

Just for Us



***Northwest Indiana
Healthy Start***

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Research in Brief

Source	Finding(s)	Why?	Recommendations	Of Note
<i>American Journal of Epidemiology</i>	Overall, about one in four women who smoke while pregnant deny it.	These findings may have important implications for researchers studying how smoking during pregnancy affects the developing baby.	Studies and surveillance systems that rely on people to accurately state their smoking status may get inaccurate information, especially among pregnant women.	<i>Researchers took blood samples from the women in the study to measure levels of cotinine – a byproduct of nicotine that serves as a marker of exposure to tobacco smoke.</i>
<i>Journal of the American Medical Association</i>	Researchers were able to show that a person's capacity to move strongly reflects vitality and health.	The way people walk and how quickly they walk depends on their energy, movement control and coordination, which, in turn, requires the proper functioning of multiple body systems, including the cardiovascular, nervous and musculoskeletal systems.	The study provides a numerical basis to estimate survival for each walking speed measured on an older person.	One researcher said that there is now a cut-off point to understand whether the overall health of a person is normal for his/her age by simply testing their walking speed. However, researchers also emphasized that the purpose of this study was not to get people to walk faster in hopes of living longer.

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<i>New England Journal of Medicine</i>	Two weeks of treatment with an antibiotic (rifaximin) relieves symptoms for some sufferers of irritable bowel syndrome (IBS).	Some scientists think an overgrowth of bacteria in the gut is behind the problem, but studies testing that have had mixed results. Unlike other antibiotics, rifaximin is not absorbed very well so it stays in the gut and is less likely to develop resistance. It has also been safely used (for traveler's diarrhea and for a complication of liver disease) for more than two decades.	Until more research is done, researchers said the antibiotic should be restricted to those with confirmed bacterial overgrowth or patients who have not responded to other IBS treatments.	Overall, 41% of those on rifaximin reported "adequate relief" for at least two weeks, compared to 32% using placebo pills. The benefits lasted for the 10 weeks they were followed; while the response to rifaximin may seem low to outsiders, the study indicated it is in the range seen with other effective IBS treatments; the studies were paid for by Salix Pharmaceuticals (marketers of rifaximin) and done at Cedars-Sinai – some of the researchers were Salix employees and others had received consulting and other fees from the company; Cedars-Sinai holds a patent on the use of rifaximin for IBS.

Did you know...? In 1999, the state of Michigan implemented a program requiring random drug testing for welfare recipients, but that program was halted after a federal court ruled that it violated Fourth Amendment protections against unreasonable search and seizure.

The "5-second rule" is a myth. Even if something spends a millisecond on the floor, it attracts bacteria.



Seasonal Affective Disorder (SAD)

SEASONAL AFFECTIVE DISORDER (SAD)

What is Seasonal Affective Disorder (SAD)?

- ✓ It is a mood disorder in which people who have normal mental health throughout most of the year experience depressive symptoms in the winter, or less frequently, in the summer, spring or autumn, repeatedly, year after year.

Are there different types of SAD?

- ✓ The most common type of SAD happens when a person's symptoms start in the fall and may continue into the winter months. However, when the condition begins in the spring and continues throughout the summer, it may be referred to as Reverse Seasonal Affective Disorder.

Why does SAD happen?

- ✓ The specific cause is unknown. According to www.mayoclinic.com, it is likely that genetics, age and, perhaps most importantly, your body's natural chemical makeup all plays a role in developing this condition. A few specific factors that may come into place include:
 - Your biological clock (circadian rhythm). The reduced level of sunlight in fall and winter may disrupt your body's internal clock, which lets you know when you should sleep or be awake. This disruption of your circadian rhythm may lead to feelings of depression.
 - Melatonin levels. The change in season can disrupt the balance of the natural hormone melatonin, which plays a role in sleep patterns and mood.
 - Serotonin levels. A drop in serotonin, a brain chemical (neurotransmitter) that affects mood, might play a role in seasonal affective disorder. Reduced sunlight can cause a drop in serotonin, perhaps leading to depression.ⁱ

What are the signs/symptoms of SAD?

- ✓ For fall and winter SAD, the symptoms may include:
 - Depression
 - Hopelessness
 - Anxiety
 - Loss of energy

- Social withdrawal
- Oversleeping
- Loss of interest in activities you once enjoyed
- Appetite changes, especially a craving for foods high in carbohydrates
- Weight gain
- Difficulty
- ✓ For spring and summer SAD, the symptoms may include:
 - Anxiety
 - Insomnia
 - Irritability
 - Agitation
 - Weight loss
 - Poor appetite
 - Social withdrawalⁱⁱ

What are the criteria for being diagnosed with SAD (instead of general depression)?

