The Liker Health Report

Keeping People Focused on Staying Fit & Healthy

Spring 2010

The Liker Health Report is a quarterly publication intended to raise awareness of health-related issues and to encourage readers to take charge of their health and live healthier, more fulfilling lives.

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The Heart of the Matter: TECHNOLOGY'S IMPACT ON YOUR HEALTH

Are you addicted to the Internet and e-mail? Is your cell phone permanently attached to one side of your head? Do you spend your spare time in front of a computer instead of outdoors? Do your fingers get more of a workout than your legs? If you answered yes to any of these questions, it might be prudent to make an assessment of just how much technology impacts your life and whether it enhances or takes away from your good health.

There's no doubt that technology can improve our lives. The Internet provides instantaneous access to a wealth of information about medical conditions, diseases, and ways to improve our health. We can search a database of clinical trials investigating a new medication for the treatment of migraine headaches (www.clinicaltrials.gov); watch a video of an aortic aneurysm repair (www.medlineplus.gov); or find information for seniors about talking with their physicians (www.nihseniorhealth.gov). Cell phones allow us to call for help in an auto accident; GPS helps us not get lost, and laptops help us work from home. But, at what point, if any, does technology take over our lives?

Watching a waltzing dog video over and over on YouTube, or checking e-mail during television commercials, or taking phone calls while eating dinner with the family could be subtle signs that technology is complicating one's life. When technology consumes valuable time which could otherwise be spent on more productive activities, it is possible for our physical and mental health to be compromised. Existing relationships suffer, new ones don't form, stress levels rise, and exercise or personal enrichment activities are non-existent. E-mail, texting and tweeting have changed the way we communicate, but we've also given up the inherent benefits of eye contact, tone of voice, facial expressions, the nuances of hand gestures, and the physical connection with another person.

So how do we control our technology, and not the other way around? First, make an honest assessment of how much time you devote to technology and for what purposes. Which activities are necessary, satisfying, personally enhancing to you, and which ones are just taking up time? Are there other activities that would make better use of your time and provide a boost to either your physical or mental health? Second, set limits on technology to restore balance in your life (i.e., no phone calls during dinner, limit e-mail and web surfing on the weekends, and spend quality time with family and friends). As you begin to establish control and a sense of balance returns, don't be surprised if you find yourself feeling happier, healthier, and enjoying life a little more.

Your Lifestyle: MIGRAINE HEADACHES & FOOD

Millions of people, primarily women, suffer from migraine headaches. Certain types of food have been strong suspects in triggering these debilitating attacks. Researchers hypothesize that (1) some foods initiate an allergic reaction or (2) that foods change the blood flow to the brain, thereby causing a migraine. In either case, migraine sufferers who reduce or eliminate “trigger foods” are able to decrease the frequency and severity of their headaches. Common food triggers include:

- fasting or skipping meals
- excessive caffeine consumption
- abrupt caffeine withdrawal
- alcohol
- aspartame (NutraSweet)
- MSG
- nitrates/nitrites
- tyramine, an amino acid in aged foods
- chocolate
- high-fat diet

POTENTIAL HEADACHE TRIGGERS

- ✔ Foods containing MSG (soy sauce, meat tenderizers, seasoned salt, bouillon)
- ✔ Ripened cheeses (Cheddar, Emmentaler, Stilton, Brie & Camembert)
- ✔ Any fermented, pickled or marinated foods
- ✔ Chocolate
- ✔ Sour cream (less than 1/2 cup daily)
- ✔ Nuts, peanut butter
- ✔ Sourdough bread
- ✔ Breads & crackers containing cheese or chocolate
- ✔ Broad beans, lima beans, fava beans, snow peas
- ✔ Figs, raisins, papayas, avocados, red plums (less than 1/2 cup daily)
- ✔ Citrus fruits - no more than 1/2 cup daily
- ✔ Bananas - no more than 1/2 daily
- ✔ Foods containing nitrates/nitrites (sausage, bologna, pepperoni, salami, summer sausage, hot dogs)
- ✔ Alcoholic beverages (red wine, port, beer)
- ✔ Caffeinated beverages (tea, coffee, soda) - no more than 2 cups daily
- ✔ Foods containing aspartame (NutraSweet)

It’s important to remember that not everyone reacts the same to each of these potential headache triggers. Also, it can be difficult to pinpoint the exact trigger as the cause of the migraine. Some migraines occur many hours or even days after ingesting the food or beverage. MSG (monosodium glutamate) is the exception; it usually triggers a migraine within an hour. Therefore, maintaining a detailed headache and food diary is crucial to assessing your condition. Document what you ate, how much you ate, when you ate it, and when the headache came on. This will help you identify any patterns.

