



# The Liker Health Report

Keeping People Focused on Staying Fit & Healthy

Summer 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.*

## The Heart of the Matter: THE VITAMIN D - SKIN CANCER DILEMMA

The age-old advice to slather on the sunscreen, wear protective clothing, hats and sunglasses, and stay out of the sun during peak hours has always been a hot topic when it comes to vitamin D deficiency. Exposure to ultra-violet (UV) radiation is responsible for the production of pre-vitamin D3 in the skin as well as skin cell damage (from sunburn) which can lead to skin cancer. Physicians and scientists have been debating this issue for more than a hundred years -- **how can one achieve optimal vitamin D levels while practicing skin cancer prevention?**

Vitamin D is nicknamed “the sunshine vitamin,” but not everyone makes enough vitamin D from the sun for healthy cell function and disease prevention. The amount of vitamin D produced by the skin depends on several factors, including skin color, age, amount of skin exposed, time of day, season, cloud cover, length of exposure, and geographic location. People who have dark skin and avoid sun exposure are more likely to be vitamin D deficient because they need more time in the sun for the UVB

### Vitamin D from the Sun

*The UVB rays convert 7-dehydrocholesterol in the skin to pre-vitamin D3 which is later converted to vitamin D3 (an inactive compound in the bloodstream). Vitamin D3 travels to the kidneys and liver where it becomes biologically active and available for the body's cells. Once the maximum amount of 7-dehydrocholesterol is converted, there is no further vitamin D production; continued UVB exposure will convert the vitamin D into inactive compounds and UVB rays will damage the cells' DNA.*

rays to initiate the production of vitamin D. Older people do not make as much vitamin D as younger people, which can be problematic if the person is bedridden. During the winter months, people living far away from the equator have less UVB exposure because there is less light coming through the earth's atmosphere. People who cover up when they are in the sun or use sunscreen habitually also have lower vitamin D levels. When sunscreen is applied properly, it decreases the body's ability to absorb vitamin D by greater than ninety percent.

Boosting your body's natural production of vitamin D doesn't have to come at a price. The maximum conversion of 7-dehydrocholesterol to pre-vitamin D occurs in 10 to 15 minutes. On two or three days of the week, leave your arms and legs sunscreen-free but apply sunscreen to your face, neck, and hands, and wear a hat. Avoid the most intense midday sun (10 a.m. to 2 p.m. and 10 a.m. to 4 p.m. in the Southwest). This strategy will help protect your complexion and hands from DNA damage caused by the UVB rays, as well as photo-aging caused by UVA rays. Lastly, the best defense against skin cancer is early detection. Know your body and report any suspicious skin or mole changes to your doctor or dermatologist. Skin cancer is highly treatable when detected early.

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## Your Lifestyle: WHOLE VS. PROCESSED FOODS

In the quest for a healthier lifestyle, many people are migrating towards a “whole foods” style of eating. In the purest form, whole foods are ingredients which are in their natural form and have not been processed in any way. In other words, nothing has been taken away or added (i.e., chemicals, preservatives, or colorings). These nutrient-rich foods are easily absorbed by the body and include fruits, vegetables, nuts, grains, and seeds. Animal whole foods include small fish, shellfish, small fowl, eggs, and the smaller body parts of beef and pork. Whole foods help reduce the risk of hypertension, heart disease, high cholesterol levels, cancer, obesity, type 2 diabetes, and a variety of digestive ailments.

On the other hand, processed or refined foods contain large amounts of starch, fats, calories, and preservatives. Pre-packaged foods are inarguably more convenient and have a longer shelf life, but they lack many of the vitamins and minerals our bodies need for optimal health.

Realistically, a whole foods diet takes time, effort, commitment, and money, and it may not be feasible for everyone. Yet utilizing some of its principles can be a first step in improving one’s overall health. Aim to eat a variety of whole foods and you’ll get more of the vitamins, minerals, antioxidants, and fiber you need. Minimize the amount of processed foods, especially those with refined white sugar, white flour, and high fructose corn syrup. As you begin to feel better and more energetic, adopt additional healthy eating habits.

