

# Health Connection

A PUBLICATION OF GREENBRIER VALLEY MEDICAL CENTER

**Managing menopause**

**Join Healthy Woman!**

**Help for gastrointestinal  
problems is here**

**Kick the can**

**Why you shouldn't  
indulge in diet soda**

# Keep your PROSTATE HEALTHY

**S**ens. Bob Dole and John Kerry, baseball team manager Joe Torre—what do all these men have in common? They're all prostate cancer survivors.

Cancer of the prostate—a walnut-shaped gland located below the bladder—is one of the most common cancers found in men. It may be slow growing and require little or no treatment, or it may be aggressive and spread quickly to other parts of the body.

## THE PREVENTIVE APPROACH

While prostate cancer isn't completely avoidable, certain measures may help reduce your risk:

- **Stay active.** Daily exercise improves your overall health and helps keep your weight in check. Some research has shown that men who exercise regularly have a lower incidence of prostate cancer compared to men who don't.
- **Watch your weight.** A sobering fact: Men who are obese when diagnosed with prostate cancer are more likely to have advanced cases, which are more difficult to treat. But eating right and exercising can help you keep off excess pounds.
- **Talk with your physician.** Discuss any risk factors you have—being older than age 65, African-American or

obese, or having a family history of prostate cancer. Also, learn about the pros and cons of screening tests. A digital rectal exam and the prostate-specific antigen (PSA) test are two ways to identify cancer cases, but they can't tell a physician about the aggressiveness of the cancer. And prostate cancer treatments can have unpleasant side effects such as impotence and incontinence.

The American Cancer Society (ACS) recently revised its prostate cancer screening guidelines, encouraging more patient involvement in decisions about screenings:

- The ACS recommends that men at high risk of prostate cancer, including men with a family history of the disease, talk with their physicians sooner—as early as age 40.
- Men who do not have prostate cancer symptoms (trouble urinating, problems with urine stream, blood in urine or semen, leg swelling, pelvic discomfort, bone pain) and who are in relatively good health and are expected to live at least 10 more years should have the screening conversation with their physicians beginning at age 50.
- Men without symptoms who aren't expected to live 10 more years because of age or poor health shouldn't be offered the screening because the risks likely outweigh the benefits.

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**Daily exercise improves your overall health and helps keep your weight in check.**  
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## What to ask your physician about prostate health

**B**e prepared to ask some key questions at your next appointment:

- What is my risk of developing prostate cancer?
- Do you recommend I be tested?
- What is my PSA level (if you've had the test)?
- Will I need more tests? If so, which ones will I need?
- What do the test results mean?
- If I have cancer, what are my treatment options, and what are the pros and cons of each?

# Mammogram confusion

## Information on new screening guidelines



**W**e've all heard that early detection of breast cancer with mammograms saves lives. So it was surprising when in 2009, the U.S. Preventive Services Task Force (USPSTF)—an independent panel that makes recommendations about which preventive services should routinely be offered and to whom—recommended against routine mammograms for women ages 40 to 49 who weren't at increased risk for breast cancer. Traditionally, all women ages 40 and older were encouraged to get the screening.

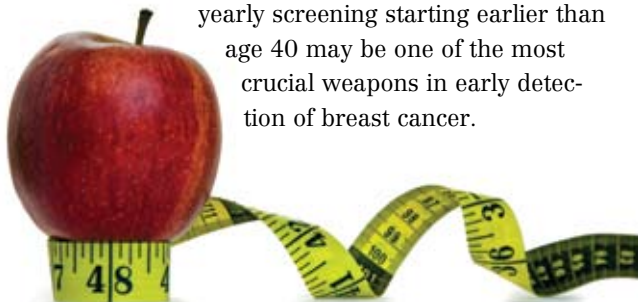
### THE FLIP SIDE

In disagreement with the USPSTF's recommendations were major professional health care organizations including the American Cancer Society. "I have tremendous difficulty in not recommending an intervention [mammography]," says Otis Brawley, M.D., chief medical officer of the American Cancer Society. "Women ages 40 and older should have a mammogram every year."

### NOW WHAT DO I DO?

Amid the confusion, you may be wondering about how to approach your own mammogram. Some words of advice: Talk with your physician.

The USPSTF's recommendations were just that—recommendations, not rules. Discuss your personal and family health history and how frequently you should get mammograms with your physician. And, if you're at high risk—see *Are you at risk?* at right—a yearly screening starting earlier than age 40 may be one of the most crucial weapons in early detection of breast cancer.



