



The Liker Health Report

Keeping People Focused on Staying Fit & Healthy

Spring 2011

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.

The Heart of the Matter: STROKES ON THE RISE AMONG YOUNG & MIDDLE-AGED

The number of young and middle-aged Americans experiencing strokes is dramatically increasing, suggesting that the obesity epidemic is taking its toll. The sharpest increase (51%) was seen in men ages fifteen to thirty-four, as reported at the 2011 American Stroke Association (ASA) International Stroke Conference.

The incidence of strokes increased 17% in women of the same age group. Although not as substantial as their male counterparts, the women's increase is alarming, as was for ages 35-44 of both genders. Stroke researchers at the U.S. Centers for Disease Control and Prevention compared nationwide hospitalizations for stroke for 1994/95 and 2006/07.

Percent Increase in Stroke Incidence Between 1994/95 and 2006/07

males	
15-34 years old	51%
35-44 years old	47%
females	
15-34 years old	17%
35-44 years old	36%

Doctors and researchers have long believed that childhood obesity would have ill health effects later in life, and it appears that the cardiovascular system bears some of that burden. The UCLA Stroke Center reports an increasing incidence of strokes caused by high blood pressure and clogged arteries in young people. Type 2 diabetes is also a risk factor for stroke, and was once a disease only seen in adults; today children and young adults are developing type 2 diabetes at an alarming rate.

Conversely, the number of strokes decreased in both men (25%) and women (28%) over age sixty-five. Doctors believe that better prevention and treatment of risk factors is likely responsible for the decline. This decline among the elderly has re-ranked stroke as the nation's fourth leading cause of death, down from number three. Although early stroke detection and early treatment save lives, strokes can still be extremely debilitating for someone in mid-life who may have many more years of life remaining; an incomplete recovery places physical, emotional and financial burdens on the family and healthcare system.

A preliminary study presented at the ASA conference raised concern about diet soda and stroke risk. Researchers followed the health status of 2500 diet soda drinkers for ten years, and found that people who drank a daily diet soda had a 48% higher risk of either a stroke or heart attack when compared to people did not drink any type of soda (diet or regular). The study did not look at specific brands of soda and was unable to factor in the changes in soda formulation (i.e., sweeteners or colorings) over time. Further research is needed to confirm the findings, yet this may be the first evidence that diet soft drinks are not a good substitute for sugar-sweetened beverages if you want to keep your cardiovascular system healthy.

INSIDE THIS ISSUE

The Heart of the Matter STROKES	1
Your Lifestyle SODAS & BONE HEALTH	2
Playing It Safe PULMONARY EMBOLISM	3
The Inside Story FATIGUE	4
Personal Health FRUCTOSE MALABSORPTION	6
Medicine Cabinet PROZAC	7
Dear Dr. Liker COLON CANCER SCREENING	8
What's the Message?	8

Your Lifestyle: SODAS & BONE HEALTH

Soda, soft drinks, pop, cola -- whatever your name for the sweet carbonated beverage -- there is reason to have a bone to pick with these popular beverages. Research has consistently linked soda consumption with weaker bones, and in the past few decades, soda consumption has increased dramatically. Children and teens appear to be consuming more soda right at the point in their lives when bone mass should be accumulating.

As sodas become a more popular beverage and loss of bone mass is well documented, the question must be asked whether the soda itself is the problem or is it the lack of calcium-rich milk in the diets of young people. Another hypothesis is that people who consume a lot of soda have poor dietary/lifestyle habits in general. A study published in 2010 followed girls from age five until fifteen and found that those who drank soda at age five were less likely to drink milk throughout their childhood years than those who did not drink soda. They also found that these girls consumed diets deficient in calcium, vitamin D, magnesium, phosphorus, potassium, protein, and fiber. Most of the bone mass is laid down before age twenty-five, so children who fail to consume sufficient bone-building nutrients complimented with bone-strengthening physical activity, will have an increased risk of osteoporosis as they get older. Osteoporosis weakens the bones and makes them susceptible to fractures.

