

Veterans' Health at Home[®]



Written by
Don R. Powell, Ph.D.
and the
American Institute for Preventive Medicine

Note: This book is not meant to substitute for expert medical advice or treatment. The information is given to help you make informed choices about your health. Follow your doctor's or health care provider's advice if it differs from what is given in this book. Also, if the problem you are reading about doesn't go away after a reasonable amount of time, you should see or call your doctor.

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ISBN-13: 978-0-9635612-9-9

ISBN-10: 0-9635612-9-4

Telephone Numbers & Information

Emergency Medical Service (EMS): _____ Fire: _____

Police: _____ Poison Control Center: 1-800-222-1222

Suicide Prevention Lifeline: 1-800-273-8255 and www.suicidepreventionlifeline.org

Veterans Crisis Hotline: 1-800-273-8255 Press "1" or access www.veteranscrisisline.net

Health Care Providers

Name	Specialty	Telephone Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospital: _____ Pharmacy: _____

Health Insurance Information (See also "Health Insurance Checklist" on page 48.)

Company Name: _____ Phone Number: _____

Policyholder's Name: _____ Policy Number: _____

What to Tell Your Doctor

Use this summary when you call or visit a doctor or health care provider.

See pages 27–28 for more information. (Make copies as needed.)

Symptoms

- | | | |
|---|---|---|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Fever/chills | <input type="checkbox"/> Breathing problems |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Stomach problems | <input type="checkbox"/> Eye, ear, nose, |
| <input type="checkbox"/> Bowel/bladder problems | <input type="checkbox"/> Muscle or joint problems | throat problems |

Other problems/specific questions I have now: _____

What I need to do: _____

Medications

(See "Medicine Log" on page 46 for a list of all medicines you take.)

Medications I'm allergic to: _____

Major Illness Warning Signs

Cancer's Seven Warning Signs

- ❑ Change in a mole or wart
- ❑ Change in bladder or bowel habits
- ❑ Unusual bleeding or discharge
- ❑ Lump or thickening in the breast, joint areas, or elsewhere
- ❑ A sore that does not heal
- ❑ A persistent hoarseness or cough
- ❑ Problems with swallowing or indigestion

See, also, pages 135-138 and 272-276.

Diabetes Warning Signs

- ❑ Frequent urination
- ❑ Excessive thirst
- ❑ Extreme hunger
- ❑ Unusual weight loss
- ❑ Increased fatigue
- ❑ Blurry vision

See, also, pages 276-281.

Stroke Warning Signs

Call 9-1-1 right away for any of these:

- ❑ Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- ❑ Sudden confusion, trouble speaking or understanding
- ❑ Sudden trouble seeing in one or both eyes
- ❑ Sudden trouble walking, dizziness, loss of balance or coordination
- ❑ Sudden severe headache with no known cause

See, also, pages 228-230.

Heart Attack Warning Signs

- ❑ Uncomfortable pressure, fullness, squeezing, or pain anywhere in the chest. This lasts more than a few minutes or goes away and comes back.
- ❑ Pain that spreads to the shoulder, neck, one or both arms, back, tooth, jaw, or stomach
- ❑ Chest discomfort with shortness of breath, lightheadedness, fainting, sweating, nausea, or vomiting
- ❑ Women are more likely than men to have unusual fatigue or weakness, shortness of breath without chest pain, or severe indigestion that does not go away.

For any of the signs above, don't delay. Call 9-1-1 right away!

- Chew one 325 mg. aspirin (or 4 baby aspirins), unless you are allergic to aspirin.
- Tell the EMS driver that you are having chest pain.

To Do Now

Prepare an action plan in case of a heart attack. Talk to your doctor or health care team about ways to lower your risk of a heart attack. *See, also, pages 201-203.*

Acknowledgements

Physicians and other health professionals who served on our clinical review team:

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- E. Blackford Noland, M.D.**, Department of Internal Medicine, Lewis-Gale Clinic, Salem, VA
- William A. Pankey, M.D.**, Senior Vice President, Corporate Medical Director, D.C. Chartered Health Plan, Inc., Washington, D.C.
- Marcie Parker, Ph.D.**, Certified Family Life Educator, Fellow of the Gerontological Society of America, Fellow of the American Institute on Stress, Golden Valley, MN
- Anthony Pelonero, M.D.**, Medical Director, Anthem Behavioral Health; and Clinical Associate Professor Virginia Commonwealth University - Medical College of Virginia, Richmond, VA
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- Neill D. Varner, D.O., M.P.H.**, Former Medical Director, Delphi Saginaw Steering Delphi Automotive; Member of the UAW-GM Health Promotion Task Force, Saginaw, MI
- Andria Watha**, Manager, Graphic Design, American Institute for Preventive Medicine, Farmington Hills, MI
- Mark Werner, M.D.**, Obstetrician and Gynecologist, Laser Surgery, William Beaumont Hospital, Royal Oak, MI

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Section I

You & Your Health

Introduction

You are the most important person in caring for your health. What you do from this day on affects your health and how you feel.

This section helps you know what to do to take care of your own health and well-being.

Ways to stay well and prevent disease are presented in Chapter 1.

Chapters 2 through 5 give many tips and guidelines to be involved in your health care and to be a wise medical consumer.

Chapter 6 gives tips on making plans for your health care over your lifetime.

Chapter 1



Healthy Living Messages

Chapter 2



Be Involved in Your Health Care

Chapter 3



Medical Decisions

Chapter 4



Medical Exams & Tests

Chapter 5



Medicines

Chapter 6



Planning



To learn more about topics covered in this Guide and other health issues, access www.healthfinder.gov and My HealthVet at www.myhealth.va.gov.



Healthy Living Messages

Healthy Living Messages

The National Center for Health Promotion and Disease Prevention has developed nine healthy living messages to help you be well and prevent diseases.

1. Be Physically Active
2. Eat Wisely
3. Strive for a Healthy Weight
4. Be Tobacco Free
5. Limit Alcohol
6. Manage Stress
7. Be Safe
8. Be Involved in Your Health Care
9. Get Recommended Screenings & Immunizations

The first seven of these are explained in this chapter. Be Involved in Your Health Care is the topic of Chapter 2 on pages 25 to 28.

Get Recommended Screenings & Immunizations is on pages 35 to 36 in Chapter 4 – Medical Exams & Tests.

Find out more about all nine Healthy Living Messages from www.prevention.va.gov.

Be Physically Active

Benefits of Regular Physical Activity*

- Helps you manage your weight
- Helps prevent and control type 2 diabetes
- Lowers your risk of coronary heart disease, stroke, and colon cancer
- Lowers blood pressure
- Increases muscular strength, endurance, flexibility, and range of motion
- Strengthens bones. Helps prevent injury.
- Helps you sleep better. Improves mood.

* Adapted from “Benefits of Regular Physical Activity, P02 Version 5.0” from www.move.va.gov/handouts.asp?physical

Physical Activity Guidelines

- Avoid inactivity. Some activity is better than none. Every 10-minute session counts. Follow your doctor’s advice for physical activity.
- A. Do at least 150 minutes (2 ½ hours) of moderate activity per week.* At this level, you can talk, but not sing. Examples are brisk walking, dancing, or hard housework. OR
 - B. Do at least 90 minutes (1 ¼ hours) of vigorous activity per week.* At this level you cannot say more than a few



words without pausing for a breath. Examples are jogging, aerobic dancing, or swimming laps. OR

C. Enough of A and B per week* to give the same total effect

D. Do strengthening activities at least two days a week.

* You may need to do more than this if you need to lose weight or prevent weight gain.

What Exercises Should You Do?

You can get active with:

- Recreation. Swim, golf, dance, etc.
- Active hobbies, such as working in the garden and chores, such as washing windows, walking the dog, etc.

Get physical activity tips from www.move.va.gov/handouts.asp?physical.

Types of Exercise

I. Aerobic Exercises

- Walking
- Swimming. Good for those who have orthopedic problems or are obese. Reduces pressure on muscles and bones.
- Bike riding
- Rowing

Walking Tips:

- Keep your head erect.
- Straighten your back.

- Point your toes forward.
- Swing your arms loosely.
- Wear cushioned, comfortable shoes.
- Don't race. Keep a comfortable pace.
- Walk with a friend or wear a headset.
- In bad weather, consider a morning mall walkers group.
- Make walking part of your daily routine.
- Find new routes.
- Set reasonable goals to increase time or distance.

When you do aerobic exercises, follow these three steps:

A. Warm Up

A good way to warm up is to spend 5 to 10 minutes stretching different parts of your body. Extend each body part and hold it for 15 to 30 seconds. Doing this should not cause any pain. It should be a flowing, rhythmic motion that raises your heart rate a bit. Include all major muscle groups and parts of the body:

- Head and neck
- Shoulders, upper back, arms, and chest
- Rib cage, waist, and lower back
- Front and back of thighs
- Inner thighs
- Calf and Achilles tendon
- Ankles and feet



B. Aerobic Activity

To be aerobic, the activity you choose should:

- Be steady and nonstop
- Use large muscles of the lower body (legs, buttocks)
- Last a minimum of 20 minutes. You can start out for shorter periods of time, many times a day. For example, do 5 minutes, 4 times a day. Progress to more minutes each time.
- Result in a heart rate of 60 to 80% of your maximum heart rate. (See “Target Heart Rate Zone” in the box below.)

- Allow you to speak without gasping for breath

C. Cool Down

The key is to cool down slowly. Choose a slower pace of the activity you were doing. For example, if you were walking briskly, walk slowly. Or stretch for about 5 minutes. Stretch all muscle groups. Stretch to the point of mild tension (not pain or burn). Hold for 10 to 30 seconds. Breathe in when the stretch is released. Breathe out when you begin to stretch.

Target Heart Rate

Your target heart rate is 60 to 80% of your maximum heart rate (MHR). This is the heart rate you should aim for during the aerobic phase of your activity.

To find your maximum heart rate (MHR):

A. Subtract your age from 220.

$$220 - \text{_____ (your age)}$$

$$= \text{_____ (MHR)}$$

B. Multiply your MHR by .60 and by .80.

$$\text{_____ (MHR)} \times .60 = \text{_____}$$

$$\text{_____ (MHR)} \times .80 = \text{_____}$$

C. Your 60-second heart rate should fall somewhere between these two numbers during the aerobic activity.

Target Heart Rate Zone 60 to 80% of MHR

Age	Beats Per Minute	Beats Per 10 Seconds
50	102 to 136	17 to 23
55	99 to 132	16 to 22
60	96 to 128	16 to 21
65	93 to 124	15 to 20

{**Note:** Consult your doctor before using this target heart rate range. Your range may need to be lower for medical reasons.}



2. Strengthening Exercises

- Lifting weights
- Push-ups and sit-ups

These types of exercises:

- Let your muscles work longer before they get tired. (This is endurance.)
- Help you build muscle.
- Improve your bone density. This helps prevent osteoporosis and fractures.

Guidelines

- Use weights or a stretch band. Try out different ones to find what's right for you. For strengthening, you should be able to do at least 2 sets and repeat these 8 times. The weight is too heavy if you can't. If you can easily do more than 3 sets, 12 times, use a heavier weight.
- Give muscles a day to rest in between workouts. If you want to work out every day, do the upper body one day. Do the lower body the next day.
- Move slowly. Don't jerk the weights up. Don't drop them too fast.
- Always keep your knees and elbows slightly bent.
- Breathe properly during these exercises. Breathe out when you are at the hardest part of the exercise. Breathe in when you return to the starting position.

Don't hold your breath.