## Mammogram comfort

**T**ry these tips for a more comfortable mammogram, courtesy of the Centers for Disease Control and Prevention:

- Don't schedule your mammogram for the week before or during your period, which is when your breasts are likely to be tender or swollen, making mammograms less comfortable.
- Skip the deodorant, perfume and powder on the day of your mammogram. These may show up as white spots on the X-ray.
- For ease of undressing from the waist up, wear a blouse with a skirt or pants, instead of a dress.

## Are you at risk?

**A**ccording to the National Institutes of Health, breast cancer will affect one in eight women in their lifetime. Why breast cancer affects some women and not others isn't known; however, several known risk factors for the disease include:

- increasing age
- having the BRCA1 or BRCA2 genes; if your family members have had breast or ovarian cancer, talk with your physician about getting tested
- starting your period before age 12 or going through menopause after age 55
- being overweight
- using menopausal hormone therapy
- taking birth control pills
- drinking alcohol
- not having children or having your first child after age 35
- having dense breasts

# Menopause: Facts you ought to know



By Gary Roberts, D.O.  
Cardiologist

It's important to sort fact from fiction when it comes to coping with the unsettling changes that may accompany menopause.

Here's all you need to know to minimize symptoms when your

ovaries slowly stop producing estrogen and releasing an egg each month.

## WHAT HAPPENS:

**Bones begin to thin and weaken**, putting women at risk for osteoporosis.

## WHAT YOU CAN DO:

1 Exercise regularly. Choose weight-bearing exercises, such as walking and weight lifting.



2 Eat a balanced diet with calcium and vitamin D. If you're postmenopausal and not taking estrogen, you need 1,200 milligrams (mg) of calcium each day, and 1,000 mg a day if you're premenopausal or are taking estrogen. The recommended daily intake of vitamin D is 400 IU; it increases to 600 IU for those older than age 70.

3 Quit smoking. It speeds bone loss by hampering calcium absorption.

4 Reduce your alcohol intake. More than two drinks a day can decrease calcium absorption.

## WHAT HAPPENS:

**Arteries are more likely to develop atherosclerosis**, a narrowing of the vessels that can cause a heart attack.

## WHAT YOU CAN DO:

1 Have your blood pressure checked regularly. Get treatment if necessary.

2 Have your cholesterol tested and reduce your intake of saturated fats and cholesterol.

3 Quit smoking. Smoking causes the platelets (clotting agents) in the blood to cluster, making blood thicker.

4 Get active. Exercise helps cleanse the blood of fats that can block arteries.

## WHAT HAPPENS:

**Muscle tone in the bladder and urethra are reduced**, leading to mild urinary incontinence.

## WHAT YOU CAN DO:

1 Do Kegel exercises. Strengthen the pelvic-floor muscles by alternately contracting and relaxing them (as if you were trying to stop the flow of urine).

## WHAT HAPPENS:

**Hot flashes occur** as the body adjusts to hormonal changes.

## WHAT YOU CAN DO:

1 Stay active. Studies have shown that women who exercise are less likely to experience hot flashes.

2 Quit smoking. It can aggravate hot flashes, as can alcohol (especially red wine), caffeine and stress.

Does menopause have to threaten your health or your lifestyle? Absolutely not! You can reduce the side effects of "the change" by eating right, exercising and stopping smoking.

## ! For your heart matters

To learn more about menopause and your heart, or to make an appointment with cardiologist Gary Roberts, D.O., at Greenbrier Cardiology, call (304) 793-2574.

# Managing irritable bowel syndrome



**By Paul Pickholtz, M.D.**  
**Board-Certified Gastroenterologist**  
**and Internal Medicine Physician**

**A**lthough it's a condition few people talk about, irritable bowel syndrome (IBS) affects as many as 1 in 5 people, about two-thirds of them women.

IBS, a digestive-system disorder, can cause abdominal pain, cramping, bloating, gas, mucus in the stool and episodes of chronic constipation or diarrhea (often with urgency). Although IBS can't be cured, most people can manage their symptoms with a three-pronged approach:

## 1. FIGHT BACK WITH FOOD STRATEGIES.

Keep a journal to identify specific foods like dairy and wheat that may cause your symptoms. And try to:

- Eat smaller, low-fat meals more often and slowly.
- Consume more high-fiber foods like whole-grain breads and fruits and vegetables.
- Drink six to eight glasses of water a day. Avoid carbonated beverages and chewing gum, which contribute to gas.
- Avoid common triggers such as chocolate and caffeine.

## 2. SEEK STRESS RELIEF.

Stress can stimulate colon spasms and trigger symptoms in people who have IBS. To ease stress:

- Try relaxation therapies such as meditation.
- Seek counseling and support to help you address stress.
- Exercise regularly; try walking or yoga.
- Get adequate sleep.

