



L H I HOUSTON, NEWSLETTER



Volume 12, Issue 2

Newsletter

Spring/Summer 2009

Googling is good for the Aging Brain

Surfing the Web may beat reading when it comes to exercising the older brain, according to a study published in the November 2008 issue of the *American Journal of Geriatric Psychiatry*. Researchers recruited a group of 24 volunteers ages 55-76 – some of whom were experienced in searching the Internet, and some of whom had no experience – and scanned their brains as they performed Internet-searching and reading tasks. They found that in both groups, brain activity increased during reading tasks. But when participants searched the Web, brain activity was much higher, and differences in brain activity emerged between the two groups. Subjects who were experienced Googlers showed twice the activity in regions responsible for decision-making and complex reasoning as inexperienced Web searchers. But as the Internet beginners mastered the intricacies of computer searching, brain activity in their decision-making regions also increased. The study results suggest Googling helps the brain stay fit by forming new neural circuits, the authors concluded. *Mind, Mood & Memory January 2009 Volume 5, No. 1. Page 2, Newsbriefs.*

Want to receive your LHI newsletter by email?

Send your email address to us at:
info@lhihouston.org

LHI thanks the following groups for their generous funding to LHI in 2008:

Houston Black Tie Dinner

Kindred Spirits

Hollyfield Foundation

John S. Kellett Foundation

Charles Armstrong Investments

Pride Band Concerts

Index:

1. Googling is good for aging brains
2. Spices to boost your health
4. Personal health records (PHRs)
5. Don't let COPD sneak up on you
7. Atrial Fibrillation
9. Return of the Potato
11. LHI Health Fair Flyer for date, times, information
12. Skin Moisturizers
14. Preventative antibiotics and dental work
15. New Sister Study

L H I Houston Mission Statement

Our mission is to promote women's health in the
L G B T Community
To accomplish this we will:

- Provide education and health resources to our community
- Establish government and private agency liasions to initiate and support funding of programs to promote health and wellness
- Form partnerships with health care providers willing to ensure that women in our community have access to sensitive and responsible health care

Spices to boost your health

Spicing up foods enhances flavor without adding any fat, salt, or sugar. Moreover, spices may also contain various disease-fighting phytonutrients, or healthful plant-based chemicals, recent research suggests.

Allspice, cinnamon, and cloves, for instance, have significantly more antioxidant power than blueberries. A tablespoon of oregano has about the same antioxidant capacity as an apple. And University of Georgia researchers who analyzed 24 common spices found that most of them neutralized inflammatory substances that may contribute to cardiovascular disease.

Here's an update on some of the other promising findings.

TUMERIC Possible benefits: Alzheimer's prevention and control, by reducing the buildup of destructive proteins in the brain, and cancer prevention, by preventing malignant cells from multiplying.

Evidence: Alzheimer's trials are continuing at UCLA and Louisiana State University. And the national Cancer Institute has funded seven cancer-related trials, including one at the University of Pennsylvania testing the ability of curcumin, the substance that gives the spice its yellow color, to prevent colon-cancer recurrence. Most studies have looked at doses that are equivalent to about 4 teaspoons a day.

SAGE Possible benefit: Improved cognitive performance, by buoying levels of acetylcholine, a chemical that is produced by the brain.

Evidence: A study of 42 people with mild to moderate Alzheimer's found improved cognitive function in those who consumed the equivalent of about 1.5 teaspoons of sage a day. Other research, funded by the National Institutes of Health, is now under way.

CINNAMON Possible benefits: Diabetes prevention and management, by controlling blood sugar, cholesterol, and triglyceride levels, and boosting insulin sensitivity.

Evidence: Just a half-teaspoon daily for 40 days may reduce blood sugar and triglyceride levels by up to 25 percent, some studies suggest. But don't go overboard, since too much may harm the liver.

CHILI PEPPER Possible benefit: Weight control, by boosting metabolism and suppressing appetite.

Evidence: Several studies show that people eat less when meals are spiced with about half a teaspoon of chili. In several other trials, consuming the equivalent of about 4 to 5 teaspoons of chili pepper seemed to boost calorie-burning metabolism, especially in people who weren't overweight.

Consumer Reports on Health, Volume 21, Number 1, January 2009. Food Sense, page 7.

Wheelchair recycling

The nonprofit Wheelchair Project matches donated wheelchairs with people in need.