Researchers are now trying to determine precisely how and why sodas affect bone health. What we do know is that the carbonation does not harm bones. We also know that "colas" decrease bone mineral density (BMD) in a dose-response way; the more cola consumed, the more of a decrease in BMD. The non-cola beverages (i.e., ginger ale or orange soda) do not affect BMD. This led to the hypothesis that the phosphoric acid added to colas is the culprit. Phosphoric acid gives cola its tangy flavor, and when ingested, it increases the acidity level in the blood. The body tries to compensate and return the blood's pH level to normal by drawing calcium out of the bones. If the phosphoric acid hypothesis is correct, people of all ages would be affected by cola

consumption. Additionally, the normal gradual decline in bone mass which begins in one's thirties would only be compounded by cola consumption.

Women in the landmark Framingham Osteoporosis study who consumed 3 or more servings of cola per week had a 3.7% to 5.4% lower BMD in their hip bones compared to women who did not drink cola. A similar study at Tufts University showed that women who consumed three servings of cola (i.e., Coke, Pepsi) daily had a 4% decrease in hip bone BMD compared to non-cola (i.e., Mountain Dew, Sprite) drinkers even when calcium



and vitamin D intake was considered. Again, the non-cola drinkers had no significant decrease in BMD.

Another possible culprit for bone loss is caffeine, which is known to interfere with

calcium absorption. In the Tufts study, both caffeinated and non-caffeinated colas were linked to a decrease in bone density, yet the caffeinated colas appeared to cause a greater decrease.

Until there's a definitive answer on how colas decrease bone mineral density, the best lifestyle choice is to limit consumption if not eliminate it entirely. This may be more important than ever with the recent study suggesting that diet sodas increase stroke risk (*See page 1*). Soda fiends may benefit from the bone-boosting tips on page 7.

What about coffee, tea, and alcohol?

Coffee and tea naturally contain caffeine which appears to reduce the bones' ability to absorb calcium slightly. No more than three cups per day is recommended. Coffee and tea drinkers don't necessarily have to give up their favorite beverages; just be sure to get a little extra calcium to cover the loss.

Heavy alcohol use (greater than 2-3 drinks per day) causes bone loss. Heavy drinkers typically consume less nutrient-rich diets and thus, do not get enough calcium from food. They are also more susceptible to falls and subsequent fractures.



Did You Know?

The average American consumes 600 12-ounce servings of soda per year, and men ages 12-29 consume an average of 1/2 gallon per day.

Playing It Safe: PULMONARY EMBOLISM

A pulmonary embolism is a potentially life-threatening medical condition in which one or more of the arteries in the lungs is blocked by a blood clot(s) that has traveled there from another part of the body, usually the legs, pelvis, arms or heart. The lung tissue supported by each blocked artery can die if it is deprived of oxygen and nutrients for too long. In turn, this reduces the lungs ability to provide oxygen to the rest of the body. Pulmonary embolisms do not normally occur singularly but in multiples which make it more dangerous.

Recognizing the symptoms is as important as getting prompt medical treatment. Symptoms vary depending upon how large the clot is, how much of the lung is affected, one's general health status, and whether there is any pre-existing lung or heart disease. However, pulmonary embolism does not discriminate and may occur in healthy individuals who are physically fit.

Primary Symptoms *requiring immediate medical attention*

- ✓ Sudden onset of shortness of breath, even at rest
- ✓ Chest pain that may worsen with deep breathing, coughing, bending down, or eating; pain worsens with exertion and does not ease with rest
- ✓ Coughing up bloody sputum

Secondary Symptoms

- ✓ Rapid or irregular heartbeat
- ✓ Weak pulse
- ✓ Excessive sweating
- ✓ Wheezing
- ✓ Lightheadedness or fainting
- ✓ Clammy or bluish-colored skin
- ✓ Swelling in the leg
- ✓ Anxiety or a sense of dread

Emergency medical personnel administer oxygen to individuals suspected of having pulmonary embolism. Once a diagnosis is confirmed, blood-thinning medications (anticoagulants), such as

heparin or Coumadin are given to prevent new clots from forming. Most existing clots dissolve on their own, but if warranted, doctors will prescribe clot-dissolving medications

(thrombolytics) to quickly dissolve the clot(s). Very large clots can be surgically removed.