## 3. TALK WITH YOUR PHYSICIAN.

Your physician can suggest over-the-counter or prescription drugs to help treat IBS and its symptoms.



## ! Get gastro relief!

**Gastroenterologist Paul Pickholtz, M.D., of Greenbrier Gastroenterology, located at 200 Maplewood Ave. in Ronceverte, can help. Call (304) 793-2338 to make an appointment.**

## Be a HEALTHY WOMAN™

A GREENBRIER VALLEY MEDICAL CENTER RESOURCE

**Greenbrier Valley Medical Center's Healthy Woman program is a free community resource created by women for women to provide up-to-date information needed to make informed health care and well-being decisions for themselves and their families. Sign up today! To learn more about the program, call (304) 793-3530 or visit [www.gvmc.com](http://www.gvmc.com).**

First name \_\_\_\_\_ MI \_\_\_\_ Last name \_\_\_\_\_

E-mail address\* \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Last four digits of your Social Security number\*\* \_\_\_\_\_

Yes, you can provide my e-mail address to Healthy Woman sponsors so they may send me information of interest to women like myself.

I prefer attending Healthy Woman events on (day of the week): \_\_\_\_\_  
 during lunch or  in the evening

I'm interested in learning more about this/these topics: \_\_\_\_\_

You can register on our website, [www.gvmc.com](http://www.gvmc.com), or mail this form to:

**Greenbrier Valley Medical Center Healthy Woman**

202 Maplewood Ave. / Ronceverte, WV 24970

Phone: (304) 793-3530

\* You're not required to provide an e-mail address. However, doing so will allow you to receive event information and e-mail newsletters with valuable health information.

\*\* This information is always kept strictly confidential. We use it only to identify Healthy Woman members who use our hospital.

## HEALTHWISE QUIZ

How much do you know about **high blood pressure**?

Take this quiz to find out.

- 1** How many American adults have high blood pressure?
  - a. one in three
  - b. one in five
  - c. one in 10
  - d. one in 20
- 2** Most people with high blood pressure experience:
  - a. nausea
  - b. weakness
  - c. trouble concentrating
  - d. no symptoms
- 3** Healthy adults with no history of high blood pressure should have their blood pressure checked every:
  - a. six months
  - b. year
  - c. two years
  - d. 10 years
- 4** High blood pressure can increase your risk for:
  - a. dementia
  - b. eye damage
  - c. bone loss
  - d. all of the above
- 5** Which of the following statements is true?
  - a. After age 65, more women than men have high blood pressure.
  - b. After age 65, more men than women have high blood pressure.
  - c. After age 65, an equal number of men and women have high blood pressure.
  - d. After age 65, the number of men and women suffering from high blood pressure is unknown.

ANSWERS: 1. (a) 2. (b) 3. (d) 4. (d) 5. (a)

# Show your heart a little love

**Y**our heart works hard for you, pumping day in and day out to supply your body with the oxygen-rich blood you need for survival. So what are you doing to nurture it? Try these five tips to ensure better heart health:

**➔ Choose good-for-you foods.** Follow a diet such as Dietary Approaches to Stop Hypertension (DASH). This eating plan is centered on foods low in fat, cholesterol and salt; and rich in fruits and vegetables (aim for five to 10 servings a day), whole grains and low-fat dairy products. Foods that are good for the heart also include those with high levels of omega-3 fatty acids, a type of polyunsaturated fat, found in fish such as salmon, mackerel and sardines.

**➔ Give your heart a workout.** You don't need a gym membership to keep your heart in tip-top shape. Get the recommended 30 to 60 minutes of physical activity daily by walking, jogging or biking—and remember that everyday tasks such as gardening, vacuuming and taking the stairs count toward your activity goals. Activity, along with eating healthy foods, can help you maintain a healthy weight, which is another way that you can boost heart health.

**➔ Consider aspirin therapy.** A daily aspirin can benefit many people, but not everyone, so talk with your physician first about the risks and benefits. For example, aspirin can help prevent first and second heart attacks in older women and men of all ages, but only second heart attacks in women younger than age 65. Aspirin also may prevent certain types of strokes.

**➔ Quit smoking.** Tobacco smoke contains thousands of chemicals that damage the heart and blood vessels, including nicotine, which narrows blood vessels and makes your heart work harder. Within one year of quitting, you can expect to see your heart-disease risk drop dramatically.

**➔ Get checked.** Have your blood pressure and cholesterol checked regularly. Ask your physician how frequently you should be tested based on your health history.