- Work opposing muscles. For example, after you work the front of the arm (biceps), work the back of the arm (triceps).
- Talk to your doctor or a fitness consultant for a complete exercise program.

3. Stretching Exercises

These make your body more flexible. This helps you prevent injury during sports, exercise, and everyday activities. Stretching exercises should be done before and after every strengthening or aerobic workout.

For stretching:

- Try slow, relaxing stretches, like those in yoga or tai chi.
- Try swimming. It builds flexibility.
- Stretch after exercise because muscles are warmed up.
- Stretch gradually.
- Do not bounce.
- Do not hold your breath. Exhale as stretching continues.
- Stretch every day, even if you're not physically active.
- Do not stretch areas when there is pain.





Eat Wisely

Eat wisely to maximize your health.

- Eat a variety of foods, including vegetables, fruits, and whole grains.
- Aim to get about 20 to 30 grams of dietary fiber a day.
- Choose foods low in saturated and *trans* fats (hydrogenated oils).
- Include fat-free and low-fat milk and milk products in your diet.
- Eat less meat and more vegetables, beans, lentils, and peas. Make kabobs with green peppers, onions, and chicken or salmon. Opt for lentil soup, veggie burgers, and chili with kidney beans.
- Limit salt, fat, sugar, and alcohol.
- Take the salt shaker off the table and kitchen counter. Use vinegar, lemon juice, and other no-sodium spices.
- Drink water and unsweetened drinks instead of sugary drinks, such as soda and sweet tea.
- Keep foods safe to eat. (See page 162.)

One guide for healthy eating is the DASH Eating Plan. DASH stands for Dietary Approaches to Stop Hypertension. For more information and menus, access www.nhlbi.nih.gov.

Use www.choosemyplate.gov as a fun and easy guide for healthy food choices and proper serving sizes. At this website, you can:



- Get a custom eating and physical activity plan to meet your needs. Click on “Super Tracker.” Then click on “Create A Profile.” (An example 1,600 calorie eating plan is on page 17.)
- Use SuperTracker to help you plan, analyze, and track your diet and physical activity.
- Learn about healthy eating and how to plan healthy menus.
- Get guidance to manage your weight.
- Get tips and support to help you make healthier choices.



For Information on Nutrition, Contact:

Nutrition.gov
www.nutrition.gov

MOVE![®] Weight Management Program
www.move.va.gov/handouts.asp?nutrition



Here is a sample 1600 calorie eating plan from www.choosemyplate.gov for a 65 year old female who exercises fewer than 30 minutes a day.

Grains 5 ounces / day	Vegetables 2 cups / day	Fruits 1½ cups / day	Dairy 3 cups / day	Protein Foods 5 ounces / day
<p>Make half your grains whole</p> <ul style="list-style-type: none"> ■ Aim for at least 3 ounces of whole grains a day ■ One ounce = <ul style="list-style-type: none"> • ½ cup cooked cereal, rice, or pasta • 1 slice of bread • About 1 cup of ready-to-eat cereal 	<p>Vary your veggies.</p> <ul style="list-style-type: none"> ■ Aim for these amounts each week: <p>Dark green veggies = 1½ cups</p> <p>Red & orange veggies = 4 cups</p> <p>Beans & peas = 1 cup</p> <p>Starchy veggies = 4 cups</p> <p>Other veggies = 3½ cups</p>	<p>Focus on fruits</p> <ul style="list-style-type: none"> ■ Eat a variety of fruit ■ Choose whole or cut-up fruits more often than fruit juice 	<p>Calcium-rich foods</p> <ul style="list-style-type: none"> ■ Drink fat-free or low-fat (1%) milk ■ Select fat-free or low-fat yogurt and cheese, or try calcium-fortified soy products 	<p>Go lean with protein</p> <ul style="list-style-type: none"> ■ Twice a week, make seafood the protein on your plate ■ Vary your protein routine—choose beans, peas, nuts, and seeds more often ■ Keep meat and poultry portions small and lean

Find your balance between food and physical activity. Be physically active for at least 150 minutes each week.

Know your limits on fats, sugars, and sodium. Your allowance for oils is 5 teaspoons a day. Limit extras – solid fats and sugars – to 120 calories a day.

Your results are based on a 1600 calorie pattern. This calorie level is only an estimate of your needs. Monitor your body weight to see if you need to adjust your calorie intake.

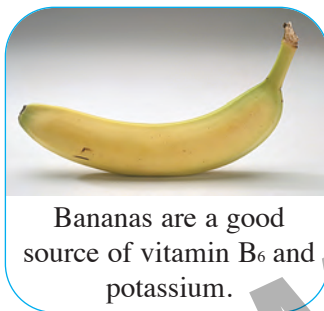




Vitamins & Minerals

A variety of foods from the website ChooseMyPlate.gov usually provide the vitamins and minerals you need daily. Some older persons may be prone to certain deficiencies, such as vitamins B₆, B₁₂, C, and/or folic acid (a B vitamin). Here are good sources for these vitamins:

- Lean meats, chicken, fish, turnip greens, split peas for vitamin B₆
- Milk, eggs, and lean meats for vitamin B₁₂
- Citrus fruits, tomatoes, cantaloupe, strawberries, green peppers, broccoli, potatoes for vitamin C
- Green leafy vegetables, cantaloupe, orange juice, black-eyed peas, oatmeal for folic acid. Folic acid is now added to grain products.



Bananas are a good source of vitamin B₆ and potassium.

You may need vitamin and/or mineral supplements if you:

- Have a hard time eating
- Have digestive problems
- Abuse alcohol
- Have heart disease

- Have or are prone to osteoporosis. You may need to take calcium and vitamin D supplements.
- Are at risk for cataracts and macular degeneration
- Eat less than 1500 calories a day

Ask your doctor if you need to take vitamin and mineral supplements. Find out which ones you should take and in what amounts.

{**Note:** Avoid large doses of vitamins and/or minerals. Do not take more than 10 times the Dietary Reference Intake (DRI) of any vitamin or mineral, unless your doctor tells you to.}

Strive for a Healthy Weight

- If you need to lose weight, losing even a little will help. If you lose as little as 5-10% of your current weight, you can lower your risk for many diseases.
- A safe weight loss is 1 to 2 pounds per week.
- If you are of normal weight, maintain it.
- Staying in control of your weight helps you be healthy now and in the future.



To lose weight or to avoid gaining unwanted pounds, try these tips*:

- Set short-term goals. Write them down.
- Make one or two changes at a time. Start with something easy.
- Tell yourself to eat until you are satisfied, not until you are stuffed.
- Take your time, eat slowly, and enjoy your food.
- Keep a food record to help you see where changes can be made.
- To get started, try these tips:
 - Eat more fruits, vegetables, whole grains, and low-fat dairy products.
 - Drink a glass of water before eating.
 - Drink water instead of sugar-sweetened beverages.
 - Have healthy snacks easily available.
 - Broil, bake, steam or grill your food instead of frying it.
 - Choose lean cuts of meat (round and loin). Cut off visible fat.
 - Plan snacks and meals ahead of time.
 - Avoid alcohol.

* Source: *MOVE!*[®] Weight Management Program; VHA National Center for Health Promotion and Disease Prevention

It's your **MOVE!**[®] – Take action.

MOVE![®] is a healthy lifestyle program that can help you manage your weight. It also helps you lower the risk for heart disease, diabetes, and high blood pressure. MOVE![®] is tailored for your needs to:

- Set weight loss and healthy lifestyle goals
- Do regular physical activity
- Learn how to choose healthy foods
- Track your progress
- Receive follow-up support

Discuss with your VA health care team:

- How to sign up for and use the MOVE![®] Program. You can also find out about MOVE![®] from www.move.va.gov.
- Ways to address health issues that make it hard for you to manage your weight
- Pros and cons of medicine and surgery to help you lose weight

Unlike competing to be on the Biggest Loser on TV, you and fellow Veterans who use MOVE![®] are all winners! Read how other Veterans have lost weight and improved their health at

www.move.va.gov/SuccessStories.asp.





Be Tobacco Free

- Don't use tobacco in any form. Don't smoke it, chew it, or snuff it. Don't use electronic cigarettes.
- Avoid secondhand smoke. Even brief exposure can be harmful to your health.
- If you are pregnant, both you and your baby benefit when you quit smoking.

Nicotine is very addictive. Quitting tobacco is not easy, but millions of people have done it. You can, too!

To Help You Be Tobacco Free:

- Use an over-the-counter nicotine replacement product, such as a patch, gum, or lozenges. Or, talk to your doctor about prescribed medicines.
- Get rid of everything related to your tobacco habit, such as ash trays.
- Whenever you have an urge to smoke, dip, or chew, take a deep breath through your mouth. Slowly exhale through pursed lips. Repeat 5 to 10 times.
- Keep your hands busy. Hold a pen, stress ball, or paper clip. Try sugarless gum or mints or a coffee stirrer instead of tobacco in your mouth.
- Exercise daily. Eat healthy foods.

If you are not ready to totally quit using tobacco, cut back and get help.

If You Are a Veteran:

Ask your health care team about VA tools that can help you be tobacco free.

- Discuss the pros and cons of taking medication to help you quit.
- Ask to be referred to a VA smoking cessation clinic.
- Take steps to quit.

Visit www.ucanquit2.org:

- Find information to help you beat cravings, overcome weight gain, and cope with the effects of nicotine withdrawal.
- Chat, live, with a tobacco quit coach.
- Get support for staying tobacco-free.



For Help to Be Tobacco Free, contact:

National Cancer Institute's Smoking Quit Line: 1-877-44U-Quit (448-7848)

www.cancer.gov/types/lung

National Network of Smoking Cessation Quit Lines;
1-800-QUIT-NOW (784-8669)

Smokefree.gov: www.smokefree.gov

For Veterans:

1-855-QUIT-VET

Or 1-855-784-8838

www.publichealth.va.gov/smoking



Limit Alcohol

Alcohol slows down brain activity. It dulls alertness, memory, and judgment. It also increases the risk of accidents and falls.

- If you choose to drink alcohol, drink in moderation. This means:
 - No more than 2 drinks a day if you are male
 - No more than 1 drink a day if you are female or are a male age 65 years and older
 - Avoid “binge drinking.” This is more than four drinks on one occasion for men or more than 3 drinks on one occasion for women and for men age 65 years and older.

Examples of 1 alcoholic drink are:

- 5 ounces of wine
- 12 ounces of beer or wine cooler
- 8 to 9 ounces malt liquor
- 1.5 ounces 80-proof liquor
- You should have no alcohol if:
 - You are pregnant or plan to get pregnant.
 - You have hepatitis.
 - You cannot stop at one or two drinks.

- Drink slowly. You tend to drink less.
- Don't drink and drive. Designate a sober driver.
- After having one or two drinks with alcohol, have drinks without alcohol. Examples are non-alcoholic beer, low-sodium tomato juice, or club soda.
- Ask your doctor or health care team how much, if any, alcohol you can have due to medications you take and health conditions you have.



For More Information on Limiting Alcohol, Contact:

Your doctor or VA health care team
Substance Abuse and Mental Health
Services Administration (SAMHSA)
1-800-662-HELP (662-4357)
www.findtreatment.samhsa.gov

My HealthVet at
www.myhealth.va.gov. Click on the
“Mental Health” tab and then on
“Alcohol Use Screening.”

