



The Liker Health Report

Keeping People Focused on Staying Fit & Healthy

Winter 2008

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: FEMALE OBESITY

The incidence of obesity is increasing dramatically in developed countries, such that it is reaching epidemic proportions. It is well known that obesity contributes to decreased quality of life as well as increased mortality from cardiovascular disease, diabetes, and some cancers. What is not as well established is the effect of obesity on the incidence of specific types of cancer. Body Mass Index (BMI) is a measure of obesity and has been correlated with cancer of the colon, endometrium, esophagus, kidney, and breast, in postmenopausal women.

A recently published study in the British Medical Journal examined the question of whether BMI affects the incidence of specific cancers and the mortality rate in women. The "Million Women Study" recruited 1.2 million women, ages 50-64, in the United Kingdom and studied the incidence and mortality of seventeen specific cancers. The women were tracked in a national database which recorded the incidence of cancer (how many cancers occurred and which types) for an average of 5.4 years, as well as cancer mortality (how many women died of cancer).

During the study period (1996 - 2001), 45,037 cancers occurred and 17,203 women died. Researchers found that as BMI increased so did the incidence of ten specific cancers, including endometrial cancer, esophageal cancer, kidney cancer, leukemia, multiple myeloma, pancreatic cancer, non-Hodgkin's lymphoma, ovarian cancer, breast cancer in postmenopausal women, and colorectal cancer in premenopausal women. Additionally, overweight and obese women were more likely to die of their cancer than normal weight women who developed the same cancers.

Researchers reported that when compared to normal weight women, overweight and obese women were two times as likely to develop endometrial cancer or esophageal cancer. The risk of kidney, multiple myeloma, and pancreatic cancer was fifty-three percent, fifty percent, and twenty-four percent greater, respectively. Overweight or obese postmenopausal women had a greater risk of both breast and endometrial cancers which appear to be mediated by circulating sex hormones which have been previously linked to female reproductive cancers.

The UK study concluded that five percent of all female cancers are attributable to being overweight or obese after menopause. Therefore, the recommendation for women is to maintain a healthy BMI during adulthood and avoid gaining weight, particularly after menopause. *See related article on page 4.*

Body Mass Index (BMI) Categories

- ▶ Underweight = BMI less than 18.5
- ▶ Normal weight = BMI of 18.5-24.9
- ▶ Overweight = BMI of 25-29.9
- ▶ Obesity = BMI of 30 or greater

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Your Lifestyle: NEW YEAR'S TRIM DOWN *by Steve Jordan*

We have all heard of popular diets... from the "30 Pounds In 30 Days", or the "Cookie Diet", or the one that Beyonce used to trim down for Dream Girls - "Lemonade Diet" - AKA "The Master Cleanse". My point is that no matter what diet you follow, you will ultimately become confused as to what really works!

Take just a moment to write down all of the diets you've heard of or tried. Now ask yourself one very important question: Did any of these diets work long term for you or anyone you know? My 12 years experience as a personal trainer has shown that "diets don't work!" Consistency, moderation, and healthy food choices make any eating strategy effective in terms of weight management.

Avoid The "Yo-Yo" Diet

Diets don't teach us the safest, most effective ways to eat; they don't teach us how to deal with our cravings and our desires. Eventually, we become tired of the complexity, the hunger, the lack of flavor, flexibility, energy, and the feelings of deprivation. We quit our diet and exercise regimine, gain back the weight we've lost, and usually gain additional pounds!

Each time we go on another diet of deprivation, the weight becomes more difficult to lose, and we become even more frustrated and discouraged. Many of us who diet get caught in a "yo-yo" cycle. It begins with low self-acceptance and results in structured eating and living because we lack trust in our body and are unwilling to listen and adhere to our body's signals of hunger and fullness.