Risk factors include:

- ✓ Prolonged immobility (bed rest, long periods of travel)
- ✓ Advancing age & age-related conditions (blood pooling caused by valve malfunction in the veins, dehydration, some medical conditions)
- ✓ Family history
- ✓ Recent surgery under general anesthesia
- ✓ Medical conditions (heart disease, pregnancy, some cancers)
- ✓ Lifestyle behaviors (smoking, being overweight or obese, taking birth control pills or hormone replacement)

One of the major risk factors for clots forming in the legs of healthy

individuals is prolonged immobility due to (1) bed rest after surgery, leg fracture, or illness, or

(2) traveling in a seated, cramped position for long periods of time in a car or plane. Strategies to prevent blood clots is to get out of bed and resume physical activity and as soon as possible.

While traveling take a walk around the airplane or take a break from driving every hour and walk around; exercise your feet and avoid crossing your legs; drink plenty of fluids and avoid alcohol and caffeinated beverages; wear support or compression stockings.

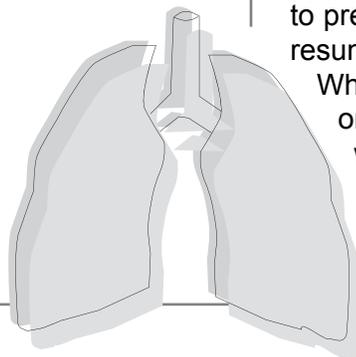
DEEP VEIN THROMBOSIS

Deep vein thrombosis (DVT) is a blood clot that forms in a vein deep in the body's tissue, usually the lower leg or thigh. Blood clots occur when a person's blood thickens as the red blood cells clump together. If the clot breaks away and begins traveling through the bloodstream it is called an embolus. If an embolus reaches the lungs and impedes blood flow, it is called a pulmonary embolism. Because DVT almost always occurs with pulmonary embolism, the two conditions together are referred to as venous thromboembolism (VTE).



Did You Know?

Approximately 200,000 Americans experience a pulmonary embolism every year and about one-third will die.



The Inside Story: FATIGUE

Just about everyone experiences instances of feeling overly tired or overworked from time to time. Temporary fatigue can be a response to physical exertion, emotional stress, or lack of sleep. When the stress is resolved and regular sleep habits are restored, the fatigue goes away. On the other hand, chronic fatigue lasts longer and has a profound effect on one's daily life and affects emotional and psychological well-being.

Fatigue is the lack of energy and motivation to do anything, accompanied by apathy, or feelings of indifference. Although fatigue is not the same as drowsiness or sleepiness (the physical need to sleep), fatigue can be accompanied by the desire to sleep. The first step in beating fatigue is identifying the cause, whether it be related to lifestyle, psychological issues, or underlying medical conditions. Then, steps can be taken to get the relief to regain your functionality and vitality.

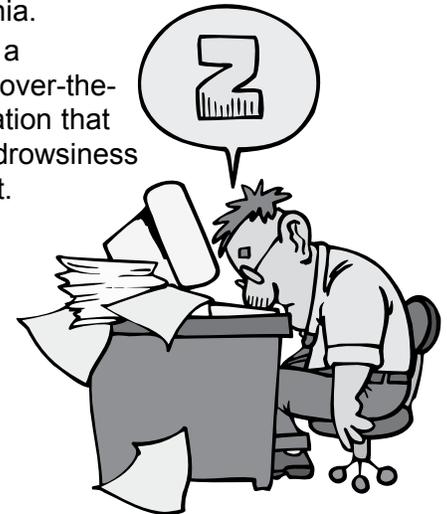
Lifestyle factors are the number one cause of fatigue and the most easily remedied by oneself or with help from a professional. These include alcohol use or abuse; narcotics use; caffeine use; insufficient amount of quality sleep; inactivity; excessive physical activity; unhealthy diet; and various medications, including over-the-counter cough and cold remedies, antihistamines, steroids, prescription pain killers, heart and blood pressure medications, and some antidepressants. In these cases, fatigue can be reduced or managed by making small lifestyle changes.

