

HEALTH

A P U B L I C A T I O N O F D I M E N S I O N S H E A L T H C A R E S Y S T E M • W I N T E R 2 0 0 3

HEALTH (LINK)



CHOCOLATE DELIGHT.

Researchers have found that consuming dark chocolate or cocoa powder may help reduce the risk of heart disease (if you're already eating a healthful diet).

—Pennsylvania State University



CANCER-FIGHTING CARROT STICKS.

One study found that women who eat just four carrot sticks at least five days a week may cut their risk of ovarian cancer in half.

—International Journal of Cancer



PASS THE TISSUES, PLEASE.

Approximately 95 million Americans fall ill with the flu each year, missing a total of 70 million days of work.

—National Center for Health Statistics

TAKE CONTROL OF GESTATIONAL DIABETES

NO WOMAN WANTS TO GET SICK WHILE SHE'S PREGNANT. BUT SOMETIMES DISEASES DO CROP UP DURING PREGNANCY THAT ARE SERIOUS AND REQUIRE SPECIAL ATTENTION. ONE OF THOSE DISEASES IS A FORM OF DIABETES

called gestational diabetes mellitus, or GDM.

GDM affects about 4 percent of pregnant women and is triggered by hormones associated with pregnancy. It can occur without warning or previous health problems.

Because GDM is caused by the pregnancy, it also goes away when the pregnancy ends. In the meantime, however, it can cause problems for both the mother and her unborn child if the disease is not managed properly.

RISKS FOR BABY AND MOM A fetus depends on nutrients delivered through the mother's blood. If that blood contains too much sugar, as is the case when a mom has GDM, several problems can occur.

The National Institute of Child Health and Human Development says a baby whose mother has GDM is at risk for:

- Growing abnormally large in the womb. This can make delivery difficult, causing injury to the baby during birth.
- Being born with low blood sugar levels or jaundice.
- Having chemical imbalances, such as not enough calcium.
- Developing type 2 diabetes later in life.

GDM can cause several problems for the mother too. It raises a woman's risk for:

- Developing high blood pressure during the pregnancy, a condition called pre-eclampsia.

Are you at RISK?

YOUR CHANCES of getting gestational diabetes mellitus (GDM) are increased if you:

- Previously gave birth to a large baby—9 pounds or more—or had a stillbirth.

- Are Hispanic, African American, American Indian, South or East Asian, Pacific Islander or indigenous Australian.

- Are overweight.

- Have a personal history of GDM or a family history of diabetes.

- Are older than 25.

If any of these apply to you, ask your doctor about testing for GDM.

Source: National Institutes of Health



KEEPING YOU HEALTHY: The Perinatal Diagnostic Center at Prince George's Hospital Center is available to assist pregnant women with diabetes. For more information, call Dr. Paul Weinbaum, maternal-fetal medicine specialist, at (301) 618-3542.

- Having a cesarean delivery if the baby is very large.
- Having a miscarriage or stillbirth.
- Developing type 2 diabetes later in life.

With careful control of blood sugar levels, you can have a healthy pregnancy, delivery and baby.

TREATING GDM Problems associated with GDM can be managed by controlling blood sugar levels and with close monitoring by a doctor during pregnancy. Blood sugars usually are controlled by: ♦ Home monitoring of glucose levels. ♦ Diet. ♦ Exercise. ♦ Insulin use during pregnancy.

HEALTHY BABY Experts agree that with careful control of blood sugar levels, there's no reason a woman with GDM can't have a normal pregnancy and delivery—and most important, a healthy baby.

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Calendar

Our focus at Dimensions Healthcare System is on your family's health. Check out the many opportunities below to improve and preserve your health and the health of those you love. Come by Dimensions Healthcare System or call us at (301) 583-4000 for more information.



BOWIE HEALTH CAMPUS

MANAGING NECK AND BACK PAIN

Saturday, Feb. 22, 10 a.m.

Experts from the Spine and Joint Center will discuss prevention, diagnosis and treatment. For directions and to register for this **free** seminar, call the Spine and Joint Center, Bowie Health Campus, at **(301) 860-1900**.

LAUREL REGIONAL HOSPITAL

BABYSITTERS CLASS

Saturdays, May 24 and Nov. 1 9 a.m. to 2 p.m.

Laurel Regional Hospital and HealthQuest® are jointly sponsoring a babysitters class geared toward mothers helpers, ages 11 and 12, and babysitters, ages 13 and older. **Fee: \$25.** Participants need to bring a lunch. To register, call **(301) 497-8736** or **(410) 792-2413**.

BLOOD DRIVE

Tuesdays, April 1, Aug. 5 and Dec. 2 2 to 8 p.m.

To schedule an appointment, call **(301) 497-7950** or **(410) 792-7636**.

JOINT REPLACEMENT SEMINAR

March and September (dates to be determined), 6 p.m.

Laurel Regional Hospital will offer a free seminar on joint replacement. To register, please call **(301) 497-8736** or **(410) 792-2413**.

LRH's ANNUAL HEALTH FAIR

Saturday, May 17

Join Laurel Regional Hospital for **free** screenings, fun activities, giveaways and door prizes. Health professionals will be on-site to answer your questions. For more information, call **(301) 497-8736** or **(410) 792-2413**.

