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HEALTH SCIENCE®

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Health Link



TEA GOOD FOR BONES?

Milk isn't the only drink that's good for your bones—so is tea. According to a study of 275 older women, drinking tea on a daily basis lessened bone loss.

American Journal of Clinical Nutrition

AVOID FREEZER BURN

Freezer burn doesn't make food unsafe to eat, but it can cause dry spots and it may not taste very good. To freeze food well in a plastic bag, push out as much air as possible before sealing.

U.S. Food and Drug Administration



IF THE SHOE FITS, BUY IT

When considering athletic shoes, pay more attention to how they feel on your feet than to the cool commercial you saw about them. Just because a shoe is heavily advertised doesn't mean it will offer a good, supportive fit for you.

American Council on Exercise



A HEALTHY HEART

SMALL CHANGES, BIG RESULTS

Taking care of your heart is a matter of choices. ♦ By making good choices—such as eating nutritious foods and getting regular exercise—you can reduce your risk for heart disease. ♦ But by making poor choices—such as smoking and not seeing your doctor—you put yourself at greater risk for this leading killer of American men and women.

The following lifestyle changes are fairly small ones to make. But they can have a big impact on your heart.

- 1 **Make a yearly date with your doctor.** Take time out from your birthday celebration to make an appointment with your doctor. Schedule a checkup to have your blood pressure measured. Ask your doctor if you need cholesterol and blood sugar tests.
- 2 **Pass on the salt.** Consuming too much salt can increase your blood pressure, which puts you at greater

Want to get a blood pressure screening or join our Healthy Hearts support group? See page 2.

risk for heart disease. Check out package labels to see how much sodium each food contains.

3 **Go heavy on the fruits and vegetables.** Vegetables and fruits are high in vitamins, minerals and fiber and are low in calories. Eating a variety of fruits and vegetables can help you control your weight and blood pressure.

4 **Watch your waistline.** Being overweight increases your risk of heart disease. But even a modest weight loss—5 to 10 percent of your body weight—can lower your risk. If you need to lose weight, cut back on your daily calories and set up a regular exercise routine.

5 **Get physical.** Any amount of physical activity is good for your heart. Thirty to 45 minutes of moderate physical activity most days of the week can help your heart health. Walking, riding a bike, swimming or even doing housework can help you get in better shape.

And remember, if you have a bad day and make some poor choices, don't give up. There's always tomorrow to get back on track.

Source: American Heart Association

Quit smoking for your heart

If you want to be smart about your heart, don't smoke.

Cigarette smokers are two to three times more likely to die from heart disease than nonsmokers, according to the American Heart Association. The mixture of chemicals in tobacco smoke increases the risk that your arteries will harden, which can restrict blood flow to your heart.

Even if you've smoked for many years, it's never too late to quit. As soon as you stop smoking, your risk of heart disease will decrease. Over time, your risk will gradually return to that of someone who has never smoked.

InSide

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Calendar OF EVENTS

CLEVELAND COUNTY HEALTHCARE SYSTEM

PREPARING FOR CHILDBIRTH

Breastfeeding and Mom-to-Mom Support Group

Sept. 3, Oct. 1, Nov. 5
10 a.m. to noon
Women's Life Center
Conference Room

Open to all breastfeeding mothers (nursing babies welcome too) as well as expectant moms who are interested in breastfeeding. Mothers are welcome to join us to discuss "Travel With Baby." To learn more, please call **980-487-3887**. To register, call **980-487-3983**.

Daddy Boot Camp

Nov. 8
9:30 a.m. to 12:30 p.m.
Women's Life Center
Conference Room
\$10

Dad-led training for expectant fathers. To register, please call **980-487-3983**.

Early Bird Pregnancy Class

Nov. 11
6 to 8 p.m.
Women's Life Center
Conference Room
Registration is required. Call **980-487-3983**.

Expectant Grandparents Class

Nov. 24
6 to 8 p.m.
Women's Life Center
Conference Room
Teaches grandparents-to-be what's new in baby care. Registration is required. Call **980-487-3983**.

Kangaroo Kapers

Sept. 15, Oct. 20, Nov. 17
6 to 7 p.m.
Women's Life Center
Conference Room
Helps brothers- or sisters-to-be gain a positive outlook on the changes that come with welcoming a new sibling. Registration is required. Call **980-487-3983**.

