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# HEALTH SCIENCE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • SUMMER 2008

## Health Link

**HEART SMARTS** Physical activity is essential to good heart health. One way to get moving more: Park a few blocks away from the office or store and walk the rest of the way.

*National Heart, Lung, and Blood Institute*



### WHERE GERMS LURK

The bottom exterior of a purse can harbor thousands of germs. Consider cleaning handbags with a disinfecting wipe to avoid transferring germs to places you don't want them, such as the kitchen counter.

*University of Arizona*



### BREAKFAST BENEFITS

Breakfast does a mind and body good. If you're in a rush, have a quick meal, such as a bowl of instant oatmeal with raisins and a glass of low-fat milk.

*American Dietetic Association*



**In nearly every age-group, falls are the No. 1 cause of nonfatal injuries treated in emergency rooms.**

## A BALANCING ACT

### REDUCE YOUR RISK OF A SERIOUS FALL

**H**umpty Dumpty sat on a wall. Humpty Dumpty had a great fall. ♦ We all know Humpty's fate, and it wasn't a good one. ♦ Falls are a major health risk—and not just to nursery rhyme characters.

Every year more than 8 million Americans suffer an injury or death because of a fall, according to the U.S. Centers for Disease Control and Prevention (CDC).

Older adults are at greatest risk of falling. But you shouldn't dismiss falls as something only your grandmother needs to worry about.

In nearly every age-group—including babies, middle-aged adults and senior citizens—falls are the No. 1 cause of nonfatal injuries treated in hospital emergency rooms, reports the CDC.

A nonfatal injury may sound fairly harmless, but don't be fooled. Included in that category are such things as fractures of the hip, leg, spine and arm as well as traumatic brain injuries.

**STAYING UPRIGHT** Commonsense measures—including keeping floors and stairs uncluttered, removing throw rugs, and installing grab bars on bathroom walls—can go a long way toward reducing your risk of a fall.

But so can staying on top of your health. Many falls are a result of medical problems. To lower your chances of experiencing a fall, follow these tips from leading health organizations:

- Have your vision, hearing and blood pressure checked on a regular basis. All can affect your sense of balance.
- Get moving. Regular exercise improves strength, muscle tone and coordination.
- Ask your doctor about possible side effects of any medications—both prescription and over-the-counter—that you take. Some drugs can increase the risk of falling.

### Take it slow

**Sometimes, how you react after a fall can cause more damage than the fall itself. If you get up too quickly or in the wrong position, you may make an injury worse, warns the American Academy of Orthopaedic Surgeons (AAOS).**

**That's why the AAOS advises you to take several deep breaths after a fall, assess the situation and determine if you're hurt. If you think you are injured, don't get up—if you can, call 911 or ask someone else to do so.**

**You should also get emergency help if you experience any of the following after a fall:**

- Confusion or changes in mental status.
- Pain in the hip or groin.
- Difficulty or pain when standing or trying to walk.
- Serious back pain.
- Pain or swelling or a misshaped bone.

## InSide

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# Calendar OF EVENTS

CLEVELAND COUNTY HEALTHCARE SYSTEM

## PREPARING FOR CHILDBIRTH

### Breastfeeding and Mom-to-Mom Support Group

June 4, July 2, Aug. 6  
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

Aug. 4  
6 to 9 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

Aug. 19  
6 to 8 p.m.  
Women's Life Center  
Conference Room

Registration is required. Call **980-487-3983**.

### Expectant Grandparents Class

June 23, Aug. 7  
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

June 16, July 21, Aug. 18  
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

■ June 11  
7 to 9 p.m.  
■ July 20, Aug. 17  
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

June 24  
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

June 2, July 7, Aug. 11  
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

July 17  
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

June 9 or 23, July 14 or 28,  
Aug. 11 or 25  
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

■ June 10: "Healthy Sandwich and Lunch Ideas"  
5:30 p.m.  
CRMC Auditorium

Presented by Nancy Jones, dietitian, family and consumer services—extension department

■ Aug. 12: "Getting the Most Out of Your Health Care Provider Visit"  
5:30 p.m.

CRMC Auditorium

Presented by Hyacinth Thomas, NP, RN, CDE, CPT

For more information, call the Diabetes Center at **980-487-3953**.

### Healthy Hearts Support Group

July 14

6 to 7 p.m.

CRMC Private Dining Room

For more information, call Sean Mayes at **980-487-3697**.

### Look Good...Feel Better

June 9

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**.

### Parkinson's Support Group

Aug. 26  
6:30 p.m.

Life Enrichment Center

For more information or to register, call Judy Hawkins at **980-487-3182**.

### Prostate Cancer Survivor Support Group

June 3, July 1, Aug. 5  
7 p.m.

CRMC Educational Resources  
Grover Building

For more information, call **980-487-3182**.

### WINGS Cancer Support Group

June 2, July 7, Aug. 4  
6 p.m.