The physical and psychological causes of fatigue are somewhat more difficult to "self-treat". Mental health problems, such as anxiety, depression, grief, and stress as well as medical conditions require professional help. Medication, counseling, education, and lifestyle changes to treat or manage the disease will greatly improve one's chances for managing fatigue. If a prescribed medication is causing the problem, the dose may need adjustment or the doctor may prescribe a new one.

It is important to get help for chronic fatigue because if untreated, it may lead to serious complications. If your symptoms have lasted two weeks or more, even after making lifestyle changes

(reduce stress, eat more nutritionally, drink enough fluids, exercise moderately), make an appointment to see your primary care doctor. Other reasons to call your doctor:

- ▶▶ Your fatigue is accompanied by fever or unintentional weight loss.
- ▶▶ You are constipated; have very dry skin; experience intolerance to cold; or have unintentionally gained weight.
- ▶▶ You experience chronic headaches.
- ▶▶ You wake up multiple times during the night or have insomnia.
- ▶▶ You are taking a prescription or over-the-counter medication that has fatigue or drowsiness as a side-effect.
- ▶▶ You feel overwhelmed by sadness or are depressed.
- ▶▶ You are using illegal drugs.



DISEASES & MEDICAL CONDITIONS THAT MAY CAUSE FATIGUE

- | | |
|--|--|
| ✓ Addison's disease | ✓ Hypothyroidism (underactive thyroid) |
| ✓ Allergies | ✓ Infections with lengthy recovery periods (i.e., tuberculosis, mononucleosis, AIDS, bacterial endocarditis, parasitic infections) |
| ✓ Anemia | ✓ Kidney disease |
| ✓ Arthritis | ✓ Liver disease |
| ✓ Autoimmune diseases (i.e., lupus) | ✓ Malnutrition |
| ✓ Cancer | ✓ Obesity |
| ✓ Chronic obstructive pulmonary disease (COPD) | ✓ Pregnancy |
| ✓ Chronic pain | ✓ Restless leg syndrome (RLS) |
| ✓ Congestive heart failure | ✓ Sleep disorders (i.e., insomnia, obstructive sleep apnea, narcolepsy) |
| ✓ Diabetes | |
| ✓ Eating disorders | |
| ✓ Emphysema | |
| ✓ Fibromyalgia | |
| ✓ Heart disease | |
| ✓ Hyperthyroidism (overactive thyroid) | |

At your doctor's visit, you'll receive a complete physical exam with a detailed medical history, and blood tests. The doctor will look for signs of a medically related cause with special attention on the heart, thyroid, lymph nodes, and nervous system. Blood tests can determine whether there is a functioning problem with the thyroid, kidneys, and liver as well as checking for diabetes, infection, or anemia. You will also be asked about your lifestyle (diet, exercise, sleep), medication/drug use, personal relationships, feelings, and recent life events. Basically, the doctor will look for any physical and/or mental influences, and treatment will depend on the cause of your fatigue.

If your fatigue is accompanied by any of these symptoms, get immediate medical attention:

- ▶▶ Chest pain
- ▶▶ Shortness of breath
- ▶▶ Fast or irregular heartbeat
- ▶▶ Feeling faint, dizzy, or confused
- ▶▶ Blurred vision
- ▶▶ Severe headache
- ▶▶ Severe abdominal, pelvic, or back pain
- ▶▶ Abdominal or rectal bleeding
- ▶▶ Vomiting blood
- ▶▶ Little or no urine output or recent swelling and weight gain
- ▶▶ Suicidal thoughts
- ▶▶ Feeling that you might harm yourself or someone else

Everyday Tips for Reducing Fatigue

- ✓ Get a good night's sleep.
- ✓ Eat a nutritious diet.
- ✓ Drink plenty of water during the day.
- ✓ Reduce or avoid caffeinated beverages.
- ✓ Avoid alcohol, nicotine, and illegal drugs.
- ✓ Get some physical activity on most days of the week.
- ✓ Find techniques to help you relax (i.e., meditation or yoga).
- ✓ Find the right balance for work and personal life.
- ✓ Take some time for yourself each day.
- ✓ If possible, change any stressful situations.