Most of us lose the ability to eat in response to our physical needs; we experience feelings of deprivation, then binge, and finally terminate our "health/fitness" program. The binging is caused by cravings for sugars and sweets; this is a sure sign of improper nutrition. In turn, this leads to felings of guilt, defeat, low self-esteem and weight gain, and then you're back to the start of the yo-yo diet cycle. Many years of cyclical weight loss and gain can cause physical stress and emotional strain. This can create an obsession with size and weight which when coupled with low self-esteem, may contribute to eating disorders in some people.

Success and happiness do not just happen by accident. It takes planning! "If you fail to plan you plan to fail!" asserts Bill Phillips from the NY Times best selling book Body For Life. Success with anything is the result of planning, a conscious effort and precise decisions. Happiness and success are not the result of luck or random choice. They do not depend upon the circumstances in which we find ourselves; it's how we interpret the situations that counts.

Set Your Plan Into Action

It's true that most of us were never taught goal-setting as kids. However, this doesn't mean it's not necessary to practice today. Setting clear and attainable goals is the only way to achieve what we set out to do. What success and happiness mean to you may not mean the same to others. If you were to ask this question to 100 people, it would probably produce 100 different answers. Troubles can begin while we are opting a new lifestyle; new behaviors can produce obstacles, speed bumps and many other issues.

Expecting success without hard work and planning will leave us feeling frustrated and exhausted. "I don't have enough time to plan" is what I hear most from clients. Rather than focus on how much time and energy it takes to plan your goals, realize how much time and energy will be wasted by having to start over to correct your errors due to ineffective planning.

Further, I have found that too many people simply say, "Well, when the time is right I'll start." The time is now! While you have been waiting, life has been happening. So, go ahead and start living. Just think that if you had started your program when you first thought of it, where would you be today? Writing out specific goals is necessary if you want to succeed with anything. Put those goals in writing and work your plan.

**Ready to make a change today.....YES!
Good Luck and Happy New Year!**

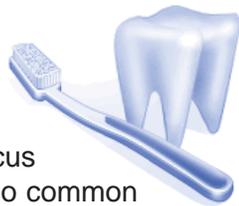
Playing It Safe: INFECTIVE ENDOCARDITIS & DENTAL WORK

What is infective endocarditis?

Infective endocarditis, also called infectious endocarditis, is an infection and inflammation in the lining of the heart valves and chambers. It is caused by bacteria in the bloodstream; the medical term is *bacteremia*. The bacteria typically enters the bloodstream during dental procedures or surgeries, although it can occur as a result of upper respiratory, urological or lower gastrointestinal procedures and surgeries. Most people who have infective endocarditis already have damaged heart valves due to heart disease, and the bacteria travel to the damaged tissue and begin to live and multiply there in clumps. If these growths form blood clots, they can break off and travel to the brain, lungs or kidneys, thereby causing a stroke, pulmonary embolism or renal vein thrombosis, respectively.

Which bacteria is responsible?

Approximately fifty-percent of all cases of infective endocarditis are caused by *Streptococcus viridans* which inhabits the mouth. *Staphylococcus aureus* and *enterococcus* are also common infectious agents.



Historically, dentists believed that the mouth was “dirty” and full of germs. As far back as 1935, poor oral hygiene was associated with *Streptococcus viridans* in the blood and bacteremia in 61% of patients who had one or more teeth extracted. This prompted the recommendation of prophylactic antibiotics -- taking antibiotics prior to dental surgery to minimize the risk of infection. Beginning in 1955, the American Heart Association recommended dentists administer intramuscular and/or oral penicillin to any patient with underlying cardiac conditions; in 1990, the recommendation changed to oral amoxicillin.

In 2007, the American Heart Association (AHA) revised its guidelines, eliminating the use of prophylactic antibiotics under most circumstances. The major reason for this was the lack of scientific evidence that patients with cardiac risk factors were actually more likely to get infected endocarditis, and moreover, that antibiotics have not been proven 100% effective in patients who are at risk for infective endocarditis. The AHA concluded that people were more likely to be self-infected by daily activities that introduce bacteria into the bloodstream.