CRMC Cancer Center

A support group for patients with all types of cancer. For more information, call **980-487-3025**.

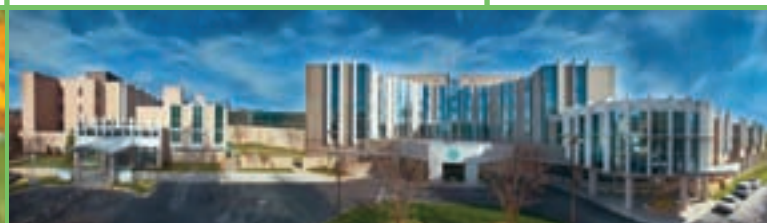
## WELLNESS

### Blood Pressure Screenings

June 24, July 22, Aug. 26  
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](http://www.clevelandcountyhealthcaresystem.org).



## Aim to stay safe around water

Swimming and boating can be pleasant activities in hot weather. But these fun times can also have a dark side.

Every year, drowning claims the lives of nearly 3,000 people in the U.S., most of them children.

To help keep your family safe during water-related activities, such as swimming and boating, follow these safety tips:

- Don't drink alcohol.
- Enroll children over age 3 in swimming lessons taught by qualified instructors. But keep in mind that knowing how to swim doesn't guarantee that someone can't drown.
- Always assign one adult to watch children in or around water. The adult should not be distracted with other activities, such as reading or mowing the lawn. Don't count on a lifeguard to watch your child.
- Read and obey posted rules at public pools.
- If you have a home pool, install a 4-foot-high fence on all sides. Gate latches should be out of a child's reach. Consider adding additional barriers, such as automatic door locks or alarms.
- Put life jackets on all children. Water wings, foam water toys and inner tubes won't keep them safe.
- Always swim with a buddy—someone who can call for help if needed.
- When possible, select swimming sites that have lifeguards.
- Don't dive into an unfamiliar body of water—jump feet first.
- If you plan to swim in a lake, river or ocean, ask about rip currents, undertows and other hazards.
- Check weather conditions before

swimming or boating. Strong winds and lightning strikes are dangerous.

- Use U.S. Coast Guard-approved life jackets when boating, regardless of the size of the boat, the swimming ability of boaters or the distance to be traveled in the boat.

- Have a first-aid kit and emergency phone numbers handy in case of an accident. Learn cardiopulmonary resuscitation (CPR).

Sources: National Safety Council; U.S. Centers for Disease Control and Prevention



### CARBON MONOXIDE

## A major threat in your home

You probably have a smoke alarm in your home. Yet there's another type of alarm that's just as important: a carbon monoxide (CO) alarm.

Just as a smoke alarm tells you if there's smoke or a fire in your home, a CO alarm can detect dangerous carbon monoxide gas. CO is a colorless, odorless gas produced whenever any fuel—such as natural gas, oil, kerosene, wood or charcoal—is burned.

Fuel-burning appliances, including gas furnaces or ovens, that are maintained and used properly normally don't pose a risk. However, dangerous levels of CO can result if an appliance or ventilation system isn't working properly or is used incorrectly.

When carbon monoxide builds up in an enclosed or partially enclosed space, people can experience: ● Headache. ● Dizziness. ● Fatigue. ● Shortness of breath. ● Nausea.

High levels of CO can cause loss of consciousness and death. And people exposed to CO while sleeping can die before experiencing any symptoms.

To protect your family, the U.S. Department of Health and Human Services recommends the following safety measures:

- Have your heating system (including vents and chimneys), water heater and any other fuel-burning appliances inspected and serviced yearly by a qualified technician.
- Operate portable generators or flameless, chemical (catalytic) heaters outdoors. Keep these appliances away from open doors, windows or vents that could allow CO to come indoors.
- Don't use a gas oven to heat your home.
- Always open the garage door to prevent CO from building up when running a vehicle in a garage.
- Install battery-operated CO alarms or plug-in CO alarms with battery backup in sleeping areas on all floors of your home. Test your alarms often, and replace batteries when needed.

If you suspect carbon monoxide poisoning in yourself or a loved one, get fresh air right away. Leave the home, and call 911 from a neighbor's home. Inform medical personnel that you suspect CO poisoning. Go back indoors only when you've been told that it's safe to do so.

Additional source: U.S. Centers for Disease Control and Prevention

## Journal Digest

**ONE MORE REASON NOT TO SMOKE** You can add Alzheimer's disease to the long list of conditions that are more likely in people who smoke.

A study of nearly 7,000 people age 55 and older showed an increased risk for Alzheimer's and other types of dementia among smokers. Dementias are syndromes that cause brain function to deteriorate.

In the study, current smokers were 50 percent more likely to develop dementia than past smokers or those who had never smoked.

Why might smoking raise the risk for dementia?