Special Delivery OB Tour

Sept. 7, Oct. 5, Nov. 2
2 to 4 p.m.
Women's Life Center
Conference Room
Take a tour of the OB department and learn more about pregnancy. Registration is required. Call **980-487-3983**.

SAFETY

Car Seat Safety Class

Sept. 4, Oct. 14
5:15 to 6:30 p.m.
Women's Life Center
Conference Room
Receive helpful instruction about securing your baby's car seat in your vehicle. To register, call **980-487-3983**.

Infant and Child CPR Class

Sept. 8, Oct. 6, Nov. 3
6 to 8 p.m.
Women's Life Center
Conference Room
\$10 per person or \$15 per couple
For parents and other infant/child caregivers. Registration is required. Call **980-487-3983**.

SUPPORT GROUPS

Asthma Basics Class

Sept. 18, Oct. 16, Nov. 20
6 to 8 p.m.
CRMC Classrooms 4A and 4B
A special education program that provides basic asthma education for adults and children, focusing on asthma triggers, spacers, and peak-flow devices and medication. To register, call **704-484-5195**.

Bridges

Sept. 8 or 22, Oct. 13 or 27,
Nov. 10 or 24
2 to 3 p.m.
CRMC Cancer Center
A one-session educational program for recovery during the post-operative period of a mastectomy or lumpectomy. We recommend registering two weeks after a mastectomy or lumpectomy. Call **980-487-3757**.



Diabetes Support Group

■ Sept. 9: "Winter Soups and Dinner Menu Ideas"
5:30 p.m.
CRMC Auditorium
Presented by Leah McGraph, dietitian, Ingles Supermarkets
■ Oct. 14: "Say YES! to Insulin Pump Therapy: Accucheck Spirit Pump System"
5:30 p.m.
CRMC Auditorium
Presented by David Almond, RN, certified pump trainer
■ Nov. 11: "Stories of Hope and Inspiration: Come Get Refreshed!"
5:30 p.m.
CRMC Auditorium
Presented by the Rev. Carol Page, Boiling Springs Baptist Church. For more information, call the Diabetes Center at **980-487-3953**.

Healthy Hearts Support Group

Sept. 2, Nov. 4
11 a.m.
CRMC Cardiopulmonary Rehab Department
For more information, call Sean Mayes at **980-487-3697**.

Look Good...Feel Better

Sept. 8
3 p.m.
CRMC Cancer Center
This class is designed to help cancer patients learn beauty techniques to help boost their self-esteem. For more information or to register, call Rita Wortman at **980-487-3757**.

Prostate Cancer Survivor Support Group

Sept. 2, Oct. 7, Nov. 4
7 p.m.
CRMC Educational Resources
Grover Building
For more information, call **980-487-3182**.

WINGS Cancer Support Group

Sept. 8, Oct. 6, Nov. 3
6 p.m.
CRMC Cancer Center
A support group for patients with all types of cancer. For more information, call **980-487-3025**.

WELLNESS

Blood Pressure Screenings

Sept. 23, Oct. 28, Nov. 25
11:30 a.m. to 2 p.m.
CRMC Main Lobby
Check your blood pressure. For more information, call Judy Hawkins at **980-487-3182**.



Our focus at Cleveland County HealthCare System is your family's health. Check out the many opportunities you have to improve and preserve your health and the health of those you love.

VISIT US ONLINE AT www.clevelandcountyhealthcaresystem.org.

GALLBLADDER

THE TROUBLE WITH STONES

A HEALTHY GALLBLADDER is one of the body's most unassuming organs. Tucked away under the liver, the gallbladder is a sort of way station for digestive juices traveling to the small intestine.

But every once in a while, particles in those juices solidify into gallstones. And if those stones cause a blockage, your gallbladder won't seem so meek anymore.

A severe, steady upper abdominal pain, especially after a high-fat meal, may be a sign that you have gallstones.

Gallstones can be as small as a speck of sand or as large as a golf ball. They affect more than one person in 10, according to the American Gastroenterological Association. About half of the new cases diagnosed each year require surgery.

A severe, steady upper abdominal pain may be a sign that you have gallstones.

WHEN GALLSTONES ATTACK Gallstones form in the gallbladder. This pear-shaped organ stores bile made by the liver and sends it as needed to the intestines to help digest fats.

Bile is made up of water, cholesterol, fats, salts and other materials that, for reasons not entirely understood, sometimes harden into stones. Most gallstones—80 percent—are cholesterol stones.