NATIONAL ALCOHOL SCREENING DAY

Thursday, April 10, 6:30 to 8 p.m.

Laurel Regional Hospital will participate in National Alcohol Screening Day, offering **free** and anonymous screenings to the community. Come hear an educational presentation on alcohol problems, take a self-written test and speak one-on-one with a health professional. For more information, please call LRH's behavioral health services department at **1-800-435-5550**, Monday through Friday between 8:30 a.m. and 5 p.m.

NATIONAL ANXIETY SCREENING DAY

Wednesday, May 7, 6:30 to 8 p.m.

Laurel Regional Hospital will participate in National Anxiety Screening Day, offering **free** anonymous screenings and educational programs. For more information, call LRH's behavioral health services department at **1-800-435-5550**, Monday through Friday between 8:30 a.m. and 5 p.m.

PEOPLE WITH ARTHRITIS CAN EXERCISE (PACE)

New sessions begin March 24, May 22, Aug. 21 and Oct. 23, 10 a.m. PACE is an ongoing exercise program. For fee information, call **(301) 497-7914** or **(410) 792-7636**.

PRINCE GEORGE'S HOSPITAL CENTER

PGHC FOUNDATION'S ANNUAL GALA AND STRATA AWARD CELEBRATION

Saturday, March 22, 7 p.m.

The Gala will be held at the Ritz Carlton in Tysons Corner, Va., and will benefit the hospital's capital fund. For tickets or more information, call the PGHC Foundation office at **(301) 618-2545**.

THE TIL BERGEMANN MEDICAL ETHICS LECTURE SERIES

Wednesday, March 19, noon to 2 p.m. Deitz Memorial Auditorium

HEALTHY EATING

HEART-HEALTHY COOKING

Thursday, Feb. 20, 7 p.m.

PGHC Auditorium

Celebrate Heart Month by joining Robyn Webb, M.S., R.D., noted author of *Flavorful Seasons Cookbook* and *Diabetic Meals in 30 Minutes or Less*, and owner of the Pinch of Thyme Cooking School, for an informative evening of cooking heart-healthy. This **free** seminar will include some tasty samples. To register, call **(301) 618-3858**.

QUICK AND HEALTHY FAMILY MEALS

Thursday, April 24, 7 p.m.

PGHC Auditorium

As we approach springtime, activities gear up and mealtime becomes more challenging. Join Robyn Webb, M.S., R.D., owner of the Pinch of Thyme Cooking School and noted author of

Memorable Menus Made Easy, for an informative evening of making healthful meals on the run. This **free** seminar will include some tasty samples. To register, call **(301) 618-3858**.

MATERNAL/CHILD CLASSES

BREASTFEEDING CLASSES

For women breastfeeding newborns and infants. To learn more, call **(301) 618-3455**.

CHILDBIRTH EDUCATION CLASSES

Weekend and weekday classes available, PGHC Auditorium

Information to prepare you for the birthing experience, including changes to your body during pregnancy, comfort measures, exercise and nutrition, relaxation techniques, stages of labor and the role of the support person. To make a reservation, to inquire about cost, or for more information, call **(301) 618-3275**.

TEA AND TOUR FOR EXPECTANT MOTHERS

Sundays, Feb. 9, March 9, April 13, 1:30 p.m., PGHC Auditorium

Expectant mothers and their families are welcome to join us for pregnancy-friendly refreshments and a tour of our labor and delivery and mother/baby units. Space is limited, so reservations are suggested. Please call **(301) 618-3275**.

MORE HEALTH AND WELLNESS

DEALING WITH ARTHRITIS OF THE HIP AND KNEE

■ **Tuesday, Feb. 18, 7 p.m.**

■ **Thursday, March 27, 7 p.m.**

■ **Tuesday, May 6, 7 p.m.**

Join experts from the Center of Joint Replacement at PGHC and our orthopedic surgeons as they discuss arthritis, treatment options and the latest advances in joint replacement. To register for one of these **free** seminars, call **(301) 618-3858**.

DIMENSIONS SMOKING CESSATION PROGRAM

This unique smoking cessation program is designed for smokers who would benefit from a supportive, educational environment. This five-week program is held at PGHC, LRH and BHC. For more information or to register, please call **(301) 618-6363**.

SEXUAL ASSAULT CENTER OPEN HOUSE

Tuesday, April 29, noon to 2 p.m.

Professionals and community members are invited to tour the Sexual Assault Center at PGHC and meet our staff and volunteers who provide support to victims of sexual assault in our community. The Sexual Assault Center will be recognizing individuals and organizations that have contributed to their program. For more information, please call **(301) 618-3155**.

SEXUAL ASSAULT CONFERENCE

Friday, April 11, 8:15 a.m. to 4 p.m. PGHC Auditorium

Professionals and community members are invited to attend this all-day conference, which will address the psychological effects of sexual assault, the medical findings associated with a sexual assault exam, the role of the Internet and the sexual assault of children, and the prosecution of a sexual assault case. For cost information or to register for this program, please call **(301) 618-3155**.

TEACH YOUR CHILD TO BE SAFE

Tuesday, April 1, 7 p.m.

PGHC Auditorium

Experts from our Sexual Assault Center will demonstrate techniques parents can use to teach their children about personal safety. To register for this **free** seminar, call **(301) 618-3155**.