For more information or to donate, call 317-536-5219 or go to www.lifenets.org/wheelchair

Consumer Reports on Health, Volume 21, Number 1, January 2009, UpFront, page 3.

COOL labels

Country-of-origin labels, now required on meat, fish, poultry, produce, and some nuts, can be useful if you prefer to buy foods grown domestically or from a favorite foreign country—or if you want to avoid items from a country with known food-safety problems...

Consumer Reports on Health, Vol. 21, No. 1, Jan. 2009

Personal Health Records

Take charge of your health information

How organized is your personal health information? Do you know if your last tetanus booster was more than 10 years ago? Do you know the dosage amounts for the drugs you take, the specific names of your prescription drugs, or even how long you've been on certain medications?

You may have the answers written down somewhere, but that likely won't do you much good if you're the focus of an emergency medical situation away from home.

What if there was a way you could efficiently store, retrieve and manage your own health information? Personal health records (PHRs) may be the answer.

Essentially, a PHR is an electronic file or record of your health information that can be stored – usually on the internet – in a place that you or your doctor, with your permission, can easily access.

Many health insurance plans are offering PHRs to their members in an effort to get them more involved in their health.

A place for everything

Computers and the Internet have opened up new avenues for communication in health care. Many doctors and medical centers now offer online services that allow you to schedule appointments, request a prescription refill or ask a medical question. Increasingly, medical providers are offering password-protected Web pages (portals) that allow you direct access to your own electronic medical file.

The growing availability of electronic health records is expected to play a big part in the creation and maintenance of PHRs. Most PHRs are connected to existing electronic health records that contain your health information as provided by your health care provider or insurance plan.

Other PHRs are designed to stand alone, so that you have more control over and responsibility for what's included in your PHR. Basically, you can give your health care providers permission to direct medical information – such as test results or prescription drug information – to your electronic PHR, to which you may also add new or relevant health data on your own.

For example, you might track your progress in managing high blood pressure by recording daily blood pressure readings. Interactive features of some PHRs may include screening test reminders or alerts about your health conditions.

Look for value-added features

According to one estimate, only 30 percent of people who use the Internet keep track of their health information. And most of them store health information in paper files or on home computers. Only 3 percent use Internet-based (online) PHRs. What will it take to move more people toward online PHRs? The answer is value in the form of:

- *Accessibility and convenience* – Unlike paper records, a PHT's main benefit is its accessibility.

Personal Health Records continued:

- **Control of information** – This may be especially helpful if you see multiple doctors or have a condition requiring daily medication and regular monitoring or testing.
- **Portfolio viewability** – The ability to permit your adult children to view information helps them advocate for and communicate with you regarding your health care.
- **Personalized, clinically validated information** – Few, if any products offer this now, but you can expect to see PHRs evolve beyond being storage locations. Systems ultimately will provide personalized information that promotes behavior change that can reduce health risks.
- **A high level of security** – Ensure the security of your information by using a reputable source and understanding privacy policies.

More choices ahead

Personal health records (PHRs) are already offered through health plans and care providers, but now newer and more open PHR systems are being designed.

The entrance of Google Health and Microsoft HealthVault to the market has accelerated the pace at which new PHRs are being created. The goal of these Internet companies is to provide options for people who don't wish to have their health information tied to a health insurance provider or employer. They have made it possible to gather patient data from multiple sources and place it on the Internet in a single, secure location.

This capability has inspired more organizations to begin offering ways for health consumers to retrieve their personal health information for use in their individual PHRs.

Mayo Clinic Health Letter, Volume 27, Number 2, February 2009, page 7. www.HealthLetter.MayoClinic.com

[Editor's note: Not having known about these PHRs, I bought one of those memory sticks and put all the information (medical and surgical history, medications/dosages/when taken, and names & contact numbers for my physicians, plus names and emergency contact numbers for family. I also am a member of MedicAlert but the one time I was in an emergency room in the Texas Medical Center I showed them my MedicAlert bracelet and they said it was too time consuming to call the 800 number to access the information stored with them. So now in addition to the memory stick, I carry a printed record of the above information so the emergency staff can read it if they won't access MedicAlert or use the memory stick. Additionally, I carry my Advanced Directive (DNR) and my Durable Power of Attorney for Health Care, just in case I am not conscious.

This may seem like overkill but the one time you need this information and don't have it could cause major problems with long term consequences.]