A person can have a single gallstone or hundreds at one time.

If one or more stones migrate out of the gallbladder and get lodged in one of the tubes leading to the small intestine, it can cause a gallstone attack.

The resulting continuous pain can last from as little as 15 minutes to several hours. These attacks often follow a fat-heavy meal, which causes the gallbladder to contract.

While the pain is usually in the upper abdomen, some notice it in the back between the shoulder blades or under the right shoulder. Symptoms can mimic those of other conditions, such as a heart attack, appendicitis, ulcers and irritable bowel syndrome.

A gallstone attack occurs when one or more gallstones leave the gallbladder and become lodged in one of the tubes leading to the small intestine.



Coffey infographic with information from *Color Atlas of Anatomy* (Lippincott Williams & Wilkins, 2002)

According to the National Institute of Diabetes and Digestive and Kidney Diseases, other symptoms of gallstones may include: ● Nausea and vomiting. ● Abdominal bloating. ● Intolerance of fatty foods. ● Belching, gas and indigestion.

See a doctor right away if you have these symptoms along with chills, fever, yellowish color to the skin or eyes, or clay-colored stools.

If the blockage remains for a significant time, it can cause severe damage to, or an infection of, the gallbladder, liver or pancreas.

SILENT STONES While the symptoms of a gallstone attack can be severe, most people with gallstones never suffer an attack or notice symptoms. The only way they know they have gallstones is if the stones are discovered during an unrelated medical test.

These gallstones, called silent stones, are unlikely to cause future problems and do not require treatment, gastroenterologists say.

But if you've had a gallstone attack, you have about a 70 percent chance of a repeat episode. Because of that, doctors often suggest an operation to remove the gallbladder, called a cholecystectomy.

If the gallbladder is inflamed, the procedure may need to be done right away.

Normally, gallbladder surgery is done through small incisions, which leave abdominal muscles intact and reduce pain and complications. Recovery usually involves one night in the hospital and several days of restricted activity at home.

Other than removing the source of painful attacks, losing your gallbladder has few consequences.

Bile from the liver will simply flow directly into the intestine without a stopover in the gallbladder. But since bile flows more frequently, about 1 percent of people are bothered by persistent diarrhea after having their gallbladders removed.

Gallstones: Are you at risk?

You are more likely to have gallstones if:

- You are a woman. Women between 20 and 60 years old are twice as likely to have gallstones as are men.
- Your mother had gallstones.
- Your estrogen levels are high due to pregnancy, hormone therapy or birth control pills.
- You have diabetes.

- You have a high level of triglycerides in your blood.
- You are taking a cholesterol-lowering drug.
- You are obese or even moderately overweight.
- You are American Indian or Mexican American. American Indians have the highest rate of gallstones in the U.S. A majority of American Indian men have gallstones by age 60.
- You have lost weight rapidly or have gone on a fast.

Source: National Institute of Diabetes and Digestive and Kidney Diseases

PICTURE THIS

Endoscopy offers doctors a unique view of upper GI problems

FIXING ANY PROBLEM usually begins with getting to its source.

When there's a problem that affects your upper gastrointestinal (GI) system, an upper GI endoscopy may be the tool that makes that possible.

INSIDE INFORMATION Endoscopy is a medical procedure that allows doctors to look inside your body.

It uses a thin, flexible tube called an endoscope that has a light and tiny camera on its tip.

Doctors insert the tube down your throat and into your stomach and small intestine. The camera transmits

images to a monitor, where doctors can get an up close view of your insides.

If you're having problems such as difficulty swallowing, reflux, bloody stools or abdominal pain, an upper GI endoscopy may help pinpoint the cause. In some cases, your doctor will be able to treat the problem at the same time he or she does your exam.

HOW IT WORKS Your doctor will give you any necessary instructions prior to your exam. Typically, for instance, you're not allowed to eat or drink anything for six or more hours before the test. Food in your stomach can make it hard to get a good view and might lead to vomiting.

For the procedure, you may be given a sedative to help you relax. Then your doctor will spray your throat with a substance that numbs it and may help prevent you from gagging as the tube goes down your throat. Sometimes, rather than spraying your throat, your doctor will ask you

to gargle with a special solution.

As the tube travels through the GI system, doctors can spot problems that might not be evident with other tests, such as x-rays. Sometimes, doctors can even insert instruments into the endoscope that can help them treat problems such as bleeding or remove tissue samples for testing.