The Web site:
www.afterdeployment.org





Manage Stress

- Pay attention to stress.
- Getting help for stress is a sign of strength.
- Follow healthy habits to help your body handle stress.
 - Do physical activity every day. Walk. Do tai chi or yoga.
 - Eat healthy foods. Limit sweets and junk food.
 - Drink plenty of water. Limit caffeine.
 - Get enough sleep and rest.
- Learn and practice ways to relax, such as deep breathing and muscle relaxing.
- Listen to music or comedy CDs.
- Do things you enjoy and look forward to, such as a hobby, playing music, or watching funny movies.
- Rank order tasks. Break big ones down into little parts and tackle one at a time.
- Try slow, deep breaths.
- Take a warm bath or shower.
- Keep a sense of humor. Laugh often.



Laughing helps manage stress.

- Take a walk.
- Learn patience.
- Repeat positive self-statements.
- Take time to relax.
- Don't compare yourself to others.
- Have someone massage your shoulders, neck, or back.
- Think positive.

VA Tools to Help Veterans Manage Stress

- *PTSD Coach* – A smartphone App from www.ptsd.va.gov/public/materials/apps/index.asp. This provides tools to screen and track symptoms that occur after trauma, skills to help you handle stress, and direct links to support and help.
- *Moving Forward* at www.veterantraining.va.gov. Learn problem solving skills to help you better handle life's challenges. Also learn deep breathing, meditation, and other relaxation exercises.
- *Making the Connection for Veterans*. Find out how other Veterans deal with the same problems you have at www.maketheconnection.net/veterans.





Be Safe – Prevent Falls Checklist

- ❑ Do regular exercise to improve strength and balance.
- ❑ Ask your care team if conditions you have or medications you take raise your risk for falls. Ask how to lower the risk.
- ❑ Install handrails on both sides of the stairs.
- ❑ Keep stair areas well lit. Install a switch at the top and bottom of the stairs.
- ❑ Make sure that carpet on stairs is nailed down securely.
- ❑ Keep stairs clear of clutter.
- ❑ Install grab bars in the shower, tub, and toilet area.
- ❑ Use a shower bench that has rubber tips on the legs.
- ❑ Before getting in the tub, test the bath water. Make sure it is not too hot.
- ❑ Use a bath mat with suction cups or use nonslip adhesive strips in the tub/shower.
- ❑ Don't use any loose area rugs.
- ❑ Keep lamp switches within easy reach.
- ❑ Arrange furniture so there is a clear path for walking.
- ❑ Test if furniture is sturdy enough to lean on.

- ❑ Clear away phone or electrical wires from walk paths.
- ❑ Use night lights.
- ❑ Only use step stools with handrails.
- ❑ Have snow and icy patches cleared from the sidewalk and steps.

Note: Let your health care team know if you have had a fall.

Other Home Safety Tips

- ❑ Keep emergency phone numbers posted.
- ❑ Stock first aid supplies. See “Your Home Pharmacy” on page 42.
- ❑ Never smoke in bed or when you feel drowsy. Better yet, don't smoke at all!
- ❑ Install smoke alarms. Check them every 6 months. Keep a fire extinguisher in the kitchen and garage.
- ❑ Install carbon monoxide detectors in your home and garage.
- ❑ If you use a space heater, make sure it has an emergency shut off.
- ❑ Plan an escape route in case of fire.
- ❑ Keep flashlights handy.





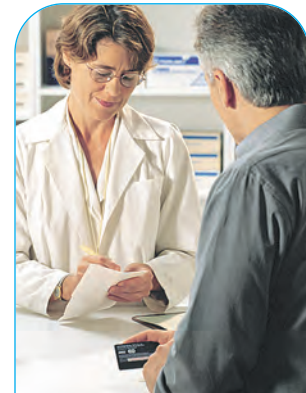
Be Safe – Drive Safely Checklist

- ❑ Focus on the road when you are driving.
- ❑ Don't talk on a cell phone or text message while driving.
- ❑ Always wear your seatbelt when you drive or ride in cars and trucks.
- ❑ Wear a helmet when riding on a motorcycle or a bicycle.
- ❑ Drive sober or with a driver who is.
- ❑ Discuss, with your care team, if any medication or supplement you take can make it unsafe for you to drive.
- ❑ Avoid driving at night if you have limited night vision.
- ❑ Keep emergency supplies in your car or truck. These include:
 - A cell phone
 - A flashlight and flares
 - Blankets
 - Bottled water

Find out more about safe driving from www.prevention.va.gov/Healthy_Living/Be_Safe/asp.

Other Safety Tips

- ❑ Wear a medical alert tag to identify health concerns you have. Get one from a drug store or from:
MediAlert
Foundation at
1-800-432-5378
or
www.medicalert.org.
- ❑ Keep medicines and vitamins in “child-safe” containers and where children cannot reach them.
- ❑ Never be out of reach of a child in or near the water. Make sure children wear approved flotation devices. Adults should wear these, too.
- ❑ Lock guns in one place and bullets in another. Make sure children cannot get the keys.



Your pharmacist can answer questions about medicines.



For Information on Safety, Contact:

VA National Center for Patient Safety
www.patientsafety.va.gov

National Safety Council
www.nsc.org

Be Involved in Your Health Care



Take an Active Role

There are many ways to take an active role in your health care. Work with your health care team to improve your health.*

For Veterans:

- The VA is committed to helping Veterans be involved in their health care.



- It has programs that can help you and your health care team work together to improve your health.

Patient Aligned Care Team (PACT)

Patient aligned care team (PACT) is a newer method of health care from the VA. With PACT, each Veteran works with their health care team to plan for whole-person care and life-long health and wellness.

*Note: If you are not a Veteran, see “Be Involved in Your Health Care Checklist” on page 26.

The letters **P-A-C-T** can also be used to describe the goals of a patient aligned care team:

- **Partnership** with your health care team to make choices about your health care goals
- **Access** to care through many ways:
 - Clinic visits with a health care team
 - Options like telehealth, group appointments and online classes
 - Telephone clinics and secure email messaging through My HealthVet. These make it easy for you to contact your health care team. (See My HealthVet on page 26.)
- **Coordinated care.** You are part of a health care team. The team works together to meet your needs.
- **Team-based care** with you at the center. Your team includes you, your primary care provider, a nurse, a clinical associate, and a clerk. It also includes your family members and caregivers.

The VA wants you to get the right care, in the right place, at the right time.



Help Manage Your Care from Anywhere with My HealtheVet

(For Veterans)

Register for My HealtheVet (MHV) at www.myhealth.va.gov. Use this online tool 24/7 to:

- Learn about VA and its programs.
- Check out the Healthy Living Centers for tips on eating, physical activity, sleep, and many more wellness topics.
- Get and track information about your health and help manage your health care.
- Order your VA medication refills.

Complete a one-time Authentication Process to upgrade to a Premium Account. Learn how to do this from your health care team or at www.myhealth.va.gov. This upgrade allows you to use the “Blue Button” feature to view, print, and save health data from your medical record. This may include:

- VA Appointments and Medication History
- VA Admissions and Discharge Summaries
- VA Progress Notes written by your VA health care team from appointments and hospital stays

- Laboratory Results
- Immunizations and VA Wellness Reminders for tests and exams
- Secure Messaging. You send secure “emails” to your health care team.

For any questions or problems with MHV, call your VA facility and ask for the MHV Coordinator.

Be Involved in Your Health Care Checklist

- Keep an up-to-date list of your current and past medical problems and all medications you take. Include over-the-counter ones, vitamins, and herbals.
- Plan ahead for your visits. Write down your questions and concerns.
- Speak up for your needs. Ask questions.
- When your health care team orders a test, medication, surgery, or any other kind of care, ask why you need it and the pros and cons involved. Ask for things to be stated in terms you know.
- Take part in decisions about your care.
- Find out what you need to do. Ask that it be written down. Share this with your family or caregiver.
- Write down what your health care team tells you to do and what health issue to work on first.



Tell & Ask Your Health Care Provider Checklists

(Make copies as needed. Use the lines given to fill in the information.)

Checklist 1 – Before You Call or See Your Doctor or Health Care Provider

Be ready to **tell** these things:

- Your signs and symptoms. Be specific. If you have pain, be able to say where the pain is, how much it hurts, and if it is dull, aching, stabbing, throbbing, etc.:

- Results of home testing, such as your temperature, blood pressure, pulse rate per minute, etc.: _____
- Medicines you take. Know the name(s), dose(s), etc. Include over-the-counter ones, vitamins, etc. See “Medicine Log” on page 46. _____
- Allergies to medicines, food, etc.: _____
- Other medical conditions you have: _____
- Medical conditions that run in your family: _____
- Your lifestyle: Eating, drinking, sleeping, exercising habits, etc.: _____
- Concerns you have about your health: _____
- What you would like the doctor to do for you: _____
- Your pharmacist’s phone and fax numbers: _____

{**Note:** If needed, have your medical records, results of lab tests and X-rays, etc. from other health care providers sent to your health care team before your visit. You can also build your own list of questions from www.ahrq.gov/patients-consumers/question-builder.html.}





Checklist 2 – During a Visit or Call with Your Doctor or Health Care Provider

A. Tell your health care provider what you wrote down in Checklist 1. (Take the list with you.) Make sure you have your eyeglasses and hearing aid, if you need them.

B. Ask these questions:

- What do you think the problem or diagnosis is? If you are confused by medical terms, **ask** for simple definitions. _____
- Do I need any tests to rule out or confirm your diagnosis? If so, what tests do I need? Where do I go for the test(s) and how and when will I get the test results? _____
- What do I need to do to treat the problem? How can I prevent it in the future? _____
- Do I need to take any medicine? If so, what is it called, how often and for how long do I take it? What side effects should I let you know about? _____
- When do I need to call or see you again? _____
- How are costs handled for this visit and for tests? _____

Checklist 3 – After Your Doctor or Health Care Provider Visit or Call

- Follow the advice given. If you can't remember what to do, call your VA facility. **Ask** what you should do. _____
- Tell** your health care provider if you feel worse, have additional problems, or have bad side effects from medicines you were told to take. _____
- Keep return visit appointments. If you need to cancel or reschedule an appointment, call your doctor or VA facility at least 24 hours ahead of time.

Medical Decisions



Gather Facts

Decisions you make about your health can affect the length and quality of your life. To make wise choices, you need to gather facts. Use these sources:

- You. You know more about you than anyone else. Be in touch with how you feel physically and emotionally. Keep track of past and present health concerns in your MyHealthVet account if you are registered. Or, fill in the “Medical History Chart” on page 37.
- Your health care team. Ask for advice and for written materials on your condition.
- Medical resources. These include:
 - Credible Web sites from the Internet, such as, www.myhealth.va.gov and www.healthfinder.gov. Most often, credible sites end in .edu, .gov, and .org. Web sites for specific health concerns are listed in many topics in Section II of this book. Beware of Web sites that promote health fraud and quackery. Access www.quackwatch.com for information. Also, check with your doctor before you follow advice from a Web site. The advice may not meet your particular needs.
- Not-for-profit groups. These include the American Heart Association, the American Diabetes Association, and the National Cancer Institute. Toll-free numbers and Web sites for these groups are listed in the topics “Cancer,” “Coronary Artery Disease,” and “Diabetes” in Section II.
- Government agencies. One is the National Institute on Aging (NIA), a division of the National Institutes of Health (NIH). Access www.nia.nih.gov. Another one is the National Heart, Lung, and Blood Institute (NHLBI) at www.nhlbi.nih.gov. A good Web site from the Veterans Health Administration is www.myhealth.va.gov. Click on My HealthVet.
- Support groups for specific conditions, such as breast cancer. Check local hospitals for lists of support groups near you or access the Self-Help Group Sourcebook at www.amhc.org/selfhelp.