According to Monique Breteler, MD, PhD, lead author of the study, smoking increases the risk of getting diseases that affect blood flow to the brain, such as stroke and aneurysm. These diseases may increase the chance of developing dementia.

*Neurology*, Vol. 69, No. 10



### TEENS: BEHIND THE WHEEL AND UNDER THE INFLUENCE

Too many teens are still driving while under the influence of alcohol or drugs or are riding with someone who is impaired—despite knowing the dangers of doing so—according to an ongoing, nationwide study.

The Monitoring the Future study, funded by the National Institute on Drug Abuse (NIDA), has been surveying groups of high school seniors across the U.S. since 1975.

According to the study's most recent findings, 30 percent of seniors admit to having driven after drinking heavily or using drugs or having ridden with a driver who had been doing so.

"Most teens are aware of the dangers of drinking and driving, yet many ignore [them]. And many don't seem to recognize the dangers of driving after using illicit drugs, including marijuana. Educational efforts need to be targeted to include the dangers of both [drunk] and drugged driving," says Nora Volkow, MD, director of the NIDA.

*Journal of Studies on Alcohol and Drugs*, Vol. 68, No. 6



# BLOOD PRESSURE

## GET YOURS UNDER CONTROL

**Y**ou probably get your blood pressure checked every time you see a doctor. ♦ You might be in an urgent care center because you have the flu. Maybe you're following up with a doctor after surgery or a hospital stay. Or perhaps you broke your ankle and you need to have it examined by a specialist. ♦ No matter why you're in a doctor's office, someone is probably going to wrap your arm in that blood pressure cuff, inflate it until you feel the squeeze and then tell you what your pressure is.

Why the constant push to measure your blood pressure?

Because nearly one in three adults in this country has high blood pressure, according to the American Heart Association (AHA). That means an awful lot of people are at risk for serious health problems—such as heart attack, stroke, kidney disease or blindness—if their high blood pressure is not detected and treated.

And the only way to know if your pressure is too high is to have it measured regularly.

**WHAT IS BLOOD PRESSURE?** To understand why your blood pressure is so important, it helps to know what it is.

A normal heart beats about 60 to 80 times a minute, according to the AHA. With every beat, or contraction, it pumps blood into your arteries. This creates pressure, much like the pressure created when you turn on the water to your backyard hose.

When your heart rests between contractions, the pressure in your arteries lessens.

Like the water hose, healthy arteries are flexible, says Vincenza Snow, MD, of the American College of Physicians.

"They have a certain amount of elasticity," she says, which allows them to expand and relax in response to the pressure exerted on them.

How much your arteries expand depends on the amount of force exerted upon them, notes the AHA. Heavy force translates to high blood pressure.

Your blood pressure isn't static. It changes throughout the day. It goes up when you exercise. It goes down when you sleep. It can go up when you become excited. It can even fluctuate with changes in posture.

That's normal. Problems arise, however, when your blood pressure is consistently high, a condition known as hypertension.

**MEASURING BLOOD PRESSURE** You need two numbers to measure blood pressure.

When your heart beats, that's called systole. And that's why the first number in your blood pressure measurement is called your systolic pressure.

Between beats, a resting heart is in a condition called diastole, so the second number is called your diastolic pressure.

Both numbers are measured in millimeters of mercury, or mm Hg.

Categories of blood pressure include:

- Normal—less than 120 systolic **and** less than 80 diastolic.

- Prehypertension—either 120 to 139 systolic **or** 80 to 89 diastolic. Prehypertension means you're at risk for developing high blood pressure.

## For a free blood pressure check, come to CRMC. See page 2 for dates and times or call 980-487-3182 to learn more.

● **Hypertension**—either 140 or higher systolic or 90 or higher diastolic.

An exception to the above numbers: For people with diabetes, high blood pressure starts at 130/80.

Your doctor may take several measurements over time before deciding whether your blood pressure is high.

**THE DANGERS** The primary danger of high blood pressure may be that it has no symptoms, which is why it's called the silent killer, says the AHA.

The continuous force of high blood pressure against your arteries' walls can harden and narrow them, making them less elastic and less able to expand.

"That makes it harder for blood to flow through them," explains Dr. Snow.

Hard, narrow arteries can form plaque and blood clots, raising the risk for stroke and heart attack. Narrowed arteries also force the heart to work harder, which can enlarge it and make it less efficient over time.

A heart that pumps less efficiently can mean that your organs don't get as much nourishing blood and oxygen as they need.

The laundry list of health problems linked to high blood pressure includes:

- Kidney failure.
- Eye problems, including blindness.
- Heart failure.
- Mental deterioration and Alzheimer's disease.

**THE CAUSES** Sometimes high blood pressure is caused by another disease, such as a problem in the endocrine glands.

But for the vast majority of people with high blood pressure, its cause is a mystery.

"We usually cannot say specifically what

went wrong that led to your high blood pressure," says Lawrence Fine, MD, of the National Heart, Lung, and Blood Institute. "The best explanation we have is, 'Your body controls blood pressure through a complicated system, and right now it is controlling it at 140/90.'"