The test itself usually can be completed in less than half an hour. You will, however, have to recover for a while before returning home. And then someone will have to drive you; you won't be allowed to drive home.

Rarely, complications such as punctures in the intestinal wall can occur. But upper GI endoscopy is quite safe.

Sometimes people experience a sore throat, bloating or cramping after the test, but these problems are usually short-lived.

Sources: American Gastroenterological Association; National Institute of Diabetes and Digestive and Kidney Diseases



Breast CANCER

FIGHTING BACK WITH TREATMENT



Every day 575 women in this country learn that they have a cancerous tumor growing inside their breast. ♦ In many cases, they have no outward sign of the disease and feel absolutely fine, adding to the shock of their diagnosis. If you are one of these women, you may find yourself asking, “Will I survive this disease?” ♦ Almost certainly, you will find yourself facing a series of choices, from what kind of surgery to undergo to whether chemotherapy is in your best interest. ♦ As you make these decisions, you will need information. The following information is not a substitute for a doctor’s advice. But it may help you ask the doctors who treat you better questions.

REASON FOR OPTIMISM As you become more informed, be encouraged by what is arguably the most important piece of information about breast cancer—namely, that it is an increasingly survivable disease. Consider:

- Because of steady gains in both early detection and treatment, breast cancer death rates have dropped every year since 1990, the American Society of Clinical Oncology (ASCO) reports.
- Today, about 98 percent of women with early-stage breast cancer—or cancer confined to the breast—live at least five years after their diagnosis. “And most have long, full lives and die of something other than breast cancer,” says Julie Gralow, MD, chair of the ASCO communications committee.

Moreover, even when cancer invades distant organs, such as the bones or lungs, there is often reason for optimism.

“Even when breast cancer is advanced, women may live for years with a good quality of life,” emphasizes Debbie Saslow, PhD, director of breast and gynecologic cancers at the American Cancer Society (ACS). “Today, when one treatment stops working, women typically can be given another treatment. And then another. And so on.”

UNDERSTAND YOUR CANCER More than ever before, doctors are personalizing breast cancer treatments, matching surgery and cancer-fighting drugs to such variables as the specific biology of a woman’s tumor and how aggressive that tumor appears to be.

Not only does this help improve the chances of successful treatment, but it helps women avoid potentially risky side effects of unnecessary treatments.

To better understand the particulars of your cancer, Dr. Gralow advises you to ask your doctor questions such as these:

- **What type of cancer do I have?** About 20 percent of new breast cancer cases are diagnosed as ductal carcinoma in situ, or DCIS. This is the earliest form of breast cancer—so early that tumors may be as tiny as pinpoints.

Typically, DCIS is detected only by mammograms. It arises in the ducts that carry breast milk to the nipple. DCIS is a noninvasive cancer—meaning it hasn’t spread through the walls of the duct where it originated and into nearby breast tissue. Importantly, nearly all women with DCIS can be cured, reports the ACS.

Other common breast cancers include:

Save the dates!

- **Pink Tea, Oct. 4; call 980-487-3066.**
- **CRMC Walk for Hope '08, Oct. 11; call 980-487-3772 for more information.**

Invasive ductal carcinoma. This is the cancer most women learn that they have. It starts in a duct, invades surrounding fatty tissue and may spread beyond the breast to other parts of the body.

Invasive lobular cancer. Rather than starting in a duct, this cancer first shows up in the breast's milk-producing glands, or lobules. Because it is an invasive cancer, it can travel throughout the body.

● **What stage is my cancer?** Staging breast cancer allows doctors to describe how widespread the disease is when it's discovered. Doctors use a scale of zero through four, with zero being DCIS (the least extensive stage) and four being cancer that has taken hold in distant organs (the most extensive stage). To accurately stage cancer, doctors often surgically remove and test lymph nodes to see if cancer has invaded them.

● **Is my tumor sensitive to hormones?** Often, breast cancer cells test positive for what are called hormone receptors. This finding means that the female hormones estrogen or progesterone spur a tumor's growth. It also means that a woman is a likely candidate for hormonally based treatments.

● **Is my cancer HER2 positive?** About 20 percent of women with breast cancer have tumors that make too much of a protein called HER2, says Dr. Gralow. Though these tumors may spread quickly, specialized treatment can help control them.

