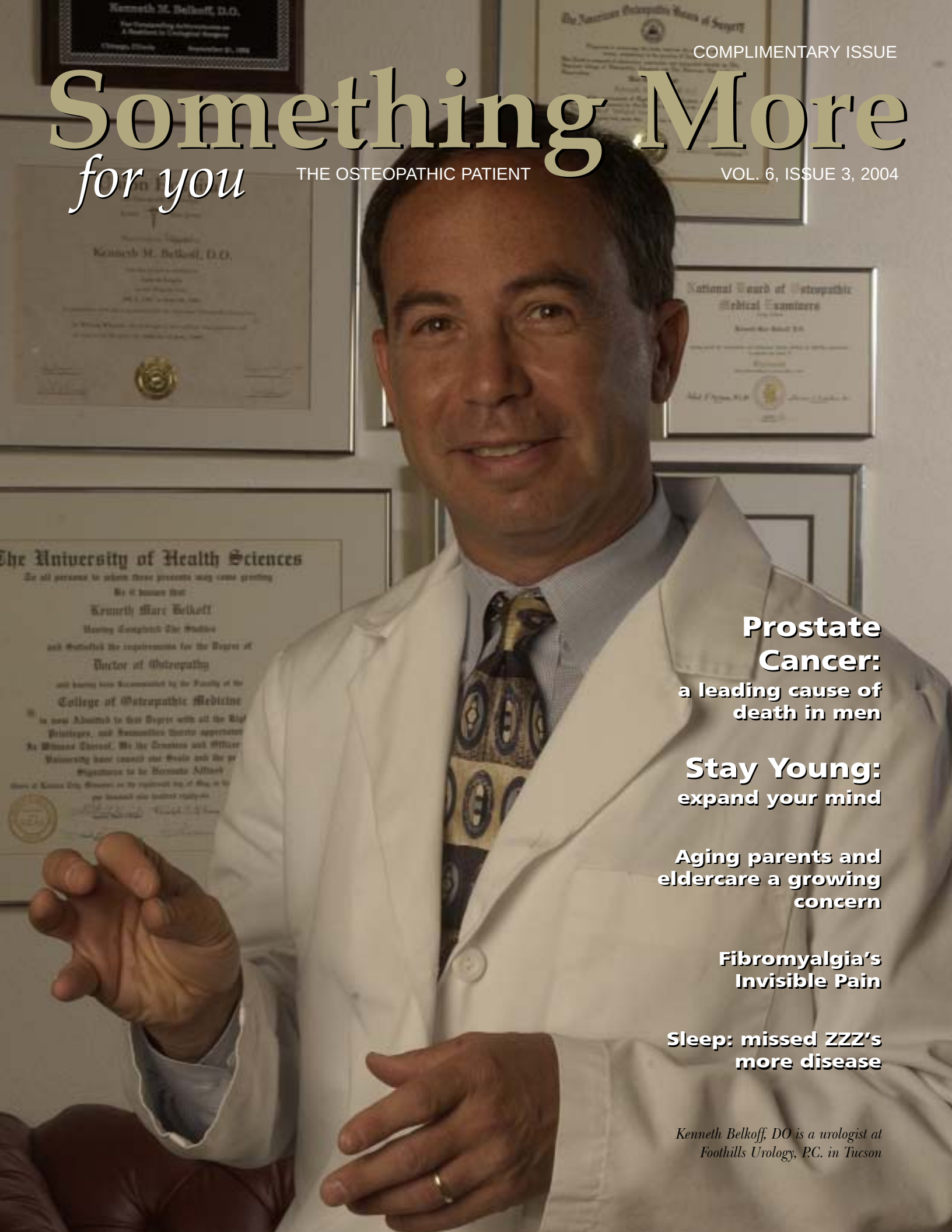
COMPLIMENTARY ISSUE

Something More *for you*

THE OSTEOPATHIC PATIENT

VOL. 6, ISSUE 3, 2004



Prostate Cancer:
a leading cause of death in men

Stay Young:
expand your mind

Aging parents and eldercare a growing concern

Fibromyalgia's Invisible Pain

Sleep: missed ZZZ's more disease

Kenneth Belkoff, DO is a urologist at Foothills Urology, P.C. in Tucson

Tucson Osteopathic Medical Foundation

The Tucson Osteopathic Medical Foundation's mission in serving the seven counties of southern Arizona is to advance osteopathic medical education, to improve the public's understanding of osteopathic medicine, and to elevate through education the health and well-being of the community. In so doing, the Foundation has established itself as an innovative contributor to the development of a wide range of community projects, which impact the lives of many.

Lew Riggs, Ed.D.
Executive Director,
Tucson Osteopathic
Medical Foundation

HealthWise *with* Dr. Lew Riggs

Sundays at noon on 790 KNST

When it comes to you and your family's health, you make sure they get the best treatment even if it's just a common cold. Sometimes making decisions with regard to you and your family's health can be really confusing.

Sunday afternoons at noon on 790 KNST is dedicated to your health with HealthWise, brought to you by the Tucson Osteopathic Medical Foundation, a non-profit organization.

Local doctors join your host Executive Director of the Foundation, Lew Riggs, to discuss health topics, like the effects of osteoarthritis, valley fever, women's health issues and many more to help you and your family live healthier lives.

If you have any questions about any show you have heard or are interested in a new topic, call Lew Riggs at the Foundation, 299-4545.

Dr. Lew Riggs interviews Edmund Krasinski, Jr., DO for HealthWise, heard every Sunday at noon on 790 KNST.

Tucson Osteopathic Medical Foundation

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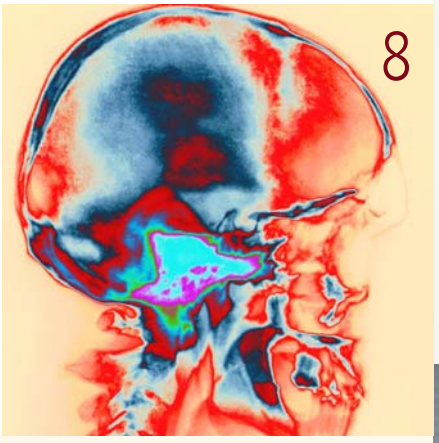

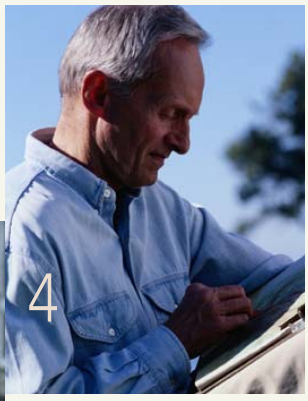

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Staying young:

Maintaining a strong mind

Part II of Aging Well

We tend to think of medical knowledge as modern, rooted in technology and peer-reviewed research. But some of what we know has been around for ages. The need to keep an active mind as we grow older, for example, has been understood for millennia.

by Mark Flint

More than 2,300 years ago, Aristotle opined that education is the best provision for old age. And Sir Benjamin Brodie, who died in 1880, wrote, "The failure of the mind in old age is often less the results of natural decay, than of disuse."