What is known, however, is that certain things increase your chances for developing high blood pressure. These risk factors include:

- **Race.** Blacks, for example, are at higher risk than are whites.
- **Heredity.** You're more likely to have high blood pressure if a close relative has it.
- **Age.** Our arteries become less flexible as we grow older.
- **Weight.** Many people who have high blood pressure are overweight.
- **Alcohol.** Regular, heavy use of alcohol raises blood pressure.
- **Sodium.** Excess salt intake can raise blood pressure in some people.
- **Inactivity.** Lack of exercise is linked to both overweight and high blood pressure.

**HOW TO CONTROL IT** You may never know why you have high blood pressure, but you can learn to control it.

Most treatments are a combination of lifestyle changes and medication, according to the AHA:

- **Weight.** Losing weight is rarely easy. But studies show that even a modest weight loss—just 5 or 10 pounds, says Dr. Snow—can lower blood pressure.
- **Diet.** Your doctor might refer you to a dietitian to discuss adding more fruits, vegetables and whole grains to your diet. Cutting down on fats and salt also can help lower blood pressure.
- **Exercise.** Increasing your physical activity can help lower your blood pressure

and help you lose weight. Be sure to talk to your doctor before beginning any new exercise program.

● **Medication.** Lifestyle changes are often all that are needed to bring blood pressure down. However, you may need medication if your pressure remains too high. Don't be surprised if you need to take more than one medication, says Dr. Fine. Some medications work by helping your body expel excess salt and fluids; others help ease the workload on your heart and relax blood vessels. Your doctor might try several combinations before finding the one that works best for you.

**MANAGEMENT FOR LIFE** High blood pressure is a lifelong condition that can be controlled but not cured, notes the AHA.

That means that any changes you make, including taking medication, will need to be maintained.

Although lowering your blood pressure may be difficult at first, your pressure will become easier to manage once you rein it in.

And bringing your numbers down will increase your likelihood for a longer, healthier life.



## Want some salt? No, thanks

Many health experts say we should eat no more than 1 teaspoon of salt, or sodium, daily. One teaspoon translates to approximately 2,400 milligrams.

Sounds reasonable, right?

But one cup of canned tomato soup may contain more than 1,000 milligrams of sodium. Some frozen pizzas pack 1,200 milligrams of sodium into just one 4-ounce slice. Eat two slices, and you've blown your total recommended sodium intake for the day—at one meal.

A little bit of sodium is good for you. It helps keep your body's fluids in balance and helps your nerves and muscles work properly. But too much sodium can build up in your blood, creating excess fluid and raising blood pressure.

One way you can lower your blood pressure is to cut back on the amount of salt you eat.

The first step toward decreasing your sodium intake is to resist grabbing the salt shaker when you cook or eat.

This might require retraining your taste buds, says the American Dietetic Association (ADA). But just as you learned to like salty food, you can unlearn it too.

Taste food before adding salt. And, if you think it needs flavoring, consider adding herbs, spices or flavored vinegar instead of salt.

The ADA and American Heart Association suggest using these spices with these foods:

- Basil—fish, lamb, salads and sauces.
- Garlic (not garlic salt)—vegetables and tomatoes.
- Lemon juice—lean meats, poultry and salads.
- Rosemary—chicken, sauces, stuffing and potatoes.
- Sage—biscuits, green beans and onions.

## Read more labels

Unfortunately, table salt is just the tip of the sodium iceberg.

According to the U.S. Department of Agriculture, a whopping 75 percent of our sodium intake comes from processed foods.

So your second step toward eating less salt comes at the grocery store, where you can read nutrition labels and choose foods with low sodium content.

## When blood pressure goes too low

Lower is usually better when it comes to blood pressure. However, blood pressure can dip to the point that it's considered abnormally low—a condition known as hypotension.

According to the National Heart, Lung, and Blood Insti-

tute (NHLBI), hypotension is a blood pressure reading lower than 90/60 mm Hg. Having abnormally low blood pressure is not always a cause for alarm. Some people, for example, have chronically low blood pressure that doesn't cause them any health problems, reports the NHLBI.

Blood pressure can also dip temporarily. If you've felt briefly dizzy after suddenly standing up after a long

period of sitting or lying down, you've experienced hypotension.

Low blood pressure becomes a concern, however, when it causes more severe problems. These can include fainting, nausea, blurred vision, clamminess or breathing difficulties.

Rapid drops in blood pressure can even be life-threatening.

According to the American

Heart Association, factors that can contribute to low blood pressure include:

- Pregnancy.
- Dehydration.
- Medications.
- Heart problems.
- Diabetes.
- Thyroid disease.
- Blood loss.
- Severe infections.
- Allergic reactions.

If you've been experiencing dizziness or light-headedness, keep a record of when your symptoms occur and talk to your doctor about it.