For many people in today’s busy society, packaged foods are an integral part of their lives. Consumers are bombarded by new products that are advertised as “healthy” but often contain fillers, preservatives,

and other man-made ingredients that you probably wouldn’t even consider eating if they were a stand-alone product. For example, in the late 1990’s a snack food manufacturer added Olestra (a fat substitute with no fat or calories) to its potato chips and marketed them as healthy. Fat and calorie conscious consumers were overjoyed to finally have a “healthy” potato chip -- until Olestra’s unpleasant side effects became apparent -- abdominal cramping and loose stools.



When choosing prepared or packaged foods, try to select ones that contain only a handful of ingredients. All of the ingredients should be (1) recognizable and real, and (2) easily pronounceable. If not, it’s probably more of a man-made chemical than a natural ingredient. If you have no choice but to eat a canned, boxed, or packaged food, avoid ones that contain any of the following ingredients:

- ▶ Artificial Colors
- ▶ Artificial Flavorings
- ▶ Artificial Sweeteners (Acesulfame-K, Aspartame, Equal®, NutraSweet®, Saccharin, Sweet’n Low®, Sucralose, Splenda® & Sorbitol)
- ▶ Benzoate Preservatives (BHT, BHA, TBHQ)
- ▶ Brominated Vegetable Oil (BVO)
- ▶ High Fructose Corn Syrup (HFCS)
- ▶ Monosodium Glutamate (MSG)
- ▶ Shortening, Hydrogenated and Partially Hydrogenated Oils (Palm, Soybean & others)
- ▶ Olestra

### WHOLE FOOD PRINCIPLES

- ✓ Buy fresh fruits, vegetables, and meats whenever possible, instead of canned, frozen, or pre-packaged.
- ✓ Choose minimally processed foods (i.e., opt for an apple over apple juice).
- ✓ Grow some of your own fruits, vegetables and herbs or shop for locally grown produce at farmers markets.
- ✓ Eat organically grown foods for an extra benefit.
- ✓ Prepare whole foods baked or broiled in light, heart-healthy oils such as sesame or olive; do not over-cook.
- ✓ Read the food nutrition labels. Pay attention to the types and amount of fat, and the amount of cholesterol, sugar, and sodium. Choose foods that are high in fiber and protein.

Regardless of how you feel about various food additives, the key is to be an actively aware consumer when it comes to the food you take home from the grocery store. Deciding which ingredients are acceptable to you and your family requires some initial effort. Once you become familiar with common ingredient names, you’ll be able to quickly scan the nutrition labels like a pro!

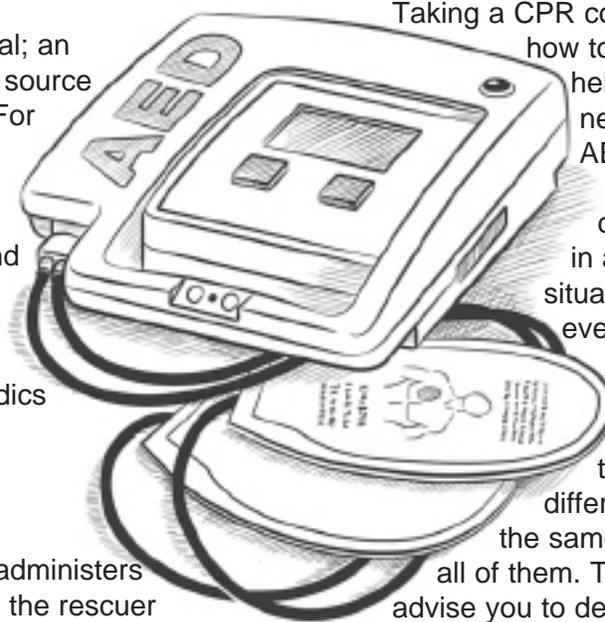
## Playing It Safe: AEDs & SUDDEN CARDIAC ARREST