- ✓ A doctor should make sure there are no physical problems that may be causing the depression or making it worse.
- ✓ Per the Diagnostic and Statistical Manual of Mental Disorders (DSM), the following criteria must be met for a diagnosis of seasonal affective disorder:
 - The patient has experienced depression and other symptoms for at least two consecutive years, during the same season every year.
 - The periods of depression have been followed by periods without depression.
 - There are no other explanations for the changes in the patient's mood or behavior.ⁱⁱⁱ

So, how do they treat SAD?

- ✓ There is no known certain cure for SAD. However, these are some ways of treating SAD:
 - Light therapy
 - Patient sits a few feet from a specialized light therapy box so that they are exposed to bright light.
 - The light mimics outdoor light and appears to cause a change in brain chemicals linked to mood.
 - It is not clear how light therapy works and how effective it is in treating seasonal affective disorder.
 - Regardless, light therapy is widely use and appears to be helpful.

- Medications
 - If symptoms are severe, some patients benefit from treatment with the following antidepressants
 - Bupropion
 - An extended-release version of this medication (a.k.a. Wellbutrin XL) may help prevent depressive episodes in people with a history of SAD.
 - Other antidepressants commonly used to treat SAD include Paxil, Zoloft, Prozac, Sarafem and Effexor.
- Psychotherapy
 - Although SAD is thought to be related to biochemical processes, a patient's mood and behavior can also add to symptoms.
 - Psychotherapy can help the patient
 - Identify and change negative thoughts and behaviors that may be making him/her feel worse.
 - Learn healthy ways to cope with SAD and manage stress.^{iv}

For more information about Seasonal Affective Disorder, check out these websites:

www.mayoclinic.com

www.google.com/health

www.webmd.com



ARE YOU CURRENT ON YOUR VACCINATIONS?^v

When you think about vaccinations, generally you are thinking about the infants/children that you know. However, top infectious disease experts have recommended that adults receive the following shots (talk to your doctor for his/her recommendation; certain vaccines are not right for pregnant women or anyone whose immune system is compromised):

1. Tetanus and diphtheria (Td), plus whooping cough (Tdap)

- a. You may have gotten Td before, but immunity wears off, so you need booster shots.
- b. Tdap also protects against whooping cough, which is highly contagious.
 - i. Though not usually serious in adults, it can be deadly in babies, who typically catch it from adults.

- c. You need this if...
 - i. It's been 10 years or more since your last Td vaccine.
 - ii. You're under 65 and have never had a Tdap.
 - 1. Get this instead of your next Td.
 - iii. You're around infants and it's been 2 years or more since your last TD.
 - 1. Get a Tdap now.

2. Measles, Mumps, and Rubella (MMR)

- a. Though these diseases had almost vanished in the United States, international travel and reduced vaccination rates have resulted in outbreaks in recent years.
- b. You need it if...
 - i. You were born between 1957 and about 1975 and/or have never had an MMR series – especially if you're around infants (who are not immunized until after age 1).

3. Pneumonia, and its complications, such as meningitis

- a. This is critical because the pneumococcal vaccine fights pneumonia and its complications, which can be life threatening in the very young, the very old, and those with underlying health problems.
- b. You need this vaccine if...
 - i. You are 65 or older.
 - ii. You have asthma, diabetes, heart disease, liver disease, or other serious health problems.
 - iii. You smoke.

4. Shingles

- a. This is extremely important because the chickenpox virus, which stays in your nerves for life, can reawaken and cause shingles. Since about 98% of people ages 20 or older were exposed to chickenpox, virtually everyone should get the herpes zoster vaccine eventually.
- b. You need it if...
 - i. You are 60 or older.
 - 1. Shingles is most likely to strike older adults, due to their declining immunity.

5. Flu

- a. It is critical because the flu virus changes every year.
- b. You need an updated influenza vaccine annually.
- c. This vaccine is recommended for all adults.

ⁱ www.mayoclinic.com (accessed 10/01/10)

ⁱⁱ www.mayoclinic.com (accessed 10/01/10); www.wikipedia.org (accessed 01/27/11)

ⁱⁱⁱ www.mayoclinic.com (accessed 10/01/10)

^{iv} *ibid*

^v www.health.msn.com (accessed 11/16/10)

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