G-BLTSCommUnity News

To subscribe, email:
Kayvctx1@aol.com

News from the local and world GLBT
Community
Kay Van Cleve, PhD

FEMNET

A FEMINIST ONLINE NETWORK

Email: FEMNET-owner@yahoo.com

“Another Way to Build Community”
Deborah Bell — Your list Diva

Don't Let COPD Sneak Up On You

Since there is no cure, you need to protect the lungs you have.

It's estimated that 12 million Americans suffer from chronic obstructive pulmonary disease (COPD), the fourth-leading cause of death in the U.S., according to the Centers for Disease Control and Prevention (CDC). The disease literally takes your breath away, blocking airflow to the lungs. At present, it's irreversible—but it is possible to manage the symptoms and learn to work with the lungs you have, says Joseph T. Cooke, associate professor of clinical medicine at Weill Cornell Pulmonary Associates: "The goal of care is early identification of COPD, to allow patients to continue their daily activities with as little debility as possible."

Trapped air

Lung function depends on an intricate network of airways—the trachea, or windpipe, and the bronchi, which branch off the trachea and end in smaller tubes called bronchioles—that provide a clear passage for air to travel to and from tiny air sacs (alveoli) deep within the lungs. "COPD is an umbrella term for several diseases—chronic bronchitis, emphysema, and chronic asthma—that interrupt this flow," says Dr. Cooke.

"Bronchitis increases the size and number of inflammatory and mucus-producing cells that cause the airways to swell and narrow," Dr. Cooke explains. "The asthma component results from inflammatory cells releasing chemicals that contract and close off the airways. In emphysema, the alveoli lose their elasticity, making it more difficult to exhale." Inhaled air remains trapped within the alveoli, making it difficult to take in sufficient air with each subsequent inhalation. "A patient with COPD rarely has just one of these diseases," says Dr. Cooke. "It's usually a combination of two or all three."

Losing lung function

Loss of lung function is part of the aging process, but that loss is accelerated by smoking: "It's the most significant risk factor for COPD," Dr. Cooke emphasizes. If you've worked with chemicals and inhaled fumes, dust or vapor over time, these also may impact lung function.

COPD symptoms can come on so gradually you may not notice. "A patient may have already started limiting their physical activity without realizing it's because they're short of breath," says Dr. Cooke. "A chronic cough and frequent respiratory infection that don't respond to antibiotics also may be signs."

If you are or have been a smoker and have these symptoms, see your doctor to be screened for COPD. The main screening test, called spirometry, measures how much air your lungs expel during the first of six seconds that you blow into it. The measurement, called forced expiratory volume (FEV1), can be used to track COPD progression. Other methods of diagnosis include chest X-rays and arterial blood gas analysis, which measures how much oxygen is passing into the blood from the lungs.

Beating breathlessness

While there's no cure for COPD, a combination of smoking cessation—the single most important thing you can do—medications, and pulmonary rehabilitations can help manage the symptoms.

Don't let COPD sneak up on you continues:

COPD medications include bronchodilators, which relax and dilate the airways, and corticosteroids, which decrease inflammation. "They improve quality of life and decrease the number and length of exacerbations, a sudden worsening of symptoms that patients with moderate to severe COPD experience about a year," Dr. Cooke explains. A study in the Oct. 9, 2008 *New England Journal of Medicine* found that patients taking the bronchodilator tiotropium (Spiriva) had better lung function and fewer exacerbations and related hospitalizations after a four-year follow-up.

Other research found that the commonly used antibiotic erythromycin reduced COPD exacerbations by as much as 35 percent (*American Journal of Respiratory and Critical Care Medicine*, Dec. 1, 2008), although any benefits from its use would have to be set against the possibility of patients developing antibiotic resistance. Previous research has suggested that a combination of salmeterol (Serevent, a bronchodilator) and fluticasone propionate (Flovent HFA, a corticosteroid) may actually help to slow COPD progression.

Pulmonary rehabilitation won't prevent deterioration in lung function, but it can help train you in breathing techniques that help train you in breathing techniques that more effectively empty the lungs and overcome the reduced physical capacity that accompanies COPD. "A rehab program is a good way to get you in tune with how far you can push yourself," says Dr. Cooke.

WHAT YOU CAN DO:

- Quit smoking – continuing to do will speed up lung deterioration if you have COPD.
- Get vaccinated against flu and pneumonia, as reduced lung capacity raises the risk of complications.
- Purse your lips with each exhale (as if whistling soundlessly) and tighten your abdominal muscles to help you exhale more slowly and thoroughly.