Your job is to gather facts. Once you have them, you and your doctor can make the medical decision(s) best suited to your needs.



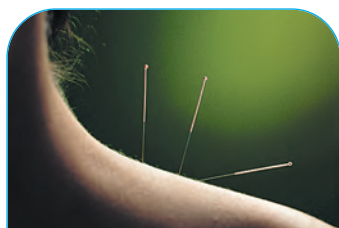


Complementary & Alternative Medicine (CAM)

Types

- **Acupressure.** This applies pressure to certain places (acupoints) on the body by pressing on them with fingers or hands.

- **Acupuncture.** This uses needles that are inserted into the skin at the appropriate acupoints.



Acupuncture needles usually cause little pain.

- **Aromatherapy.** This uses essential oils from plants to promote relaxation and help relieve symptoms.
- **Ayurvedic Medicine.** This system of diagnosis and treatment has been practiced in India for more than 5,000 years. It includes yoga, meditation, herbs, massage, specific diets, and controlled breathing.
- **Body Work.** This is a term for many techniques that promote relaxation and treat ailments at the same time, such as massage and energy balancing.
- **Chelation Therapy.** This is a controversial treatment used for atherosclerosis, angina, and Alzheimer's disease that involves injecting the chemical EDTA into the bloodstream.
- **Chiropractic.** This seeks to bring the body back into balance through manual realignment of the spine and other joints and muscles.
- **Energy Therapies.** These focus on energy fields that originate within the body (biofields) or from other sources (electromagnetic fields). Types of biofields are Qi Gong, Reiki, and Therapeutic Touch (passing the hands over a person). Electromagnetic fields are used for pain, migraine headaches, asthma, and cancer.
- **Herbal Therapies.** These use herbs, plants, or plant parts, which have chemical substances that act upon the body in a therapeutic way.
- **Homeopathy.** This method is based on the idea that "like cures like;" that is, substances that cause certain symptoms in a healthy person can also cure those symptoms in someone who is sick.
- **Hydrotherapy.** This uses a variety of water therapies, including ice, liquid, and steam.
- **Massage.** Touching and rubbing are used primarily on the muscles.



- **Mind/Body Interventions.** These activities and therapies facilitate the mind to affect bodily function and symptoms. Examples are yoga, meditation, prayer healing, and art therapy.
 - **Naturopathic Medicine.** This uses methods to allow the body to heal itself rather than treat disease. It uses diet, herbal medicine, acupuncture, etc.
 - **Osteopathy.** This corrects structural problems in the musculoskeletal system to improve overall body functioning.
 - **Reflexology.** This manipulates specific areas on the feet – and sometimes the hands and limbs – to bring the body into balance.
- “CAM on PubMed.” Contact the National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse at 1-888-644-6226 or www.nccam.nih.gov. Read the “Alerts and Advisories.”
 - Your doctor, pharmacist, etc. Discuss all the treatments you use now and ones you are considering using. Find out about possible drug interactions, medical contraindications, etc.
 - Local and state medical boards and consumer affairs departments.

Safe Use of CAM Products and Services

Be careful about using herbal products, nutritional supplements, etc. Harm can result from the product itself, taking too much of it, and/or combining it with other products, including prescription medicine. Follow these tips before you select an alternative medicine product or service.

- Get information on the product or service from credible sources:
 - PDR for Herbal Medicines. Look for this book at a library or bookstore.

- Avoid products and services that claim to have “secret formulas,” etc. The word “natural” doesn’t mean it’s safe.
- Don’t use herbal products if you are pregnant or breast-feeding. Don’t give herbal products to children unless directed by a doctor.
- Follow the directions on the product label. Report unwanted side effects to your doctor or health care provider.



For Information on CAM, Contact:

FDA MedWatch
www.fda.gov/Safety/MedWatch
 National Center for Complementary and Alternative Medicine (NCCAM)
www.nccam.nih.gov





Medical Decision Comparison Chart

(Make copies as needed.)

Use this chart to help you compare medical options that are available to you.

Diagnosis _____

	Option One	Option Two	Option Three
Treatment			
Benefits			
Risks			
Success			
Timing			
Alternatives			
Cost			
Decision	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Informed Consent

Informed consent means that you agree to treatment only after it has been explained to you and that you understand it. You should know the nature of the treatment, its benefits and risks, and the likelihood of its success. You should also be told if your treatment is experimental in nature. The physician should also review any alternatives to surgery or other procedures.

With informed consent:

- You cannot demand services that go beyond what are considered “acceptable” practices of medicine or that violate professional ethics.
- You must recognize that you may be faced with some uncertainties or unpleasantness.
- You should, if competent, be responsible for your choices. Don’t have others make decisions for you.



Advance Directives

There is a federal law called the Patient Self-Determination Act. It requires hospitals and nursing homes to give you information about your rights as a patient under their care.

Advance directives are a legal way for you to declare your wishes to choose or refuse medical treatment.

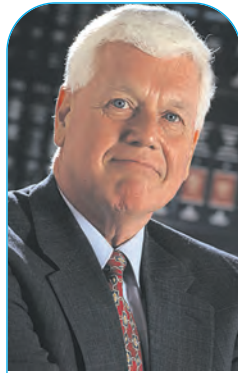
{**Note:** If you live in or get medical care in more than one state, have advance directives for all states involved.}

There are two types of advance directives:

Living Will

This document spells out in writing what medical treatment you would want or not want if you were unable to state it yourself. A living will applies only when both of the following exist:

- You can't express your wishes on your own.
- You suffer from a terminal illness or condition and aren't expected to survive.



A lawyer can help you with advance directives.

In writing, you may choose or refuse:

- Measures to Support Life (e.g., CPR and a machine to breathe for you)
- Measures to Sustain Life (e.g., tube feedings and kidney dialysis)
- Measures to Enhance Life (e.g., pain medications and hospice care to keep you comfortable without prolonging life)

Durable Power of Attorney for Health Care

This is a document that names a person who would make treatment decisions for you if you are not able to make them yourself. Generally, it is a person who knows you and your values well and is in a good position to represent your wishes to your doctor. Your condition does not have to be terminal or irreversible to have someone speak on your behalf.

Most states have their own laws on advance directives. Get forms and information for advance directives from your lawyer, your state's Web site, and at www.caringinfo.org and www.uslivingwillregistry.com.

After you complete advance directives, discuss them with your family, close friend(s), and your doctor.



Medical Exams & Tests



Tests & What They Are For

The following tests can help detect health problems in early stages when they are easier to cure or treat.

Abdominal Aortic Aneurysm – Checks for problems with the aorta (the main artery in the body) and other structures in the upper abdomen.

Blood Pressure Test – The first or top number (systolic pressure) measures the force of blood against the artery walls when your heart beats. The second or bottom number (diastolic pressure) measures this force between heartbeats when the heart is being refilled. High blood pressure may have no symptoms. It can lead to a heart attack and/or a stroke.

Chlamydia Screening – Checks for chlamydia bacteria, which is transmitted sexually

Cholesterol Blood Test – Checks the levels of fatty deposits (cholesterol) in the blood. High LDL-cholesterol levels are linked to heart disease.

Colorectal Cancer Screening – Checks for early signs of colorectal problems, including cancer

Diabetes Screening – Checks for normal and abnormal blood sugar levels

Mammogram – An X-ray to detect breast tumors or problems

Osteoporosis Screening – Measures bone density to predict the risk for fractures

Pap Test – Checks for early signs of cervical cancer

Prostate Cancer Screening – Two screening tools are a digital rectal exam (DRE) and a prostate-specific antigen (PSA) blood test.

Vision Exam – Checks for marked changes or degeneration of eye functioning, such as cataract, glaucoma, and macular degeneration.



Get your vision checked as advised by your doctor.



Get Recommended Screening Tests*

Test	When & How Often
Dental Checkup	Every 6 to 12 months
Blood Pressure	At every office visit or at least every 2 years
Vision Screening	As advised by your health care team
Cholesterol Blood Test	Starting at age 20, discuss your need to be tested with your health care provider
Cervical Cancer Screening	Every 3 years ages 21-65. Women ages 30-65 can opt for a Pap test <u>and</u> HPV testing every 5 years. All sexually active women ages 24 and younger; ages 25+ if at increased risk Yearly ages 45-54. Every 2 years ages 55-74, or as advised All women starting at age 65 (sooner, as advised, if at an increased risk for fractures) Ages 50-85 Discuss with your health care team
Chlamydia Screening	
Mammogram ¹	
Osteoporosis Screening	
Colorectal Cancer Screening ²	
Prostate Cancer Screening	
Abdominal Aortic Aneurysm Screening	One-time screening for men ages 65-75 who have ever smoked

*Recommendations for preventive services depend on your age, gender, health status, and family history. You should also be screened for alcohol misuse, depression, obesity, and tobacco use. If you are at an increased risk for an illness, tests may need to be done sooner or more often. Extra tests (e.g., diabetes, glaucoma screening) may also be needed. Persons with high blood pressure should be screened for diabetes. Veterans should be screened for HIV, military sexual trauma (MST), and posttraumatic stress disorder (PTSD). Follow your health care team's advice for tests and exams. Find out if and when tests are covered. Learn more about screening tests from: www.prevention.va.gov.

1. Breast cancer screening guidelines vary with different health groups. For ages 40-44 and 74+, discuss your breast cancer risk and the pros and cons of breast cancer screening tests with your health care team. Women at a high risk for breast cancer should seek expert medical advice about breast cancer screening and prevention.
2. Screening test options include a stool blood test, sigmoidoscopy, and colonoscopy. How often testing is needed depends on the test(s) given and your personal risk factors.





Get Recommended Immunizations

See the CDC web site for details (www.cdc.gov/vaccines/schedules/easy-to-read/adult.html).

Immunization	Ages 50-60	Ages 65+
Influenza (Flu)	Every year	
Tetanus/Diphtheria/Pertussis	1 dose Tdap if not had in the past. Td booster every 10 years.	
Varicella (Chicken pox)	1 dose	
Measles, Mumps, Rubella (MMR)	1 or 2 doses ages 19-55	
Pneumococcal vaccine There are 2 types of pneumococcal vaccines. Talk with your health care provider to find out if one or both are recommended for you.	(PCV13): 1 dose (PPSV23): 1 or 2 doses (1 dose for age 65+)	
Zoster (Shingles)	Once at age 60+	

{**Note:** Ask your health care team if you need additional vaccines, (e.g., Hepatitis A, Hepatitis B, Meningococcal, Haemophilus influenzae type B (Hib).) Before you travel to other countries, find out if you need certain vaccines. Get information from the CDC Travelers' Information Line at 1-800-CDC-INFO (232-4636) or at the www.cdc.gov/travel Web site. Discuss your needs with your health care team.} Find out which vaccines are advised for children and persons under age 50 from www.cdc.gov/vaccines.