Keep in mind that a food or beverage isn’t always the trigger one-hundred percent of the time. Sometime foods are triggers only when they are combined with other triggers, such as another food or stress. Also, it can depend on the quantity of the food or beverage that was consumed. A couple squares of chocolate or a small glass of red wine may not cause a problem, but the whole candy bar or half bottle of wine may.

The STRESS-FOOD-MIGRAINE Connection

Stress is the number one trigger of migraine headaches. Stress can lead to skipping meals on one extreme to eating junk food on the other. The less than nutritious foods that people crave while feeling stressed tend to be high in fat, caffeine, preservatives, and other chemicals which contribute to migraines. So the key is to find effective ways to manage your stress so that you’ll be less likely to have junk food cravings.

What about sulfites in wines?

Headache sufferers have long held the belief that sulfites* in wine were the culprits. Recent research suggests that the phenols in red wines may actually be responsible. Another possibility is the large quantities of tyramine found in red wine, beer, and other alcoholic beverages. Of course, it’s important to remember that alcohol is dehydrating to the body and dehydration can contribute to headaches.

Sulfites are a naturally occurring compound found on grapes which prevents microbial growth. No wine can ever be “sulfite free”, but most wine makers add sulfites to extend the wine’s shelf-life.

Playing It Safe: AORTIC ANEURYSMS

An aortic aneurysm is an abnormal, weakened bulge in the aorta, the largest artery which supplies oxygen-rich blood to the body. The aorta is similar in diameter to that of a garden hose, and it extends from the heart through the chest and abdomen where it branches into two (iliac arteries) which supply blood to the pelvis and each of the legs. An aneurysm's diameter is typically 1.5 times larger than the diameter of the aorta; a smaller bulge is termed "ectasia".

Approximately seventy-five percent of aneurysms occur in the section of the aorta running through the abdomen, hence the term abdominal aneurysm. Abdominal aneurysms can affect anyone, but most patients are men between the ages of forty and seventy with atherosclerosis. Thoracic aneurysms which occur in the chest area, are less common. Risk factors for both types of aneurysms include:

- AGING - the aorta loses its elasticity and stiffens with age. Abdominal aortic aneurysms occur most frequently in people over age 60.
- SMOKING - tobacco use is a major lifestyle risk factor which weakens the aortic wall. Ninety percent of people with aortic aneurysms are current or former smokers.
- ATHEROSCLEROSIS - inflammation, scarring, and plaque build-up damages the aorta.
- HYPERTENSION - elevated blood pressure distens the lining of the aorta.
- MALE GENDER - men develop aortic aneurysms 5-10 times more frequently than women.
- RACE - Caucasians are more likely to develop aortic aneurysms than other races.
- GENETICS/FAMILY HISTORY - a congenital weakness of the aortic wall predisposes one to aneurysms. Persons with family members who have had aortic aneurysms are more likely to have one themselves and tend to have it at an earlier age with an increased risk of rupture.
- ABDOMINAL TRAUMA - falls and vehicle collisions can injure the aorta.

Aortic aneurysms are often diagnosed during routine medical examinations. Physical exams typically involve palpation of the abdomen, as the physician feels for various medical conditions and to illicit any sensation of pain or tenderness from the patient. An abdominal aneurysm feels like a pulsating bulge to the trained professional. Additionally, chest x-rays to evaluate an unrelated condition, such as lung disease, may be the first sign of a problem. Imaging tests, such as abdominal ultrasound and CT scans, are used to confirm diagnosis and determine the location, size and growth rate of the aneurysm.