Every year, approximately 300,000 Americans die from sudden cardiac arrest. Cardiac arrest literally means “heart stopped”. Prior to the heart ceasing to beat, it will undergo V-TAC (short for ventricular tachycardia) or V-FIB (short for ventricular fibrillation), both of which prevent the heart from pumping oxygen-rich blood to the rest of the body. During V-TAC, the heart beats so abnormally fast that the heart chambers, or ventricles, do not have time to fill up with blood. In V-FIB, the ventricles are expanding and contracting in an unsynchronized way, such that the blood is not pumped efficiently.

Defibrillation has been the key to survival; an electrical shock from an external power source can restore the heart’s normal rhythm. For every minute that elapses before defibrillation, the victim’s survival rate decreases by 10 percent. For example, if the victim’s heart goes into V-TAC, and the paramedics respond within six minutes, the person has only a 40% chance of surviving. Typically, defibrillation is administered by paramedics or by emergency hospital personnel.

Advances in technology have led to the automated external defibrillator (AED), a portable, computerized device which administers the life-saving shocks. The AED assists the rescuer with a series of voice commands telling him or her what steps to take. Adhesive electrode pads are applied to the patient’s chest, and the AED analyzes the patient’s heart rhythm. If the AED recognizes a rhythm that requires a shock, it advises the rescuer to press the shock button on the AED. An electrical shock from the AED momentarily stuns the heart and stops all activity. In doing so, it gives the heart an opportunity to resume beating normally.

Today, AEDs are common in government facilities, places of worship, shopping malls, nursing homes, airports, train stations, airplanes, stadiums, and other places where people congregate. Many companies are putting AEDs in the workplace and training employees how to use them. Since time is the greatest barrier to survival, having a defibrillator close by is crucial. AEDs have an especially important role to play in situations where paramedics are as much as five or more minutes away from the victim.



Taking a CPR course and learning how to use an AED are helpful, but not absolutely necessary. Because AEDs are very easy to use, just about anyone can operate an AED in an emergency situation. In many cardiac events, CPR alone is not sufficient, so never hesitate to use an AED. Even though there are several different brands of AEDs, the same basic steps apply to all of them. The AED will only advise you to deliver a shock when it is necessary to correct an abnormal heart rhythm.

Additionally, you or someone else on the scene of an emergency **must call 9-1-1 BEFORE you begin using the AED**. Advanced care beyond what an AED and CPR can provide are often necessary; AEDs cannot correct every abnormal heart rhythm.

AEDs can now be purchased over-the-counter for home use. The Food and Drug Administration has approved the Philips HeartStart Home Defibrillator. The HeartStart AED is approved for use on children as young as eight who weigh at least 55 pounds. If you or a family member have a high risk of cardiac arrest, discuss a home defibrillator with your doctor. An AED may provide peace of mind, and may help save a life. For more information about the HeartStart AED and to locate a retailer, visit [www.heartstarthome.com](http://www.heartstarthome.com).



### Did You Know?

The American Red Cross estimates that the widespread use of AEDs could save 50,000 lives annually.

## The Inside Story: VITAMIN D & DISEASE PREVENTION

An estimated one billion people worldwide of all ages and ethnicities are vitamin D deficient. With the advent of vitamin D-fortified foods, rickets, a bone-weakening disease, all but disappeared in industrialized countries. The majority of the U.S. milk supply contains added vitamin D, as do some breakfast cereals, orange juices, and milk substitutes (i.e., soy milk). Despite this fortification, doctors have seen a resurgence in rickets in recent years.