Symptoms of Infective Endocarditis

- ▶ Fatigue or Weakness
- ▶ General Discomfort
- ▶ Fever
- ▶ Chills
- ▶ Night Sweats
- ▶ Excessive Sweating
- ▶ Muscle Aches
- ▶ Joint Pain
- ▶ Heart Murmur
- ▶ Weight Loss
- ▶ Activity-Induced Shortness of Breath
- ▶ Blood in the Urine
- ▶ Abnormal Urine Color
- ▶ Pale Skin Coloring
- ▶ Small, Dark Lines Under the Fingernails
- ▶ Swelling of the Abdomen, Legs, Feet
- ▶ Red, Painless Spots on the Palms & Soles
- ▶ Red, Painful Nodes on the Finger & Toe Pads

Transient Bacteremia During Daily Activities*

Activity	Frequency
Teeth Brushing & Flossing	20 - 68%
Using Wooden Toothpicks	20 - 40%
Using Water Irrigation Devices	7 - 50%
Chewing Food	7 - 51%

*American Heart Association 2007 Report

Prophylactic antibiotics are still recommended for dental procedures that involve manipulation of the gum tissue and/or perforation of the oral mucus membranes in patients with (1) prior infected endocarditis; (2) prosthetic heart valve; (3) surgery for congenital heart disease; and (4) heart transplants.

The AHA also recommends that patients with underlying heart conditions have improved access to dental health to improve their oral health.

The Inside Story: OBESITY, LIFESTYLE & DISEASE

Even though life expectancy around the world has increased by the advent of life-saving medications, therapies, better nutrition and hygiene, the prevalence of overweight and obesity is also increasing. Most research demonstrates a link between increasing obesity and increasing mortality. The United States ranks high on the list compared to other developed nations. Approximately 112,000 Americans die unnecessarily due to obesity-related diseases, primarily cardiovascular disease; however, evidence now shows a link between obesity and some types of cancer. Being overweight or obese increases the risk of:

- ▶ Coronary heart disease
- ▶ Hypertension
- ▶ Stroke
- ▶ Type 2 diabetes
- ▶ Elevated cholesterol levels
- ▶ Gallbladder disease
- ▶ Osteoarthritis
- ▶ Sleep apnea

Obesity is also associated with:

- ▶ Pregnancy complications
- ▶ Menstrual irregularities
- ▶ Gastroesophageal reflux (GERD)
- ▶ Stress incontinence (urine leakage caused by weak pelvic floor muscles)
- ▶ Psychological disorders (i.e., depression)
- ▶ Hirsutism (excess body and facial hair)
- ▶ Increased risk of complications during surgery
- ▶ Increased mortality

How are “overweight” and “obesity” measured?

Body Mass Index (BMI) is a widely accepted method of measuring overweight and obesity in adults. BMI does not directly measure body fat nor is it gender-specific, but it is a more accurate indicator than simply body weight. BMI is calculated by dividing an individual's weight in kilograms by his/her height in meters squared -- weight (kg)/height (m²). To calculate BMI using pounds and inches, multiply weight by 704.5, divide the result by height, and then divide that result by height a second time.

BMI charts (see page 5) provide whole numbers, not decimals, and are easy to use. Locate your height in inches, move across to locate your weight in pounds, move up the chart until you intersect with the BMI.

What are the limitations of BMI?

BMI does have limitations. Muscular individuals may fall into the “overweight” classification despite being fit and healthy. Similarly, elderly people who have lost a significant amount of muscle mass may be classified as “healthy” when in fact they are overweight.

What are the benefits of using BMI?

BMI is particularly useful as a screening tool by which patients can be further assessed with other body composition methods, such as underwater weighing. BMI is used when studying large populations for which trends in the population are monitored.

How many Americans are overweight or obese?