WEIGHING TREATMENTS Taking a few days—or even a few weeks—to explore all your treatment options usually won't hurt you, Dr. Gralow says. And it may make a difference between decisions you'll ultimately feel comfortable with and ones you might regret.

Here are points to keep in mind:

● **Surgery is often the first defense against breast cancer.** Mastectomy, or removal of the entire breast, was once the only surgical option for treating breast cancer. But now most women can safely opt for a lumpectomy, a procedure in which a surgeon removes only the cancerous tumor plus a small margin of healthy

tissue. Usually, a lumpectomy is followed by radiation therapy to destroy any cancer cells that may be lingering in the breast.

● **Radiation is usually given for about six weeks after a lumpectomy.** Fatigue is a common side effect of radiation, especially as the therapy progresses. That's why doctors are testing the effectiveness of radiation that is delivered in only five days.

● **Women with early-stage breast cancer may benefit from chemotherapy.** Even if your lymph nodes are cancer-free and your tumor is too tiny to be felt, you may still live longer if you have chemotherapy in addition to surgery.

The reason: Even when cancer has been caught at an early stage, undetected cancer cells may have traveled outside the breast. If so, chemotherapy drugs can attack these hidden cells. But chemotherapy drugs may trigger hair loss and other side effects, such as nausea and fatigue. So carefully review with your doctor the risks and benefits of this therapy.

● **Chemotherapy is only one type of drug therapy.** If your cancer is sensitive to hormones, you may benefit from drugs that help reduce the risk of cancer coming back by about 50 percent, says Dr. Gralow. Options include tamoxifen and—if you're past menopause—newer drugs such as letrozole, anastrozole and exemestane.

Additionally, if your tumor makes too much of the HER2 protein, you may benefit from a highly effective drug called trastuzumab, Dr. Gralow says. Though once approved for advanced cancer, it is now available for those with early-stage disease as well.

LEARN MORE To find out more about options for treating breast cancer, visit the ASCO website at www.asco.org or the ACS website at www.cancer.org.



Regular mammograms and breast checkups—a lifesaving combo

A mammogram can find a cancerous tumor in the breast before even the most experienced doctor can feel it, giving a woman a crucial head start on potentially lifesaving treatments.

That makes mammograms one of the most powerful protections a woman has against dying from breast cancer.

But there is a caveat to that statement: For maximum protection, a woman needs to have mammograms on a regular schedule.

The occasional mammogram simply doesn't provide enough protection against breast cancer, cautions Debbie Saslow, PhD, director of breast and gynecologic cancers for the American Cancer Society (ACS).

The reason: A tumor may not be found early if a woman doesn't get mam-

mograms on a regular basis.

“Studies suggest regular mammograms can decrease a woman's risk of dying from breast cancer by roughly 30 percent. But the emphasis is on regular,” says Dr. Saslow.

That's why the ACS advises women to have yearly mammograms starting at age 40. If you're at high risk for breast cancer—for example, if you have a strong family history of the disease—ask your doctor about earlier screening and screening with other tests, such as an MRI.

Exams also essential

Still, despite their clear benefits, even regular mammograms are not foolproof.

Overall, mammograms may fail to find up to 20 percent of all breast cancers,

the National Cancer Institute reports.

As a result, regular breast exams by a health care professional are also a must.

Along with helping doctors find any lumps a mammogram may miss, these exams are an opportunity for women to learn more about breast cancer itself.

“Among other things, this is your chance to talk with your doctor about any factors in your history that might make you especially vulnerable to breast cancer,” says Dr. Saslow.

Women should have their breasts checked regularly starting at age 20. Talk to your doctor about a screening schedule that is best for you.

Finally, if you notice a lump or other change in your breast, tell your doctor right away—even if you recently had a normal mammogram and breast exam.

Only a biopsy can answer that question

It might happen this way: In the shower, on an otherwise normal day, you noticed a tiny but unmistakable lump in your breast. Or perhaps something suspicious showed up on a mammogram.

No matter how you arrived at this point, you've reached it nonetheless: Your doctor says you need a breast biopsy.

You wouldn't be human if you weren't worried.

Still, “The fact that your doctor is advising a breast biopsy does not mean you have cancer,” says Debbie Saslow, PhD, director of breast and gynecologic cancers for the American Cancer Society (ACS).

Consider: Four out of every five women in this country who have breast biopsies ultimately get good news—they find out that they don't have cancer, according to the ACS.

But this doesn't mean you can afford to skip your biopsy.