The primary function of vitamin D is to help the body absorb calcium and phosphorus, thereby keeping the skeletal system strong and healthy. Children who do not get enough vitamin D will have bones that are unable to support their weight as their bodies grow (rickets). Adults who are vitamin D deficient can develop soft bones (osteomalacia) or lose bone mass, which leads to brittle bones (osteoporosis). The recommended intake of vitamin D is based on how much vitamin D in the blood was needed to prevent rickets and osteomalacia. The current Recommended Daily Allowances (RDAs) were established in 1997 and are as follows:

<b>Birth to age 50</b>	<b>200 International Units</b>
<b>Adults age 51 to 70</b>	<b>400 International Units</b>
<b>Adults age 71+</b>	<b>800 International Units</b>

In 2008, the American Academy of Pediatrics (AAP) recommended increasing the intake for vitamin D beyond the RDA. AAP recommends that infants who are either exclusively or partially breastfed receive supplements of **400 IU/day** of vitamin D starting shortly after birth up until they are weaned; after which, they should consume at least 1,000 mL of vitamin D-fortified formula or whole milk daily. This is because human breast milk typically contains very little vitamin D. Any non-breastfed infant who ingests less than 1,000 mL of vitamin D-fortified formula or milk daily should receive a 400 IU vitamin D supplement daily. AAP also recommends that older children and adolescents who do not consume at least 400 IU per day with vitamin D-fortified dairy products and other foods should take a 400 IU vitamin D supplement every day.

### VITAMIN D FOOD SOURCES

	IUs per serving*	Percent DV**
Cod liver oil, 1 tablespoon	1,360	340
Sockeye salmon, 3 ounces, cooked	794	199
Mackerel, 3 ounces, cooked	388	97
Tuna fish, canned in water, 3 ounces, drained	154	39
Vitamin D-fortified milk, 1 cup (nonfat, reduced fat, and whole)	115-124	29-31
Vitamin D-fortified <sup>^</sup> orange juice, 1 cup	100	25
Vitamin D-fortified yogurt, 6 ounces	80	20
Sardines, canned in oil, 2 sardines, drained	46	12
Vitamin D-fortified <sup>^</sup> ready-to-eat cereal, 3/4 - 1 cup	40	10
Egg yolk, 1	25	6
Swiss cheese, 1 ounce	6	2

IUs = International Units

DV = Daily Value, developed by the U.S. Food & Drug Administration

<sup>^</sup>Amount of added vitamin D varies among products and brands, so read nutrition labels. Only fortified products are required to list their vitamin D content on the nutrition label.

Vitamin D research of the past decade suggests that the vitamin plays an important role in fighting chronic diseases. Having low levels of vitamin D may increase one's risk of osteoporosis, heart disease, multiple sclerosis, tuberculosis, and some cancers. Research is on-going, yet not definitive; however, many studies show some link between disease and blood levels of vitamin D. Since the importance of adequate vitamin D may have been underestimated, there is now great concern over the prevalence of vitamin D deficiency. In light of the recent research which suggests a higher RDA is necessary for chronic disease prevention, new vitamin D recommendations are forthcoming.

#### ***How much vitamin D is too much?***

The current recommendation is to not consume more than 2000 International Units each day from food and supplements combined. Too much vitamin D can cause nausea, vomiting, lack of appetite, constipation, weakness, and weight loss. More seriously, it can increase calcium levels in the blood, resulting in mental confusion and heart rhythm abnormalities. Excessive amounts of vitamin D consumed over long periods of time can lead to

depression, headaches, sleepiness, weakness, and calcium and bone loss. It can also cause damage to the heart, lungs, and kidneys when calcium hardens in the soft tissue (calcinosis). Follow your doctor's advice if you are supplementing more than the current RDA for vitamin D.

### **VITAMIN D & CANCER**

Nearly three decades ago, scientists found an intriguing relationship between colon cancer deaths and geographic location. People living at higher latitudes died more frequently from colon cancer than people who lived closer to the equator. Because the sun's UVB rays are weaker at higher latitudes, the people's vitamin D levels also tended to be lower. The researchers hypothesized that low vitamin D levels may increase a person's risk of developing colon cancer.