**METABOLISM**

# WHAT ROLE DOES IT PLAY IN WEIGHT?

**IT SEEMS THAT** in every group of friends there are always one or two people who never seem to gain weight, no matter what they eat. When it's commented on, they say, "Oh, I have a fast metabolism."

But do they really?

The term *metabolism* is often used loosely. People tend to associate it with weight gain or loss. But it's really a collective term for all the chemical reactions that occur in the body, says to the American College of Physicians.

It just so happens that one of those reactions is burning calories.

**METABOLIC RATE** Technically, when people refer to their metabolism, what they're really talking about is their metabolic rate—the rate at which their body burns energy, or calories.

The metabolic rate is made up of three parts:

- Basal metabolic rate (BMR)—calories burned while at rest.

"This is the amount of calories you burn just to stay alive—to keep your heart pumping, your kidneys going and the blood going to all of your tissues," says Holly Wyatt, MD, associate professor of medicine at the University of Colorado at Denver and Health Sciences Center, division of endocrinology, metabolism and diabetes.

According to the American Dietetic Association, your BMR represents about 60 percent of the total calories you burn daily.

- Thermogenic rate—calories burned by processing food. "In the process of eating food, you expend energy," explains Jeffrey Mechanick, MD, from the American Association of Clinical Endocrinologists.

This process includes digestion, absorption and storage of the food you eat, and it requires about 10 percent of your energy use.

- Active metabolic rate—calories burned by physical activity.

Every move you make burns a certain amount of calories. "Just sitting in a chair, you burn more calories than lying down," says Dr. Wyatt. "When you exercise, you burn even more."

Add up all three parts—your basal metabolic, thermogenic and active metabolic rates—and you have your total metabolic rate, or the total number of calories you burned that day.

**THE OBESITY QUESTION** Conditions that cause hormonal imbalances, such as an overactive or underactive thyroid, can make your metabolism too fast or too slow.

But both Dr. Wyatt and Dr. Mechanick say it is a myth that obesity is the result of an abnormally slow metabolism. In fact, having a bigger body means your metabolism will most likely be faster than that of someone who has a smaller body.

How is that possible? Because when you put on weight, you gain about 80 percent fat and about 20 percent muscle,



says Dr. Wyatt. And muscle, or lean mass, burns more energy than fat. Even at rest, someone whose body has a higher amount of muscle mass will burn more calories than someone with a lower muscle mass.

**Have diabetes? Try our support group to help you control your weight. See page 2.**

According to Dr. Mechanick, you need the additional muscle to carry the additional weight. "[Being overweight is] sort of like walking with a backpack or carrying weights. Lean tissue has to increase to carry all that extra weight around."

In addition to more muscle, it takes more energy to move a larger amount of weight, says Dr. Wyatt.

"As you gain more weight, you burn more calories in the resting state and burn more when you're moving," she says. "So when you add those together, your total energy expenditure is higher than someone of a lesser body weight."

This is why men typically have faster metabolisms than women: Men have 10 to 20 percent more muscle mass and are usually bigger. Women, on the other hand, typically can't gain as much muscle and naturally have more fat stores than men.

**BALANCING THINGS OUT** It is possible to naturally have a slower metabolism than someone else, but that doesn't mean you need to focus on speeding it up. Studies show that a slower metabolism doesn't mean you'll have problems losing weight.

The key is to have a healthy metabolism, neither too fast nor too slow, which is the natural byproduct of increased physical activity and resistance (weight) training—both of which help build muscle.

Since muscle burns energy faster than fat, building muscle can help increase your resting metabolic rate. Maintaining muscle can also be helpful for people who are losing weight.

"When you lose weight, you lose muscle," says Dr. Wyatt. "Resistance training may help you not lose as much muscle."

But don't focus on weight training too much, advises

Dr. Wyatt. What is most helpful, she says, is incorporating physical activity into your daily routine. The more physically active you are, the more calories you burn.

Healthy eating habits are important too. Cutting calories is good, but extreme dieting can affect your metabolism.

"When you drop calories very low, like 800 calories or less a day, there have been studies that show a decrease in resting metabolic rate," says Dr. Wyatt.

**THE RIGHT FOCUS** The bottom line: Obsessing about your metabolism won't help you manage your weight. To lose weight and keep it off, you need to eat a healthy diet and exercise frequently.

If you do those things, your metabolism will do its job just fine.

## Newborns are screened for metabolic disorders

**Shortly after babies are born, they are screened for a group of metabolic disorders that, left untreated, can cause physical and mental disabilities.**

**Here are the most common metabolic disorders for which babies are screened:**

**Phenylketonuria (PKU)**—in this inherited disorder, the body has a problem breaking down phenylalanine, a protein that is in most foods. As a result, phenylalanine is turned into harmful substances that build up in the blood and can cause brain damage.