SENIOR DINING AND LECTURE SERIES

Please join us for dinner and a discussion on the following health topics. Space is limited, so reservations are required 48 hours in advance.

Fee: \$1, payable at the door. To register and for more information, please call **(301) 618-2546**.

KEEP YOUR HEART HEALTHY

Wednesday, Feb. 12, 3 to 5 p.m.

Gladys Spellman Specialty Hospital and Nursing Center

(LRH ADDS TOPIC _____)

Wednesday, March 12, 3 to 5 p.m.

Laurel Regional Hospital

LIVING WILLS AND ADVANCE DIRECTIVES

Wednesday, April 9, 3 to 5 p.m.

Gladys Spellman Specialty Hospital and Nursing Center



Seniors go online for information about health care

WASHINGTON—Young people, as a group, may be fairly savvy Internet users. But they aren't the only ones embracing the new technology. So are a select group of seniors.

A fair number of older Americans are in the express lane of the information highway, a major poll found.

Only 15 percent of Americans 65 and older go online, according to results of the poll. But those seniors who make the leap are enthusiastic Internet users. They love to send e-mail, read news and weather updates, and locate information about finances and health care.

Those findings are based on a telephone poll of more than 4,300 older adults conducted by Pew Internet & American Life. Of those polled, 670 were Internet users.

The poll showed 53 percent of senior Internet users have searched for health and medical information online. Women tend to go to the Web for health information more frequently than their male counterparts (58 percent compared to 51 percent).

On a typical day, 7 percent of online seniors search for health information, compared to 6 percent of the general Internet population. And 30 percent of online seniors say the Internet has improved the way they get information about health care.

'Light' cigarettes still a health risk

BETHESDA, Md.—Looking for a safer, "healthier" cigarette? So-called light, low-tar and mild cigarettes are not the answer, warns the National Cancer Institute (NCI).

While many Americans who want to avoid the health consequences of smoking may switch to these safer-sounding cigarettes, they will most likely still breathe in the same amounts of cancer-causing poisons, says the NCI.

And they are just as likely to end up with smoking-related illnesses. Though 97 percent of all the cigarettes sold in the United States contain filters, the number of lung cancer cases in this country has risen steadily until the early 1990s.

This is due, in part, to how people smoke low-tar cigarettes. They make up for the lower tar concentration by breathing the cigarette smoke more



deeply and puffing more rapidly or more frequently.

In addition, cigarette tar levels are tested by machine and may not accurately reflect the same levels of toxins that a person breathes in.

Low-tar and low-nicotine cigarettes have vents in their filters that are supposed to allow air to enter and dilute the smoke. When tested

by machine, this gives a lower reading of tar and nicotine.

However, a person smoking the same type of cigarette is likely to cover those vent holes with fingers and lips, thereby breathing in a higher concentration of the toxins.

Not smoking is still the only proven way to avoid the health hazards associated with cigarettes, says the NCI.

For information on how to stop smoking, please call the Dimensions Healthcare Smoke Cessation Program at (301) 618-6363.

Teens do better with breakfast

HOUSTON—Teens who regularly skip breakfast may come up short in iron—and on their report cards.

A study of more than 700 ninth-graders in Louisiana found that the diets of one-third of those who skipped breakfast had significant iron shortages. That's twice the rate of their breakfast-eating peers.

Iron-deficiency anemia has a negative effect on behavior and learning. For instance, one study found poorer math scores among adolescent girls with marginal iron levels. Girls especially are at risk for low iron levels because they have a greater

need for iron.

On the flip side, studies have linked eating breakfast to improved memory, grades, punctuality and school attendance.

The nutrients teens miss when they skip breakfast are rarely recouped at other meals, says Theresa Nicklas, Dr.P.H., a professor of pediatrics at Baylor College of Medicine.

Dr. Nicklas found that teens who eat breakfast are two to five times more likely to get at least two-thirds of the rec-



ommended amounts of most vitamins and minerals, including iron. Intakes of zinc, calcium and folic acid were much higher among the breakfast-eaters, while fat consumption was lower.

Safe snow shoveling tips

ROSEMONT, Ill.—If the sight of fresh snow makes you groan about the shoveling to come, listen up.

The American Academy of Orthopaedic Surgeons can help you reduce your risk of hurting your muscles or bones while shoveling snow.

Here are a few ideas for keeping yourself clear of injuries while you clear the driveway:

- **Shovel early and often.** Newly fallen snow is lighter than packed or partially melted snow. Before you start shoveling, do 10 minutes of light exercise to warm up your muscles.

- **Push the snow, don't lift it.** Increase your leverage by keeping the shovel close to your body and spacing your hands on the shovel. And make sure you use a shovel that's not too long or too heavy for you.

- **Don't toss snow over your shoulder or to the side.** The twisting involved in the toss stresses your back.

- **If you have to lift snow, do it right.** Start by squatting

with your legs apart, knees bent and back straight. Then, lift with your legs, not your back. Scoop only small amounts at a time; never remove deep snow all at once. Shovel a couple of inches at a time and take breaks in between.

- **Keep your eye on what's ahead.** Don't let a loose scarf or hat block your vision. Keep your eyes open for patches of ice or uneven surfaces. Wear shoes or boots with slip-resistant soles to avoid potentially dangerous falls.