## CLEAN UP your health

It's easy to focus on all the bad things we breathe in the air outside, such as pollen and pollutants. But what about what's lurking inside our houses? Household dust, mold and various chemicals can make breathing difficult. Here's what might be stirring up trouble at home:

**Dust mites.** In dust around the home lie dust mites—microscopic insects that are the most common cause of dust allergies. They can also trigger asthma and flu-like symptoms.

**Combat them:** Wipe dusty surfaces with a damp cloth, and vacuum once a week. Wash bedding once a week in hot water, and cover mattresses, box springs and pillows in mite-proof covers.

**Mold.** Mold spores thrive in damp areas such as basements and bathrooms. Along with dust mites, mold is considered a biological pollutant and can also trigger allergies and asthma.

**Combat it:** Use ventilation fans and dehumidifiers to keep humidity at 30 percent to 50 percent. Treat moldy bathrooms, basement walls and furniture with diluted bleach or other disinfectants.

**Volatile organic compounds (VOCs):** These gases are emitted from products such as paints and cleaning supplies. Health effects range from ear, nose and throat irritation to central nervous system damage.

**Combat them:** Use chemicals only in well-ventilated areas. Consider purchasing low-VOC paint.

### Don't let the bedbugs bite!



**B**edbugs are one souvenir you don't want to take home with you from vacation. But these flat, little reddish-brown pests, which are more common in places such as hotels, may find a way into your home by hitching a ride in your suitcase. Waiting to strike, they hide out in beds, box springs, headboards and bed frames. When they do bite, they can cause red, itchy, clustered bite marks on the face, neck, arms and hands. The best way to eliminate them is with a professional exterminator.

## DOUBTING diet soda

**D**iet soda: It's sugar and calorie free, so it must not be bad for you, right? Some recent research suggests otherwise. While most of these health concerns need further investigation, now might be a good time to either limit your diet-soda intake to the occasional indulgence, or switch to water, skim milk or diluted 100-percent fruit juice. Here's why:

**Tough on teeth.** Diet soda is just as acidic as regular soda, which can damage tooth enamel and promote decay.

**Wicked to waistlines.** Some studies have found that drinking diet soda regularly may be connected to obesity and type 2 diabetes. Researchers are unsure if diet soda actually causes obesity, but one study found that those who drank three or more of the beverages daily were more likely to gain weight than those who didn't.

**Unkind to kidneys.** One major study found that women who consumed two or more artificially sweetened sodas a day doubled their risk for kidney function decline. Drinking regular soda or only one diet soda daily did not decrease kidney function more than normal. However, for those prone to kidney stones, a separate study discovered that citrus-flavored diet sodas contain high levels of a compound that may inhibit stone formation.

**Bad to the bones.** According to the National Institutes of Health, people may be replacing bone-friendly, calcium-rich milk with soda, which may lead to decreased bone mass and an increased risk of fracture.





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# What to do if your child has a seizure



**By David Roberts, M.D.**  
**Neurologist**

**A** seizure triggered by a sudden fever affects about 2 percent to 4 percent of children younger than age 6. These fever-induced seizures, called febrile seizures, usually don't signal a

long-term or ongoing problem, but a physician should evaluate your child.

## WHAT IS A SEIZURE?

The result of an abnormal electrical impulse in the brain, a seizure typically involves muscle spasms or convulsions, loss of consciousness, eyes rolling to the back of the head, loss of urine and vomiting. Simple febrile seizures last from a few seconds to 15 minutes.

## WHAT CAUSES A SEIZURE?

A rapid fever spike to about 102° F can prompt a simple febrile seizure. A tendency for febrile seizures may run in some families. Seizures can also be triggered by metabolic disturbances from kidney or liver disease; low levels of blood sugar, sodium, calcium or magnesium; a previous head injury; birth defects; or other conditions.

## WHAT TO DO?

Watching your child have a seizure is frightening, but it's important to stay calm. Move your child to a safe area on the floor, gently roll him or her onto one side and remove any nearby objects. Loosen clothing around the head or neck but don't place anything in the mouth or try to restrain movements. Time the seizure and report its length to your physician. Call 911 if your child has:

- a first or different type of seizure
- difficulty breathing
- ingested poison or medication
- been vomiting
- a seizure that lasts more than five minutes
- two or more seizures

First febrile seizures usually occur between ages 6 months and 3 years, and most children outgrow them by age 5 or 6. Your child's physician may conduct tests to study the brain and rule out other causes.



## Need neurological care?

Call neurologist David Roberts, M.D., of Greenbrier Neurology, at (304) 793-2336. The office is located at 100 Taylor Lane in Ronceverte.