While imaging tests such as mammograms, ultrasounds and even MRIs can provide important clues about a worrisome area in your breast, a biopsy is the only certain way to find out if you have cancer, says Dr. Saslow.

The kind of biopsy you'll have depends on several things, including the size of the suspicious area, where it's located and how troublesome it appears.

Among the likely choices:

■ **Fine needle aspiration.** This is often used to evaluate a lump that can be felt. Your doctor will use a very thin needle and syringe to collect a small amount of tissue or cells. If the lump is a harmless cyst, it's likely that fluid taken during the aspiration will cause the lump to collapse.

■ **Core needle biopsy.** Here a doctor will use a slightly larger needle to remove small cylinders, or cores, of tissue.

When a mass can't be felt, the doctor may use breast x-rays to guide the needle into place. This type of biopsy is known as a stereotactic core needle and is often used to sample tiny deposits of calcium in the breast that are sometimes red flags of cancer.

■ **Surgical biopsy.** A surgeon will cut away all or part of an abnormal area.

TAKE CONTROL OF YOUR ANGER

SOMEONE CUT YOU OFF on the highway. Or maybe you had a less-than-stellar day at the office.

These are reasons why you might become angry. But how far do you go with that anger?

While anger is usually a healthy human emotion, sometimes people allow anger to get the best of them. Angry feelings that remain unchecked can lead to constant conflict at home, work and even within yourself.

WHEN IS IT A PROBLEM? It's normal to get angry. But some people are too easily angered and have a hard time keeping their anger under control. This can cause both physical and emotional problems.

How do you know if you're too angry? According to the American Heart Association, you may have an anger problem if you:

- Often lose your temper.
- Feel rage at people being in your way in daily situations, such as in traffic.
- Feel that people around you aren't useful.
- Don't trust people around you.

OVERCOMING ANGER Here are some ideas from the American Psychological Association (APA) on how to deal with angry feelings and avoid losing control.

- Express feelings in a healthy way. Being angry all the time isn't good for you. But neither is constantly suppressing your emotions. Holding in anger for too long can cause high blood pressure and depression, reports the APA. It may also lead to pathological expressions of anger, like passive-aggressive behavior. The healthiest way to express anger is to explain why you're angry in an assertive—but not demanding or aggressive—manner.
- Practice relaxation techniques. To help you calm down, breathe deeply from your gut. You may also want to repeat a calming word or phrase—such as “relax” or “take it easy”—as you breathe.
- Change the way you think. Anger can sometimes make you think the situation is worse than it really is. Try to defeat your anger—even when it's justified—with logic. Tell yourself it's OK to feel frustrated and upset at whatever is going on, but also remind yourself that



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getting angry isn't going to fix the problem.

- Don't focus on just finding a solution. Some problems that make you angry may not have a solution, which can be especially frustrating. So instead of looking for a solution, focus on how best to face the problem and handle it.

WHEN ANGER LINGERS These approaches may not be enough to help you control your anger. If so, you may need to see a counselor, who will help you develop specific strategies to better handle your anger.

You can't control the fact that life is filled with frustration and unpredictability. But you can control your response.

Helping kids manage anger

If your child seems to get angry a lot, there are ways you can help him or her express feelings without being aggressive. The best way to do this is by setting a good example: Control your own temper, and express anger in a quiet, respectful manner.

Other tips from the American Academy of Pediatrics:

- Teach your child to express feelings through words, as opposed to hitting.
 - Listen to what your child has to say, and be willing to talk about whatever made your child angry.
 - Let your child know that everyone gets angry sometimes, and talk about the last time you were angry.
 - When your child gets angry, encourage him or her to ease those feelings by doing something enjoyable.
 - Praise your child when he or she chooses to deal with anger positively.
- If you find your child's anger to be more than you can handle, ask your pediatrician for help.

MENTAL HEALTH ISSUES: WHO CAN HELP?

MENTAL HEALTH PROBLEMS like depression and anxiety are very common. Yet many people hesitate to get professional help for them.

That's too bad, because most mental illnesses—even serious ones—are treatable.

To find the best treatment, start by describing the problem to your primary care doctor. He or she can suggest one of these mental health professionals:

- **Psychiatrists** are medical doctors with special training in the diagnosis and treatment of mental illnesses. Psychiatrists can prescribe medicine; treat emotional, behavioral and mental disorders; and provide psychotherapy.
- **Psychologists** help people with mental or emotional problems adjust to life, often in times of crisis, such as a divorce or death of a loved one. They may also work

with patients who have physical diseases or injuries—in a rehab center, for example. Psychologists usually have a doctoral degree in psychology or a related field, such as counseling, plus two years of supervised professional experience. A psychologist with a master's degree (MA or MS) may work in some supervised settings.