Today's doctors agree: you can prevent, or at least minimize, mental deterioration by taking care of your mind and body.

Use it or lose it

John LaWall, MD, a Tucson neurologist and psychiatrist, says the brain needs exercise in much the same way the body does.

"If you don't use your brain much it's not going to work as well," LaWall said. "The aging process has a small impact on memory function, but outside of diseases like Alzheimer's and dementia, that impact is relatively minor."

Research shows that people with higher education are less likely to have Alzheimer's or dementia, but LaWall said it's not yet clear what that means. It could mean that people with higher intelligence have more brain cells to spare, or that educated people tend to do more activities that stimulate the mind.

"Perhaps they can afford to have more brain disease before it becomes apparent," he said.

A sound body helps keep the mind sound

The same recommendations for minimizing the risk of heart attack and stroke—maintaining normal weight, exercise, and making sure that blood pressure, diabetes and high cholesterol are treated and kept under control—will help brain function, LaWall added.

"Physical exercise has been shown to decrease the risk of Alzheimer's," he said. "We recommend physical exercise as well as good nutrition, a reasonable diet. Most people know what they should do. They just don't do it. Moderation is the key.

"Age is not a disease," he continued. "Specific diseases become more common as people get older. It's not inevitable that aging brings with it a cognitive decline beyond some relatively mild difficulties with memory. It's not normal to have anything worse than that. People who are having more serious problems should get evaluated for one of the dementias."

Is it depression or dementia —or both?

Older people, particularly single men, are susceptible to depression. Illness, the loss of a spouse and possibly social isolation can contribute to depression.

If you could bottle it or put it into a pill, exercise would be the medical miracle of the century.

"Depression can masquerade as dementia, or can contribute to dementia," said LaWall. "Depression is relatively easy to treat, and if cognitive ability is impaired because of severe depression, that can be treated. Even people with Alzheimer's can improve if their depression is treated. It's a part of the evaluation for dementia to look at depression."

Again, LaWall said, exercise is beneficial.

"You can look at a sedentary lifestyle as an independent risk factor for cardiovascular disease and stroke, but I think that's debatable," he said. "I don't know where you find healthy people who don't exercise.

"The biggest revelation to me in the past couple of years has been that the cardiovascular risk factors are risk factors for Alzheimer's disease and for multi-infarct dementia," he continued.

"A sedentary lifestyle and diet of highly processed food is toxic. We need to fight those with conscious healthy eating and with exercise."

Tips for staying young mentally

The old saying that you're as old as you think has some good advice for those who want to keep their minds sharp as they age. LaWall has a few suggestions for doing that:

Get out. "A person who is pretty alone in the world would be well advised to get out and do volunteer work, join a club or church and have some kind of social interaction on a regular basis."

Keep active. "Going back to school, having a second career, and maintaining a high level of mental activity" are some ways people can stay active and mentally engaged, and are "probably a better idea than not doing anything," LaWall noted. In one major 21-year long study conducted by the albert Einstein Coillege of Medicine on the relationship between cognitive activity and onset of dementia (the Einstein study), people who did crossword puzzles four days a week had a 47 percent less risk of getting Alzheimer's than people who did crosswords one day a week.

Take prescribed medications

LaWall said there's a mindset among some people that it is somehow bad to take prescription medications, and this can jeopardize their health. Seeking herbal remedies in the belief that they are less harmful can make things worse, if only by delaying treatment that helps. And because herbs and supplements are unregulated, dosages are unreliable, and efficacy usually unsubstantiated by rigorous scientific study.

"If your doctor prescribes a medication, it's in your best interest to try it, and monitor for side effects," he said. "Most patients tolerate their prescription medication just fine, and it does the job. If you have side effects that are intolerable, then rethink it." ❖

Dementia Facts

What is dementia?

Dementia refers to a group of conditions that interfere with a person's ability to think clearly, make appropriate decisions, and carry out the activities of daily living. Dementia can cause a person to become confused, disoriented, and unable to remember things the way he or she used to. It is an illness that may come on slowly, but often progresses to the point where the individuals are unable to take care of themselves.

There are many causes of dementia, including strokes, low vitamin B-12 levels, thyroid conditions, depression, AIDS, and other infections. Alzheimer's disease and multi-infarct dementia are the two most common forms.

The cause of Alzheimer's is unknown, but it is characterized by abnormal clumps, called amyloid plaques, and tangled bundles of fibers, known as neurofibrillary tangles. Alzheimer's involves the parts of the brain that control thought, memory and language.

Multi-infarct dementia is caused by a series of strokes that damage or destroy brain tissue. It usually affects people between the ages of 60 and 75. Although men are slightly more likely than women to have this disease, the most important risk factor for multi-infarct dementia is high blood pressure. People without high blood pressure rarely develop multi-infarct dementia.

Can dementia be prevented?

Researchers are looking at a number of therapies that may help prevent dementia, but to date there are no definitive results. Among the drugs being studied are non-steroidal anti-inflammatory drugs (NSAIDs), statins (cholesterol lowering drugs) and vitamin E.

NSAIDs are "a big maybe," said Dr. John LaWall, a Tucson neurologist and psychiatrist. "The data is very preliminary." A recent study by the Mayo Clinic found that vitamin E had no effect in delaying the onset of Alzheimer's.

Does that mean people should take NSAIDs or statins? "Not for that reason alone," said LaWall. "If you are taking NSAIDs for osteoarthritis or some other reason, or if your doctor has prescribed statins to lower your cholesterol, it may be an added benefit, but nobody is prescribing for that purpose."

Higher levels of exercise and physical activity may help protect against dementia, as can regular involvement in cognitive activities such as reading, playing an instrument, or playing board games. Physical activities that require some mental effort, such as dancing and gardening, also have been shown to have a preventive value.

Diet may also play a role in helping prevent dementia. Researchers are examining the role of fish intake and omega 3 fatty acids, among others.

What about herbal remedies?

"There's no good evidence that any herbal remedies work in a general health maintenance preventative sense," said LaWall. "Research has shown a small beneficial effect from ginkgo biloba, but other than that there's no clear benefit from supplements. The data is weak. Some people take B vitamins and vitamin E, thinking it might be worthwhile. They are not toxic and not terribly expensive, but it's overstating the evidence to say that any of that is truly necessary."