Think you're not getting enough sleep? You are not alone. Work and family demands have increased, along with the volume of information and stimuli bombarding us everyday from the internet, online gaming, and the like. Society has become so sleep-deprived that most people do not realize that they are not functioning at their maximum potential. Fatigue affects productivity and creativity; irritability affects personal relationships; and our health deteriorates due to a compromised immune system.

The solution? First, acknowledge the problem; second, prioritize your life; and third, develop an action plan to manage your life and your sleep.



Good Sleep Habits

1. Wake up at the same time everyday, even weekends and holidays.
2. Establish a pre-sleep routine that helps you relax.
3. Do not go to sleep if you are not sleepy.
4. If you are not asleep after 30 minutes, get out of bed and doing something else until you are sleepy.
5. Do not watch T.V., read, talk on the phone, or eat in bed.
6. Maintain a dark, quiet, and somewhat cool bedroom.
7. Do not go to bed hungry; eat a light snack.
8. Avoid strenuous exercise six hours prior to bedtime; engage in moderate activity everyday.
9. Do not drink caffeinated beverages after lunch.
10. Avoid alcoholic beverages six hours prior to bedtime.
11. Do not smoke or chew tobacco before bedtime.
12. Avoid taking naps longer than 1 hour and do not nap after 3pm.
13. Maintain a regular schedule to keep your inner clock running smoothly.
14. Deal with stress and worry before you go to bed.
15. Do not go to bed angry with your bedmate.



Did You Know?

Approximately 35% of Americans will suffer from insomnia during the course of a year.

Personal Health: FRUCTOSE MALABSORPTION

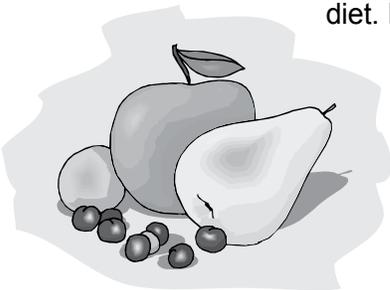
If you've eliminated dairy from your diet, but you're still experiencing unpleasant gastrointestinal symptoms, you may have another type of intolerance - fructose. Fructose is naturally found in fruits and honey, and it can be added as a sweetener to sodas and other drinks in the form of high fructose corn syrup. If the body does not absorb fructose properly, it is known as fructose malabsorption, a type of fructose intolerance.

Fructose intolerance is a general term which describes two conditions. First, *hereditary fructose intolerance* is a rare and serious genetic condition in which the enzyme to break down fructose in the intestines is lacking. This condition is diagnosed early in life, and the patient must avoid fructose to prevent liver and kidney damage. Hereditary fructose intolerance can be fatal in some cases, and is not a common condition.

Fructose malabsorption is a less serious disorder because it does not harm the liver or kidneys, but it does cause unpleasant gastrointestinal symptoms such as pain, bloating, flatulence, diarrhea, and heartburn. The small intestine is unable to break down the fructose and undigested fructose reacts with the naturally occurring bacteria in the large intestine which generates carbon dioxide and hydrogen gas. Fructose malabsorption is often mistaken for lactose intolerance because the symptoms are virtually the same. It is also common to have both conditions, which can develop at any age. Fructose malabsorption can be confirmed with a breath test which detects hydrogen within an hour of eating a fructose-containing food.