FEV1 MEASUREMENTS

FEV1(%of predicted value)

60 to 80%
40 to 59%
Below 40%

COPD STAGE

Mild
Moderate
Severe

SYMPTOMS

None or limited
Shortness of breath on exertion
Shortness of breath worsens and exacerbations are common

**Harris County Hospital District
Gold Card System**

www.hchdonline.com/patient/onecard/goldcard.htm

This link will take you to the webpage where you can download and print the application for a Gold Card, plus more information

**or
call**

713-566-6509

HOUSTON WOMEN'S GROUP

Where each woman defines her own feminism

Sundays, 10:45am

**In the Sojourner Truth Room, third floor
First Universalist Unitarian Church
Southmore @ Fannin St.**

**Iris Sizemore, 713-529-8571
houstonwomensgroup.com**

(not a church group, we only meet in a church)

Control Atrial Fibrillation to Protect the Brain as Well as the Heart

Treating this common heart rhythm problem can help lower the risk for stroke and cognitive decline.

Untreated *atrial fibrillation* – irregular heart rhythms caused by abnormal electrical impulses in the heart – has long been known to dramatically increase the risk of brain injury from strokes caused by blood clots that lodge in the brain (*embolisms*). Now new research suggests AF, which affects more than two million Americans, may be a significant cause of cognitive decline even when it doesn't cause a major stroke.

“AF can cause multiple small embolisms that over time may produce memory loss,” says AF expert Daniel Singer, MD, Chief of the Epidemiology Unit of Massachusetts General Hospital's General Medicine Division. “An even more serious threat to cognition caused by AF is the increased risk for major strokes in which blood clots lodge in cerebral arteries and injure or destroy a large area of brain tissue by depriving it of oxygen and nutrients.”

AN EARLY WARNING SIGN

A preliminary study has found evidence of significant cognitive impairment and structural abnormalities of the brain among individuals with AF, according to a report in the July 29 online issue of the *European Heart Journal 2008*. After excluding individuals with a history of stroke, dementia, or depression, researchers compared a group of 122 people with AF ages 37 to 84 to a similar group of 563 people without AF. They found that people with AF scored significantly lower in tasks involving learning, attention, and executive function. What's more, brain scans of people with AF revealed atrophy of the *hippocampus*, a region of the brain that plays a key role in memory.

CHAOTIC HEARTBEATS

AF is a disturbance in the heart's rhythm characterized by chaotic, usually very rapid, electrical impulses emanating from the heart's atria, or upper chambers. The uncoordinated impulses are transmitted to the *ventricles*, which are the lower chamber of the heart largely responsible for its pumping action. There they are translated into rapid, irregular heartbeats numbering as many as 120 or 130 beats a minute in some individuals, often causing a sensation of palpitations or fluttering in the chest.

The abnormal rhythms associated with AF interfere with the normal movement of blood through the heart and into the body. Blood tends to pool in the atria, increasing the danger of blood-clot formation. Once formed, these clots may pass from the atria to the ventricles and on through the circulatory system to the brain, where they can cause a brain-damaging stroke.

Continues on page 8

For a Healthier Heart:

Don't smoke
Have your blood pressure checked regularly
Eat foods low in saturated fats and cholesterol
Stay physically active
Maintain a proper weight

The Mended Hearts, Inc.

LHI Newsletter is published as a public service to empower the LGBT community on health issues.

LHI is a 501-c-3 non-profit organization
Newsletter mailout committee: Lucy Watson, Pat Gandy, Cathy McMillan, Mina Garcia, Delma Cummings, Scottie Scott, Pat Tiller, Clair Baker, Leslie Lawson and Margaret Thibodeaux.

Atrial Fibrillation continues:

People with AF are three to five times more likely to have a stroke than people without AF.

“The incidence of AF increases with age,” says Dr. Singer. “Few people under 55 have it, but an estimated 10 percent of adults over 80 do.”

ARE YOU AT RISK?

Important risk factors for AF include:

Age (55 and older)

Hypertension (high blood pressure) or a history of stroke

Diabetes

Heart disease (including a history of heart attack, heart defects, heart surgery, or heart valve problems)

Chronic conditions such as sleep apnea or thyroid problems

Acute medical stressors, such as pneumonia or pulmonary embolism

Many people who suffer from periodic episodes of AF (*paroxysmal atrial fibrillation*) are not aware that they have this common form of heart arrhythmia until it is discovered during a routine physical exam.