Health News Notes

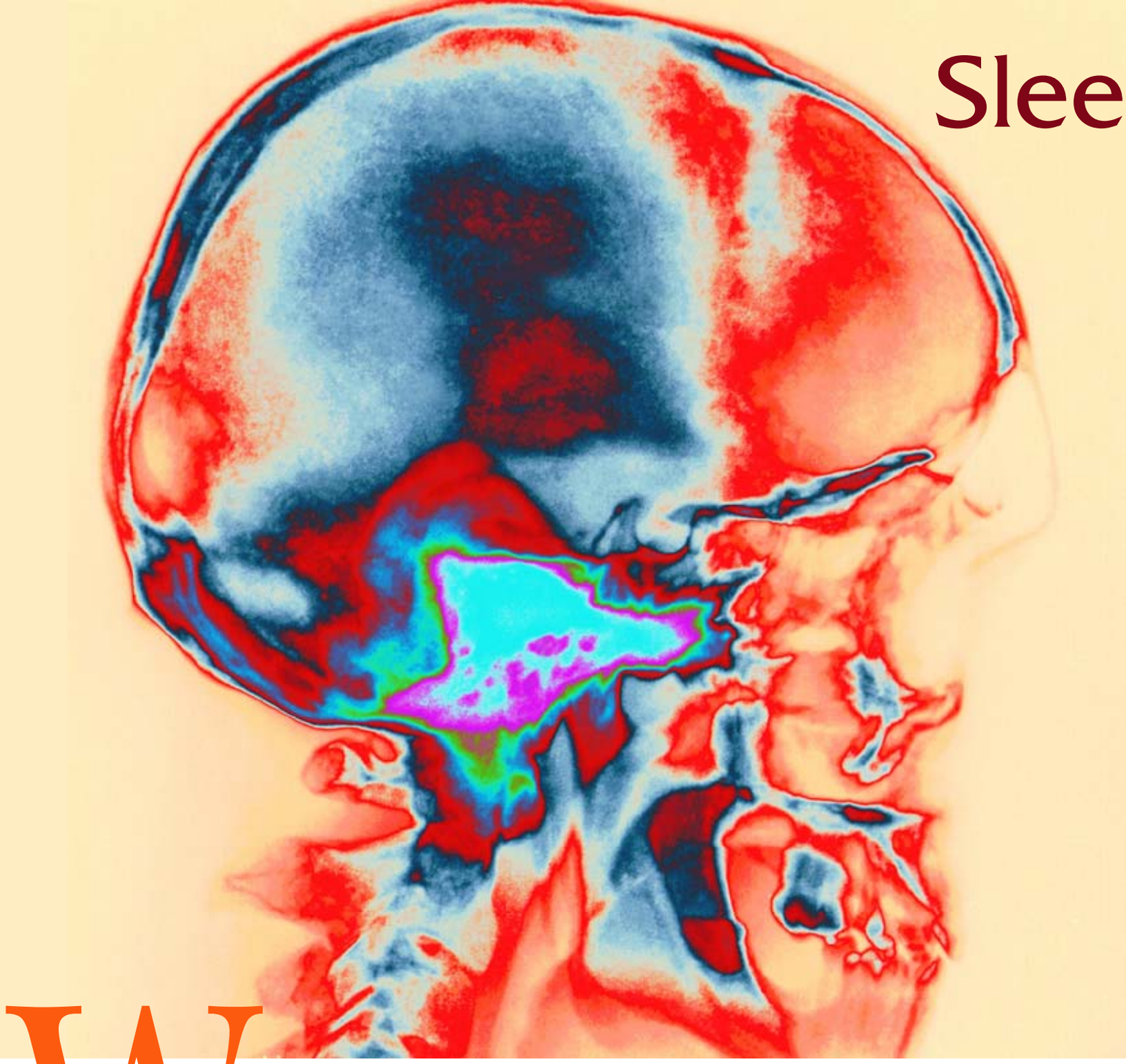
EMPTY CALORIES FILL U.S. DIET

Empty calories from pastries, chips, alcohol, sodas, and other vitamin- and mineral-poor "junk foods" account for more than 30 percent of all calories consumed in the United States, according to a University of California, Berkeley study.

Salmonella-Fighting Salsa

Worried about food-borne illnesses? Cilantro, a common salsa ingredient, contains a compound called dodecenal that kills salmonella, according to the Journal of Agricultural and Food Chemistry.

Slee



We all love a good night's sleep, and waking up rested and recharged. Sleep, as English playwright Thomas Dekker said some 400 years ago, is "the golden chain that ties health and our bodies together."

For many people, however, that golden chain is elusive. They are unable to fall asleep, or fall asleep but awaken in a few hours, unable to get back to sleep.

The causes of insufficient or poor sleep are varied, and sometimes complex, but insomnia's effects are the same. Fatigue can manifest itself in a number of ways. The most noticeable is the feeling of drowsiness and perhaps an inability to concentrate. What we may not notice is that fatigue leads to impaired memory and physical performance and reduced ability

p soundly

for optimum health

by Mark Flint

to carry out math calculations. Continued sleep deprivation can lead to hallucinations and mood swings.

Effects of insomnia

"It's hard to quantify effects of lack of sleep," said Tucson osteopathic physician Michael Connolly, a specialist in geriatrics and internal medicine. "A lot comes out anecdotally, and there are many confounding factors."

But insomnia and fatigue are not to be taken lightly, he noted.

"It's fairly significant," he said. "There are a lot of ways in which poor sleep can impact your life in general. Fatigue can produce irritability and clinical depression. It can affect relationships and work. It can lead to episodes of falls for older people who may be debilitated."

The National Highway Traffic Safety Administration (NHTSA) has reported that driver fatigue may cause as many as 100,000 accidents each year. Fatigue was cited as the root cause of the Exxon Valdez oil spill and the Three Mile Island nuclear power plant accident, to name just a couple of the more dramatic fatigue-related disasters in recent history.

Why can't we fall asleep?

Insomnia can have many causes, and as we get older, the potential causes multiply.

"Typically among elderly, insomnia can result from a constellation of disease problems," Connolly said. "It could be bladder or prostate problems, or multiple medications, some of which may over-stimulate them. Chronic pain and discomfort may interfere with sleep, or they may have sleep apnea (a breathing disorder characterized by brief interruptions of breathing during sleep)."

People also may contribute to their insomnia, especially if they drink or smoke.

"Alcohol distorts your sleep architecture, and does not allow you to get the more restful stages," Connolly said. "Tobacco is a stimulant."

