that may cause memory problems include:

- » Tumors, blood clots, or infections in the brain
- » Some thyroid, kidney, or liver disorders
- » Chronic alcoholism
- » Head injury, such as a concussion from a fall or accident
- » Medication side effects
- » Not eating enough healthy foods, or too few vitamins and minerals in a person's body (like vitamin B12)

A doctor should treat serious medical conditions like these as soon as possible.

MEMORY LOSS RELATED TO EMOTIONAL PROBLEMS

Emotional problems, such as stress, anxiety, or depression,

can make a person more forgetful and can be mistaken for dementia. For instance, someone who has recently retired or who is coping with the death of a spouse, relative, or friend may feel sad, lonely, worried, or bored. Trying to deal with these life changes leaves some people feeling confused or forgetful.

The confusion and forgetfulness caused by emotions usually are temporary and go away when the feelings fade. Emotional problems can be eased by supportive friends and family, but if these feelings last for a long time, it is important to get help from a doctor or counselor. Treatment may include counseling, medication, or both. Being active and learning new skills can also help a person feel better and improve his or her memory.

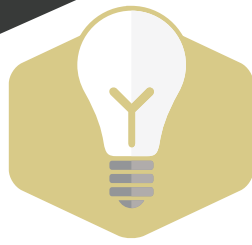
TIPS FOR DEALING WITH FORGETFULNESS

People with some forgetfulness can use a variety of techniques that may help them stay healthy and deal with changes in their memory and mental skills. Here are some tips:

- » Learn a new skill.
- » Stay involved in activities that can help both the mind and body.
- » Volunteer in your community, at a school, or at your place of worship.
- » Spend time with friends and family.
- » Use memory tools such as big calendars, to-do lists, and notes to yourself.
- » Put your wallet or purse, keys, and glasses in the same place each day.
- » Get lots of rest.
- » Exercise and eat well.
- » Don't drink a lot of alcohol.
- » Get help if you feel depressed for weeks at a time.

DIFFERENCES BETWEEN NORMAL AGING AND ALZHEIMERS

Normal Aging	Alzheimer's Disease
» Making a bad decision once in a while	» Making poor judgments and decisions a lot of the time
» Missing a monthly payment	» Problems taking care of monthly bills
» Forgetting which day it is and remembering it later	» Losing track of the date or time of year
» Sometimes forgetting which word to use	» Trouble having a conversation
» Losing things from time to time	» Misplacing things often and being unable to find them



WHAT YOU NEED TO KNOW ABOUT *Heart Disease*

Coronary heart disease—often simply called heart disease—is the main form of heart disease. It is a disorder of the blood vessels of the heart that can lead to heart attack. A heart attack happens when an artery becomes blocked, preventing oxygen and nutrients from getting to the heart. Heart disease is one of several cardiovascular diseases, which are diseases of the heart and blood vessel system. Other cardiovascular diseases include stroke, high blood pressure, angina (chest pain), and rheumatic heart disease.

Heart disease is a lifelong condition—once you get it, you'll always have it. True, procedures such as bypass surgery and percutaneous coronary intervention can help blood and oxygen flow to the heart more easily. But the arteries remain damaged, which means you are more likely to have a heart attack. What's more, the condition of your blood vessels will steadily worsen unless you make changes in your daily habits. That's why it is so vital to take action to prevent and control this disease.

WHAT ARE THE RISK FACTORS FOR HEART DISEASE?

Risk factors are conditions or habits that make a person more likely to develop a disease. They can also increase the chances that an existing disease will get worse. Important risk factors for heart disease that you can do something about are:

- » High blood pressure
- » High blood cholesterol
- » Diabetes and prediabetes
- » Smoking
- » Being overweight or obese
- » Being physically inactive
- » Having a family history of early heart disease

- » Having a history of preeclampsia during pregnancy
- » Unhealthy diet
- » Age (55 or older for women)

Some risk factors, such as age and family history of early heart disease, can't be changed.

HOW DO I FIND OUT IF I AM AT RISK FOR HEART DISEASE?

The first step toward heart health is becoming aware of your own personal risk for heart disease. Some risks, such as smoking cigarettes, are obvious: every woman knows whether or not she smokes. But other risk factors, such as high blood pressure or high blood cholesterol, generally don't have obvious signs or symptoms.

YOU AND YOUR DOCTOR: A HEART HEALTHY PARTNERSHIP

A crucial step in determining your risk is to see your doctor for a thorough checkup. Your doctor can be an important partner in helping you set and reach goals for heart health. But don't wait for your doctor to mention heart disease or its risk factors. Many doctors don't routinely bring up the subject with women patients. Here are some tips for establishing good, clear communication between you and your doctor:

Speak up. Tell your doctor you want to keep your heart healthy and would like help in achieving that goal. Ask questions about your chances of developing heart disease and how you can lower your risk.