- **Take your time.** Shoveling snow is an aerobic activity. Take frequent breaks and drink water to prevent dehydration.

- **Talk to your doctor.** If you don't exercise regularly, or if you have a health condition, check with your doctor before you shovel. If it's not safe for you to shovel, hire someone else to do the job.



COLORECTAL CANCER: STOP IT IN ITS 'TRACKS'

With screening,
you can
substantially
reduce
the risk
of this deadly
disease

LIKE A TURTLE THAT PLODS DELIBERATELY TOWARD THE SEA, SO COLORECTAL CANCER DEVELOPS—SLOWLY, METHODICALLY, SILENTLY. BUT UNLIKE A HARMLESS TURTLE, COLORECTAL CANCER CAN BE DEADLY. AND IT CAN STRIKE ANYONE—WITH LITTLE OR NO WARNING. WITH JUST ONE IMPORTANT STEP—SCREENING—YOU CAN SIGNIFICANTLY LOWER YOUR RISK OF COLORECTAL CANCER. FIRST, IT HELPS TO UNDERSTAND HOW THE DISEASE STARTS.

WHERE IT ALL BEGINS Together, the colon and rectum form a muscular tube about 6 feet long that absorbs water and nutrients and stores waste matter until it passes from the body.

Grape-like growths called polyps can form on the inner wall of the colon and rectum. Some polyps become cancerous—especially if there are many of them or if they're large.

Over time, cancerous polyps may grow through the wall of the colon and rectum. Cancer cells can even break free and spread to other parts of the body.

Experts are still trying to determine what causes colorectal cancer. Research has shown, however, that certain risk factors—in addition to polyps—increase a person's chances of developing the disease, including:

Age. About nine out of 10 people who have colorectal cancer are older than 50, according to the American Cancer Society (ACS).

Family history. First-degree relatives (parents, siblings or children) of a person who has had colorectal cancer are somewhat more likely to develop it themselves. If many relatives have had the disease, the risk escalates even higher.

Personal history. Women who have had cancer of the ovaries, uterus or breast have a somewhat increased risk of colorectal cancer. Also, someone who has already had colorectal cancer may develop it again.

Chronic inflammatory bowel disease. This is a condition in which the lining of the colon is inflamed over a long period of time and may develop ulcers.

A high-fat diet. A diet high in fat, especially animal fat, can increase the risk of colorectal cancer.

Physical inactivity. People who aren't at least moderately active have an increased risk of colorectal cancer.

Obesity. Being very overweight increases the risk,

especially if excess fat collects in the waist area more than in the hips or thighs.

Smoking. People who smoke are 30 percent to 40 percent more likely to die of colorectal cancer than are nonsmokers.

WATCH FOR SYMPTOMS Colorectal cancer symptoms can vary from one person to the next. But common ones include:

- ◆ A change in bowel habits. ◆ Diarrhea, constipation or a feeling that the bowel does not empty completely. ◆ Either bright red, black or very dark blood in or on the stools. ◆ Stools that are narrower than usual—the size of a pencil in diameter. ◆ Bleeding from the rectum. ◆ Abdominal discomfort such as frequent gas pains, bloating and/or cramping. ◆ Weight loss with no known reason. ◆ Constant tiredness. ◆ Vomiting.

If you have any of these symptoms, see your doctor without delay. The cause may or may not be colorectal cancer, but you need a physician's evaluation to know for sure.

REMOVING POLYPS BEFORE THEY BECOME CANCEROUS PREVENTS UP TO 90 PERCENT OF COLON CANCERS.

DIAGNOSIS AND TREATMENT To help determine the cause of your symptoms, your doctor will likely recommend one or more diagnostic tests such as:

- X-rays of the colon and rectum.
- Sigmoidoscopy. With a long, flexible, lighted tube (scope), the doctor inspects the rectum and lower part of the colon for polyps and signs of cancer. This does not require anesthesia or sedation, although it may feel somewhat uncomfortable when the tube is inserted, and there may be some cramping. The procedure typically takes about 10 minutes.
- Colonoscopy. Using a scope, the doctor examines the

rectum and the entire colon for polyps and signs of cancer. A sedative is given ahead of time to help you relax. There may be some pressure from the movement of the instruments, but that is usually the only discomfort during the procedure. A colonoscopy generally takes about 20 minutes.

The only way to know for sure if a polyp is cancerous is to examine it under a microscope, says William F. Anderson, M.D., medical officer in the division of cancer prevention at the National Cancer Institute.

That's why, if a polyp is found during a sigmoidoscopy or colonoscopy, the doctor may remove it immediately and have it sent to the laboratory for examination. The removal—performed with a tiny instrument that is inserted through the scope—is usually quick and painless.

If tests reveal colorectal cancer, surgery will likely be required to remove the cancerous polyps and other cancerous tissue. Surgery often cures the cancer if it has not spread to other parts of the body, according to the ACS. Other treatments—such as chemotherapy or radiation therapy—may be needed as well.

TAKING THE STEP You can substantially lower your risk of colorectal cancer with one important step: Get screened regularly.

Finding and removing polyps before they become cancerous can prevent up to 90 percent of colon cancers, according to the STOP Colon/Rectal Cancer Foundation.