Falling asleep is only part of the problem. Not being able to stay asleep interrupts the sleep cycle, and people who awaken frequently at night may suffer from fatigue even if they get more than six hours of sleep. As we get older we spend more time in the lighter stages of non-REM sleep, which means we are more easily awakened.

Curing your insomnia

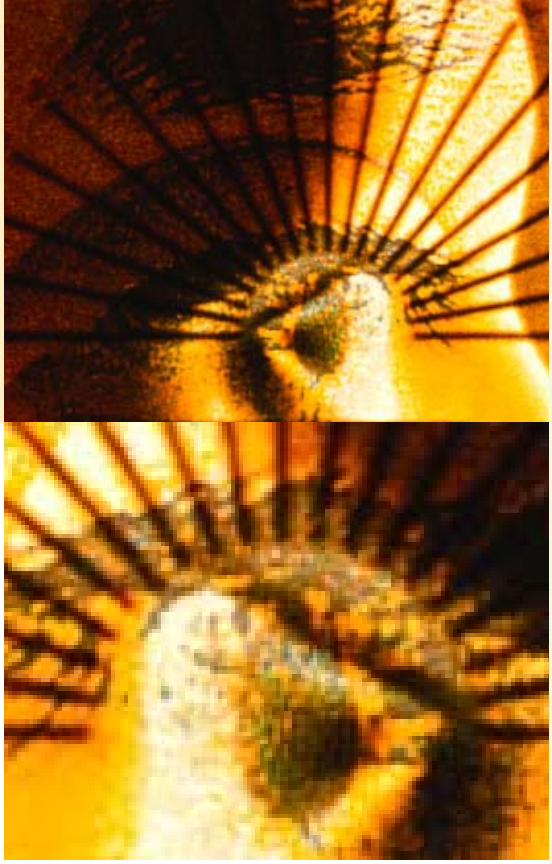
People who have difficulty sleeping can take steps to help them get a good night's rest. The first step is to rule out any medications as a cause.

"If you are on a lot of medications, review them with your physician," Connolly said. "If insomnia is really an issue, set a visit with your doctor to talk about just that so your doctor can take the time to review what can be causing the problem. Sometimes it can be as simple as adjusting the time you take your medications."

After ruling out medications, look at other substances you are using. If you drink alcohol or smoke, try quitting. In the case of alcohol, moderation may suffice; one glass of wine with dinner won't affect sleep for most people.

Another substance may be caffeine. Either quit using it entirely or set a time, say early afternoon, for that last latte.

Exercise can help you get to sleep, but don't exercise too close to bedtime. "Your body will have a lot of the adrenaline hormone still circulating for three or four hours after exercise," Connolly said.



Do something relaxing before going to bed. "Relax in a room with low light," said Connolly. I recommend reading, listening to soft music—whatever you do to relax. But don't watch television. The light hitting your retina works as a stimulant. The same is true of a computer monitor."

Understand your circadian rhythm, or your body's "biological clock"—regular changes in mental and physical characteristics that occur in a 24-hour period. This rhythm, which affects the sleep cycle, can be upset by changes in your sleep schedule (such as shift work) and time zone changes. Sleeping in and going to bed late can upset the circadian rhythm.

One of the key triggers in the circadian rhythm is sunlight, which stimulates the retina, and that in turn leads to the production of melatonin, which the brain produces to help bring on sleep. Something as simple as going outside in the afternoon for 10 minutes may be all a person needs to get over insomnia.

"For some of my patients in nursing homes I tell the staff to take them outside in the afternoon," Connolly said, adding that they should have skin protection, but not sunglasses.

Stress and anxiety also can lead to insomnia. Connolly recommends stress reduction and relaxation techniques.

A pill to make you sleep?

Whether prescribed or over-the-counter, medications to bring on sleep "have a lot of downsides," said Connolly, including addiction, interaction with other medications and a hangover effect. "I try to avoid them," he said.

If a person does choose to take an over-the-counter medication, there are two that can help, Connolly said. "Melatonin is one I do recommend people to try. Studies have shown it to help both with rapid onset of sleep and sleep efficiency, or more time spent sleeping for the amount of time spent in bed."

The stages of sleep

Sleep researchers describe sleep as a succession of five recurring stages (some include waking as a sixth stage): Rapid Eye Movement (REM) sleep is marked by extensive physiological changes, such as accelerated respiration, increased brain activity, eye movement, and muscle relaxation. Dreaming takes place during REM sleep, but also occurs in non-REM stages. Non-REM sleep has four stages, each lasting five to 15 minutes, and people cycle through them as they sleep. A normal sleep cycle begins with Non-REM stages 1, 2, 3 and 4, then repeats Non-REM stage 3 and Non-REM stage 2 before going to REM sleep, which usually occurs 90 minutes after the onset of sleep. Non-REM stages 3 and 4 are deep sleep stages.

Some sleep researchers theorize that the neurons we use while we are awake shut down and repair themselves during sleep. Without sleep, they believe, neurons may become so depleted in energy or so polluted with byproducts of normal cellular activities that they begin to malfunction. Sleep also may give the brain a chance to exercise important neuronal connections that might otherwise deteriorate from lack of activity. In children and young adults, deep sleep coincides with the release of growth hormone.

Something as simple as going outside in the afternoon for 10 minutes may be all a person needs to get over insomnia.

Connolly doesn't advise the "megadoses" also called super therapeutic doses, of melatonin. "If you use the super therapeutic doses there is no benefit, and you may experience daytime sleepiness. Three milligrams is the physiological dose."

Benadryl-diphenhydramine is "the most commonly used sleep medication in the country," said Connolly. "Most over-the-counter preparations have benadryl-diphenhydramine. It's non-addictive and it works. The downside is that if you use it regularly, your body won't respond to it as well over time. And for people who are older, it's got significant side effects that make it something you want to avoid—it can lead to confusion and interact with other medications, particularly those for people who have dementias. For some of my patients it's one of the worst things they can do."

When should you seek help with insomnia?

If your sleep problems last more than a week and are bothersome, or if sleepiness interferes with the way you feel or function during the day, you should make an appointment with your doctor. Keep a diary of your sleep habits for about ten days to identify just how much sleep you're getting over a period of time and what you may be doing to interfere with it. This can help you and your physician find the source of your insomnia. ❖

Health News Notes

Bone-Building Exercise

Milk doesn't build strong bones—but exercise does. According to Pennsylvania State University researchers, adolescent women who exercise regularly have stronger bones than those who don't, while calcium intake has little effect.

Bad Air, Bad Heart

Air pollution hurts not only the lungs, but also the heart. According to the American Heart Association, elevated air particulate levels increase the risk of heart disease and stroke.