The human body is not designed to handle large quantities of fructose even in healthy individuals. Most anyone will suffer some discomfort if they eat a lot of fructose in one meal or snack. The threshold for symptoms is about 50 grams, or the equivalent of eating two and a half medium apples. The threshold for a person with fructose malabsorption is about 25 grams. The best way to minimize symptoms is to

avoid fructose and eat a low sugar diet. Keeping a food diary can help determine which foods and in what quantities keep symptoms at an acceptable comfort level.



Foods and food additives to limit or avoid include:

fructose and high-fructose corn syrup
watermelon, honeydew melon, mango, guava, papaya,
star fruit, apples, pears
dried fruits
fruit juice concentrates
honey
agave nectar and syrup
regular sodas
flavored, sweetened water
sports drinks
sweetened milk or sweetened milk beverages
fortified wines (sherry, port)

It may actually help to eat foods with more glucose than fructose because glucose helps the small intestine absorb more fructose. This includes stone fruits (apricots, nectarines, peaches, plums); berries (blackberries, blueberries, boysenberries, cranberries, raspberries, strawberries); whole citrus fruits (grapefruits, lemons, limes, mandarins, oranges, tangerines, kumquats); ripe bananas; kiwi; passion fruit; pineapple; and rhubarb.

FOOD ALLERGY VS. FOOD INTOLERANCE

Food allergies and food intolerances are not the same condition. An allergic reaction to food occurs within a few minutes to an hour of consuming a particular food. Reactions are caused by the immune system and often begin with itching in the mouth, throat, or lips and progress to vomiting, diarrhea and abdominal pain. More serious complications may arise including a drop in blood pressure, hives, breathing difficulty, and anaphylactic shock which require medical attention. If you believe that you have a food allergy, keep a diary of all the foods you eat and any corresponding symptoms. The nature and intensity of your reaction can help determine whether you are having an allergic reaction or experiencing food intolerance. Avoid any foods that are causing the allergy.

A food intolerance is an abnormal (but not allergic) response to a food or a drug-like chemical in food that is not caused by the immune system. Common intolerances are to wheat, fructose, lactose, and corn. These cause unpleasant gastrointestinal symptoms, but they are not life-threatening.



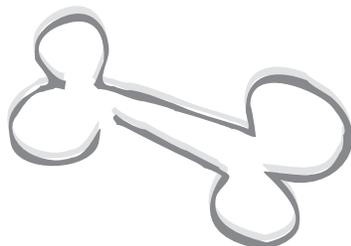
Did You Know?

Approximately 30% of people with irritable bowel syndrome (IBS) also have fructose malabsorption.

BONE HEALTH *cont. from page 2*

Here are some bone-boosting tips whether you consider yourself addicted to soda or not:

- ✓ Depending on how much soda you drink, try cutting down by one or two cans daily. If you can quit cold turkey, go for it.
- ✓ Switch to a non-cola soda such as Mountain Dew, Sprite, orange soda, or seltzer water.
- ✓ Switch from regular cola to a 100% fruit juice in a serving size that has a similar amount of calories.
- ✓ For every can of soda you drink, drink 12 oz. of non-fat milk or calcium-fortified orange juice (by virtue of the volume, you'll drink less soda).
- ✓ Eat a calcium-fortified breakfast cereal with non-fat milk.
- ✓ Prepare oatmeal, hot cereal, pancakes, and waffles with non-fat milk instead of water.
- ✓ Supplement recipes with non-fat powdered milk, including breads, cookies, cakes, puddings, cocoa, soups, gravy, and casseroles. Add three tablespoons per cup of milk in cocoa, puddings, and custards, and two tablespoons per cup of flour in breads, cookies and cakes.
- ✓ Take a calcium and vitamin D supplement if you aren't getting enough from foods alone.
- ✓ Engage in weight-bearing and resistance exercise at least twice per week.



Did You Know?

One tablespoon of non-fat powdered milk adds 52 milligrams of calcium to your favorite recipe.