Since colorectal cancer often causes no symptoms until it has reached a relatively advanced stage, it's particularly important to stay ahead of the game, says Durado Brooks, M.D., director of colorectal cancer control at the ACS.

Screening should begin at age 50, the ACS recommends. If you're at high risk of colorectal cancer, you may need to have screening tests earlier and more frequently. Your doctor can determine a screening schedule that is right for you.

Tests may include a digital rectal exam (in which the doctor inserts a lubricated, gloved finger into the rectum to feel for abnormalities), a fecal occult blood test (which looks for hidden blood in the stool), barium enema, sigmoidoscopy and/or colonoscopy.



4 STEPS TO LOWER YOUR RISK NOW OF COLORECTAL CANCER

THE DISEASE CAN OFTEN TAKE MANY YEARS—EVEN SEVERAL DECADES—BEFORE IT FULLY DEVELOPS.

If you are in your 20s, 30s or 40s, perhaps the last health concern on your mind is colorectal cancer. And with good reason: Most people diagnosed with the disease are 50 and older.

But take note: Colorectal cancer can start much earlier in life.

“Colorectal cancer is a process, not a single event,” says William F. Anderson, M.D., medical officer in the division of cancer prevention at the National Cancer Institute (NCI). “There is [an] orderly progression that... can last 20 to 30 years. When you realize that this is a long, slow process, it empowers you because you can choose to intervene.”

That’s why it’s wise to take steps now to help lower your risk of developing colorectal cancer later.

❶ Choose a nutritious diet. Eat plenty of servings of fruits, vegetables and whole-grain foods each day. And go easy on the amount of high-fat foods you consume. Fat from red meat may be particularly harmful, according to the Cancer Research Foundation of America.

Until recently, researchers thought fiber was the key dietary ingredient for lowering colorectal cancer risk. But at least one major study has called that into question.

“At this point, there’s nothing definitive” about the association between fiber and colorectal cancer, says Durado Brooks, M.D., director of colorectal cancer control at the American Cancer Society (ACS).

What is clear is that high-fiber, low-fat diets help prevent heart disease and diabetes. And research shows that a diet rich in fruits, vegetables and whole grains benefits your overall health—and may also protect against a number of cancers.

❷ Maintain a healthful weight. Researchers are still trying to determine exactly how and why, but “some fairly recent studies show that obesity increases the risk of colorectal cancer,” Dr. Brooks says.

One possible explanation: Body weight is related to certain hormones in the body. High levels of these hormones may cause cells in the colon to become cancerous, according to the Harvard Center for Cancer Prevention.

❸ Be physically active. The ACS recommends at least 30 minutes of physical activity on most days of the week. Even exercising regularly for short periods of time can be helpful.

Experts are still trying to understand how exercise protects against colorectal cancer, but they do have several theories:

- Exercise helps speed stools (waste) through the colon. The less time cancer-causing substances in stools spend in contact with the colon, the lower the presumed risk of cancer.

- Regular exercise can help people stay trim. “Certainly, people who exercise on a regular basis are much less likely to be obese,” Dr. Brooks says.

❹ Don’t smoke. Some of the cancer-causing substances in cigarette smoke are swallowed and can cause digestive system cancers such as colorectal cancer.

Recent studies indicate that smokers are 30 percent to 40 percent more likely than nonsmokers to die of colorectal cancer, according to the ACS.

People who smoke should stop early. Quitting can lower the risk of colorectal cancer, but it takes several years for the risk to return to that of nonsmokers.

BEST FOR NOW Researchers are examining several other potential ways to lower colorectal cancer risk, including dietary supplements, aspirin and other medications. So far, no official recommendations have been made regarding these products.

For now, the best strategies for lowering the risk of colorectal cancer are known preventive measures and early detection. “A healthy lifestyle includes a screening program,” says Dr. Anderson.

Be sure to get screened regularly beginning at age 50, the ACS recommends. This allows your doctor to detect growths (polyps) in your colon and remove them before they become cancerous.

Your doctor can recommend the best screening schedule and tests for you.

If you find out that you have colorectal cancer, a couple of your first questions might be: *How serious is it?* and *What treatment might help?*

To answer these questions and plot the best course of action for treatment, your doctor will need to determine the stage, or extent, of the disease, perhaps with additional tests. Staging is an attempt to find out whether the cancer has spread and, if so, to what parts of the body. “Staging really defines your treatment [and] gives you a fairly clear idea of your long-term prognosis,” says Durado Brooks, M.D., director of colorectal cancer control at the American Cancer Society.

According to the National Cancer Institute, these are the stages of colorectal cancer:

Stage 0. The cancer is very early—it is found only in the innermost lining of the colon or rectum.

Stage I. The cancer involves more of the inner wall of the colon or rectum than in stage zero.

Stage II. The cancer has spread outside the colon or rectum to nearby tissue, but not to the lymph nodes—small, bean-shaped structures that are part of the immune system.

Stage III. The cancer has spread to nearby lymph nodes but not to other parts of the body.

Stage IV. The cancer has spread to other parts of the body. Colorectal cancer tends to spread to the liver and/or the lungs.

Recurrent. The cancer has come back after treatment. The disease may recur in the colon or rectum, or in another part of the body. Remember that a variety of treatments are available for colorectal cancer, and your doctor will help you select the best among them for your situation.