AGING PARENTS *and* ELDERCARE

A GROWING CONCERN

BY KAREN WOOD

Social worker Susan Blommer has just concluded a sad, but typical phone call. A man called to report that his mother, who lives alone in a trailer, seems ill but refuses treatment. An insulin-dependent diabetic, she appears not to be taking her medication, may have had a stroke, and is living in chaos. When concerned neighbors called the paramedics, she refused to let them examine her or come inside the trailer. "Clearly, something is amiss," says Blommer, a caregiver specialist at the Pima Council on Aging, "but she is choosing not to cooperate."

As America grows older, more of us will be faced with the challenges associated with caring for an older parent. The number of people over age 65 is expected to reach 71.5 million by 2030, more than twice the number in 2002. People are living longer and while some of them are fairly healthy, many are not. Unlike the days where infections or pneumonia took people quickly, today's medical advances have created a different reality for older adults.

Internist and geriatric specialist Michael Connolly, DO sees it every day. "Maybe they made it to 85 because we took care of their coronary artery disease and they didn't have a stroke and we're controlling their cholesterol and they've had their bypass, but their knees don't work any more," he says. "They're weak and overweight and they can't get around and that's what's putting them in a nursing home." In addition, four million Americans have Alzheimer's disease, a dementia which severely strains a family's ability to cope and can last for years.

Living longer in the new millennium often means living with more disability. Adding to the problem is a social structure that isolates individuals and families. Generations rarely live together anymore, everyone works so no one is home to take care of grandma, and families are likely to be scattered across the country. Fenced back yards have replaced neighbor-friendly front porches. People may not even know their neighbors, much less rely on them for assistance.

> IT IS WHEN PEOPLE REFUSE TO ACCEPT THE REALITY OF THEIR CONDITION THAT CAUSES THE MOST ANGUISH FOR CAREGIVERS

RESISTING THE INEVITABLE

Let's return to the panic-stricken son whose mother is refusing to let him—or anyone else—into her home. "He's facing a fairly common challenge of trying to help a parent who simply won't let him, says Blommer. This type of behavior is considered self-neglect. "Something real bad is right around the corner," she says. "Mom is clearly at risk." What to do next? Blommer advises the son to contact Adult Protective Services, a government agency whose job it is to protect older adults—even from themselves. If they find that his mother is not competent to take care of herself, he can petition the court for emergency guardianship. Until then, however, his hands are tied. "The system exists to protect the rights of competent older adults to make poor choices," says Blommer.

Often people make poor choices because they don't like their options. They don't want to be dependent, they don't want to move into assisted living housing, they don't want to stop driving. It is when people refuse to accept the reality of their condition—even when it is clearly in their best interest to do so—that causes the most anguish for caregivers. Take the case of the husband and wife, both elderly and in poor health. The wife, who has multiple sclerosis, is the weaker of the two, but she refuses to consider assisted living. "He can't care for her but she insists he must," says Connolly, who treats the woman. "Her family is worried that she's going to injure herself, which she will eventually. She has the right to make those decisions but everyone else is putting up with the down side of her decisions and they're beside themselves. What do you do? Unfortunately, there are times where there is not a good answer," he sadly concludes. "No one is going to be happy with any decision that is made."

Adding to an inherently difficult situation is the balancing act adult children must negotiate when caring for their parents. Roles reverse, but not completely. "They're still in charge and you have to respect that," says Blommer. "You're still the child; you've just assumed additional responsibility. Depending on the personality of the adult, it can be tricky. Some parents go kicking and screaming, resisting the whole way."

"When somebody says, 'I'm not going, you're not getting me out of here,' that spells a need for intervention," says Chris Simon, co-owner of Care Home Placement Services. "I refer cases like that to a private case manager who will facilitate a family conference." Social workers and eldercare attorneys may have to be called in.

FIRST, LET GO OF THE NOTION THAT YOU CAN ÑOR SHOULDÑ DO IT ALL YOURSELF INDEFINITELY

ELDERCARE, 2004-STYLE

Given that people are living longer, often with multiple health problems, and the daughter who would normally take care of mom has a demanding job and two teenagers, what can be done to lessen the chances that mom will fall and lie helpless on the floor for days?

First, let go of the notion that you can—or should—do it all yourself indefinitely. Heroism doesn't work for anyone long-term, neither the son nor his increasingly feeble dad. "This is going to be a major drain on you," advises Connolly. "Get as much support as you can and understand that, at some point, you may not be able to do this anymore. It's not that you're doing anything wrong, it's just that you simply can't do it." Even the most selfless caregivers will admit that it's hard to cope with a mother who calls EMS 14 times a day, a father with Alzheimer's who demands to come home, or a grandmother who has set the kitchen curtains on fire, again.

Study up on the local resources. "People need to get educated," says Simon. "There are a lot of free services out there." An RN, Simon is one of them. She and her partner, psychologist Mary Fox, meet with clients and families, do a comprehensive assessment, and recommend several homes. Simon acts as a broker for the homes she represents; the service is free to the client.

"It's really an evolutionary process, going from home to an adult care residence," says Simon. When looking for an appropriate home, she takes into account the client's activity level, medical care needs, personality traits, and income level. Tucson has 300 adult care homes, some of them operated as "mom and pop" facilities in private homes. There is a wide range to choose from, she says. For example, Tucson has homes specializing in behavioral issues, severe physical impairments, Alzheimer's, rehabilitation, and hospice care. One home takes clients out to dinner and on outings to the Gaslight Theatre.

Although not appropriate for everyone, smaller adult care facilities can be an option when finances are limited. They offer a home-like setting at a much lower cost than nursing homes with 24-hour care. "If I were to go to a skilled nursing facility, I can guarantee that 40-50 percent of those clients could be managed in smaller facilities," says Simon. "They're paying $4,000 a month for custodial care. Some people don't need nurses around the clock; they need to be comforted, they

need one-on-one interaction." That kind of personal attention can be equally comforting for the caregiver. "I couldn't get him to open his eyes but the aide did and I'm so happy," says Doris*, whose husband is in the later stages of Alzheimer's. "It gives me the sense that somebody cares."

YOU ARE NOT ALONE, CALLÖ

The Pima Council on Aging is a treasure trove of information for those new to adult caregiving. "People tell me that they've made a whole string of phone calls and ended up here," says Blommer. “The answer to every question they have is somewhere in the building." Medicare, for example, pays for hospitalization for short-term acute illnesses and rehabilitation; it does not cover ongoing care for chronic conditions. PCOA can help a family find an eldercare lawyer, learn about long-term insurance, and figure out whether they qualify for the Arizona Long Term Care System (ALTCS), Arizona's version of the Medicaid program. A new program, Neighbors Care, works to build supportive alliances within neighborhoods. PCOA also runs support groups and works in conjunction with the Caregiver Education and Support Program conducted by Pima Health System and Services.