**Galactosemia**—large amounts of galactose, a sugar found in milk, build up in the body, leading to liver, brain and eye damage.

**Congenital hypothyroidism**—production of thyroid hormone is either low or absent. This can cause developmental delays.

**Most babies test negative for these conditions. However, if tests do reveal a problem, early diagnosis and treatment can prevent a child from having physical and mental disabilities.**

Sources: American Academy of Pediatrics; American College of Physicians; March of Dimes; National Institutes of Health

HORMONE THERAPY

# What's the latest?

It's called the Women's Health Initiative—WHI for short—and a few years ago this ongoing national health study rocked the world of women and their doctors. ♦ At the time, the conventional wisdom was that taking hormones helped ward off many health problems women face as they age, including heart disease, brittle bones and certain cancers. ♦ What WHI did—and continues to do—is help sort through some of those assumptions.

The WHI made headlines when investigators stopped two hormone studies years earlier than expected.

Their findings: Long-term use of hormone therapy poses serious health risks for women.

The first study, which ended in 2002, followed postmenopausal women who still had a uterus and who took a combination of estrogen and progestin. (Progestin protects against uterine cancer.)

Researchers found that the hormones actually increased the women's risk of breast cancer, blood clots, stroke, heart disease, urinary incontinence and dementia.

The second study, which involved women who'd had a hysterectomy and used estrogen only, ended in 2004. The findings: Taking estrogen alone increased risks of stroke, blood clots and urinary incontinence.

Both studies showed some benefits of taking hormones, including a lower risk of hip fractures. But the negatives still

outweighed the positives.

As a result of the studies, many women stopped using hormones altogether.

Further studies are fine-tuning some of the WHI information, says Jacques Rossouw, MD, chief of the Women's Health Initiative branch of the National Heart, Lung, and Blood Institute, which funds the WHI.

"As things have settled down," he says, "women and their doctors have gotten some practical guidance for using hormones at menopause."

**HOW THEY MIGHT HELP** A key recommendation arising from the WHI has remained the same for the past few years: Women who take hormones should take them for the shortest length of time and at the lowest dose possible to achieve the results they need.

Why might a woman want to take hormones? Primarily for symptom relief. Hormones are highly effective at dealing with some of the disruptive symptoms women may experience both before and after menopause, such as severe hot flashes.

So, "Using hormones for four or five years in the first 10 years after menopause for treatment of night sweats and hot flashes is a reasonable option," says Dr. Rossouw.

Also, timing may be important: Benefits may be higher and risks lower if women take hormones close to menopause—the time when menstrual periods stop.

For example, young women who have their ovaries removed may benefit from using estrogen until their early 50s—when their natural menopause would have happened—and even for some years after that, Dr. Rossouw says. And women already in

their 50s who use short-term hormones for hot flashes and night sweats may find that the drugs also help protect their hearts and bones, he says.

For most women, however, findings from the WHI show that:

- Hormones should not be used to prevent dementia or memory loss. Instead, experts recommend being physically active and engaging in mental exercises, such as reading or doing crossword puzzles, to help ward off memory problems.
- Taking estrogen might help protect bones from osteoporosis, but there are other medications with fewer risks that work just as well.
- Hormones should not be used to help prevent heart disease. Women should look to other proven ways to keep heart disease at bay, such as following a healthy diet, maintaining a healthy weight, exercising, quitting smoking and, if necessary, taking medicines to lower cholesterol and blood pressure, says Dr. Rossouw.

Hormone therapy is just part of the multiyear WHI, which includes research on diet, disease prevention and supplements. Researchers will use the data for decades to come, Dr. Rossouw says.

**Go** To learn more about the WHI and its findings, go to [www.whi.org](http://www.whi.org).

## Easing hot flashes

If you have hot flashes but don't want to use hormones, here are some ideas that may help relieve your symptoms:

- **Exercise regularly.** Exercise can help decrease hot flashes.
- **Keep a cold pack under your pillow, and turn the pillow often so that you're always sleeping on the cool side.**
- **Use layered bedding and clothing that you can adjust for changes in your body temperature.**
- **Drink cold water or juice just as a hot flash starts.**

In addition, you may want to try:

- **Isoflavones.** These are weak, plant-based estrogens found in soy foods and dietary supplements that may help with hot flashes. Try eating one or two servings of soy foods (such as tofu, tempeh, soybeans or roasted soy nuts) daily.
- **Black cohosh.** Research is mixed about using this herbal supplement, but some women report improvement in mild hot flashes.
- **Antidepressants.** Certain types—such as Paxil, Effexor and Prozac—may help ease hot flashes.
- **Prescription medicines used off-label.** Some drugs usually prescribed for other conditions can help with hot flashes, including gabapentin (for epilepsy and migraines) and methyldopa (high blood pressure).

Sources: National Institute on Aging; North American Menopause Society

"As things have settled down, women and their doctors have gotten some practical guidance for using hormones at menopause."