Immunization Record

Immunization	Fill In Dates Given (Month and Year)	
Influenza (Flu)	_____	_____
Tetanus/Diphtheria/Pertussis	_____	_____
Varicella (Chicken pox)	_____	_____
Pneumonia	_____	_____
Zoster (Shingles) vaccine	_____	_____
Measles, Mumps, Rubella (MMR)	_____	_____
Other: _____	_____	_____

{**Note:** Keep health screening and immunization records in My HealthVet, if you are registered for it.}



Medical History Chart

A. Medical Conditions in Your Family

(Father, mother, grandparents, brothers, sisters, aunts, uncles)

Condition	Relative	Age of Onset	Age and Cause of Death
Allergies	_____	_____	_____
Arthritis	_____	_____	_____
Bowel Disorder	_____	_____	_____
Cancer	_____	_____	_____
Cataracts	_____	_____	_____
Diabetes	_____	_____	_____
Glaucoma	_____	_____	_____
Hearing Problems	_____	_____	_____
Heart Disease	_____	_____	_____
High Blood Pressure	_____	_____	_____
Pneumonia	_____	_____	_____
Smoker	_____	_____	_____
Stroke	_____	_____	_____
Thyroid Problems	_____	_____	_____
Other	_____	_____	_____

B. Your Medical History

Condition	Date Diagnosed	Treatment to Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
Surgeries	Date	Doctor/Hospital/Comments
_____	_____	_____
_____	_____	_____
Blood Type	_____	
Allergies	_____	
Drug Sensitivities	_____	

{**Note:** If you are a Veteran, you can keep a free online Personal Health Record on the My HealtheVet Web site after you register for it on www.myhealth.va.gov.





Home Medical Tests

Home medical tests let you check for and monitor health conditions at home. Self-testing kits:

- Diagnose when conditions are or are not present. These include kits that test for blood cholesterol levels and blood in the stool.
- Monitor an ongoing condition. These include kits that test for blood sugar levels and blood pressure readings.

The U.S. Public Health Service and the Food and Drug Administration (FDA) give tips for safe and proper use of self-testing kits. (Each of these does not necessarily apply to all tests.)

- Don't buy or use a test kit after the expiration date.
- Follow storage directions on the label.
- Study the package insert. First, read it through to get a general idea of how to perform the test. Then, go back and review the instructions and diagrams until you fully understand each step.
- Know what the test is meant to do and what its limitations may be. Tests are not always 100% accurate.
- Note special precautions, such as not eating certain foods before testing.

- If the test results rely on color comparison and you're colorblind, ask someone who is not colorblind to help you interpret the results.
- Follow instructions exactly. Don't skip a step.
- When you collect a urine specimen (unless you use a container from a kit), wash and rinse the container well. Use distilled water, if you can.
- When a step is timed, be precise. Use a watch or clock with a second hand.
- Note what you should do if the results are positive, negative, or unclear.
- If something is not clear, don't guess. Call the "800" number on the package or call a pharmacist for information.
- Keep accurate records of results.
- As with medications, keep test kits out of the reach of children. Throw away used test materials as directed.

Report any malfunction of a self-test to the manufacturer or to the:

U.S. Pharmacopeia Practitioner's
Reporting Network
12601 Twinbrook Parkway
Rockville, MD 20852
1-800-227-8772

www.usp.org

Medicines



Safe Use of Medicines

What Do You Need to Do?

- Keep an up-to-date list of all medications that you are taking. Include:
 - Ones prescribed by your VA health care team and non-VA providers
 - Over-the-counter (OTC) medicines (see page 41). List ones you take by mouth and ones you rub on your skin.
 - Vitamins, minerals, other dietary supplements, and herbals, such as St. John's wort
 - Special foods and drinks, like energy bars and protein drinks

List your medications in the “Medicine Log” on page 46 and/or on the My HealthVet Web site for Veterans. Find out about My HealthVet on page 26. Note, too, all medications you are allergic to or that caused bad side effects for you in the past.

- Carry a copy of your medication list in your wallet or purse to show your VA and non-VA health care providers.

Ask Your Doctor:

- The medicine's name, what it does, and if there is a generic form
- How to store the medicine and when, how much, and how long to take it
- If you should stop taking the medicine if you feel better
- What food, drinks, other medicines, or activities you should avoid while taking the medicine. Examples are alcohol, grapefruit juice, sunlight, etc.
 - If the medicine will interfere with other medicines you take
- What side effects the medicine may have and what to do if they occur
- If you can get a refill and how often
- To explain anything you don't understand
- What to do if you miss a dose
- For written information about your medicines

Dos

- Safely discard unused and expired medicines. Use a community drug take-back program. Or, take medicines from their containers and mix them with used coffee grounds or kitty litter. Put this in a sealable bag and place it in the trash.
- Keep medicines out of children's reach.





- Use the same pharmacy for prescribed and OTC medicines. This way, the pharmacist can be aware of all of the medicines you take and identify harmful combinations and food-and-medication interactions.

- Ask your pharmacist to clearly mark each container with all necessary instructions.



Keep medicines in original containers.

Some medicines must be stored in original containers (e.g., Pradaxa, dabigatran, Aggrenox, nitroglycerin).

- Try to reduce the need for medicines, such as sleeping pills. Take a warm bath to help you fall asleep at night. Check with your doctor for nonmedical ways to treat your problems.

Don'ts

- Don't stop taking medicines your doctor has prescribed, even if you feel better. Check with your doctor first.
- Don't drink alcohol while on a medicine if you don't know its effect. Some medicines, such as sedatives, can be deadly when used with alcohol. Read medicine labels for warnings on the use of alcohol with that medicine.

Tips to Make Sure You Take Your Medicine(s)

- Follow your treatment plan. Keep a current "Medicine Log" (see page 46). Check the log daily or as often as you need to.
- Ask family members or friends to remind you to take a dose and check that you did take a dose.
- Use products called compliance aids. Look for these products at your pharmacy or at a medical supply store:
 - Check-off calendars
 - Caps (or wristwatches) that beep when it is time to take a dose

- Containers with sections for daily doses. Some have 4 separate sections for each day; one each for Breakfast, Lunch, Dinner, and Bedtime. This helps remind you to take each medicine at the time(s) prescribed.



- Talk to your doctor if you don't take your medicines as prescribed. Let him or her know why. It's okay to feel guilty or embarrassed. Don't let this stop you from talking to your doctor.



- Never take someone else's prescribed medicine. Don't give your prescribed medicine to others.
- Don't take your medicines in the dark. Make sure the light is on so you can read the label. Wear your glasses or contact lenses, if you need to.
- Do not exceed the dose on a label. Do not take OTC medicines on a regular basis unless your doctor tells you to.
- Ask your doctor if you should follow the instructions on the labels or take the medicine in a different way.

Over-the-Counter (OTC) Medicines

Over-the-counter (OTC) medicines are ones that you can get without a prescription. They are generally less potent than prescription medicines. When taken in large amounts, though, an OTC medicine might equal or exceed the dose of a prescription medicine.



Take OTC medicines as directed on the label.

- Read the warning sections on the label. If you are unsure about taking an OTC medicine, check with your doctor or pharmacist.
- If you have an allergy to a medicine, check the list of ingredients on all OTC medicines to see if what you are allergic to is in them. Some labels will warn you not to take that medicine if you are allergic to a similar medicine.
- Before you take a medicine, check the expiration date. Discard ones that have expired. Read how under the "Dos" on page 39. Replace items as needed.
- Store medicines in a convenient dry place, out of children's reach. Don't tell children that medicine is candy.

Use OTC Medicines Wisely

- Ask your doctor what OTC products you should avoid and which ones are safe for you to use. For example, find out what your doctor prefers you to take for pain and fever. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)



For Information on OTC Medicines, Contact:

Food and Drug Administration (FDA)
www.fda.gov
 Search for "Understanding Over-the-Counter Medicine Label."





Your Home Pharmacy

Read about the condition(s) in the “Common Uses” column before you take over-the-counter (OTC) medicine(s). Look in the index at the back of this book to find the pages the conditions are on. You may need to get medical care for the problem and not just use OTC medicines. Also, consult your doctor or pharmacist before you combine medicines. These include OTC and prescribed ones, as well as dietary supplements (vitamins, minerals, herbal products).

Medicines	Common Uses	Side Effects/Warnings
Antacids ex: Tums, Rolaids, Mylanta	Stomach upset, heartburn	Don't use for more than 2 weeks without your doctor's advice. Don't use high-sodium ones if on a low-salt diet. Don't use if you have chronic kidney failure.
Antidiarrheal medicine ex: Kaopectate, Imodium A-D, Pepto-Bismol	Diarrhea	Pepto-Bismol can cause black stools. Don't give Pepto-Bismol to anyone under 19 years of age because it has salicylates, which have been linked to Reye's Syndrome.
*Antihistamines ex: Benadryl	Allergies. Cold symptom relief. Relieves itching.	May cause drowsiness, agitation, dry mouth, and/or problems with urinating. Don't use with alcohol, when operating machines, or when driving. Don't use if you have glaucoma or an enlarged prostate or problems passing urine.

* Do not give OTC medicines for colds, coughs, and/or the flu to children under 6 years old. For children 6 years old and older, follow their doctor's advice.



Medicines	Common Uses	Side Effects/Warnings
*Cough suppressant ex: Ones with dextromethorphan	Dry cough without mucus	May cause drowsiness. Avoid ones with diphenhydramine if you have glaucoma or problems passing urine.
*Decongestant ex: Sudafed	Stuffy nose. Postnasal drip. Allergy symptom relief. Fluid in the ears.	Don't use if you have high blood pressure, diabetes, glaucoma, heart disease, history of stroke, or an enlarged prostate.
*Expectorant ex: Ones with guaifenesin	Cough with mucus	Don't give with an antihistamine.
Laxatives ex: Ex-Lax, Correctol (stimulant-types), Metamucil (bulk-forming type)	Constipation	Long-term use of stimulant-type can lead to dependence.
Throat anesthetic ex: Sucrets, Chloraseptic spray	Minor sore throat pain	Do not use anesthetics ending with "caine," such as benzocaine, if you are allergic to them.
Toothache anesthetic ex: Anbesol	Toothache and pain with dentures or other dental appliances	Do not swallow. Do not use if you are allergic to benzocaine or other local anesthetics that end in "caine."

* Do not give OTC medicines for colds, coughs, and/or the flu to children under 6 years old. For children 6 years old and older, follow their doctor's advice.

See Pain Relievers on Next Page





Medicines	Common Uses	Side Effects/Warnings
Pain relievers { Note: If you have 3 or more drinks with alcohol per day, ask your doctor for advice on when and how often you should take pain relievers.}		
Acetaminophen ex: Tylenol	Pain relief. Reduces fever. Does not reduce inflammation.	Gentle on stomach. Can result in liver problems in alcohol users. Large doses or long-term use can cause liver or kidney damage.
☆ Aspirin ex: Bayer, Bufferin { Note: Do not give to anyone under 19 years of age because it has salicylates, which have been linked to Reye's Syndrome.}	Pain relief. Reduces fever and inflammation.	Can cause stomach upset (which is made worse with alcohol use). May contribute to stomach ulcers and bleeding. Avoid if you: Take blood-thinning medicine; have an ulcer; have asthma and/or are having surgery within 2 weeks. High doses or prolonged use can cause ringing in the ears.
☆ Ibuprofen ex: Advil, Medipren, Motrin ☆ Ketoprofen ex: Orudis KT ☆ Naproxen Sodium ex: Aleve	Pain relief, reduces fever and inflammation	Can cause stomach upset and ulcers. Take with milk or food. Can make you more sensitive to the effects of the sun. Don't use if you are allergic to aspirin. Don't use if you have ever had ulcers, blood clotting problems, or kidney disease.

☆ These medicines are examples of nonsteroidal anti-inflammatory drugs (NSAIDs).

{**Note:** The medicine cabinet in a bathroom is not a good place to store medicines. Dampness and heat can shorten the shelf life of some medicines.