According to the U.S. Census Bureau's Population Survey for which data is currently available (2001-2004), approximately two-thirds of adults over age 20 are overweight (BMI is greater than 25),

U.S. Obesity Prevalence by Geographic Region

Region	1991	1998	2000
New England (CT, MA, ME, NH, RI, VT)	9.9%	11.4%	16.95%
Mid-Atlantic (NJ, NY, PA)	12.7%	16.7%	18.41%
East North Central (IL, IN, MI, OH, WI)	14.1%	19.1%	21.0%
West North Central (IA, KS, MN, MI, ND, NE, SD)	12.2%	18.0%	19.82%
South Atlantic (DE, FL, GA, MD, NC, SC, VA, WV)	11.1%	18.6%	19.52%
East South Central (AL, KT, MS, TN)	13.1%	20.0%	23.05%
West South Central (AR, LA, OK, TX)	13.1%	20.0%	22.2%
Mountain (AZ, CO, ID, MT, NM, UT, WY)	9.6%	14.1%	17.1%
Pacific (AK, CA, HI, NV, OR, WA)	10.2%	17.0%	19.1%

SOURCE: CDC Behavioral Risk Factor Surveillance System, 1991-2000

Body Mass Index Table																																																						
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54																		
HEIGHT (inches)	HEALTHY WEIGHT (pounds)					OVERWEIGHT					OBESE					EXTREME OBESITY																																						
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59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267																		
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74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420																		
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431																		
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443																		

and one-third are obese (BMI is greater than 30). Fewer than one-third of the population is at a healthy weight.

What role does body fat location play?

Where body fat is located is a predictor of obesity-related health problems. Men typically store excess



body fat around their abdomens, giving them an “apple” shape, whereas women usually store excess fat on their hips, buttocks, and thighs, giving them a “pear shape”. Excess abdominal fat is the more dangerous condition because the fat accumulates around vital organs such as the heart, liver, and kidneys.



WAIST CIRCUMFERENCE & INCREASED RISK

Women: greater than 35 inches
Men: greater than 40 inches

As people get older and metabolism slows, the pounds seem to creep on. Both men and women need to be vigilant about where their extra pounds are going. After menopause, many women become apple-shaped.

What are some strategies for fighting obesity?

Generally speaking, the most effective way to fight obesity is modulating one’s energy balance. In other words, eating fewer calories and exercising more. When calories IN (from food) and calories OUT (from metabolism and exercise) remain the same over time, one’s weight stays consistent. If there are more calories IN than OUT over time, weight gain is the result, and if there are more calories OUT than IN, there is weight loss. Becoming overweight does not happen overnight and neither does losing weight.

- ✓ Any weight loss effort must include regular physical activity.
- ✓ A healthy diet with plenty of vegetables, fruits, and whole grains is important.
- ✓ Reducing the amount of time spent watching television, particularly in children, is crucial.
- ✓ Infants who are breast-fed have a lower risk of becoming overweight in childhood (also, nursing mothers burn extra calories).

continued on page 7



Did You Know?

Obese individuals have a 10-50% increased risk from all causes when compared to healthy weight individuals.

Personal Health: POSTPARTUM DEPRESSION

Approximately 50-70% of women experience mild depression symptoms for a short period following delivery; this is often referred to as the “baby blues”. The symptoms including sadness, irritability, anxiety, headaches, exhaustion, unexplained crying, and a sense of inadequacy, usually resolve themselves and there is no need for medical intervention.

A woman’s hormone levels change during and in the few weeks following a pregnancy. Specifically, the estrogen and progesterone levels drop following delivery, triggering depression. This causes mood changes which are normal and most women (and men) know to expect it. A sharp drop in the thyroid hormones may contribute to added tiredness and fatigue. An understanding and caring spouse, partner and other family members can help ease the transition into motherhood while the hormones balance themselves out.