For concentrated information and practical advice, the eight-week group can be a great resource. It covers virtually everything a caregiver needs to know, all in a friendly, frank, small-group setting. Run by a social worker, the groups are held in different parts of the city and offer the chance to vent, share solutions, and meet fellow travelers on the same path.

In the support group portion of the evening, participants talk about their problems, their frustrations, and what they have learned. "Many caregivers report they have skills they never dreamed they had and patience they never thought they could muster," says Blommer. "It comes from love and trial and error." Some groups form such close bonds that they continue to meet after the program has concluded. Pima Health System also offers special-issue forums to talk about subjects like placement decisions and housing alternatives. Other workshops teach infection control, back safety, nutrition, and caring for family members with dementia. All are free.

A ROOM FULL OF DOGS

In a good support group, the compassion in the room is almost tangible. "In some ways," says a social worker, "a support group is like a room full of dogs." She's talking about the unconditional love for which pets are famous and which permeates the atmosphere in the best kind of support group. Strangers going through similar problems can provide a surprising degree of comfort. "I'm so glad

IN A GOOD SUPPORT GROUP, THE COMPASSION IN THE ROOM IS ALMOST TANGIBLE.

you're feeling better," says one woman in response to another's comment that she has finally stopped "weeping and wailing" about her husband's Alzheimer's. "We were so worried about you."

Another frets that she cannot get her husband to shave anymore. "He goes in the bathroom and just stands there." From around the table, the advice comes quickly. "He may not remember what a razor is," says one. "Or he may not know how to do it anymore," says another. "Turn on the razor and put it in his hand. It's not a straight razor, is it?" The table erupts in laughter. "Isn't it good to laugh?" says one woman. "It releases all my anger."

"These folks are the experts. The support they provide to each other is just incredible," says Blommer. "It's kind, it's tough—sometimes it has to be tough—and it comes from someone who is in the trenches themselves."

UP THE DOWN STAIRCASE

Moving a relative to an assisted living home doesn't have to be a harrowing experience. "Every facility has a personality and there will be one that's just right," says Blommer. Both she and Simon recommend planning ahead, before the need is urgent. "If possible, let the older adult participate in the decision," says Blommer. "They can tell you what they want. You may never need it, but they may fall tomorrow." An adult care home may provide a frail older person the chance to do things she couldn't do while housebound—make friends, play cards, or have her hair done.

STRANGERS GOING THROUGH SIMILAR PROBLEMS CAN PROVIDE A SURPRISING DEGREE OF COMFORT

"Often care home owners are really connected to their clients. It's a very warm atmosphere," says Simon. "The client's family loves them; they mention them in the obituary." And, even given poor health, living in a home can be a surprisingly happy experience. "One of my homes has two men with end-stage Parkinson's," says Simon. "They're very, very sick but they're joking around, having a good time. Their quality of life is very good. I know it can work."

Despite the problems associated with taking care of an aging relative, there are rewards to sweeten a caregiver's final days with a loved one. "I wish I hadn't caught this Alzheimer's," says one man to his wife of 55 years. He spends most of his time on the couch and they rarely converse anymore. However, he still has moments of tenderness. "I've got something to tell you," he says to his wife at unexpected moments. "I love you. We have a good life, don't we?" ❖

**not her real name*

Eldercare Resources

Eldercare Locator
www.eldercare.gov/

AARP LifeAnswers
www.aarp.org/life/

Pima Council on Aging
790-7262
www.pcoa.org

Caregiver Education and Support Program
546-4481 or 546-4482
www.arizonacaregivers.org

Adult Protective Services
881-4066
www.de.state.az.us/aaa/programs/aps/default.asp

A wealth of community resources

- Eldercare assistance—everything from help with bathing and shuttling to the doctor, to skilled nursing care—is available through different government programs. Most have income qualifications; some are free no matter the income level. Non-medical home and community-based services geared to help the elderly remain in their homes are available through the Community Services System (790-0504). The Arizona Long Term Care System (205-8600) provides nursing home care, assisted living, and adult foster care. Respite services are available from the Pima Council on Aging for a share of the cost; call 790-0504.
- Eldercare attorneys conduct free workshops and one-on-one sessions at the Pima Council on Aging; call 790-7262 for specific times.
- Free in-home counseling for the elderly is provided by COPE Behavioral Services (584-5844) and the Family Counseling Agency (327-4583).
- Older caregiver families (adults over 60 caring for children under 18) can turn to the K.A.R.E. Family Center; for more information, call 323-4476.
- Geriatric case managers can help coordinate an elderly relative's care; some even go along on doctors' visits; a list is available from the Pima Council on Aging.
- Help caring for those with dementia is available from the Alzheimer's Association, 322-6601.
- A comprehensive list of resources is available from Pima Health System & Services.

Health News Notes

SCREAMING FROM ICE CREAM

Migraine sufferers now have one more thing to scream about. They're more likely than others to get "ice cream headaches" when they eat cold items quickly, according to *Cephalagia*, a journal of the International Headache Society.

Tooth-Softening Sodas

Extra calories aren't the only danger soft drinks hold. The Academy of General Dentistry says the drinks damage tooth enamel, not because of their high sugar content, but because of the acids found in sugared and sugar-free drinks alike. Non-colas and canned ice teas have the highest acid content, and are thus the most tooth-unfriendly, while root beer does the least damage.

Meanwhile, a study in the *International Journal of Obesity* suggests that rats who drink artificially-sweetened beverages consume larger meals than those accustomed to sugared drinks, possibly because they no longer instinctively link calorie content to sweetness.

Fibromyalgia's Invisible

When fibromyalgia patients see rheumatologist Bridget T. Walsh, DO, she tells them the good news is that they're not imagining the pain they feel.

The bad news is the pain really is in their minds.

Or rather, their brains.

by Janni Lee Simner

Usually the brain sends out pain signals in response to specific events—after someone strains a muscle, for instance, or breaks a bone. "But with fibromyalgia, the brain's pain modulating functions, and ultimately the brain's perception of pain, don't work properly," Walsh says. The result is a chronic pain syndrome characterized by widespread bone and muscle aches, stiffness, difficulty sleeping, and general fatigue—all with no visible cause.

"One gets very tired of hearing, 'But you look fine!'" says Sioux Blalock, who was diagnosed with fibromyalgia about a decade ago. "If I broke out in pink-and-purple polka dots, it would make things a lot easier."