Store medicines in a cool, dry place, such as a top shelf of a closet. If there are children in the house, keep all medicines and vitamins locked in a high place, well out of their reach.}



Common Drug Interaction Examples

Drug	Harmful or Less Effective with
Acid reducers (for heartburn)	Blood thinner – warfarin. Oral asthma drug – theophylline. Tricyclic antidepressants, such as Elavil and Pamelor. Phenytoin (seizure drug).
Asthma drug – theophylline	Beta-blockers. Caffeine. Cimetidine (in acid reducers).
Blood thinning drug – warfarin. (Get “Your Guide to Coumadin/Warfarin Therapy” from: www.ahrq.gov/consumer/coumadin.htm .)	Antacids. Aspirin. High doses (400 IU or more) of vitamin E. Vitamin K. Grapefruit juice and grapefruit. Certain antibiotics. Some herbal products, such as garlic and ginko. Many medicines interact with warfarin. Always check with your health care provider or pharmacist before taking any new medicine, supplement or pill.
Nitrates to dilate blood vessels	Cialis. Levitra. Viagra.
Some statin drugs to lower cholesterol	Grapefruit juice and grapefruit

Basic Supplies that Can Help with Self-Care

- Adhesive bandages, sterile gauze, first aid tape, and scissors
- Antibiotic ointment. Eye dropper.
- Heating pad/hot water bottle. Heat pack.
- Humidifier or vaporizer (cool-mist)
- Ice pack. Petroleum jelly. Rubbing alcohol.
- Tongue depressor and flashlight
- Thermometer (digital or ear)
- Tweezers
- Broad-spectrum sunscreen with a sun protection factor (SPF) of 30 or higher

Follow your doctor’s advice for other items to have at home to help with self-care. Examples are a home blood pressure measuring device and blood sugar testing supplies.





Medicine Log

Prescription Medicine Log					
(Make copies as needed.)					
Medicine Name/ Dose	Color/ Shape	Reason for Taking	Prescribed By	Date Started/ Stopped	Side Effects/ Notes
<i>(Sample:) Precose 50 mg 3 x day</i>	<i>White/ round</i>	<i>Diabetes</i>	<i>Dr. Johnson</i>	<i>5/98 to present</i>	<i>Take at start of each meal</i>
1.					
2.					
3.					
4.					
5.					

Over-the-Counter Medicine Log			
(Make copies as needed.) List vitamins, minerals, herbs, too.			
Name/Dose	Reason for Taking	How Often	Side Effects/Notes
<i>(Sample) Tums/500 mg</i>	<i>Get calcium</i>	<i>1 tablet, 2 x day</i>	<i>None</i>
1.			
2.			
3.			
4.			
5.			

Planning



Planning for Health Care Coverage

Medical costs are expensive. Whether you are in your 50s, 60s, 70s, or older, now is the time to review how you cover them. Now is the time, too, to plan for how they will be paid for in the future. Without health insurance, some persons could lose all their assets if they had to pay for medical expenses. On March 23, 2010, the Affordable Care Act became law. For healthcare plans and more information see the Health Insurance Market Place at www.healthcare.gov or call 1-800-318-2596.



Health care costs are rising faster than the rate of inflation.

Like life insurance, health insurance can be hard to understand. Don't let it baffle you, though. Find out what you need to know to protect yourself and your assets. Don't find out you have too little coverage when it's too late. Use the "Health Insurance Checklist" on page 48 to keep track of your health care coverage.

If you are a Veteran, find out about Veterans health care from www.va.gov/health.

Medicare

Medicare is health insurance funded by the federal government. There is a lot to know about Medicare. For information, call the Medicare Choices Helpline at 1-800-MEDICARE (633-4227). Ask that a copy of the Medicare guide be mailed to you. You can also find out about Medicare on the Internet at www.medicare.gov.

To be "eligible" for Medicare means:

- You are 65 years or older. You must also be eligible for Social Security or Railroad Retirement Benefits, or
- You must be disabled for life and you have received Social Security Disability Insurance payments for at least 24 months, or
- You have end stage renal disease needing transplant or dialysis.

To apply for medicare, call the Social Security Administration. The number is 1-800-772-1213. Call 3 months before you turn age 65. Don't wait any longer than 3 months after your 65th birthday to call. If you receive social security payments, you should automatically get a Medicare card, but don't take a chance. Call the Social Security Administration as mentioned above or visit www.socialsecurity.gov.





Health Insurance Checklist

(Make copies of this form. Fill one out every year.)

Check off insurances that you have.

Types of Insurance	Name of Plan	Who to Contact
<input type="checkbox"/> Employer Insurance	_____	_____
<input type="checkbox"/> Individual Policy	_____	_____
<input type="checkbox"/> Health Savings Account	_____	_____
<input type="checkbox"/> Medicare Information Medicare Choices Helpline 1-800-MEDICARE (633-4227) • www.medicare.gov Date called to apply for: _____ { Note: Call 3 months before, or no later than 3 months, after you turn age 65.} Local Social Security Administration Number: _____ Prescription Drug Program: _____		
<input type="checkbox"/> Medigap or Supplemental Insurance	_____	_____
<input type="checkbox"/> Medicaid Information	_____	www.cms.hhs.gov
<input type="checkbox"/> Disability Insurance	_____	_____
<input type="checkbox"/> Veterans Health Care	1-877-222-8387	www.va.gov
<input type="checkbox"/> Long-Term Care Insurance	_____	1-800-587-3279 www.longtermcare.acl.gov
<input type="checkbox"/> Other	_____	_____
	_____	_____



Disability Insurance

An accident or illness may make it impossible to work. This may mean a drastic drop in income. Disability insurance benefits replace part of the wages lost.

If you're considering buying a disability insurance policy, ask the following:

- What percentage of your pre-tax salary is paid out? (50 to 60% is average.) How are benefits paid out? Are payments the same or greater in the first few months?
- Is there a guarantee that the policy can be renewed?
- How long will benefits be paid? Months, years, a lifetime?
- Are pre-existing or chronic conditions included?
- Can you get disability insurance from your place of work?* How much will this cost you? Group policies may be more flexible on chronic conditions.



Do you still pay premiums if you are disabled?

* Veterans can get information on disability compensation from 1-800-827-1000 and www.va.gov.

Long-Term Care Insurance

Long-term care insurance is meant to cover the cost of nursing home care and long-term home health care. Medicare and private health insurances do not cover these costs. This kind of insurance is not government regulated. You may want to purchase this for yourself. Your children may want to purchase it for you to protect themselves from having to pay for your long-term care or to protect their future inheritance.

Find out more about long-term care insurance from:

- LongTermCare.gov at www.longtermcare.gov. Learn the basics of long-term care and ways to pay for it. Use the LTC PathFinder tool to get information on long-term care insurance that is most relevant and useful to you now.
- American Association for Long-Term Care Insurance at www.aaltci.org/long-term-care-insurance. Get help from an unbiased long-term care insurance advisor. Ask for multi-company comparative quotes for long-term care insurance.



- Consider a policy that starts paying on the 90th day instead of day 1. The difference in price can be 30%. Do this only if you can afford the long-term care center's cost for the first 3 months on your own.
- Check Moody's and Standard & Poors at your local library. Look for insurers rated "A" or better.
- Read the complete policy coverage. Consult an attorney or knowledgeable person to review it with you.
- Pay premiums, by check, directly to the insurance company. Never pay in cash.
- Fill out the policy application yourself or with a friend or relative. Don't allow someone to do it for you.
- Be cautious of companies advertised by celebrities.
- Insist on coverage that does not require a hospital stay before going to a nursing home.
- Resist high pressure insurance agents or claims that their long-term care insurance is endorsed by the government.
- Does the policy cover Alzheimer's disease, specifically?
- Must you be medically ill to receive benefits? What about custodial care?
- Does the coverage include nursing home custodial care, adult day care, or other community-based services?
- Does the policy require a prior hospital stay before entering a nursing home?
- Are there exclusions for "pre-existing" illnesses? Are there waiting periods?
- How long is a stay in a nursing home covered? (The average stay is just under 4 years.)
- How much will the nursing home be paid on a daily basis from this policy? What is the daily charge of the nursing home? You will have to pay the difference between the insurance coverage and what the nursing home charges.
- If premiums are being paid, is there a guarantee that the policy can be renewed?
- Is the policy one that can't be canceled?

Be cautious before you purchase a policy. Ask the following questions:

- Will the policy cover home health care? Does this include "aides" or housekeeping coverage or just "skilled" care?
- Will your coverage keep up with inflation?
- Are premiums waived while getting benefits?

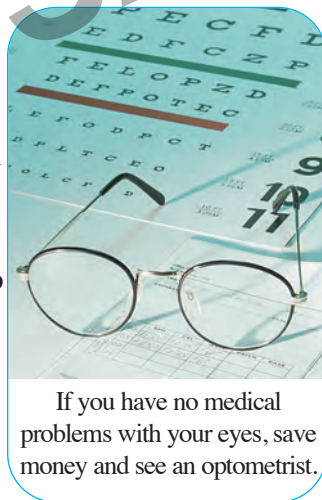


Cutting Health Care Costs

Good self-care lowers the need for expensive medical care. Learn more about self-care. See Section II of this book.

For a Doctors' Care:

- Always get a second opinion when surgery is proposed. Check if your insurance plan covers a second opinion.
- Get a physical exam as often as advised by your doctor.
- Keep medical bills organized. Use a filing system. Have services itemized whenever possible. Keep them in order of date. Check for duplicate testing and billing errors.
- An optometrist examines eyes, prescribes lenses, and detects vision problems. Ophthalmologists are M.D.s who do everything optometrists do, but can also write prescriptions and do surgery.
- Quit smoking. You'll reduce visits to the doctor and save money.



If you have no medical problems with your eyes, save money and see an optometrist.

- Use the emergency room only for real emergencies. A doctor's office is cheaper to take care of problems that do not need emergency care.

For Medicines:

- Ask your doctor for samples before paying for a new prescription. You can try the drug first.
- Find out if your insurance plan has a mail order prescription service. In general, medicines are given in a 3-month supply. You pay 1 month's co-pay instead of 3.
- Ask about using generic drugs. These have the same chemical formula as brand name drugs. They may cost up to 40% less.
- Prices vary widely. Call several drug stores to get prices. Also, ask your doctor and pharmacist how you can save money on your medicine(s), but still get what you need. Some medicines come in more than one dose, "are scored," and can be easily split into halves. For example, it may cost less for you to get a prescription for 15 tablets that contain 100 mg. than for 30 tablets that contain 50 mg. Instead of taking a 50 mg. tablet each day, you would take $\frac{1}{2}$ of a 100 mg. tablet each day.





- Avoid buying “combination” cold pills. They cost more. You may not need both an antihistamine and a decongestant.
- If your health plan does not cover prescription drugs, you may be able to get your medications for free or at little cost. Call the Partnership for Prescription Assistance at 1-888-477-2669 or access www.pparx.org.
- Do not buy drugs that claim to be miracle cures. They are costly and rarely work.

For Medical Tests:

- Attend free and low-cost medical screenings. Call your local hospital and health department.
- Avoid taking the same medical tests more than needed. Keep a record of dates of X-rays, for example.



Check the newspaper for free and low-cost medical screenings.

For Health Insurance:

- Consider a managed care plan, such as an HMO or PPO. Costs to you are less than with traditional health plans.
- If you are healthy, raise your deductible. It will lower your insurance premium.

- Read your policy carefully. Know what is and is not covered.
- Check all benefits and payments on the insurance statement. Mistakes are made. Get an itemized list of services.