Symptoms of AF may include palpitations (a sense that the heartbeat is uncomfortably rapid or irregular), lightheadedness, shortness of breath, or momentary weakness. In some instances, the heart resumes its normal rhythms on its own; in other cases, the symptoms may be chronic. People who experience these warning signs should seek a medical assessment.

Fortunately, very effective treatments for AF are available. In some people, simple lifestyle changes such as reducing consumption of caffeine or alcohol or avoiding over-the-counter cold remedies that contain stimulants can prevent arrhythmia. In others, normal heart rhythm can be restored successfully by recognizing and receiving treatment for underlying conditions, such as hyperthyroidism. For people whose AF is recurring, doctors may recommend restoring normal heart rhythms through anti-arrhythmic medications (*cardioversion with drugs*), electrical shocks to the heart (*electrical cardioversion*), or procedures involving cardiac catheterization or surgery to directly address abnormal electrical activity in the atria.

For many patients with AF, simply controlling the heart rate produces a satisfactory outcome. Medications such as digoxin (Lanoxin), calcium channel blockers, or beta blockers are typically used for heart rate control.

“For people at higher risk for blood clots – such as adults over 75 who have high blood pressure, diabetes, or a history of stroke – blood-thinning medications such as warfarin (Coumadin) are usually recommended as well,” Dr. Singer says.

“For those at lower stroke risk, physicians usually recommend aspirin.”

Massachusetts General Hospital, Mind, Mood & Memory, Volume 5, Number 2, February 2009, Page 1.

Potato Comeback

The healthy side of spuds

Pity the poor potato. In recent years, the lowly spud's reputation had been mashed. Criticism ranges from its high carbohydrate count to its role as a magnet for high-fat toppings that add calories. As for fried potatoes – don't even think about it.

The truth is – if you skip all the sour cream, cheese and butter and don't fry your spuds – the potato has quite a lot going for it.

POTATO MYTHS

Misconceptions about potatoes abound. Here are just a few:

***Potatoes are high in calories* – At its most basic, a medium-sized russet potato baked in its skin has just 160 calories. None of these calories are from fat, cholesterol or refined sugar.**

***Potatoes are nothing but carbohydrates* – Actually, your average potato has 37 grams (g) of carbohydrates. But as a whole food, potatoes are much more than just carbohydrates. On closer examination, they're a great source of potassium, providing 952 mg. of this important nutrient, which is considerably more than what you might find in a banana or a serving of broccoli or spinach. Potatoes are a good protein source, providing 4 g, which is comparable to the protein found in half a cup of milk. In addition, that medium-sized potato will also provide 1.9mg of iron.**

***Most of the nutrients are found in the potato skin* – The truth is that most of the nutrients are found right below the potato skin's surface. While it's best to avoid peeling potatoes, it's also important to scrub the skins well before preparing them. Skin-on potatoes not only retain all their nutrients, but also give you a healthy dose of fiber – about 4 g – in a medium potato. In addition, if you're watching your salt intake, a medium potato contains only 15 mg of sodium [salt].**

Potato pluses: Potassium 952 mg., Fiber 4 grams, Protein 4 grams.

PREPARATION TIPS:

Think baked, broiled, roasted or microwaved to get the most from a potato without adding calories. Once cooked, a potato with its skin is like an open canvas awaiting your creative touch. Some healthy options include:

Slit a baked potato and add some fat-free cottage cheese, fat-free plain yogurt or fat-free sour cream along with a few sakes of your favorite salt-free herb spice.

If a buttery potato is more to your liking, substitute one of the cholesterol-lowering, stanol-enhanced spreads for the butter. Keep in mind that part of the fiber in potato skins is soluble, and soluble fiber helps lower low-density lipoprotein (LDL) cholesterol – that's the "bad" cholesterol – so go ahead and eat the skins, as well.

If you like a little spice, top your baked potato with fresh salsa.

Continues on page 10

Potato comeback continues:

Top your baked potato with steamed vegetables.

Boiled potatoes with the skins on can be jazzed up in several ways, depending on your preference. You might try adding a dash of olive oil and a healthy dose of fresh chopped parsley, then roughly mashing it all together. Mashed potatoes with rosemary and freshly ground pepper is another option. Or if you're a garlic fan, mash your potatoes with fresh garlic and a dash of olive oil.

If you like French fries, see the recipe [below] that takes the fry part out, but still enhances all of the potato's flavor.