Since that early observation, many other epidemiologic studies have suggested that there could be an association between low vitamin D levels and an increased risk of colon, breast and prostate cancers. Higher vitamin D levels in the blood appear to be a protective factor. Until randomized clinical trials are completed (some are already underway), no one can say for certain whether taking vitamin D supplements will lower one's cancer risk. However, given the high rate of vitamin D deficiency in people living at higher latitudes, it stands to reason that increasing the RDA for vitamin D could have a life-saving benefit.

### **VITAMIN D & HEART DISEASE**

The Health Professional Follow-Up Study which monitored 50,000 healthy men over a period of ten years found that vitamin D deficient men were twice as likely to suffer a heart attack than those who had normal levels. Other studies have shown a link between low vitamin D levels in the blood and an increased risk of heart failure, sudden cardiac arrest, stroke, cardiovascular disease, and death from cardiac events. The heart muscle has receptors for vitamin D which are believed to play a role in preventing heart disease; adequate vitamin D levels may control blood pressure and prevent damage to the coronary arteries.

### **VITAMIN D & IMMUNE FUNCTION**

Scientists are exploring vitamin D's effect on the immune system and whether a deficiency can contribute to autoimmune diseases, such as multiple sclerosis and type 1 diabetes, in which the body's immune system attacks its own tissues and organs. The incidences of multiple sclerosis (MS) and type 1 diabetes are much higher in latitudes to the far north (or far south) of the equator. Researchers suspect that chronic vitamin D deficiencies may be the cause. Although MS research has been limited, one study found that white men and women with the highest vitamin D levels in their blood had a 62 percent lower risk of developing MS than those with the lowest vitamin D levels.

Evidence that vitamin D may play a role in preventing type 1 diabetes is more substantial. A child in Finland is 400 times more likely to develop type 1 diabetes than a child in Venezuela, and so a 30-year Finnish study followed 10,000 Finnish children from birth, looking to explain the disparity. Children who received vitamin D supplements of 2000 IU daily during infancy had a nearly 90 percent lower risk of developing type 1 diabetes than those who did not receive supplements. This study along with other European case-control studies showing similar results are possibly the most significant findings in the quest to prevent type 1 diabetes.

Another avenue of research is trying to determine whether vitamin D supplements could help boost the immune system to fight infectious diseases, such as seasonal flu, the common cold, and tuberculosis. A sunlight-related "seasonal stimulus" was first proposed by a British doctor over 20 years ago as the cause of influenza outbreaks which are more prevalent in winter months. Since then, other researchers have suggested that vitamin D might be the seasonal stimulus. The rationale includes: vitamin D levels are lowest in the winter months; the active form of vitamin D minimizes the damaging inflammation caused by white blood cells and boosts the immune cells' production of microbe-fighting proteins; children with rickets are more prone to respiratory infections than children exposed to regular sunlight; and adults with low vitamin D levels more likely to have had a recent cough, cold, or upper respiratory tract infection. *Continued on Page 7.*

## Personal Health: YOUR MEDICAL RECORDS

### ***How do I obtain copies of my medical records?***

For various reasons -- an out-of-state relocation, change of doctors, or death of one's doctor -- patients often find themselves in need of obtaining a copy of their medical records. First, contact your doctors' offices and any medical facilities where you received treatment. Ask to speak with someone in the medical records department and request an **authorization for the release of information** form. Complete the form and return it to the doctor's office. Make a copy for yourself and note the date that you mailed, faxed, or hand delivered it. Because it can take up to sixty days to receive your records, consider these two additional steps: (1) ask a staff member when you should expect to receive your records; (2) if you mail or fax your request, call the office to confirm that they received it. Most doctors' offices will charge a fee to make copies but it can only include the actual cost of copying (labor and supplies) and postage to mail the records to you.