Keep tabs on treatment. If you already are being treated for heart disease or heart disease risk factors, ask your doctor to review your treatment plan with you. Ask: Is what I'm doing in line with the latest recommendations? Are my treatments working? Are my risk factors under control? If your doctor recommends a medical procedure, ask about its benefits and risks. Find out if you will need to be hospitalized and for how long, and what to expect during the recovery period.

Be open. When your doctor asks you questions, answer as honestly and fully as you can. While certain topics may seem quite personal, discussing them openly can help your doctor find out your chances of developing heart disease. It can also help your doctor work with you to reduce your risk. If you already have heart disease, briefly describe each of your symptoms. Include when each symptom started, how often it happens, and whether it has been getting worse.

Keep it simple. If you don't understand something your doctor says, ask for an explanation in simple language. Be especially sure you understand how to take any medication you are given. If you are worried about understanding what the doctor says, or if you have trouble hearing, bring a friend or relative with you to your appointment. You may want to ask that person to write down the doctor's instructions for you.





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OBESITY & CANCER

Obesity is a condition in which a person has an unhealthy amount and/or distribution of body fat.

To measure obesity, researchers commonly use a scale known as the body mass index (BMI). BMI is calculated by dividing a person's weight (in kilograms) by their height (in meters) squared (commonly expressed as kg/m²). BMI provides a more accurate measure of obesity than weight alone, and for most people it is a fairly good (although indirect) indicator of body fatness.

Other measurements that reflect the distribution of body fat—that is, whether more fat is carried around the hips or the abdomen—are increasingly being used along with BMI as indicators of obesity and disease risks. These measurements include waist circumference and the waist-to-hip ratio (the waist circumference divided by the hip circumference).

Compared with people of normal weight, those who are overweight or obese are at greater risk for many diseases, including diabetes, high blood pressure, cardiovascular disease, stroke, and many cancers. Extreme or severe

obesity is also associated with an increased death rate; heart disease, cancer, and diabetes are responsible for most of the excess deaths.

HOW COMMON IS OVERWEIGHT OR OBESITY?

Results from the National Health and Nutrition Examination Survey (NHANES) showed that in 2011–2014, nearly 70% of U.S. adults age 20 years or older were overweight or obese and more than one-third (36.5%) were obese. In 1988–1994, by contrast, only 56% of adults aged 20 years or older were overweight or obese.

WHAT IS KNOWN ABOUT THE RELATIONSHIP BETWEEN OBESITY AND CANCER?

Nearly all of the evidence linking obesity to cancer risk comes from large cohort studies, a type of observational study. However, data from observational studies can be difficult to interpret and cannot definitively establish that obesity causes cancer. That is because obese or overweight people may differ from lean people in ways other than their body fat, and it is possible that these other differences—

rather than their body fat—are what explains their different cancer risk.

Despite the limitations of the study designs, there is consistent evidence that higher amounts of body fat are associated with increased risks of a number of cancers, including endometrial, gastric, liver, kidney, pancreatic and colorectal cancers.

DOES AVOIDING WEIGHT GAIN OR LOSING WEIGHT DECREASE THE RISK OF CANCER?

Most of the data about whether avoiding weight gain or losing weight reduces cancer risk comes from cohort and case-control studies. As with observational studies of obesity and cancer risk, these studies can be difficult to interpret because people who lose weight or avoid weight gain may differ in other ways from people who do not.

Nevertheless, when the evidence from multiple observational studies is consistent, the association is

more likely to be real. Many observational studies have provided consistent evidence that people who have lower weight gain during adulthood have lower risks of colon cancer, kidney cancer, and—for postmenopausal women—breast, endometrial, and ovarian cancers.

Fewer studies have examined possible associations between weight loss and cancer risk. Some of these have found decreased risks of breast, endometrial, colon, and prostate cancers among people who have lost weight. However, most of these studies were not able to evaluate whether the weight loss was intentional or unintentional (and possibly related to underlying health problems).

Stronger evidence for a relationship between weight loss and cancer risk comes from studies of people who have undergone bariatric surgery (surgery performed on the stomach or intestines to induce weight loss). Obese people who have bariatric surgery appear to have lower risks of obesity-related cancers than obese people who do not have bariatric surgery.

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THE BEST WAY TO
CHEER YOURSELF
UP IS TO TRY TO
CHEER SOMEBODY
ELSE UP.

- MARK TWAIN