

# ESSENTIALS *for* HEALTH

## Don't Let Digestive Disorders Keep You Down



Heartburn. Gas. Bloating. Diarrhea. Constipation. They're not the topics of casual conversation—but if they're affecting your life, don't keep it to yourself. Talk to your doctor because help is available.

**Acid Reflux/GERD.** Caused when stomach acids back up—or reflux—into the esophagus, acid reflux can damage the lining of your esophagus and cause heartburn. When chronic, uncontrolled heartburn or gastroesophageal reflux disease (GERD) occurs, it can lead to esophageal inflammation and—in certain cases—an increased risk of cancer of the esophagus.

But there's a bit of good news for those with acid

reflux: New wireless monitoring technology allows for easier diagnosis. While the patient is mildly sedated, doctors attach a tiny, rectangular capsule to the wall of the esophagus. The device uses radio signals to transmit data to a patient-worn receiver for 48 hours. The physician can then download and analyze the data.

**Diverticulosis/Diverticulitis.** Diverticulosis—small outpouchings in the lining of the gastrointestinal tract—is common among older people but usually produces no symptoms. Diverticulitis develops when one of the outpouchings

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## Sticks and Stones: Preventing Broken Bones

When you're a kid, a broken bone can be a badge of honor, complete with a cool cast that your friends eye with envy. But breaking a bone as an adult is decidedly uncool, with its potential for more serious medical complications. A bone break or fracture after age 50 can also be a first sign of osteoporosis.

As many as 10 million people in the U.S. have osteoporosis, and another 30 million have low bone density that could progress to osteoporosis. Although osteoporosis doesn't typically announce itself—a fact that can hinder early diagnosis—paying attention to your risk factors can help head off some of the main causes. If you have a family history of osteoporosis, you're a prime candidate for the disease.

Osteoporosis is most common in postmenopausal women, but premenopausal women face increased risk when their lifestyles include such factors as smoking, low body weight, estrogen deficiency, low lifelong calcium intake, alcoholism, inadequate physical activity, amenorrhea and use of some specific medications like corticosteroids.

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### KALE SALAD

(with lemon vinaigrette)

#### Ingredients

- ▶ 5 bunches black Tuscan kale
- ▶ 1 tablespoon red pepper flakes
- ▶ ¾ cup dried blueberries
- ▶ 2 cups lemon vinaigrette (below)
- ▶ Salt and pepper

#### lemon vinaigrette

- ▶ ½ cup fresh lemon juice
- ▶ ¼ cup honey
- ▶ 1 ½ cups olive oil
- ▶ 1 teaspoon salt

#### Preparation

Clean stem off kale and chop into ½ inch strips.

Toss cleaned and chopped kale with ½ cup of lemon vinaigrette. Lightly massage the dressing into the kale. This should be done at least 8 hours before you serve the kale; overnight is preferred.

For vinaigrette, place all the ingredients in blender and blend for 1 minute. Yields 2 cups.

Right before serving place the kale, red pepper flakes, dried blueberries and ½ cup of the lemon vinaigrette in a large bowl.

Toss all together; add more vinaigrette if desired. Yields 10 portions.

#### Nutritional information:

346 calories/  
31 total fat grams/  
4 saturated fat grams/  
0 cholesterol/  
281 milligrams sodium/  
19 grams total carbohydrate/  
2.5 grams dietary fiber/  
10 grams total sugars/  
3 grams protein



## EXERCISE EASY:

### Fitness Gain Without Pain

Revvng up your fitness routine doesn't have to mean pushing yourself to the max. In fact, if you create a regimen that's too demanding, you could sabotage your efforts.

Overdo exercise and you could have lasting muscle soreness. Worse yet, you could experience muscle strain and pain that limits your movement, which could set you back.

No pain, no gain is no longer true. Instead of setting body-taxing deadlines to get fit, create achievable goals that you can revisit at regular intervals. Mix up your routine. Exercise with friends. You'll be accountable to your buddies, adding a little pressure to stick with the program. Most of all, find enjoyable ways to stay fit.