Sometimes, people's perception is that this is a difficult and time consuming task, and they just skip it and go to a new doctor. If you have been a patient with one particular doctor or medical group for a number of years and decide to consult a different medical provider, it makes sense to transfer your records to the new provider. It can facilitate better care since the new doctor will have the opportunity to review your previous medical history. He or she may come across something which gives clues to your current or future condition(s) and helps make a diagnosis or directs the treatment plan. For example: you had an allergic reaction to an antibiotic when you were twelve and don't remember, thus not mentioning it on the new doctor's medical history forms. Having your medical records in front of him or her allows the new doctor to avoid prescribing a medication that could jeopardize your health.

### ***What if my previous doctor is deceased?***

If a doctor retires or dies, his or her estate is obligated to retain patient records for a period defined by federal and state law which is usually ten years after the patient's last visit or until a patient is twenty-one years old. To locate your medical records, begin by contacting your former doctor's partners or the health information manager at a hospital where the doctor practiced. If these are not

helpful, try contacting the local medical society, state medical association, or the state health department.

### ***What if I move to a different state?***

If you have already selected a new doctor in your new locale, simply request, in writing, that your doctor transfer your medical records to the new healthcare provider. If you haven't selected a new doctor, you can either (1) obtain a copy and take it with you once you select a new healthcare provider, or (2) wait until you select a new provider and the staff will assist you in requesting a copy of your records from your previous provider.

### ***How do I obtain medical records for a parent that I am caring for?***

The first step when accessing another adult's medical information is to have him/her submit written authorization to his/her doctor and/or medical facilities. The authorization should specifically state that all health information be released to you and/or someone else, and it may also state the name(s) of anyone to who the information should not be provided. You can then give this signed authorization to your parent's doctor or to the medical facility's Health Information Management Department.

If the patient is permanently incapacitated, without having given written authorization, a legal guardian may be appointed through legal proceedings. A legal guardian could then access the patient's medical records and decide whether anyone else can have access to them. Consent is not needed, however, if the patient is in critical condition and a family member or caregiver must approve the treatment the patient will receive. In this situation, accessing the medical records would help render the best decision for care.



### ***Did You Know?***

If you are a hospital patient and do not want it known that you are there, you must specifically ask not to be listed in the hospital's directory.

## VITAMIN D *continued from page 5*

Prior to the development of antibiotics, tuberculosis (TB) was treated with sunlight and sun lamps. An analysis of recent case-control studies suggested that people with TB have lower vitamin D levels than healthy people of similar age and other characteristics. Although there is currently no data to support the hypothesis that vitamin D deficiency increases TB risk or that vitamin D supplementation could prevent TB, it is an interesting proposition in light of the fact that one billion people worldwide are vitamin D deficient and one-third of the world's population (2 billion people) are thought to be infected with the bacteria that causes TB.

### VITAMIN D & PREMATURE DEATH

A 2007 report in the *Archives of Internal Medicine* suggested that taking vitamin D supplements could reduce mortality (from any cause) by seven percent. The researchers analyzed eighteen studies with a combined 60,000 participants who took an average daily vitamin D dose of 528 IU for five years. The participants were generally healthy, middle aged or elderly adults with a propensity to bone fractures. The study was significant because it showed that modest quantities of vitamin D had a positive effect, yet more research is needed before health claims can be made.

Vitamin D seems to be the hot research topic of late. The mineral that was once just for strong bones, is now in the forefront of today's emerging research to prevent and treat diseases. The gold standard of research is the placebo-controlled, double blind study, of which there are very few for vitamin D. However, more definitive answers are on the horizon. For example, the **VITamin D and Omega-3 Trial (VITAL)**, will recruit 20,000 healthy men and women to see if taking 2,000 IU of vitamin D or 1,000 mg of fish oil daily lowers the risk of cancer, heart disease, and stroke. Until we know for certain how much vitamin D is necessary to prevent disease, be sure to get the minimum RDA, and stay informed, as the RDA may be increasing in the near future.