GET HELP FOR CHRONIC BRONCHITIS

It's no fun starting the day with an irritating cough, but that's often the case for people with chronic bronchitis. Chronic bronchitis is a persistent, severe form of the acute disease many of us experience with a winter cold. But instead of going away after a week or so—as it does with a cold—the cough and mucus of chronic bronchitis lingers, sometimes becoming such a familiar part of people's lives that they don't seek medical treatment. That's unfortunate, because detecting chronic bronchitis early can both improve and lengthen a person's life.

WHAT IS BRONCHITIS? Bronchial tubes connect your windpipe to your lungs. When the lining of the bronchial tubes becomes inflamed by irritants or infection, that's called bronchitis.

If the irritant or infection doesn't go away, the bronchial tubes thicken. Mucus, or sputum, is continually produced, and breathing gets more difficult.

Chronic bronchitis can cause permanent lung damage, according to the American Lung Association (ALA). It also increases your risk for: ♦ Emphysema. ♦ Pneumonia. ♦ Heart failure. Smoking is by far the most common cause of chronic bronchitis, reports the ALA.

Other risk factors include:

- Exposure to high concentrations of dust and fumes, such as those found in coal mining, grain handling or metalworking.
- Exposure to sulfur dioxide.
- A history of respiratory infections early in life.

TREATMENT OPTIONS

The goal in treating chronic bronchitis is to reduce irritation to the bronchial tubes.

To reduce irritation, the most important step for smokers is to stop smoking. If a dusty work or living environment can't be changed, wearing a mask over your nose and mouth can help.

Possible medications include:

- Bronchodilators to help relax and open airways.
- Steroids to reduce swelling.
- Antibiotics during acute infections. However, according to Dr. Alex Anders from the Bowie Health Campus, "In general, studies show the only people with bronchitis who benefit from antibiotics are elderly long-term smokers with chronic lung disease."

- Expectorants to help loosen and expel mucus.

For more information about chronic bronchitis, contact the ALA at www.lungusa.org or 1-800-LUNGUSA.

CHRONIC COUGH needs attention

A COUGH THAT won't go away might be trying to tell you something. One of the earliest signs of lung cancer is a persistent cough that lasts for weeks, months or even years. Even if you're not a smoker—and at high risk for lung cancer—a chronic cough should never be ignored. Other signs of lung cancer can include:

- Hoarseness.
- Increased sputum or blood in the sputum.
- Weight loss.
- Loss of appetite.
- Shortness of breath.
- Recurrent bouts of bronchitis or pneumonia.
- Chest pain.

Lung cancer is most successfully treated the earlier it's found, so it's important to see a doctor if you have symptoms.

Sources: American Lung Association; Johns Hopkins Family Health Book (Johns Hopkins University, 1999)

STRIKING BACK AT COLDS

FINDING RELIEF FROM THIS ALL-TOO-COMMON COMPLAINT

They don't call it the common cold for nothing. Consider:

- Americans endure about 1 billion colds annually.
- Adults can expect an average of two to four colds every year.

- Children sneeze their way through six to 10 colds yearly.

Statistics, of course, are of little comfort when you're in the middle of a miserable cold and all you want is relief.

Unfortunately, science still doesn't have a cure for the ubiquitous cold. Antibiotics are powerless against it. Chicken soup, albeit tasty, is of little help. And over-the-counter (OTC) medicines can ease symptoms, but they won't kill the virus that causes your cold.

But if we can put a man on the moon, then why can't we cure colds?

Blame it on the more than 200 viruses that can trigger a cold. With all those different viruses, it's nearly impossible to find a cure for each one or to come up with a vaccine that will prevent them, says the National Institute of Allergy and Infectious Diseases.

Which means we'll just have to learn to live with those pesky colds.

MANY VIRUSES, SAME SYMPTOMS There may be hundreds of cold viruses floating around, but they all cause the same handful of bothersome symptoms:

- ♦ Scratchy, sore throat.
- ♦ Sneezing.
- ♦ Runny or stuffy nose.
- ♦ Mild coughing.
- ♦ Headache.
- ♦ Mild fever.

Occasionally, a cold might lead to a secondary bacterial infection in the ears or sinuses. However, most colds come and go without much to show for themselves but an empty tissue box and a week's worth of sniffing.

There are some medicines that can make that week less miserable, though.

RELIEF FROM THE COLD Americans spend billions—that's billions—on OTC cold remedies every year, according

to the U.S. Food and Drug Administration (FDA).

The first two things to know about taking cold medicines are the following:

- Don't give children or teenagers aspirin, or other products that contain salicylates, when coldlike symptoms appear. Taking these medicines during certain illnesses has been associated with Reye's syndrome, a rare but serious illness in children.
- Don't ask your doctor for antibiotics when you have a cold. They won't help—the drugs work only on bacterial infections. And using antibiotics unnecessarily leads to stronger, antibiotic-resistant diseases.

So what can you take to feel better?

The FDA has identified the following as both safe and effective in the cold war:

Don't ask your doctor for antibiotics when you have a cold—they won't help.