For Saving Money in the Hospital:

- Choose outpatient services whenever you can. Many diagnostic tests and surgeries can be done for less money as an outpatient. You avoid the cost of an overnight stay in a hospital.
- If you are told that you need surgery, get a second opinion. Medicare and many private health insurance companies will pay for a second opinion. Most Medicaid programs also pay for a second opinion.
- As an inpatient, stay only the prescribed time that is necessary. Ask your doctor about home health care, which can provide a wide range of services at less cost than in a hospital.
- Beware of duplication of tests. Be sure to ask the doctor about what blood tests, x-rays, and medical procedures you can expect.
- Be sure you know when checkout time is and make plans to observe it; otherwise, you’re likely to be charged for an extra day’s stay.



- If your health problem isn't an emergency, avoid being admitted to a hospital on a weekend. The hospital staff is reduced then, and testing will usually not begin until Monday.
- Keep a list of all services you receive. Ask for an itemized bill so you can make sure you are billed correctly.

Housing Options

Some people find the upkeep for a house too demanding. Health concerns may not allow some people to meet these demands. Consider other housing options:

- **Condominium.** This is a townhouse or apartment that is privately owned. A fee is charged to cover maintenance of items like the lawn, swimming pool, etc.
- **Co-Operative.** This is a housing facility where everyone owns a share. People live in unit apartments and vote on key issues.
- **Rental.** A landlord takes care of maintenance. Residents pay a monthly rental fee plus a security deposit.
- **Retirement Community/Assisted Living Facility.** Residents live independently, but have services available to them. These include recreation activities, meals served in a common area, transportation. Often a social worker or counselor is on site. There may be age restrictions.
- **Federal Housing.** This is independent living for those over 62 years old with low to moderate incomes.
- **Group Housing/Adult Custodial Care Homes.** These provide room and board for those in need of nonmedical care. Help with daily living makes this option well suited for Alzheimer's patients.
- **Life Care at Home (LCAH).** Services are given in one's own home. Start up and monthly fees apply. A manager personalizes a program of care to meet the client's needs.
- **Intermediate Care.** This is a residence for those who should not live alone, but can manage simple personal care, like dressing. Meals are provided. Cleaning services and nursing care are offered on site.
- **Nursing Homes.** These are designed for people who require care 24 hours a day. These are medically supervised. Find and compare nursing homes in your area at www.medicare.gov/NHCompare/home.asp.



You may be able to get care you need in your own home.





Caregiver's Guide

Caregiving may be stressful. A caregiver's job is not easy, but it does not always have to be a burden. If you are thinking about being a caregiver or when you are a caregiver, you will need to know the following things:

- The kind of care the person needs. This includes medical care, custodial care, home care, etc. Find this out from the person and from his or her doctor, health care team, family, and friends.
- How the person's health care and living care expenses will be paid. Find out what assets and health insurance the person has and if these will cover the costs of his or her care.
- What support services are available. Call Eldercare Locator at 1-800-677-1116 or access www.eldercare.gov.
- VA offers a number of services, as well as support for caregivers of Veterans. Services include:
 - Everyday tips and checklists
 - Caregiver Toolbox
 - How to find out about Adult Day Health Care (ADHC) Centers near you
 - Homemaker and Home Health Aide Program and Respite Care
- If there are any caregivers' support groups that you can join
- Good books about caregiving that you can read. Contact the National Institute on Aging for a list. Access www.nia.nih.gov or call 1-800-438-4380.
- How to get respite care for the person. Locate persons and/or places that provide this in your area.
- How much you can truly handle on your own and when the person you are caring for needs residential care.
- That it is necessary that you take care of your own health and needs, too. Eat well. Exercise regularly. Get enough sleep. Get regular health exams and tests. See "Get Recommended Screening Tests" on page 35. Tell your doctor you are a caregiver. Follow his or her advice to take care of your health needs.



For Information on Caregivers for Alzheimer's Disease, Contact:

The Alzheimer's Association
1-800-272-3900

www.alz.org

VA Caregiver Support
1-855-260-3274

www.caregiver.va.gov



Hospice Care

Hospice care is for people with a terminal illness. To enter a hospice program (and to receive



The focus is “care, not cure.”

Medicare benefits), a doctor’s diagnosis is required stating that life expectancy is no more than about 6 months. No efforts are made to prolong life or to hasten death. The patient is kept comfortable and pain free. Hospice eases the process of dying.

Most referrals for hospice come from doctors. Hospice care may be provided in:

- The home. Eighty percent of persons enrolled in hospice are cared for at home.
- A hospital
- A nursing home
- A hospice facility

The bulk of care, especially with home hospice, is usually given by family members and friends. It is supported by a hospice care team which includes doctors, social workers, therapists, volunteers, clergy, nurses, and family members. The team plans care that ensures quality of life.

{**Note:** VA offers Hospice & Palliative Care.}

Most health insurance plans include the option of hospice care. Medicare and Medicaid cover the costs if the facility or hospice organization is certified by them. Under Medicare, the length of stay is two 90 day benefit periods. This may be followed by a 30 day period. Extensions are available. Persons must be certified to be terminally ill at the start of each period.

Sometimes patients are charged if they do not qualify for reimbursement. Hospice care is based on need. No one is rejected for lack of finances.

Some advantages to hospice care include:

- Availability of 24 hour a day, 7 day a week assistance. This is true for hospice care in hospitals, nursing homes, and hospice facilities. Find out if the home hospice program offers this service.
- Respite for family caretakers when care is given in the home
- Emotional comfort and support by trained hospice staff and volunteers
- Bereavement counseling



For Information on The National Hospice and Palliative Care Organization, Contact:

1-703-837-1500

www.nhpc.org



Section II

Common Health Problems

Introduction

This section can help you decide when to use self-care and when to get medical care.

It presents health problems in 3 parts:

- Facts about the problem
- Self-care measures to treat the problem
- Reasons to contact your doctor or health care team to get immediate medical care

Chapter 9



Respiratory Conditions

Chapter 10



Skin Conditions

Chapter 7



Eye Problems

Chapter 8



Ear, Nose & Throat Problems

Chapter 11



Abdominal & Urinary Problems

Chapter 12



Heart & Circulation Problems

Chapter 13



Brain & Nervous System Conditions

Chapter 14



Bone & Muscle Problems

Chapter 15



Other Health Problems

Chapter 16



Mental Health Conditions

Chapter 17



Men's Health

Chapter 18



Women's Health

Chapter 19



Sexual Health

Chapter 20



Dental & Mouth Problems

How to Use This Section

- Find the problem you are looking for in the index or the table of contents. The problems are listed in chapters. Each chapter covers certain concerns. Examples are “Eye Problems,” “Ear, Nose & Throat Problems,” “Skin Conditions,” etc. The topics in each chapter are listed in order from A to Z.
- Read about the problem, what causes it (if known), its symptoms, and treatments.
- Use the information that tells you what to do. The headings and what they mean are listed below.



Self-Care:

You can often take care of the problem yourself with self-care measures. Use the self-care tips that are listed in the topic. Read beyond the self-care section, too. You will find a list of symptoms for which self-care, alone, is not enough. You may need to contact your doctor. In some instances, you may need to get immediate care.



To learn more about topics covered in this Guide and other health issues, access MedlinePlus® at www.medlineplus.gov and My HealthVet at www.myhealth.va.gov.



Contact Doctor When:

If your symptoms are listed under this heading, call your doctor. State the problem. You will get advice on what to do.

The term “doctor” can be used for a number of health care providers:

- Your VA health care team
- Your primary care doctor
- Your Health Maintenance Organization (HMO) health care providers
- Walk-in clinic or Veteran outpatient clinic (if you are a Veteran). {**Note:** Each VA facility provides complete health care for women Veterans and a Women Veterans Program Manager. She ensures that your needs are met.}
- Physician’s assistants (P.A.s), nurse practitioners (N.P.s), or certified nurses (C.N.s) who work with your doctor
- Nurse Call Line or Veteran Tele-Nurse
- Home and rural health care providers
- Your psychiatrist, dentist, etc.



“Doctor” refers to your doctor and other health care providers.



Contact Counselor When:

If your symptoms are listed under this heading, call your mental health counselor. You will get advice on what to do.

The term “counselor” can be used for a number of mental health care providers:

- Your counselor or therapist, if you already have one
- A mental health professional provided by your Employee Assistance Program (EAP) at work or Veteran medical center or outpatient clinic
- A mental health center
- A clinical psychologist
- A social worker with a master’s degree (M.S.W.)
- Another health care provider in the mental health field, such as a psychiatric nurse

{**Note:** Your primary care doctor may be able to provide some counseling, too, or help you by making a referral to another mental health care provider. If you belong to a Health Maintenance Organization (HMO) or other managed health care plan, you may need a referral from your primary care doctor for services to be covered. Also, a counselor may have you join a self-help/support group.}



Get Immediate Care When:

If your symptoms are listed under this heading, get medical help fast. See “Recognizing Emergencies” on page 380. It lists warning signs of a medical emergency. For one or more of these signs, go to a hospital emergency department if you can do so safely. If not, **call 9-1-1**, your local rescue squad, or an ambulance. Don’t **call 9-1-1** or use a hospital emergency department if symptoms do not threaten life. Get immediate care by calling your doctor right away or going to an “urgent care” center. Some hospital emergency departments have a “Prompt Care” area to treat minor injuries and illnesses. An example is a sprained ankle. Ask your doctor ahead of time where you should go for a sprained ankle or similar type of problem that needs prompt care, but not emergency care.

Find out, now, how your health insurance covers medical emergencies. Then you’ll know what to do if one occurs.

Make sure you know phone numbers for emergency medical help. Write them down near your phone and on the “Telephone Numbers & Information” list on page 2 of this book. **Call 9-1-1** where the service is available. If your HMO prefers that you use a certain ambulance service, find out their number and write it on page 2.

Eye Problems



How Aging Affects the Eyes

Growing older does not always mean you see poorly. But you may not see as well as you did before. Common changes that affect your eyes are:

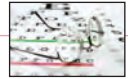
- “Aging Eyes.” The medical term for this is **presbyopia** (prez-bee-OH-pea-ah). This comes on slowly after age 40. Close objects or small print are harder to see. You may have to hold reading materials at arm’s length. You may get headaches or “tired eyes” while you read or do other close work. Presbyopia can be corrected with glasses or contact lenses.
- The need for more light in order to see clearly. With aging, the pupil in the eye is unable to open as wide or to adapt to light as fast as it did before. This can make it harder to see in the dark. It can make it harder to tell one color from another. Blues can look like different shades of gray. To help with this, add more and brighter lights in places around the house, such as at work counters, stairways, and favorite reading places. This may help you see better and can sometimes prevent accidents. Also, don’t wear tinted glasses or sunglasses at night, especially when you drive.

Eye Problems Chart

Signs & Symptoms	What It Could Be	What to Do
Sudden loss of all or part of vision, especially in one eye with sudden weakness or numbness on one side	Stroke	Get immediate care. Call 9-1-1. See “Stroke” on page 228.
Vision loss after head or eye injury. Sudden vision loss or blurred vision, and seeing dark spots, or flashes of light all of a sudden.	Detached or torn retina	Get immediate care.