- **Social workers** provide individual and group therapy, often in hospitals, family services agencies or substance abuse treatment centers. They may help with crisis intervention and offer training in skills for everyday living. A bachelor's degree in social work is required, and many social workers have advanced degrees.
- **Licensed professional counselors** are trained in a variety of techniques that help people with problems such as depression, addiction and stress management. They also help with parenting and other relationship issues,

often in consultation with other mental health workers. They may specialize in a particular field, such as alcohol and drug abuse. Licensed professional counselors usually have master's degrees, although they may work as counseling aides if they have bachelor's degrees.

- **Marital and family therapists** are counselors with master's degrees and special training in this field.

Before you make an appointment with a mental health professional, spend a few minutes on the phone with the person. A couple of quick questions about his or her treatment philosophy and methods will help you know if this person is right for you.

Once you start treatment, don't hesitate to seek help elsewhere if you don't like the person you're working with or you feel like you're not getting better.

Sources: Mental Health America; National Alliance on Mental Health; U.S. Department of Labor

Radiation beams adjust in strength, intensity and shape.

Internal lens adjusts to shape and size of tumor.

Computer screens show multiple views of the tumor, giving a doctor a 3-D view.

Machine head angles freely left and right to adjust beam to tumor and sends images to computer screens.

Coffey infographic with information from the Radiological Society of North America

RADIATION THERAPY

IMRT OFFERS CUTTING-EDGE PRECISION

TODAY'S TECHNOLOGY IS helping us target cancer with pinpoint precision, which may mean better treatment of the disease with less frequent side effects.

Intensity-modulated radiation therapy (IMRT) is one of the latest advances in radiation therapy, and the benefits of this cutting-edge treatment are available close to home.

The technology lets our doctors send a higher dose of radiation to a tumor while keeping the exposure to nearby healthy tissue to a minimum. One major advantage of such precision is the ability to spare sensitive body structures—for example, the salivary glands when treating head and neck cancer—while targeting the tumor.

IMRT is used to treat many types of cancer. Among them are prostate, head and neck, brain, breast, liver, and lung.

WHY IT'S ACCURATE IMRT is a new version of three-dimensional radiation therapy, which aims radiation beams from several directions to match the shape of the tumor.

With IMRT, there's even more control over how the radiation is distributed than with previous three-dimensional techniques. The strength of each beam can be varied so that more or less radiation can be delivered to small areas of tissue at the same time.

For these reasons, higher radiation doses, which may eliminate more cancer cells, can be used and with less frequent and less intense side effects than has been possible before.

WHAT TO EXPECT In preparation for IMRT, imaging tests and computers are used to map the tumor and plan the treatment.

Our cancer program offers IMRT and is certified by the American College of Surgeons. Learn more at www.clevelandcountyhealthcaresystem.org.

You may also be fitted with a molded device, such as a mask, to keep you in the exact position needed during treatment.

During IMRT, you lie on a table while the tumor is targeted with radiation from various directions.

Sessions can last from 15 to 30 minutes and typically are spread over several weeks.

MORE INFORMATION To learn more about IMRT, visit the website of the American College of Radiology and Radiological Society of North America at www.radiologyinfo.org.

INJURY PREVENTION

HOW TO KEEP YOUR FALL CLEANUP SAFE

THE COOLER TEMPERATURES of fall often signal it's time to tackle outdoor household tasks, such as cleaning gutters and raking leaves.

Those chores may seem like fairly safe, routine things to do. But it's all too easy—and all too common—to fall off a ladder and suffer an injury such as a broken bone, according to the American Academy of Orthopaedic Surgeons (AAOS).

And all the bending, twisting and lifting involved with raking can amount to an intense physical workout. You can easily overuse and overextend your muscles.

It's all too easy—and all too common—to fall off a ladder and suffer an injury.

Before you tackle your fall projects, keep the following safety tips from the AAOS in mind.