Slow-growing aortic aneurysms often have no symptoms which make them difficult to detect. However, once they are detected, a patient's physician will monitor the growth rate. Aneurysms that grow more quickly may produce symptoms such as (1) tenderness or pain in the chest or abdomen; (2) back pain; or (3) pulsating feeling near the navel. Surgery is recommended if the aneurysm is large and is growing more than one centimeter annually.

Most small and slow-growing aortic aneurysms are less likely to rupture than the larger, fast-growing ones. Since the aorta is the main blood pipeline, any ruptured aneurysm can cause life-threatening bleeding and requires emergency surgery. Open abdominal or open chest surgery entails a more invasive procedure in which surgeons replace the ruptured piece of aorta with an artificial graft. More recently, endovascular surgery has been utilized to repair abdominal aneurysms without major surgery. A synthetic stent-graft (polyester tube inside a metal cylinder) is attached to a catheter and threaded through an artery in the leg to the aorta at the location of the aneurysm. The metal cylinder is expanded against the aorta wall which cuts the blood flow to the aneurysm. Over time, the aneurysm shrinks and patients return for regular monitoring. Lifestyle changes are also beneficial.

Did You Know?

Aortic aneurysms are the 10th leading cause of death for American men between the ages of sixty-five and seventy-four.

The Inside Story: FOOD SUPPLY & HEALTH CONCERNS

ANTIBIOTICS IN ANIMAL FOOD PRODUCTS

Antibiotics are used to control and treat a variety of bacterial infections in both humans and livestock. During the last fifty years, the use, overuse, and misuse of antibiotics in human and veterinary medicine has contributed to the emergence of bacteria strains which are resistant to even our best antibiotics. Bacteria-causing infections are remarkably resilient and develop ways to survive the drugs designed to eliminate them. Education programs designed to help people understand the proper use of antibiotics have been relatively successful in recent years, but many people are still unaware of the impact of veterinary antibiotic use on human health.

Antibiotic resistant pathogens don't simply pose a risk for livestock, and sick animals are not limited to the farm. Human health is affected when these same pathogens are transmitted as foodborne contaminants in meat, poultry, eggs and dairy products that end up on the dinner tables of people all over the world. This looming crisis is likely one of today's most urgent priorities in the field of public health.

Methicillin-resistant Staphylococcus aureus (MRSA) infections were once limited to immune-compromised patients in hospitals and nursing care facilities, but now, otherwise healthy people in community settings are becoming infected at alarming rates. New research suggests that there is a link between antibiotic use in animals and MRSA. Over the past several years, researchers have examined livestock and retail meat samples in Europe and Canada and have detected a strain of MRSA (ST398) originating in livestock operations where antibiotics are used heavily. Researchers in at the University of Iowa have identified this same MRSA strain in nearly half of all pigs and 45% of swine workers in various swine CAFOs (confined animal feeding operations) in Iowa and Illinois. This is the first study to demonstrate the presence of MRSA ST398 in the United States. MRSA ST398 causes serious infections in humans, including skin, wound, breast, and heart infections, and pneumonia. MRSA spreads easily by human-to-human transmission; handling and/or consuming infected meat; and environmental contamination of air, water, and/or soil.

If antibiotics are so harmful, why are they used?
The majority of large-scale meat and poultry producers use the estimated 70 percent of all antibiotics and related drugs used in the United States as feed additives for their chickens, hogs, and cattle. Antibiotic feed additives (1) help animals grow slightly faster and (2) ward off disease in the crowded, mostly unsanitary conditions in very large CAFOs. Farmers do not need a prescription for the antibiotic feed, so there is little regulation or monitoring of the practice.

How & When Did This Happen?
In the early 1990's, farmers in the U.S. and other countries began feeding their animals -- even the healthy ones -- a group of antibiotics called fluoroquinolones, of which ciprofloxacin (Cipro) was commonly used. Cipro is also used to treat human infections. In the years following, Cipro became useless in 80% of the human infections it was previously capable of eliminating. A comprehensive review of the medical literature by Johns Hopkins University concluded that antibiotic use in farm animals is a major contributor to antibiotic resistance worldwide. The study also provides data that antibiotics are in wastewater and runoff which ultimately flows into water sources.