The Medicine Cabinet

Prozac® Anti-depressant

Trade Name: Fluoxetine (flu-ox-e-tine)

Drug Classification: selective serotonin reuptake inhibitor (SSRI)

Purpose: Fluoxetine is used in the treatment of depression, bipolar disorder, obsessive-compulsive disorder, some eating disorders, and panic attacks. Fluoxetine is occasionally used to treat alcoholism, attention-deficit disorder, borderline personality disorder, sleep disorders, headaches, mental illness, post-traumatic stress disorder, Tourette's syndrome, obesity, sexual problems, and phobias.

Action: increases the amount of serotonin in the brain which helps maintain mental balance.

Dispensing Method: capsule, tablet, delayed-release capsule, or liquid to take by mouth, with or without food. Fluoxetine capsules, tablets, and liquid are usually taken once a day in the morning or twice a day in the morning and at noon. Fluoxetine delayed-released capsules are normally taken once a week.

Major Precautions: Your doctor may start you on a low dose and gradually increase your dose until the maximum benefit is achieved which may take 4-5 weeks or longer. Do not stop taking fluoxetine without talking to your doctor first; suddenly stopping may cause withdrawal symptoms. Fluoxetine may increase suicidal thoughts or actions in some children, teenagers, and young adults in the first few weeks.

Side Effects: If any symptoms persist or worsen, call your doctor: nervousness, nausea, dry mouth, sore throat, drowsiness, weakness, uncontrollable shaking of a part of the body, loss of appetite, weight loss, changes in sex drive or ability, excessive sweating.

SERIOUS: Call your doctor immediately if you experience a rash; hives; fever; joint pain; swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs; difficulty breathing or swallowing; fever, sweating, confusion, fast or irregular heartbeat, and severe muscle stiffness; hallucinations; seizures.

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.

What's the Message?

FOR YOUR **STROKE** AWARENESS:

Childhood obesity and type 2 diabetes may be increasing the risk of stroke in young and middle-aged people.

Maintaining a healthy weight, getting regular exercise, and controlling high blood pressure are the best ways to prevent a stroke at any age.

FOR YOUR **BONE HEALTH** AWARENESS:

Bone mineral density is constantly changing throughout one's life, so cola consumption can cause bone loss at any stage.

Even if you drink soda in moderation, be sure to get extra calcium from food and supplements.

FOR YOUR **PULMONARY EMBOLISM** AWARENESS:

Sudden onset of shortness of breath, chest pain and/or bloody sputum require immediate medical attention.

When traveling by plane, train, or car, take frequent breaks to stretch your legs.

FOR YOUR **FATIGUE** AWARENESS:

If fatigue lasts for more than two consecutive weeks, make an appointment to discuss it with your primary care physician.

Prioritize your life so that you'll remain healthy enough to enjoy it fully.

FOR YOUR **FRUCTOSE** AWARENESS:

Minimize foods containing fructose to prevent gastrointestinal distress.

A food diary can help determine which foods produce intolerance or allergy symptoms.

QUOTABLE QUOTATIONS

A healthy attitude is contagious but don't wait to catch it from others. Be a carrier.

Tom Stoppard

Dear Dr. Liker... If I perform a FOBT every year, do I still need a colonoscopy?

The fecal occult blood test (FOBT) detects hidden (occult) blood in feces which may be a sign of colon polyps or colon cancer. The rationale of this test is that large colorectal polyps or cancers have blood vessels on their surface which are fragile and easily damaged as feces pass through the colon. The blood vessels subsequently release a small amount of blood into the feces, which is detectable by the FOBT but rarely visible to the naked eye. Some pre-cancerous polyps and cancers do not release blood which would yield a false negative test. Therefore a colonoscopy is needed starting at age fifty, and the frequency of such a test depends on your initial colonoscopy findings and your risk factors for colon cancer. People with a family history of colon cancer may require earlier and/or more frequent screening.

The FOBT detects blood by a chemical reaction but cannot differentiate whether the blood is from the colon or from other portions of the digestive tract. Other causes of bleeding can be ulcers, hemorrhoids, diverticulosis, or inflammatory bowel disease. Therefore, any positive test must be followed up with a doctor so further tests can be done to determine the exact cause and recommended treatment.

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Keeping People Focused on Staying Fit & Healthy



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