# WHEN THE PAIN OF SCIATICA GETS YOU DOWN

**THE SCIATIC NERVE** is the longest nerve in the body, and when it has problems, you know it.

It's called sciatica—the burning, numbness, tingling or sometimes debilitating pain that comes when this nerve becomes irritated or inflamed. It can be merely an annoyance, but for some people it brings their everyday activities to a standstill.

**FROM HIPS TO TOES** The sciatic nerve begins at the spinal cord in the lower back and runs all the way to the heels.

Problems usually start when a spinal disk becomes damaged and bulges. This is called a herniated disk, and if it puts pressure on the sciatic nerve, the result can be sciatica. If sciatica is severe, muscle weakness can make it difficult to walk.

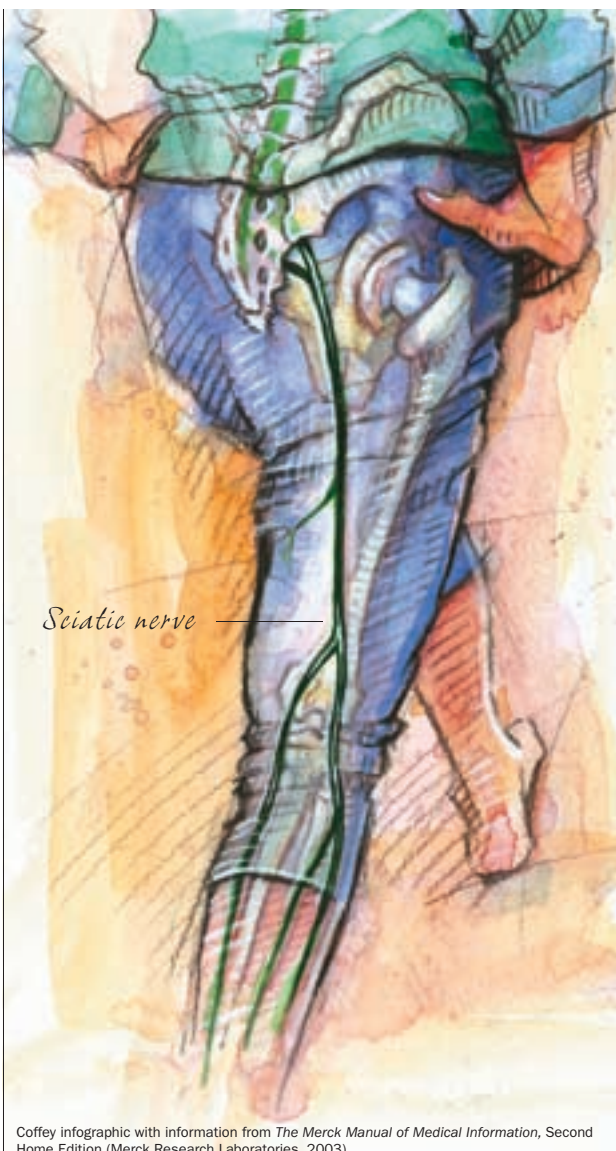
**Looking for a doctor for your back?**  
Go to “Find a Doctor” at  
[www.clevelandcountyhealthcaresystem.org](http://www.clevelandcountyhealthcaresystem.org).

“Almost anyone can get sciatica,” says Augustus White, MD, PhD, speaking for the American Academy of Orthopaedic Surgeons (AAOS). “People who do heavy labor are at risk, but sciatica can also happen from just sitting too much.”

- According to the AAOS, symptoms of sciatica:
- Are usually felt on only one side of the body.
  - Can occur anywhere from the buttocks to the backs of the legs to the feet and toes.
  - Are often worse when sitting, coughing or sneezing.
  - May begin suddenly or develop gradually.
  - Occur most often in adults 30 to 50 years old.

These symptoms, along with a physical examination, are usually enough for your doctor to diagnose sciatica. If symptoms persist, you may have tests—such as an x-ray, CT scan or MRI—to look for changes in a spinal disk.

**GETTING BETTER** Mild sciatica usually improves if you take it easy but still keep moving, says Dr. White.



Coffey infographic with information from *The Merck Manual of Medical Information, Second Home Edition* (Merck Research Laboratories, 2003)

With more severe pain, try resting in bed for one or two days—but don't stay there too long. Staying in bed can create other problems, such as blood clots in the legs, muscle wasting or depression, Dr. White says.

If severe pain lasts for several weeks, you should see your doctor.

“In rare cases, sciatica can be caused by an infection,

## Put sciatica behind you

Sciatica usually gets better on its own, but you can help it along with these tips:

- Stay as active as you can.
- Use chairs with firm back support, and don't slouch.
- Avoid crossing your legs for long periods of time.
- Use a nonsteroidal anti-inflammatory medicine to help ease pain.
- If you stand for prolonged periods, use a footrest to prop up one foot.
- Sleep on your side or on your back with a pillow under your knees.
- Don't wear high heels.