There is a growing trend among farmers who see a danger in the routine antibiotic feeding of non-sick animals to move away from the practice. Many small and mid-size meat and poultry producers are trying new methods to ensure the health of their herds without using antibiotics, and the economic reward from consumers who want healthier meat is growing. The public is beginning to realize that the outdated practice is risking the public's health; the patients who truly need antibiotics are the ones who suffer in the long-term.

Without new laws, the FDA cannot revoke its 1951 approval of the industry's use of antibiotics, except by a drug-by-drug process that can take years of study, review and comment. The only successful

drug ban was in 2000 of Baytril, a poultry medication. Lobbying from drug companies and farm animal trade groups has prevented further action from the FDA.

ORGANIC FOODS

What does "organic" mean?

The "organic" designation means that produce and other ingredients are grown without the use of pesticides, synthetic fertilizers, sewage sludge, genetically modified organisms, or ionizing radiation. It also means that animals used for meat, poultry, eggs, and dairy products are not given antibiotics or growth hormones. The U.S. Department of Agriculture (USDA) National Organic Program (NOP) defines organic as follows:

Organic food is produced by farmers who emphasize the use of renewable resources and the conservation of soil and water to enhance environmental quality for future generations. Organic meat, poultry, eggs, and dairy products come from animals that are given no antibiotics or growth hormones. Organic food is produced without using most conventional pesticides; fertilizers made with synthetic ingredients or sewage sludge; bioengineering; or ionizing radiation. Before a product can be labeled "organic," a Government-approved certifier inspects the farm where the food is grown to make sure the farmer is following all the rules necessary to meet USDA organic standards. Companies that handle or process organic food before it gets to your local supermarket or restaurant must be certified, too.

The United States Congress passed the Organic Foods Production Act (OFPA) of 1990. The OFPA required the USDA to develop national standards for organically produced agricultural products to assure consumers that agricultural products marketed as organic meet consistent, uniform standards. The OFPA and the NOP regulations require that agricultural products labeled as "organic" must originate from farms or handling operations that have received certification by a state or private entity that has been accredited by the USDA.

Are organic foods more nutritious than regular foods?

Currently, there's no definitive answer as to whether organically grown foods have more nutrients than non-organically grown foods. Research is being done in this area, and a recent study showed that organic tomatoes contained more phytochemicals and vitamin C than regular tomatoes. Because organic foods are grown without pesticides and chemical fertilizers, it stands to reason that these foods would naturally be healthier. The argument for conventional farming has always been, however, that the use of chemicals allows farmers to grow more food for less cost to the consumer who might otherwise not be able to afford organic fruits and vegetables.

There has been a distinct trend in recent years towards growing and buying organic, if not for the nutritional benefit, then for the environmental impact. Organic crops use about 30% less energy than conventional crops; the soil, water and local habitat rejuvenate themselves from organic compost and the return of beneficial insects; and harvesting is safer for farm workers. By not using pesticides, which can adversely affect the nervous system, increase the risk of cancer, and decrease fertility, organic farming protects everyone.

Understanding Organic Labeling

The USDA organic seal can be applied to raw, fresh products and processed products that contain organic agricultural ingredients. On multi-ingredient products (i.e., granola, cereal), the seal is usually placed on the front of the package); however, it may be placed anywhere on the package. The seal indicates that the product is at least 95 percent organic.

"100% Organic" = made with 100% organic ingredients

"Organic" = made with 95-99% organic ingredients by weight.

"Made with Organic Ingredients" = made with at least 70% of organic ingredients by weight; the remaining 30% are subject to strict guidelines, including no genetically modified organisms (GMOs).

"Less than 70% Organic Ingredients" = organic ingredients are listed in the ingredient list only; no "organic" claims are permitted on the front of the package.

Personal Health: SUBSTANCE ABUSE & SENIORS

Most people shudder at the thought of their parents or grandparents smoking marijuana or snorting cocaine, but the harsh reality is that there is a growing problem of substance abuse among older people. With the exception of prescription pain killers, these addictions don't just suddenly appear. Seniors who smoke marijuana today also smoked it in mid-life, and as young people. Statistics show that 4.3 million Americans (5% of Baby Boomers) over the age of fifty are smoking marijuana, abusing prescription medications, or engaging in illicit drug activity. This number far exceeds their parents' generation, and the numbers are expected to rise substantially with their children's generation.