When the “baby blues” don’t go away and the symptoms become more intense and longer lasting, it’s time to seek medical help. Postpartum depression is a severe form of depression that interferes with daily routines, including caring for the newborn. The American College of Obstetricians and Gynecologists estimates that postpartum depression occurs in ten percent of new mothers. For most women, the symptoms appear within the first four weeks after the baby is born, but some women experience delayed symptoms of up to six months. Some situations increase the risk that a woman will experience postpartum depression (*see list at right*).



COMMON SYMPTOMS OF POSTPARTUM DEPRESSION

- ▶ Negative feelings towards the infant
- ▶ Feelings of disconnect or isolation
- ▶ Feelings of guilt or worthlessness
- ▶ Lack of pleasure in activities once enjoyed
- ▶ Severe mood swings
- ▶ Lack of energy
- ▶ Constant Fatigue
- ▶ Headaches
- ▶ Low sex drive
- ▶ Agitation, anxiety, and irritability
- ▶ Difficulty concentrating
- ▶ Difficulty sleeping or oversleeping
- ▶ Lack of appetite
- ▶ Thoughts of death or suicide

Medical intervention is necessary to treat postpartum depression. Without medication and professional counseling, postpartum depression can linger indefinitely. Early treatment can bring recovery faster so that a new mom can better enjoy time with her baby. Selective Serotonin Reuptake Inhibitors (SSRIs), such as Zoloft, are generally

regarded as safe to take while breast feeding. An underactive thyroid can be treated with thyroid medication.

Untreated postpartum depression can take a severe toll on the woman’s health as well as cause family distress. Mother-child bonding is critical from the time the baby is born. Children who have mothers with untreated postpartum depression have a greater risk of behavioral problems and delays in language development. These children are more likely to have eating and sleeping problems, hyperactivity and temper tantrums.

Risk Factors for Postpartum Depression

- ✓ Poor relationship with baby’s father
- ✓ Unplanned or unwanted pregnancy
- ✓ Poor social support system
- ✓ Extremely stressful event during pregnancy (illness or death in the family, premature delivery, baby is born unhealthy)
- ✓ Previous depression or bipolar disorder
- ✓ Family history of depression or bipolar disorder
- ✓ Financial problems
- ✓ Under age 20
- ✓ Current alcohol or drug abuse

Postpartum psychosis is a rare condition in which the symptoms are most severe and may also include disorientation, confusion, hallucinations, an irrational fear of harming the baby or oneself, and paranoia. Postpartum psychosis develops within the first six weeks following delivery and requires antipsychotic drugs and/or electroconvulsive therapy.



Did You Know?

Women who are in good physical and mental health during pregnancy have fewer postpartum symptoms.

Obesity *continued from page 5*

OBESITY & THE FAMILY

More children are overweight and obese than ever, particularly in developed nations where a sedentary lifestyle and high calorie, nutrient sparse foods are commonplace. The prevalence of childhood obesity is mimicking the trends in adult obesity. In the last twenty years, the number of American children ages six to eleven who are overweight has doubled, and the number of overweight teenagers has tripled. Overweight children and adolescents are now experiencing the same weight-related health problems, such as type 2 diabetes, high blood pressure and high cholesterol, that previously affected only adults.

Children usually acquire their eating habits from their parents, who provide the food choices, either good or bad. For example, a three-year old won't become "addicted" to fast food unless that is the only food the parents provide. Typically, overweight children have overweight parents, so this is a family problem which requires a family solution. Even if everyone in the family isn't overweight, good eating habits and physical activity are important commitments for the entire family.

- ✓ Never use food as a reward or punishment.
- ✓ Eat meals together as a family.
- ✓ Don't watch television while eating.
- ✓ Cut down on the number of meals eaten at fast food restaurants.
- ✓ Limit the amount of empty calorie foods such as soda, artificial fruit juice beverages, candy, etc.
- ✓ Limit television watching, video and computer games.
- ✓ Focus on being active, rather than structured exercise.

When the whole family is involved, behavioral change in everyone is more likely. The gradual weight loss will be celebrated, and the family will have a new set of eating and activity habits to carry them forward.