Once you start to feel better, you can help avoid a repeat attack by strengthening your back. Begin with gentle stretching exercises, such as bending forward while seated. Take short walks, and try doing abdominal crunches with your knees bent. Then stay in shape with regular activity.

You should also try to maintain a healthy weight. And don't smoke—it raises your risk for a herniated disk.

Sources: American Academy of Orthopaedic Surgeons; American College of Physicians; American Council on Exercise

a tumor or a fracture,” says Dr. White. “You'll need to rule these out.”

You should see your doctor immediately if you also have problems with bowel or bladder control, reports the AAOS.

Even if you're one of the few people who need surgery to repair a herniated disk, the outlook is good—the surgery has a very high success rate, according to Dr. White.

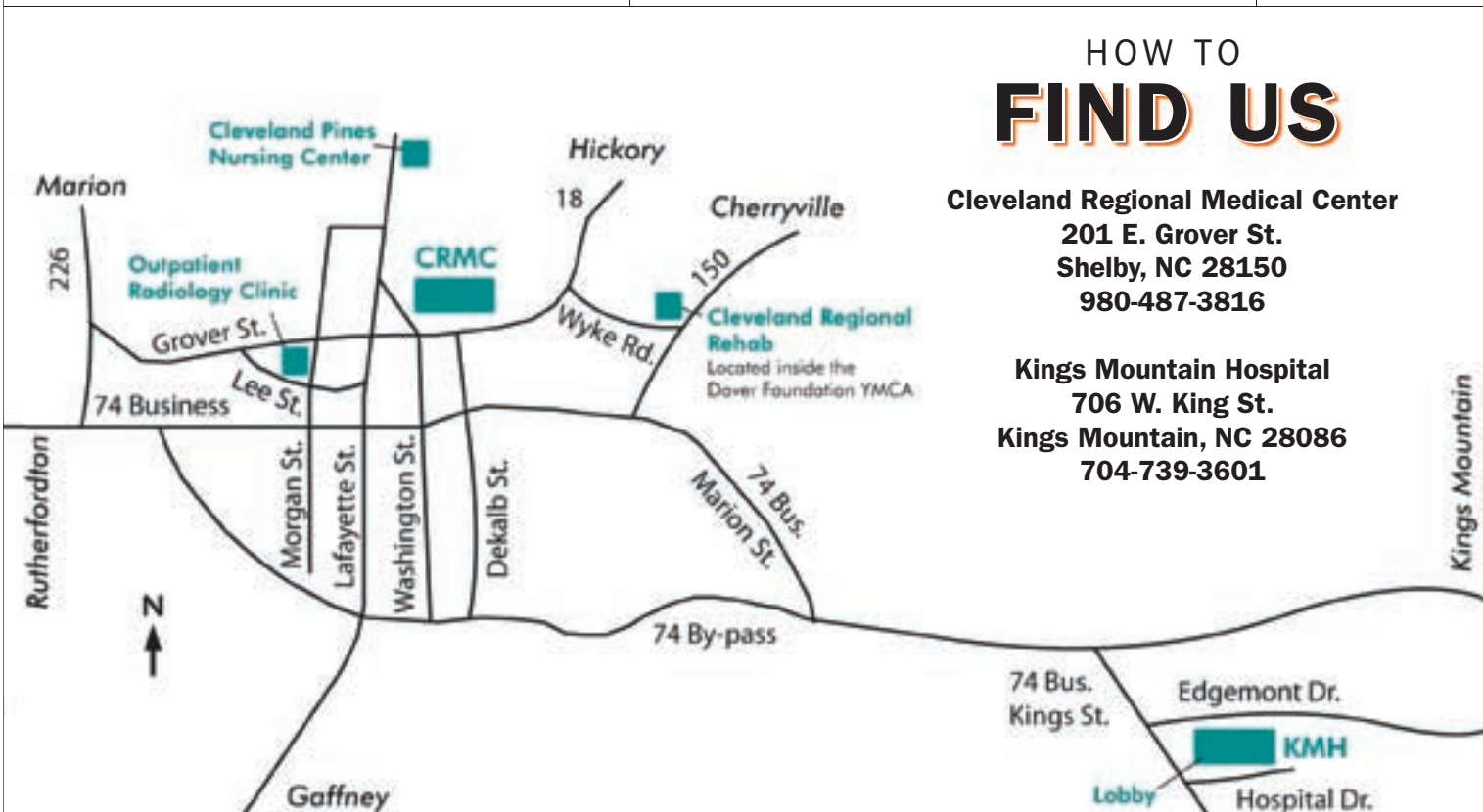
**LOOKING FORWARD** Most people have at least one episode of sciatica. But it usually gets better within a few weeks.

“Get some rest, and try to be patient,” Dr. White advises. “It can be a terribly painful situation, but don't panic. You can get better.”

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