Seniors are less likely to use "hard" drugs such as cocaine and crystal meth than younger adults, but being older and sometimes frail brings special concerns. Older people tend to have chronic health problems and as they age, their bodies do not metabolize drugs in the same way. Seniors who have been diagnosed with a substance abuse problem have a higher risk of suicide, and are less likely to get the help they need. Treatment programs are typically geared towards younger patients which either exclude older patients or do not adequately meet their specific needs. Substance abuse programs are not one size fits all when it comes to older patients either; long-term drug users have different needs and issues than those with recent additictions. Therefore, it can be a challenge to find an effective treatment program for one's loved one.

Diagnosing substance abuse in older people poses another challenge. Substance abuse can cause or contribute to high blood pressure, stroke, and dementia, which are all diseases common in later life. Screening tests for diagnosing substance abuse are typically designed for younger people and may not be relevant to older people. Thus, family members and healthcare providers often overlook substance abuse as the underlying cause. Warning signs are also less obvious in older people because retirement keeps them at home without witnesses to their drug behavior; for example, they are less likely to miss work, cause a public disturbance, or get arrested.

Alcohol use and misuse is far more prevalent in seniors than illegal drug use, and it presents some interesting considerations as well. Aside from people who had alcohol problems in their youth and continue to have problems, alcohol's effect on the body changes with age. The same quantity of alcohol can have a greater effect on an older person than on a younger person. So, for example, a man who drank two beers every evening for most of his life may find that as a senior, the same two beers are making him tipsy and he's slurring his words. Over the years, he's become dependent on those two nightly beers but his body is significantly less efficient at metabolizing the alcohol.

Some adults develop a drinking problem in their later years because they self-medicate with alcohol as a means to ease emotional or physical pain. Stress caused by health worries, boredom or loneliness after retirement, feelings of depression following the death of a spouse or companion, and even the loss of a beloved pet may lead to drinking. Often, older adults turn to alcohol to help them sleep, but in the long run, alcohol decreases the amount of restful sleep and causes anxiety and irritability.

Alcohol directly or indirectly affects every part of the nervous system, and long-term misuse can cause confusion, clumsiness, falls, dementia, deterioration of the brain and spinal cord, muscle problems, and coma. Some researchers in the field of gerontology estimate that five to ten percent of dementia cases are actually caused by alcohol abuse. Heavy drinking makes other disabling diseases such as diabetes, heart disease, and osteoporosis even worse.

Alcohol interacts with more than fifty percent of the most commonly prescribed drugs. It can slow or speed up the rate at which a drug is metabolized, thereby increasing or decreasing the drug's intended effect. Alcohol increases the effectiveness of sedatives which instead of keeping a person calm, may decrease his/her alertness to the point of hindering mobility.

Continued on page 7.

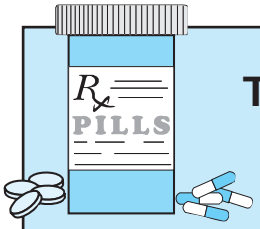
Did You Know?
The demand for drug abuse treatment programs is anticipated to double by 2020.

SUBSTANCE ABUSE *cont. from page 6*

Alcohol decreases the effect of oral diabetes medications, blood thinners, and anti-seizure medications. Another consequence of consistent alcohol use is malnutrition. Heavy drinking combined with social withdrawal or depression can lead to poor eating habits and/or weight loss. When the body doesn't get the vitamins and minerals it needs, the cells do not function properly which in turn leads to other health problems. A vicious cycle is likely to ensue.

It's important for seniors to get help, but often the stigma of substance abuse hinders the process. If you or a family member has a problem with drugs or alcohol, the National Institute on Aging recommends the following:

- Find a support group for older adults with drug or alcohol problems; ask your doctor or inquire at the local senior center for a referral.
- Talk to your doctor or another health care professional about your situation; ask about medicines that help treat addictions.
- Consult with a trained counselor who is knowledgeable and sensitive to the needs of older adults with substance abuse problems.
- Choose individual, group, or family therapy, depending on what works for you.
- Join a 12-step program such as AA.
- Remove all alcohol from your home.
- When you drink, sip slowly and eat food; never drink on an empty stomach.
- Politely decline when offered a drink.
- Avoid drinking when you are angry or upset or had a bad day.
- Stay away from people who drink a lot and the places where you used to drink.
- Write an action plan with specific steps if you are tempted to drink.
- Reward yourself for not drinking. Use the time and money spent on drinking to do something you enjoy.
- Don't be afraid to reach out for help or just talk with someone who cares about you.