Roasted Potato wedges

Ingredients:

2 large red or white potatoes (about 1 pound) with skins, cut into wedges 1/4-inch thick
1 tablespoon olive oil
1 teaspoon rosemary or oregano

Directions:

Preheat oven to 400 degrees F.

Lightly coat a baking sheet with cooking spray. Soak the potato wedges in ice water for 5 minutes.

Drain potatoes and rinse thoroughly under cold water. Press between paper towels to dry.

Transfer potatoes to a large bowl, pour the olive oil over the potatoes and toss to coat evenly.

Arrange the potatoes in a single layer on the prepared baking sheet. Bake 15 minutes.

Turn the potatoes over and bake another 5 minutes.

Sprinkle the herbs over the potatoes and continue baking until potatoes are brown and crispy, about 5 minutes longer. Serve immediately. Serves 4.

Nutritional analysis (per serving): Calories 116, carbohydrates 18 grams (g), total fat 4 g, saturated fat 1 g, monounsaturated fat 2 g, protein 2 grams, cholesterol 0 milligrams (mg), fiber 2 g, calcium 12mg, potassium 517 mg, sodium 7 mg.

[Editor's note – in the spice aisle of most supermarkets you will find Mrs. Dash's products.

There are many of them in a range of flavor combinations and colors. I suggest if you buy any, use them sparingly at first as some of the flavors are intense. The garlic & herb is my favorite.

You might also try a product called Butter Buds. I find it more useful for vegetables like brussel sprouts and cauliflower in place of butter or margarine. It contains some salt so don't over-do it.

Another product is Dijonnaise made by Hellman's, a spread that looks like a brown mustard but the taste is not as strong as mustard, and one tablespoon contains 70 mg of sodium and 0 quantities of everything else listed on the label (fat, cholesterol, etc.) Use on a ham (thinly sliced) sandwich in place of mayo.]

Mayo Clinic Health Letter, Volume 26, Number 11, November 2008. Tools for Healthier Lives, page 7.

(LHI) RAINBOW HEALTH FAIR

For Gay, Lesbian, Bi-Sexual & Transgender Women Only

Saturday June 6, 2009

8:15am – 2:00pm

*Start
Getting Heart
Healthy
At the
LHI
Health
Fair *

FREE

**MAMMOGRAMS, TOTAL CHOLESTEROL CHECK*,
BLOOD PRESSURE* & BLOOD GLUCOSE CHECKS*,
BREAST EXAMS, BLOOD TYPING,
A1C for DIABETICS, HEALTH & WELLNESS EDUCATION,
DURABLE MEDICAL POWER OF ATTORNEY,
ADVANCE DIRECTIVE (Living Will),
PAP TESTS**

TO SCHEDULE A MAMMOGRAM or PAP TEST CALL:

713-426-3356 after April 15 or email: info@lhihouston.org

Please do not wear perfume or deodorant that morning !!

For most accurate blood tests do not eat before testing,

(if you are diabetic use your common sense re eating.)

Pap tests will be offered in limited number so call asap after April 15, and for those we cannot schedule for that day, LHI will offer certificates for free Well Woman Exams at Legacy Clinic during regular Clinic hours. If you need one of these

Certificates come to the Health Fair and ask for one.

LOCATION: LEGACY CLINIC

215 WESTHEIMER, HOUSTON, TX.

8:15am to 2:15pm Call 713-426-3356 after April 15

or

Email: info@lhihouston.org Website: www.lhihouston.org

LHI is funded by: The Houston Black Tie Dinner; Kindred Spirits Celebration, Hollyfield Foundation; Individual donors; Charles Armstrong Investments, and Participants of the annual LHI “Celebration of Love” Fundraiser, Pride Band Concerts

SKIN MOISTURIZERS

Choosing one that works

In your search for a new moisturizing lotion, you’ve been confronted with an overwhelming array of choices. There are anti-wrinkle lotions, cellulite smoothers, pore refiners – something for everything from your feet to your eyelids and at prices ranging from under \$10 to over \$100.

How do you choose?

Fear not. Most – if not all – nonprescription moisturizers help smooth skin and help to replenish and hold moisture in the outermost layer of your skin. They’re especially effective if used daily.

But claims that go beyond that basic function are probably not worth the extra cost. And cost isn’t a determinant of how well a product works. That’s not to say all moisturizers are the same.