Unseen pain, unknown causes

Visible or not, the pain and fatigue fibromyalgia patients feel are real and often severe; Walsh says those patients routinely report higher pain levels than arthritis sufferers. Studies show that fibromyalgia is associated with elevated levels of substance P, which is involved in pain transmission;

…onset is often linked to some physical or emotional trauma

and with lowered levels of serotonin, which reduces the intensity of pain. And although fibromyalgia itself can't be physically measured or detected, the American College of Rheumatology has developed a diagnostic standard, one that requires both widespread pain lasting more than three months and tenderness in at least 11 of 18 specific points.

According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, fibromyalgia affects three to six million Americans. Its cause, however, is still uncertain. Theories suggest links to reduced brain blood flow, viral infections, immune and

Pain

Although regular aerobic exercise seems to be the best therapy for fibromyalgia, osteopathic manipulative treatment, depicted here, has provided patients with positive effects.

DAVID SANDERS

endocrine issues, sleep disruption, and genetics. Walsh agrees with those who say onset is often linked to some physical or emotional trauma; Blalock says she can trace the start of her own symptoms to her mother's death from cancer. "Sometimes," Walsh says, "I think the body just decides, 'Okay, I've had enough.'"

The trial and error of treatment

Knowing the brain is signaling pain doesn't mean one can simply turn those signals off, any more than one can decide to stop feeling pain after breaking a bone. The brain keeps sending pain messages until the bone heals, whether one wants to feel that pain or not.

With fibromyalgia, however, there's no such "all clear" signal to tell the pain when to end, and that makes treatment difficult. "Because there's not one specific physiological reason for fibromyalgia, there's no magic bullet to treat it," Walsh says. Instead, a more comprehensive, multi-modal approach is required—along with a fair amount of trial and error to find what works for each patient.

"The therapy that works best is regular, aerobic exercise," Walsh says. Since pain and fatigue can make a full workout unrealistic at first, Walsh recommends that patients begin with a reconditioning program—for example low-level stretching—and slowly but steadily increase from there. "Activity is important," she says. "Not only for re-regulating endorphins, which are the body's natural pain-inhibiting chemicals, but also for getting one's mind off the pain. When you're doing nothing, you focus more on how you feel."

> ...for her, understanding her limits was as important as treating her symptoms.

Beyond exercise, effective treatment varies widely from one patient to the next. Medication can help reduce pain and promote better sleep. Some antidepressants may also help reduce pain, possibly by increasing serotonin and norepinephrine activity. Heat and massage, biofeedback, cognitive therapy, acupuncture, yoga, osteopathic and chiropractic manipulation, and basic relaxation techniques all have positive effects—for some. Researchers are actively searching for new medications and therapies as well.

For Blalock, simply moving to Tucson, with its dry desert air, was helpful; her symptoms worsen as humidity rises. She says that for her, understanding her limits was as important as treating her symptoms. "Over the years I've learned how far and how hard to push. It can take me three days to clean the living room, because I can only tackle small sections at a time. You have to pick your battles. It's hard, especially if you're used to a more active life."

Explaining invisible pain

Fibromyalgia is frustrating not only for patients, but also for family and friends, who often don't understand how badly their loved ones really feel. "It's hard to understand how there can be so much discomfort when someone looks so normal," Walsh says.

"You have to learn to self-advocate," Blalock says. She recalls an employer who

"Because there's not one specific physiological reason for fibromyalgia, there's no magic bullet to treat it," says, Dr. Bridget Walsh, a rheumatologist.

DAVID SANDERS

had a rule against sitting down while on the job. "When I politely explained to my boss that I was physically unable to be on my feet all day, he was quite willing to allow me to use a stool behind the desk." Blalock says that once others do understand, they're generally inclined to help. Sometimes even small things make a difference: friends who offer her rides when she's too tired to drive, or who help with laundry when she can't lift a basket.

Walsh often brings family members into her office. "I explain to them the same thing I explain to patients: that the patients aren't imagining it, that they are experiencing pain. That they're not just people who can't 'suck it up' like the rest of the world."

But she also explains to families and patients alike that fibromyalgia patients can improve, with exercise and with treatment. "They can have better sleep; they can have better energy. They can feel better."

Even for those patients who improve the most, the pain and fatigue rarely go away completely, though. "When asked, 'are you hurting?' most people with fibromyalgia will say, 'yes, I still hurt.'," Walsh explains. "But they aren't as hypervigilant and focused on the discomfort. They're able to live a fairly normal life." ❖

Health News Notes

Questioning Cough Syrup

Sick children's nighttime coughs improve when they take over-the-counter cough syrup—but according to a study in Pediatrics, those coughs also improve when the children take a medication-free placebo. Perhaps just as importantly for weary parents, neither the children on cough syrup nor the adults caring for them slept any better than their placebo-taking counterparts.

Dry Air Aids LASIK Surgery

Before scheduling eye surgery you may want to check—the weather. An ophthalmologist at Wake Forest University Baptist Medical Center found that as the humidity rose, so did the number of LASIK patients who required a follow-up procedure to fully correct their vision.

Prostate Cancer

a leading cause of death in men

by Mark Flint

If you are male and live long enough, you stand a fair chance of getting prostate cancer.

Prostate cancer is one of the most common forms of the disease—second only to skin cancer in men—and second only to lung cancer among cancers as the leading cause of death in men. The American Cancer Society estimates that we will see about 230,900 new cases of prostate cancer in the United States this year, and about 29,900 men will die of this disease.

Those numbers may sound grim, but the news on the prostate cancer front is actually pretty good. Modern diagnostic and treatment protocols are making great strides in the fight against this disease. While one man in six will get prostate cancer during his lifetime, only one in 32 will die of this disease. Over the past 20 years the survival rate for prostate cancer has increased from 67 percent to 97 percent.

Having prostate cancer doesn't necessarily mean you will need treatment. Many men over 50 may have prostate cancer that is undetected, according to the National Cancer Institute, and most early cancers remain harmless, though some may progress to clinically significant disease. Autopsy studies show that many elderly men who died of other diseases also had prostate cancer that neither they nor their doctor were aware of. For this reason, doctors generally don't screen for prostate cancer in men over age 80.

...over the past 20 years the survival rate for prostate cancer has increased from 67 percent to 97 percent.

...while one man in 6 will get prostate cancer during his lifetime, only one in 32 will die of this disease.

PSA test helps early diagnosis

The biggest breakthrough has been the development of the PSA (prostate specific antigen) test. The Federal Drug Administration (FDA) approved the PSA test for monitoring prostate cancer disease status in 1986, and for diagnosing the disease in 1992.

"The most important screening is the PSA test," said Kenneth Belkoff, DO, a urologist at Foothills Urology in Tucson. "Before the PSA test was developed, in 40 percent of men diagnosed the prostate cancer had progressed to the bone. We're not seeing that now."

When men should begin taking the PSA test depends on their risk factors, he noted.