- Decongestants can open up a stuffy nose.
- Antihistamines with the ingredient clemastine fumarate can help relieve a runny nose and watery eyes.
- Antitussives, or cough suppressants, can quiet coughs due to an irritated throat.
- Expectorants can loosen the mucus associated with chest congestion.

Many products combine ingredients to attack multiple symptoms. Read labels carefully to find a product that will help ease your specific symptoms.

FINAL WORD: LATHER UP The best way to avoid a cold—or avoid passing your cold on to others—is to wash your hands, health experts agree. Frequent handwashing can stop the hand-to-hand spread of a cold virus.

Covering your mouth when you sneeze or cough helps reduce the number of infectious particles floating in the air. And be sure to throw away used tissue too.

Then go wash your hands again.

WEIGHING IN ON LOSING WEIGHT

Growing older is no excuse for growing larger.

Inactivity and weight gain aren't natural parts of aging, despite the views of many older people. In fact, overweight seniors face a higher risk of diabetes, heart disease, hypertension, breathing problems and gall-bladder disease than do their slimmer counterparts, says Gordon L. Jensen, M.D., Ph.D., a weight loss expert and director of the Vanderbilt Center for Human Nutrition.

Even a 10 percent weight loss can dramatically improve health.

"Many [seriously overweight seniors] are literally house-bound, highly dependent, require assistance and have a very poor quality of life," he says.



A GOOD IDEA AT ANY AGE: You're never too old to watch your weight.

Currently, about one in five American adults is obese, and literally half of all adults are overweight, including seniors.

WHY THE GROWTH IN GIRTH "Basically, it's because we eat more and move less," says Dr. Jensen. Older people, in particular, often decrease their physical activity, and the rate at which they burn calories may slow as well.

Experts are still formulating the exact advice to give seniors on when to lose weight. But "it's entirely clear that

it's not good to gain weight. Many people need help just to avoid gaining," Dr. Jensen says.

Still, he believes that if some overweight seniors lost a few pounds they could improve their health, function and quality of life. Even a 10 percent reduction in weight can dramatically improve your health, Dr. Jensen says.

"You don't have to turn a big person into a small person—just a little smaller person," he says.

Dr. Jensen suggests these steps for shedding a few pounds:

- Eat a healthful diet of about 1,200 to 1,500 calories daily from a variety of foods. No more than 20 percent to 30 percent of those calories should come from fat.
- Increase your physical activity, even modestly. "We're talking about moving, hiding the remote, walking the dog, going to the mailbox," Dr. Jensen says.
- To keep your motivation high, consider exercising with a friend or joining an exercise class geared toward seniors.

Healthy eating and COOKING

Heart-Healthy Cooking

Thursday, Feb. 20, 7 p.m.

Prince George's Hospital

Center Auditorium

Celebrate Heart Month by joining Robyn Webb, M.S., R.D.,

noted author of *Flavorful*

Seasons Cookbook and *Diabetic*

Meals in 30 Minutes or Less,

and owner of the Pinch of

Thyme Cooking School, for an

informative evening of cooking

heart-healthy. This **free** seminar

will include some tasty samples.

To register, call **(301) 618-3858**.

Quick and Healthy Family Meals

Thursday, April 24, 7 p.m.

Prince George's Hospital

Center Auditorium

Join Robyn Webb, M.S., R.D.,

owner of the Pinch of Thyme

Cooking School and noted author

of *Memorable Menus Made*

Easy, for an informative evening

of making healthful meals on

the run. This **free** seminar will

include some tasty samples. To

register, call **(301) 618-3858**.

FOR HEALTHY LATER YEARS, TRY EXERCISE

As we grow older, we often find more excuses not to exercise, even as we need it more.

Regular physical activity reduces the risk of facing some of the leading causes of illness and death in the United States, according to the surgeon general.

Yet one study found that many older people who would benefit most from exercise avoid it because they're afraid they'll be hurt or have a heart attack.

The research, published in the *Journal of Gerontology*, found that older adults, particularly women, "are suspicious and even afraid of activity that challenges their muscle strength or makes them bend" in new ways.

But those fears are rarely justified.

Ample research shows that the health benefits of exercise outweigh the risks for most individuals at every age. A well-balanced fitness program can help people live longer, better and more independently, according to the American Council on Exercise (ACE) and the American College of Sports Medicine.

For instance, regular exercise:

- Helps control blood pressure, body weight and cholesterol levels; and reduces the risks of hardening of the arteries, heart attack and stroke.
- Conditions muscles, tendons, ligaments and bones to fight osteoporosis and lower the risk of everyday injuries.
- Improves digestion, is a natural laxative and helps you manage lower back pain, arthritis and diabetes.

- Boosts endurance and helps you sleep and control stress better.

An effective fitness program includes aerobics, muscle conditioning and exercises to stretch your body and promote good posture, advises the ACE. It should also be enjoyable and easy to fit into your weekly routine.

Start slowly, especially if you haven't exercised in awhile, and gradually increase the amount and intensity of your workouts. Statistics show that most injuries among older adult exercisers occur in the first week or two of training.

Shoe shopping: Stepping out IN THE RIGHT footwear

Choosing the right shoe to fit your foot, your fun and your finances might tax your patience, but you're more apt to stick with a fitness program if you're properly shod.