WINTER SKIN:

Ordinary dry skin usually isn’t serious, but it can be uncomfortable and itchy and look rough, scaly or even cracked. It’s typically the result of one or two underlying problems with the outer layer of your skin:

Lack of water – When the cells that makeup the outer layer of your skin are well hydrated, your skin feels soft, smooth and pliable. In addition, dead cells of your skin’s outer layer are more compact and orderly. This better shields your body from germs and irritants and allows dead skin cells to shed without becoming scaly or flaky.

Lack of oils -- Natural oils of your skin help prevent moisture from evaporating, thus preventing skin cell dehydration. The most important oils are those between skin cells, rather than those on top of it.

Some people are more susceptible to dry skin than are others. In addition, certain diseases – such as thyroid disorders – can lead to dry skin. But more typically, skin oils become depleted with frequent bathing or swimming, by using soaps and detergents, or by wearing rough clothing. In addition, oil producing glands tend to become less active with age.

THE BASIC INGREDIENTS:

Most moisturizers add or attract water to the outer layers of skin cells, and then prevent evaporation of that water with some sort of protective substance. Moisturizers typically contain a combination of:

Water – It’s the main base ingredient of many moisturizers and some of it soaks into your skin to hydrate it.

Humectants -- These ingredients can draw water from deeper skin layers to the surface cells, or absorb moisture from the air in a humid environment. Some of the more powerful humectants are glycerin, lactic acid and urea.

Water-retaining occlusives and skin-smoothing emollients – One of the most effective of these is petrolatum. Others often include lanolin, mineral oil, paraffin, beeswax and cocoa butter. Non-oil occlusives, such as dimethicone or cyclomethicone, are often the active ingredients in oil-free formulations.

Continues on page 13

Skin moisturizers continues:

Many other ingredients can be found in moisturizers, including preservatives to prevent bacterial contamination, fragrances, sunscreen or sunless tanning chemicals.

Vitamins, minerals or plant extracts also are common ingredients in moisturizers ingredients. There may be some moisturizing benefit from some of these additives, but they don't work any better than do the more known and studied humectants and occlusives.

It's doubtful that vitamins included in moisturizing products have additional benefit beyond their possible moisturizing effects.

FOR BEST RESULTS:

Moisturizers work best when used daily and immediately after a bath or shower. When used daily, the outer layer of your skin normalizes. Once normalized, it takes one to two weeks for the skin to normalize again. If you're a daily user and miss a day or two or miss a spot, you won't get dry right away.

Selecting a moisturizer often comes down to personal preference, but take these tips into consideration when it comes to selecting a moisturizer for:

Your face or other acne-prone areas – Use products designed specifically for the face, especially if other moisturizers have a tendency to clog pores.

Extra-dry skin -- A product in which petrolatum is one of the top three ingredients is likely to be best. Examples include Eucerin Original Moisturizing Crème, Lubriderm Daily Moisture Lotion and Vanicream Moisturizing Cream. Products containing glycerin, lactic acid or urea can provide an extra boost. However, they may sting or application, especially if you have cracked skin.

Sensitive skin –Almost any moisturizer ingredient can cause skin irritation or allergy, but fragrances, dyes, lanolin, and the preservatives parabens and formaldehyde tend to be the most common offenders.

Mayo Clinic Health Letter, Tools for Healthier Lives, Volume 26, Number 11, November 2008, page 6.
www.HealthLetter.MayoClinic.com

<p align="center">STROKES</p> <p>For information on strokes – cause, prevention, symptoms, etc.</p> <p align="center">go to this website:</p> <p>http://www.stroke.org/site/Pag eNavigator/HOME</p>	<p>LHI is funded by the following:</p> <p>Houston Black Tie Dinner, Inc. Kindred Spirits Celebration The Hollyfield Foundation John Steven Kellett Foundation Charles Armstrong Investments LHI Valentine Ball Fundraiser Houston Pride Band Private Donors</p>	<p align="center">HOUSTON BUYERS CLUB A non-profit organization</p> <p align="center">Sports nutrition Nutritional supplements Nutritional information <i>Discounted Prices</i></p> <p align="center">3224 Yoakum across from the Side of Half Price Books</p>
<p align="center">Stroke is a silent killer</p>	<p align="center">Thank you for your generosity!</p>	<p align="center">713-520-5228</p>

Preventative Antibiotics and Dental Work
Mayo Clinic Office Visit
An Interview With Walter Wilson, M.D.

Since 1955, the American Heart Association (AHA) has recommended that people with certain heart conditions take antibiotics before dental work or other procedures to help prevent an infection called endocarditis. (See Endocarditis Facts, below.) However, new AHA guidelines on the topic recommend preventive antibiotics before dental work for far fewer people than were recommended previously. Here, Dr. Walter Wilson, who headed the AHA committee that wrote the new guidelines, talks about the changes.