#### Getting started

Imagine how fit you'd like to be, including your increased stamina, strength and energy. Then, work on the steps you need to take to get there. If you haven't been diligent about exercise, start slowly and take your current level of activity into consideration. Use the government guidelines for physical activity as a goal rather than a starting point if you're not currently exercising, experts advise. Then, build up in small increments, such as increasing your mileage from 2 miles a day on the treadmill to 2.1 miles.

#### Body language

Watch for signals that you're doing too much too soon. If your muscles shake when you're lifting weights, you're going to be sore. If it feels like a little too much, you're going to be sore. Even if you do end up aching post-workout, don't use muscle soreness as an excuse to stop moving altogether.

#### Mix it up

Along with greater intensity, incorporate different routines so you don't become bored, and to lessen the risk of injury. Doing the same thing over and over again can make you more susceptible to conditions like tendonitis or plantar fasciitis, where one part of the body is stressed too much.

Most of all, have fun. It's important to find something you like to do. You'll be less inclined to give up if you're doing something you like.

*Sticks and Stones continued from front*

### Diagnosis and treatment

The only definitive diagnostic tool for osteoporosis is a bone density test. A T-score, which compares your bone density with that of healthy young women, is one way test results are reported. A T-score is within the normal range if it is -1.0 or above. A T-score of -1.1 to -2.4 indicates the beginning of bone loss (osteopenia), and -2.5 or below indicates osteoporosis.

A T-score showing osteopenia does not mean you have or definitely will get osteoporosis; it just means you have an increased chance of developing the disease if you lose more bone in the future.

#### Treatment tactics

The same careful monitoring and lifestyle adjustments that can help prevent the onset of osteoporosis can also mitigate its impact if diagnosed.

Talk to your primary care provider about appropriate supplements such as calcium and vitamin D as well as other medications, engage in weight-bearing exercises such as walking or aerobics for 30 minutes three or more times a week, consider muscle strengthening with resistance exercises, and stop smoking.

It's also important to identify and treat alcoholism and other risk factors for fractures, such as impaired vision (which can cause falls), as part of osteoporosis prevention and treatment.

The earlier you identify risks and make the needed healthy lifestyle choices, the better. The best time to begin, of course, is when you're young. But even if you already have osteoporosis, there is much you can do to help keep your bones as strong—and as unbreakable—as possible.



*Digestive Disorders continued from front*

becomes inflamed or infected. A prescription for antibiotics is the first line of treatment.

**Irritable Bowel Syndrome.** IBS plagues millions of us each year, women more frequently than men; it is second only to the common cold as a reason for calling in sick to work, according to the American College of Gastroenterology. Symptoms—painful cramps, bloating and constipation or diarrhea—often worsen with stress, although the exact cause of IBS is not known. There is no single treatment regimen; dietary changes help some people, and fiber supplements may be used, as well.

Research in the past decade has led to the development of new drugs to treat IBS.

**Hiatal Hernia.** This is a condition in which a portion of the stomach protrudes upward into the chest through an opening in the diaphragm. It may account for some acid reflux symptoms. Most people who suffer from this common condition require no treatment, but laparoscopic surgical repair can be an option if symptoms are severe.

**Inflammatory Bowel Disease (IBD).** As the name indicates, IBD—which includes both ulcerative colitis and Crohn's disease—occurs when the bowels (intestines) become inflamed. There's a genetic predisposition to these conditions but no one specific cause.

In addition to the new drugs available to treat IBD, clinical trials of various anti-inflammatory agents offer additional hope. One intriguing experimental medicine made from a pig whipworm parasite has proven beneficial for some Crohn's disease patients.

**Ulcers.** An ulcer occurs when an area of the intestine is eroded. The majority of ulcers occur as a result of an infection by the bacteria *Helicobacter pylori* (*H. pylori*) and can typically be treated effectively with antibiotics. The other common cause of ulcers is nonsteroidal anti-inflammatory agents, which include aspirin, ibuprofen and arthritis medications, so exercise caution when taking over-the-counter pain relievers.

Depending on the specific digestive disorder, your physician may recommend one or more of these treatments:

- Making lifestyle changes, such as maintaining a healthy weight and reducing stress.
- Altering your diet to avoid foods that aggravate your digestive system.
- Taking over-the-counter or prescription medication to ease symptoms.
- Undergoing surgery to treat an underlying condition.