It's smart to get the correct shoe for your activity—such as a walking shoe if you walk for exercise—and to make sure that the shoe fits properly, advises the American Podiatric Medical Association. A good fit will reduce the risk of potential foot problems, such as bunions and corns.

Keep these tips in mind when shopping for fitness shoes:

- Shop for shoes later in the day when your feet are at their largest.

Your exercise program needn't be elaborate. Walk for 30 minutes a day at a moderate pace. Bicycle five miles (or the equivalent on a stationary bike). Go swimming. Enjoy social as well as physical benefits from group exercises at your local YMCA or fitness center. Start muscle conditioning with the old familiar calisthenics, then graduate to resistance exercises using light hand weights.

Finally, don't forget the ACE's key to safe, effective exercise for seniors: moderation. You may also want to consult your doctor before beginning a new exercise program.

- Have both feet measured while standing.

- Buy for the larger foot; feet are seldom the same size.

- Try on shoes with the same type of sock you'll wear with them.

- Walk around the store wearing both shoes.

- Shoes should be comfortable immediately; a properly fitting shoe doesn't need a break-in period.

- Be sure the shoe fits all parts of your foot—front, back and sides. You should be able to freely wiggle all of your toes, and your heel shouldn't slip as you walk.



BLOOD DONATION

GIVE THE GIFT OF LIFE

Would you donate roughly 45 minutes of your time to save the lives of three people?

If so, you're a potential blood donor.

Every pint of donated blood in this country is typically split into three different and sorely needed components: red blood cells, platelets and plasma.

If current trends hold steady, this year an estimated 8 million Americans will donate their blood. And while this may sound like an impressive number, the need for blood in this country is far greater than the supply.

Hospitals need more blood than ever to perform open-heart surgery, hip and knee replacements and other procedures on an aging population.

The need for blood is far greater than the supply.

Only about 5 percent of those who are eligible to give blood actually donate.

Yet only about 5 percent of those who are eligible to give blood actually donate each year. And the ranks of the most faithful donors—namely, the World War II generation—are dwindling.

As a result, almost 10 percent of the hospitals in one national survey were forced to postpone non-emergency surgeries and 25 percent postponed nonsurgical transfusions.

"Our blood supply is precariously low," warns Harvey Klein, M.D., past president of the American Association of Blood Banks. "True, donors line up in an emergency like



TRIPLE THE HELP: When you donate blood, you potentially save the lives of three people.

the Oklahoma City bombing. But the challenge is to keep a steady blood supply on hand—so that we don't need to make crisis appeals."

If you'd like to do your part to shore up our diminishing blood supply, remember these points:

- You can't contract any disease by giving blood. All needles and blood bags are kept sterile and are used only once.
- You're generally eligible to give blood if you're 17 or older, weigh at least 110 pounds and are healthy.

● While there's never a bad time to give blood, shortages are most frequent during major holidays and summer months.

● You can be a repeat donor. Typically, you can donate a unit of blood every eight weeks. That's as long as it takes for your body to replenish the red blood cells it has lost.

● With your doctor's approval, you can donate your own blood before a scheduled surgery. Your blood can be safely stored for up to 42 days before your operation.

● Finally, should you ever need donated blood from an anonymous donor, keep this firmly in mind: This type of a transfusion is one of the safest procedures in medicine. All donated blood is put through a series of tests before it's used.

Consequently, the chance of getting a disease from donated blood is very slight.

What's risky, experts say, is to refuse someone else's blood when you really need it.

Join the DHS NURSING TEAM

IF YOU WOULD like to be a part of the nursing team at a Dimensions Healthcare System facility, please contact us at:



Bowie Health Center

Grace Harbour, director of nursing, (301) 809-2038
e-mail: grace.harbour@dimensionshealth.org

Laurel Regional Hospital

Barbara Volk, employment manager, (301) 497-7905
e-mail: barbara.volk@dimensionshealth.org

Prince George's Hospital Center and Gladys Spellman Specialty Hospital and Nursing Center

Dolores Napolitano, employment manager
(301) 618-3293
e-mail: dolores.napolitano@dimensionshealth.org

For a listing of our available nursing opportunities, please



visit our Web site at

www.dimensionshealth.org.

Go to the health care facility you're interested in and click on "Employment."

Make a DIFFERENCE in someone's life

The American Red Cross collects blood from donors at Prince George's Hospital Center every Monday at the Short Stay Center in the hospital's pavilion. If you'd like to help out by giving blood, call the American Red Cross at (301) 559-8500 to reserve your spot.

In conjunction with the American Red Cross, Laurel Regional Hospital will hold blood drives on April 1, Aug. 5 and Dec. 2.

For more about donating at this location, please call (301) 791-7950.



CALL US!

- Dimensions Surgery Center
(301) 809-2000
- Laurel Regional Hospital
(301) 725-4300
- Prince George's Hospital Center
(301) 618-2000
- Bowie Health Center
(301) 262-5511
- Nightlight Pediatrics
(301) 464-2800
- Gladys Spellman Specialty Hospital and Nursing Center
(301) 618-2010
- Glenridge Medical Center
(301) 322-2326
- Larkin Chase Rehabilitation and Nursing Center
(301) 805-6070
- Senior Health Center
(301) 927-4987
- Woodward Estate
(301) 464-4400

www.dimensionshealth.org



HOW TO FIND US



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