WHS: Why were the guidelines changed?

Dr. Wilson: There was a growing sense of uneasiness among the members of our committee that the previous guidelines weren't based on hard evidence that they weren't effective in preventing endocarditis. The committee concluded that over time, it has become clear that bacteria in the bloodstream resulting from daily activities, such as brushing teeth, flossing or chewing, are much more likely to cause endocarditis than are bacteria that enter the bloodstream with a single dental procedure. Bacteria may enter the bloodstream several times a day as a result of daily activities, whereas most people in the U.S. generally visit a dentist on average only one and a half times a year.

WHS: What are the new AHA guidelines for using antibiotics before dental work?

Dr. Wilson: Preventive antibiotics before dental work are now recommended only for people who, if they develop endocarditis, are most likely to die of it or have serious complications. This includes people with artificial heart valves, a history of infective endocarditis, certain forms of congenital heart disease and cardiac valve abnormalities following a heart transplant.

The new recommendations are a radical departure from the previous guidelines. They exclude a large number of people with the most common underlying heart diseases, such as mitral valve prolapsed or rheumatic heart disease, for whom preventive antibiotics before a dental procedure were previously recommended.

Another change was to clarify the types of procedures for which preventive antibiotics are recommended. For people at highest risk of a bad outcome from endocarditis, antibiotics are now recommended for all dental procedures that involve manipulation of gum tissue or the area around the root tip (apex), or perforation of the mucous membranes inside the mouth. That includes many dental procedures, including cleaning. But for routine anesthetic injections through noninfected tissue, dental X-rays, loss of "baby" teeth, adjustment or placement of removable orthodontic appliances, and bleeding from injury to the lips or mucous membranes inside the mouth, preventive antibiotics are not recommended.

WHS: Will it be harmful if a woman continues to take antibiotics before dental work if they're no longer recommended for her?

Dr. Wilson: Taking antibiotics is not risk free. When you calculate the statistics for large populations, the risk of serious side effects from taking antibiotics before dental work appears to be higher than the risk of developing endocarditis from the dental procedure itself. But these are

statistics for the overall population. On an individual basis, provided that a woman's doctor or dentist takes a careful history, the risk of taking antibiotics is very low.

Continues on page 15

Preventative Antibiotics and Dental Work continues:

WHS: *How should a woman talk with her doctor or dentist about this?*

Dr. Wilson: She should ask and expect her physician or dentist to be familiar with the new guidelines and the rationale for change. Then between them, they can make an informed decision.

Endocarditis Facts:

Endocarditis is an infection of the thin membrane that lines the chambers and valves inside your heart, called the endocardium. The condition typically occurs when bacteria or other germs from another part of your body, such as your mouth, enter your bloodstream, travel to your heart and attach to abnormal or damaged heart tissue.

Walter Wilson, M. D., is a professor of medicine in the Division of Infectious Diseases and the Department of Medicine at Mayo Clinic in Rochester, MN. Dr. Wilson's interests include infective endocarditis, endovascular infections and antimicrobial resistance.

Mayo Clinic Women's HealthSource, Tools for Healthier Lives, Volume 12, Number 2, February 2008.

ARE YOU OR YOUR SISTER IN THE SISTER STUDY? READ THIS

Tens of thousands of women have enrolled in the Sister Study, a federal research project involving healthy women whose sisters have had breast cancer. Now researchers want input from participants' sisters who were diagnosed with breast cancer before age 50 and within the last four years. Women in this new study—the Two Sister Study—will answer phone interviews and submit saliva samples for DNA analysis.

“We can learn about environmental factors by comparing the affected sister and the unaffected sister to see if there are any systematic differences between them,” says principal study leader Clarice Weinberg, PhD.

The original Sister Study has almost reached its goal of 50,000 participants, but researchers are still looking for healthy non-Caucasian sisters between ages 35 and 74, as well as Caucasian women who are either between 35 and 74, as well as Caucasian women who are either between 55 and 74 or do not have bachelor's degrees. Visit: SisterStudy.org or call 1-877-4SISTER (747837).

MAMM magazine, Volume 10, Issue 6, December/January 2009 page 9.

Keep checking the LHI Newsletter for information on the

Upcoming Kindred Spirits Celebration

Date, Time and Place to be announced later this year.