When using a ladder:

- Inspect the ladder for loose hinges, screws and rungs.
- Place the ladder on a firm, level surface and engage all locks.
- Remember the 1-to-4 rule: The bottom of the ladder should be 1 foot from the wall for every 4 feet it rises. If you're going to climb onto the roof, the ladder should extend at least 3 feet higher than the roof.
- Select the right ladder for the job. Use a step stool for indoor jobs. Extension ladders are best for outdoor jobs like cleaning rain gutters.
- Choose proper footwear. Make sure your shoelaces are tied and the soles of your shoes are free of any debris or greasy or wet substances.
- Position the ladder close to your work. Avoid reaching or leaning over. Your belly button should not go beyond the sides of the ladder.
- Climb carefully. Have someone hold the ladder while you climb, and grasp both side rails as you go up.

When raking:

- Before you start, remove from the yard any large debris that you could trip over, such as fallen branches.
- Use a rake that feels comfortable for your height and strength.
- Change your leg and arm positions often.
- Keep leaf piles small, and bend at the knees to pick them up.
- Take frequent breaks, and drink fluids to prevent dehydration.



PRE-DIABETES STOP IT NOW

PRE-DIABETES ISN'T JUST a word. It's a neon warning sign flashing "Danger ahead. Take corrective action now."

Pre-diabetes means you have higher-than-normal blood glucose levels. They aren't high enough to be classified as diabetes, but research shows that pre-diabetes often leads to full-blown diabetes within 10 years.

The good news is that you can reroute this serious condition. An important national study called the Diabetes Prevention Program, or DPP, found that people with pre-diabetes can reduce their risk of developing diabetes by 58 percent by making modest lifestyle changes.

For some people, intervening early can actually turn back the clock, returning blood glucose levels to the normal range.

WHO'S AT RISK? According to the National Diabetes Information Clearinghouse, you're more likely to develop pre-diabetes or type 2 diabetes if you:

- Are overweight.
- Are 45 or older.
- Have a parent, brother or sister with diabetes.
- Are African American, Alaska Native, American Indian, Asian American, Pacific Islander or Hispanic.
- Had gestational diabetes or gave birth to a baby weighing more than 9 pounds.
- Have blood pressure that is 140/90 mm Hg or higher, or have been told you have high blood pressure.
- Have an HDL blood cholesterol level of 35 mg/dL or lower or have a triglyceride level that is 250 mg/dL or higher.
- Are fairly inactive or exercise fewer than three times a week.

Your doctor will use one of two blood tests to determine if you have pre-diabetes:

- The fasting plasma glucose test, or FPG. A normal result is under 100 mg/dL. Pre-diabetes is 100–125 mg/dL; diabetes is 126 mg/dL or higher.



Feel better now! Join our diabetes support group. See page 2 for more information.

- The oral glucose tolerance test, or OGTT. A normal result is under 140 mg/dL; pre-diabetes is 140–199 mg/dL; diabetes is 200 mg/dL or higher.

RE-CHART YOUR COURSE If you are diagnosed with pre-diabetes, ask your doctor to help you get on a

healthier track. Your goals might include:

- Exercising at least 30 minutes most days of the week. Brisk walking is a good choice.
- Setting a reasonable weight-loss goal. Aim to lose 5 to 7 percent of your total body weight—just 10 to 14 pounds for a 200-pound person.
- Making wise food choices most of the time. Eat more fruits and veggies, limit fat, and reduce serving sizes of meats and desserts.

As you reach your goals, flash yourself a new message: "Congratulations. You did it."

Prevent diabetes in your children

Being overweight or inactive increases the likelihood of developing type 2 diabetes—and that goes for kids too.

Today, kids weigh more and exercise less than they did in previous generations, which means they may face type 2 diabetes, a disease that once affected mostly adults.

How can you help your kids lower their risk of developing type 2 diabetes? Here are 10 ideas:

- 1 **Serve meals at the same time each day.**
- 2 **Don't let kids skip meals.**
- 3 **Don't buy cookies, soft drinks, candy, doughnuts or other junk food.**
- 4 **Keep healthy foods and snacks on hand. Examples include low-fat milk, baby carrots, low-fat cottage cheese and whole-grain breakfast cereals.**
- 5 **Serve fruit for dessert.**
- 6 **Serve small portions.**
- 7 **Limit visits to fast-food restaurants.**
- 8 **Limit TV and computer time.**
- 9 **Assign kids active chores, such as raking leaves and vacuuming floors.**
- 10 **Set a good example by eating well and being active yourself.**

Sources: American Diabetes Association; National Diabetes Education Program

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