The Medicine Cabinet

OTC Claritin®

Hay Fever & Allergy Relief

Trade Name: Loratadine (lor at' a deen)

Drug Classification: antihistamine

Purpose: used to temporarily relieve allergy symptoms (sneezing, runny nose, itchy eyes, nose or throat) caused by pollen, dust, or other airborne substances.

Action: blocks the action of histamine, a chemical in the body which causes allergy symptoms.

Dispensing Method: oral tablets, liqui-gel capsules, or orally dissolving (melt in your mouth) tablets taken once a day with or without food.

Major Precautions: Taking more than the recommended dose can cause drowsiness. Orally dissolving tablets should be used immediately after opening the individual blister pack. Claritin should be stored at room temperature, away from excess heat and moisture.

Side Effects: headache, dry mouth, nosebleed, sore throat, mouth sores, red or itchy eyes, difficulty falling asleep or staying asleep, nervousness, weakness, stomach pain, diarrhea. **SERIOUS**: Call your doctor immediately if you have any of the following symptoms - rash, hives, itching, swelling of the eyes, face, lips, tongue, throat, hands, arms, feet, ankles, or lower legs, hoarseness, difficulty breathing or swallowing, wheezing.

As with any medication, always follow your doctor's instructions, and if you have any problems, side effects, or questions, follow up with your doctor or pharmacist.

Did You Know?

Forty percent of Americans do not engage in leisure-time physical activity.

What's the Message?

FOR YOUR **TECHNOLOGY** AWARENESS:
Technology has changed the way we live; keep all aspects of life in balance to ensure health, happiness, and survival.

Control the technology in your daily life, and not the other way around.

FOR YOUR **HEADACHE** AWARENESS:
The negative way in which you react to stress can lead to headaches, so find effective ways to manage your stress and develop coping skills.

Keep a food/headache diary to determine which foods or combination of foods trigger your headaches.

FOR YOUR **AORTIC ANEURYSM** AWARENESS:
If you have a family history of aortic aneurysms, be sure to tell your doctor and get regular check-ups.

Reduce your risk of aortic aneurysms by quitting smoking and adopting healthy lifestyle habits.

FOR YOUR **FOOD SAFETY** AWARENESS:
Antibiotic use in livestock has contributed to the growing crisis of MRSA and growth of "super bugs".

New research is beginning to document the higher nutrient content of organically grown produce.

FOR YOUR **SUBSTANCE ABUSE** AWARENESS:
Substance abuse programs and staff which understand seniors' unique medical needs have greater success in recovery.

The stigma associated with substance abuse in older adults may hinder them from getting help.

QUOTABLE QUOTATIONS

For fast-acting relief, try slowing down.
Lily Tomlin

Dear Dr. Liker... How do I help my aging parents find "Dr. Right"?

Ideally, aging patients should try to find a geriatrician, a doctor who specializes in the unique and complex medical needs of older people. Unfortunately, there aren't enough geriatricians available to meet the growing needs of an aging population, but don't despair. Many internists and family practitioners are knowledgeable, sensitive and have had some advanced training in geriatric medicine.

Accompany your parents to their doctor's visit and pay attention to what the doctor says and how he/she interacts with your parents. Be on alert for any statements which may suggest a bias against, or a lack of interest in, working with the elderly. A huge red flag would be comments such as, "At your advanced age, you'll just have to live with XYZ condition". If this happens, find a different doctor, one who recognizes the importance of quality of life and functional ability. A good doctor will also have the ability to recognize that common symptoms may indicate different conditions in older adults and that medications may affect older adults differently than younger people. Most importantly, the doctor should listen to your parents' concerns and actively involve them in decisions pertaining to their health for as long as possible.

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Keeping People Focused on Staying Fit & Healthy

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