## The Medicine Cabinet

**Benadryl®**

**Over-the-Counter Allergy Relief**

**Trade Name:** Diphenhydramine (dye fen hye' dra meen)

**Drug Classification:** antihistamine

**Purpose:** used to temporarily relieve sneezing, runny nose, itchy eyes, nose or throat caused by allergies or the common cold. Diphenhydramine is also used to prevent and treat motion sickness, to treat insomnia, and to control abnormal movements in early-stage Parkinson's disease.

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

**Dispensing Method:** Diphenhydramine comes as a tablet, a rapidly dissolving, oral tablet, a capsule, a liquid-filled capsule, a dissolving strip, and a liquid to take by mouth. It is taken every 4 to 6 hours for the relief of allergies, cold, and cough symptoms; for motion sickness, it is usually taken 30 minutes before departure and, if needed, before meals and at bedtime; for insomnia it is taken 30 minutes before bedtime. For Parkinson's, it is initially taken three times daily and then taken four times daily if symptoms progress.

**Major Precautions:** Diphenhydramine causes drowsiness, so use care when driving or operating machinery. Benadryl and other products containing diphenhydramine can cause serious side effects or death in young children. Never give these products to children younger than 4 years of age, and never give an adult product to a child. If you give the "child version" products to children 4-11 years of age, use caution and follow the package directions carefully.

**Side Effects:** dry mouth, nose, and throat, drowsiness, dizziness, nausea, vomiting, loss of appetite, constipation, increased chest congestion, headache, muscle weakness, excitement (especially in children) nervousness. **SERIOUS:** Call your doctor immediately if you have any of the following symptoms - vision problems, difficulty urinating, or painful urination.

*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 VITAMIN D & CANCER AWARENESS:**  
Understand which factors affect how much vitamin D can be produced by your exposure to the sun.

Be vigilant when it comes to skin cancer. Report any suspicious skin or mole changes to your doctor or dermatologist immediately.

**FOR YOUR WHOLE FOODS AWARENESS:**  
The goal of a whole foods eating style is to eat fresh fruits, vegetables, and meats whenever possible, and to choose non or minimally processed foods.

Avoid chemical additives in foods by reading the nutrition labels.

**FOR YOUR DEFIBRILLATOR AWARENESS:**  
AEDs save lives, but always call 9-1-1 first.

Talk with your doctor about a home defibrillator if you have a high risk of cardiac emergency.

**FOR YOUR VITAMIN D AWARENESS:**  
Vitamin D deficiency may play a greater role in major chronic illnesses than was once thought.

Until new guidelines for vitamin D are published, be sure to get the current minimum RDA.

**FOR YOUR MEDICAL RECORDS AWARENESS:**  
Providing your current doctor with your past medical records can assist him/her in your care.

Discuss providing written authorization for release of your (or your parents') medical records while you (or they) are in good physical and mental health. When in writing, the patient's wishes are more likely to be respected.

### QUOTABLE QUOTATIONS

*Be careful about reading health books.  
You may die of a misprint.*  
**Mark Twain**

***Dear Dr. Liker... With so many food and drug recalls lately, how do I keep my family safe?***

Whether it's bacteria-tainted produce, unsafe children's medications, or defective products, most Americans learn about consumer recalls from television news reports. Now, a new comprehensive website is available to help you stay informed. Six U.S. federal agencies have collaborated to create [www.recalls.gov](http://www.recalls.gov), which covers food, medicine, cosmetics, consumer products, environmental products, motor vehicles, and boats. Not only does the website offer the most current recall information, but also provides important safety information and allows consumers to file a report about a dangerous product. You can also sign up for e-mail alerts from the various agencies.

**HL**

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## Keeping People Focused on Staying Fit & Healthy

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