The Medicine Cabinet

Nizoral®

Treatment of Fungal Infections

Trade Name: Ketoconazole (kee toe kon' na zole)

Drug Classification: antifungal (imidazoles).

Purpose: treats infections of the skin and scalp including tinea corporis (ringworm); tinea cruris (jock itch); tinea pedis (athlete's foot); tinea versicolor (brown spots on skin); dandruff; and yeast infections of the skin.

Action: slows the growth of fungi that cause skin infections.

Dispensing Method: topical cream or shampoo (prescription medication); cream is applied daily for 2-6 weeks and shampoo is typically applied once. An over-the-counter shampoo is used 3-4 days per week for up to 8 weeks and then as needed for dandruff control.

Major Precautions: Ketoconazole is only for use on the skin or scalp. Take care not to get it in the eyes or mouth. Shampoo may cause permed hair to lose its curl.

Side Effects: changes in hair texture; blisters on the scalp; dry skin; itchy skin; oily or dry hair or scalp; irritation, itching, or stinging in the area where the medication was applied. If any of the above side effects do not go away, notify your doctor. **SERIOUS:** rash; hives; difficulty breathing; constriction in the throat; redness, tenderness, pain, swelling in the area where the medication was applied -- call the doctor immediately.

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?

The estimated annual economic cost of overweight and obese Americans is \$122.9 billion.

What's the Message?

FOR YOUR OBESITY & CANCER AWARENESS:

Obesity increases the risk of some types of cancer in women and is linked to poorer cancer survival rates.

Postmenopausal women can actively protect their health by avoiding weight gain.

FOR YOUR FITNESS AWARENESS:

Effective weight management requires consistency, moderation, and healthy food choices.

Put your specific fitness goals in writing, and your likelihood of success will increase substantially.

FOR YOUR INFECTIVE ENDOCARDITIS AWARENESS:

Revised AHA guidelines eliminate the need for prophylactic antibiotics during dental work.

Daily oral hygiene is more likely to introduce bacteria into the bloodstream than occasional dental procedures.

FOR YOUR OBESITY AWARENESS:

Body Mass Index is an accepted measure of obesity and in turn, a predictor of health problems.

Abdominal obesity is associated with an increased risk of disease due to its proximity to vital organs.

FOR YOUR POSTPARTUM DEPRESSION AWARENESS:

The "baby blues" are normal, but medical intervention is necessary if they don't go away.

Seek medical help if you or a loved one is suffering from postpartum depression.

Keeping Stress in Check

Try to be flexible so that change won't cause undue stress.

Dear Dr. Liker... My co-workers come work even when they're sick. How can I protect myself from getting sick?

Although it's never a good idea to come to work sick, plenty of people do it. If co-workers are exhibiting the tell-tale signs of a bad cold or the flu, you'll need to take some basic precautions to minimize your risk. A recent study found that hand washing and wearing protective barriers such as masks, gloves, and gowns, were all individually effective in preventing respiratory viruses from spreading, and that using them in combination was even more effective.

Wearing a mask or gloves in the office is admittedly not feasible; however, hand washing with soap and warm water is still the best preventive behavior. You should also avoid touching items that a sick person has touched; avoid touching your eyes, nose and mouth; minimize face-to-face contact with a sick individual; conduct business over the phone or with email, if possible; keep yourself well-hydrated; and get plenty of sleep. If you feel that the "bug" is getting the better of you, stay home and take care of yourself.

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Keeping People Focused on Staying Fit & Healthy



LIKER CONSULTING, INC.

The Center for Executive & Corporate Health

Harley R. Liker, M.D., M.B.A.

Executive Director

9675 Brighton Way, Suite 350
Beverly Hills, CA 90210

Email: hliker@mail.com
www.likerhealthreport.com

Publisher and Editor-in-Chief -- Harley Liker, M.D., M.B.A.
Senior Editor -- Karen Edwards, M.S.