"Family history, race and other factors determine at what age you should begin testing," Belkoff said. "If you have risk factors, it probably should be between age 40 and 45. If you don't, it should begin at 50."

Belkoff added that it's important to establish a baseline PSA so your doctor can monitor changes.

The challenge now, he said, "is developing the technology to determine which cancers are fast-acting and which are slow."

In that area, there's pretty good news.

The New England Journal of Medicine in July reported that the PSA test can predict who is most likely to die from the disease.

The study added to evidence that the rate of increase in prostate-specific antigen level may be more important for predicting cancer than the actual PSA number.

Annual PSA tests allow a man's year-to-year change—called PSA velocity—to be monitored.

Researchers found that when PSA levels rose by at least 2 points during the year before surgery it raised the risk of death tenfold. But if the PSA level had been increasing slowly before surgery, there was very little chance the patient would die from a prostate tumor.

Regular testing is critical

Another reason for establishing a baseline and testing PSA levels annually is to monitor the effects of medication, Belkoff said. "Certain medications can elevate or lower the PSA level."

For example, Propecia, a medication used to treat hair loss, can decrease the PSA level.

Having regular checkups—particularly an annual physical and PSA test—and a doctor who knows your history can improve your odds of detecting prostate cancer early, when the survival rate is best.

Even with a low PSA level, it's possible to have prostate cancer, according to the National Cancer Institute, but researchers said the "vast majority" of those cancers were low and intermediate grade, and not clinically significant.

Health News Notes

Paternal Smoking Ups Miscarriage Risk

Mothers-to-be know the dangers of smoking during pregnancy—but fathers-to-be may want to be wary as well. According to the *American Journal of Epidemiology*, women whose husbands smoke heavily have an 80 percent greater chance of early miscarriages than those whose spouses don't smoke at all.

Contradictory CT Scans

Hoping to abandon that routine colonoscopy for a less invasive CT scan? You may want to wait a little longer. According to a study in the *Journal of the American Medical Association*, colonoscopies detect colon polyps two and a half times more often than CT scans. The finding contradicts an earlier study that found both techniques equally effective.

"Family history, race and other factors determine at what age you should begin [PSA] testing. If you have risk factors, it probably should be between age 40 and 45. If you don't, it should begin at 50," says Kenneth Belkoff, DO, a Tucson urologist

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Can prostate cancer be prevented?

It's possible that diet may reduce the risk of prostate cancer. And even if it doesn't prevent prostate cancer, eating less fat and more vegetables, fruits, and grains will reduce your chances of getting other forms of cancer, such as colon cancer, not to mention other killers such as heart disease and diabetes. By the same token, doctors recommend regular exercise for overall health.

The American Cancer Society notes that tomatoes, grapefruit, and watermelon are rich in lycopenes, a substance that helps prevent damage to DNA and may help lower prostate cancer risk.

Other studies suggest taking a daily dosage of 50 milligrams of vitamin E, but there is no conclusive evidence either way as to the value of vitamin E in preventing prostate cancer. "Vitamin E is inexpensive and harmless, so it can't hurt," said Belkoff, adding that people should always let their doctor know all of the vitamins and supplements they take, because some of them that may be harmless by themselves can interact with medication.

"Before the PSA test was developed, in 40 percent of men diagnosed the prostate cancer had progressed to the bone. We're not seeing that now."

Another is looking at the potential benefits of the drug finasteride, which prevents the prostate from using male hormones, in reducing prostate cancer risk. It will be several years before the results of that study are available. ❖

prostate cancer facts

What is the prostate?

The prostate is a gland about the size of a walnut. It is just below the bladder and in front of the rectum. The tube that carries urine (the urethra) runs through the prostate. The prostate contains cells that make some of the seminal fluid, which protects and nourishes the sperm.

What are the prostate cancer risk factors?

How concerned should you be about your chances of getting prostate cancer? If you fall into one or more of the following risk factors, you should discuss early screening for prostate cancer.

Age. The chance of getting prostate cancer goes up as you get older.

Race. Researchers don't know why, but prostate cancer is more common among African-American men than among white men. African-American men are twice as likely to die of the disease.

Nationality. Prostate cancer is most common in North America and northwestern Europe. It is less common in Asia, Africa, Central America, and South America.

Diet. Men who eat a lot of red meat or have a lot of high-fat dairy products in their diet appear to have a greater chance of getting prostate cancer. These men also tend to eat fewer fruits and vegetables. Researchers haven't determined if it's the lack of fruits and vegetables or the heavier concentration of meat and fat that causes the risk to go up.

Lifestyle. Sedentary and overweight men are at higher risk of getting prostate cancer than those who exercise regularly and keep their weight down.

Family history. Men with close family members who have had prostate cancer are more likely to get it themselves, especially if their relatives were young when they got the disease.

How is prostate cancer treated?

Surgery, radiation, and hormone therapy are the most common treatments for prostate cancer. Chemotherapy may be used in some cases. Watchful waiting, or not treating the cancer, may be an option for some men. The two most common surgeries for prostate cancer are radical prostatectomy and transurethral resection of the prostate.

Radical prostatectomy, removal of the entire prostate gland and some surrounding tissue, is performed only if it appears that the cancer has not spread outside the prostate. Transurethral resection is not done to cure the disease or to remove all the cancer. It is used for men who can't have a radical prostatectomy. It may be done to relieve symptoms before other treatments begin. The same procedure is more frequently employed to relieve symptoms of non-cancerous prostate enlargement.

Radiation therapy, either from outside the body or from radioactive materials placed directly in the tumor, may be used for cancer that has not spread outside the prostate gland, or has spread only to nearby tissue. Cure rates are about the same as for surgery.

Cryosurgery is used to treat prostate cancer that has not spread by freezing the cells with a metal probe.

Hormone therapy is used to lower the levels of the male hormones, or androgens, primarily testosterone. Androgens cause prostate cancer cells to grow, and lowering androgen levels can cause prostate cancer to shrink or grow more slowly. Hormone therapy will not cure the cancer, and is not a substitute for treatments aimed at a cure.

Chemotherapy, the use of drugs for treating cancer, may be used if the cancer has spread outside the prostate gland and hormone therapy isn't working.

Watching and Waiting may be a good choice for some men, particularly if the cancer is small and contained within one area of the prostate; is expected to grow very slowly; and is not causing any symptoms.

PRACTICING TUCSON OSTEOPATHIC PHYSICIANS BY SPECIALTY

Information obtained from:
AOA Yearbook and Directory of Osteopathic Physicians and the *Arizona Board of Osteopathic Examiners in Medicine and Surgery—Directory of Licensed Osteopathic Physicians*

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