Eye Problems Chart Continued on Next Page

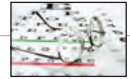




Eye Problems Chart, Continued

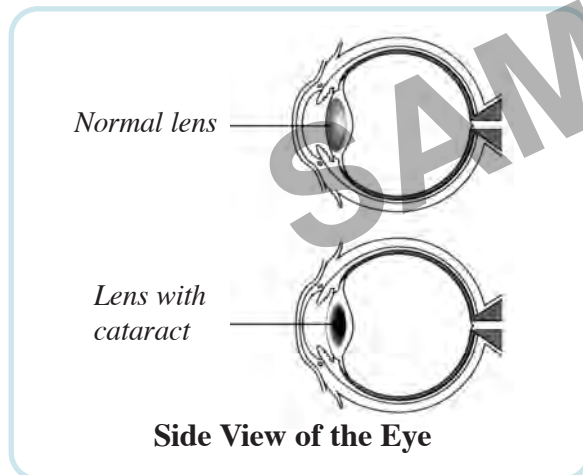
Signs & Symptoms	What It Could Be	What to Do
Severe pain in and above the eye. Eye redness, swollen upper eyelid. Dilated and fixed pupil. Very blurred vision, halos around lights.	Angle-closure glaucoma	Get immediate care. See “Glaucoma” on page 67.
Object or chemical in the eye	Eye irritation or injury	See “Eye Irritations & Injuries” on page 63.
Gradual loss of side vision. Blurred vision. Halos around lights. Poor night vision.	Open-angle or chronic glaucoma	See “Glaucoma” on page 67.
Dark or blind spot in center of vision. Blurred or cloudy vision. Straight lines look wavy.	Macular degeneration	See “Macular Degeneration” on page 69.
Cloudy, fuzzy, foggy, or filmy vision. Halos around lights. Problems with glare from lamps or the sun.	Cataract	See “Cataracts” on page 61.
Pus discharge from the eye; the white of the eye and eyelid are red; crusting of the eyelid in the morning; feeling of sand in the eye	Conjunctivitis (“Pink Eye”)	See “Pink Eye” on page 71.
Firm lump on eyelid or tender pimple on the edge of the eyelid	Stye	See “Stye” on page 72.
Seeing spots, specks, wavy lines, or streaks of light	Floaters and/or flashes	See “Floaters and Flashes” on page 66.
Blurred vision when you look at close objects; headaches; eyestrain	“Aging Eyes” or presbyopia (see page 59)	Call eye doctor for an appointment and advice.

{**Note:** For information and help for eye problems, see organizations listed in the box on page 73.}



Cataracts

A cataract is a cloudy area in the lens or lens capsule of the eye. A cataract blocks or distorts light entering the eye. Vision gradually becomes dull and fuzzy, even in daylight. Most of the time, cataracts occur in both eyes. Only one eye may be affected, though. If they form in both eyes, one eye can be worse than the other, because each cataract develops at a different rate. During the time cataracts are forming, vision can be helped with frequent eyeglass changes.



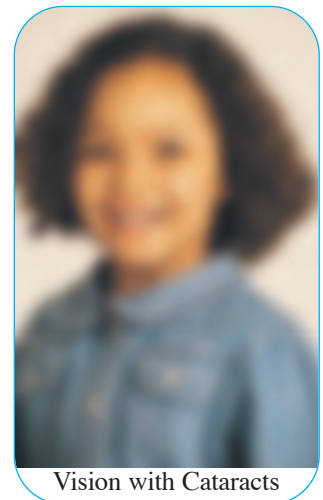
Prevention

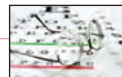
- Limit exposing your eyes to x-rays, microwaves, and infrared radiation.
- While outdoors, wear sunglasses with UV block and wear a hat with a wide brim. Avoid overexposure to sunlight.

- Wear glasses or goggles that protect your eyes whenever you use strong chemicals, power tools, or other instruments that could result in eye injury.
- Don't smoke. Avoid heavy drinking.
- Eat foods high in beta-carotene and/or vitamin C, which may help to prevent or delay cataracts. Examples are: carrots, cantaloupes, oranges, and broccoli.
- Keep other illnesses, such as diabetes, under control.

Signs & Symptoms

- Cloudy, fuzzy, foggy, or filmy vision
- Pupils which are normally black appear milky white
- Sensitivity to light and glazed nighttime vision. This can cause problems when driving at night.
- Blurred or double vision
- Changes in the way you see colors
- Seeing glare from lamps or the sun. Halos may appear around lights.
- Better vision for awhile, only in farsighted people





Cataracts, Continued

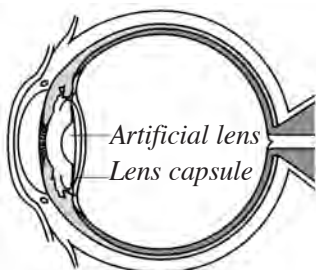
Causes, Risk Factors & Care

- The most common form of cataracts come with aging due to changes in the chemical state of lens proteins. About half of Americans ages 52 to 64 and most persons over age 75 have cataracts.
- Cataracts can also result from damage to the lens capsule due to trauma; from ionizing radiation or infrared rays; from taking corticosteroid medicines for a long time; and from chemical toxins. Smokers have an increased risk for cataracts. So do persons with diabetes and glaucoma.

Treatment includes eye exams, corrective lenses, cataract glasses, and cataract surgery, when needed.

A person who has cataract surgery usually gets an artificial lens at the same time. A plastic disc called an intraocular lens is placed in the lens capsule inside the eye.

**Side View
of Eye with
Artificial
Lens**



It takes a couple of months for an eye to heal after cataract surgery. Experts say it is best to wait until your first eye heals before you have surgery on the second eye if it, too, has a cataract.



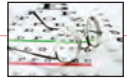
Self-Care:

- Be careful about driving at night. Night vision can be one of the first things affected by cataracts. Let someone else drive if you can't see well.
- Wear sunglasses with UV block.
- When indoors, don't have lighting too bright or pointed directly at you. Install dimmer switches so you can lower the light level. Use table lamps, not ceiling fixtures.
- Use soft, white (not clear) light bulbs.
- Arrange to have light reflect off walls and ceilings.
- Read large print items. Use magnifying glasses, if needed.
- Schedule an eye exam every 2 years or as advised by your doctor.
- Wear your prescribed glasses.



Contact Doctor When:

You have signs and symptoms of cataracts listed on page 61.



Eye Irritations & Injuries

As you age, your eyes can get irritated more easily because they make less tears. Poorer vision increases the risk for eye injuries.

Prevention

- Wear safety glasses for activities that expose your eyes to sawdust, etc.
- When using harsh chemicals, wear rubber gloves and protective glasses. Don't rub your eyes if you've touched harsh chemicals. Turn your head away from chemical vapors.
- To help prevent dry eyes, use a humidifier and limit exposure to smoke, dust, and wind. Avoid alcohol.
- Use artificial tear drops with your doctor's okay.
- Don't stare directly at the sun, especially during a solar eclipse.
- Wear sunglasses that block UV rays.
- Don't use eye makeup when an allergy or chemical irritant bothers your eye(s).

Signs & Symptoms

You feel burning, dryness, itching, and/or pain and swelling in one or both eyes.

Causes & Care

For Eye Irritation:

Causes include particles in the eye; too much sun exposure, low humidity; strong wind; and scratches from contact lenses. Other causes are allergies, infections, and conditions that make your eyes dry.

For Eye Injuries:

Causes include a physical blow to the eye; harsh chemicals; and a foreign body that is stuck in the eye.

Mild eye irritations and injuries can be treated with self-care. More serious problems need medical care.



Self-Care/First Aid:

To Ease the Discomfort of Dry Eyes:

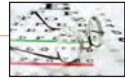
With your doctor's okay, use over-the-counter artificial tear drops, such as Ocu-Lube. Read the label. Refrigerate the solution, if needed. Wash your hands before using.

To Treat an Insect Bite Without a Severe Allergic Reaction:

- Wash the eye(s) with warm water.
- Take an antihistamine if okay with your doctor.

Continued on Next Page





Eye Irritations & Injuries, Continued

Self-Care, Continued

To Remove a Foreign Particle On the White of the Eye or Inside the Eyelids:

- Do not remove an object imbedded in the eye, a metal chip, or a foreign body over the colored part of the eye. (See “First Aid for Foreign Body Sticking Into the Eye” on this page.)

- Wash your hands.

- If the foreign object is under the upper lid, have the person look down and pull the upper lid away from the eyeball by gently grabbing the eyelashes. Press a cotton-tipped swab down on the skin surface of the upper eyelid and pull it up and toward the brow. The upper lid will invert. Touch and remove the debris with the tip of the tissue. (See next column.)



Inverting the Upper Eyelid

- Twist a piece of tissue, moisten the tip with tap water (not saliva) and gently try to touch the speck with the tip. Carefully pass the tissue over the speck, which should cling to the tip.
- Do not rub the eye or use tweezers or anything sharp to remove a foreign object.
- Gently wash the eye with cool water.

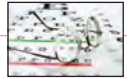
To Treat a Bruise from a Minor Injury that Surrounds the Eye but Does Not Damage the Eye Itself:

- Put a cold compress over the injured area right away. Keep doing this for 15 minutes, every hour, for 48 hours.
- Take an over-the-counter medicine for the pain and inflammation. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- After 48 hours, put a warm compress over the injured area.
- Seek medical attention if these measures do not help.

First Aid for Foreign Body Sticking Into the Eye Before Immediate Care:

- Do not remove the object.
- Don't press on, touch, or rub the eye.

Continued on Next Page



Eye Irritations & Injuries, Continued

Self-Care, Continued

- Cover the injured eye with a paper cup or other clean object that will not touch the eye or the foreign object. Hold the paper cup in place with tape without putting pressure on the eye or the foreign object.
- Gently cover the uninjured eye with a clean bandage and tape, too, to keep the injured eye still.

First Aid for Harmful Chemicals in the Eye(s) Before Immediate Care:

- Flush the eye(s) with water immediately!
- Hold the injured eye open with your thumb and forefinger.
- At the faucet or with a pitcher or other clean container, flush the eye with a lot of water. Start at the inside corner and pour downward to the outside corner. This lets the water drain away from the body and keeps it from getting in the other eye.
- Keep pouring the water for 10 to 30 or more minutes. Flush the eye with water until you get medical help.

- If both eyes are injured, pour water over both eyes at the same time or quickly alternate the above procedure from one eye to another. Or, place the victim's face in a sink or container filled with water. Tell the victim to move his or her eyelids up and down and remove the face from the water at intervals in order to breathe. Use this method on yourself if you are the victim and are alone.
- Loosely bandage the eye with sterile cloth and tape. Don't touch the eye.



Contact Doctor When:

You have any of these problems:

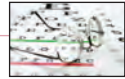
- Eye pain with eye irritation
- An eye that is red and/or swollen
- Yellow-green pus is under the eyelid or drains from the eye.



Get Immediate Care When:

- Harmful chemicals have gotten into the eye(s). {**Note:** Before you get immediate care, give “First Aid for Harmful Chemicals in the Eye(s) Before Immediate Care” on this page.}





Eye Irritations & Injuries, Continued

- A foreign body sticks into the eye.
{**Note:** See “First Aid for Foreign Body Sticking Into the Eye Before Immediate Care” on pages 64 and 65.}
- Any of these problems occurs with a blow to the eye or other eye injury:
 - Loss of vision
 - Blurred or double vision
 - Blood in the pupil
- A cut to the eye or eyelid occurs.

Floaters & Flashes

Signs & Symptoms

- Floaters are specks, dots, cobwebs, or wavy lines that seem to fall within your line of sight. They rarely affect your eyesight. They are more visible against a plain or dark background.
- Flashes are streaks of light that “flash” across your field of vision. They can happen when your eyes are closed or when you are in extreme darkness.

Causes, Risk Factors & Care

When you age, the middle portion of the eye, called the vitreous, becomes less solid and more liquid. This allows particles (floaters), which have always been in the eye, to begin to move around. Flashes can occur when the vitreous shrinks and pulls on the retina of the eye. This is common. On rare occasions when the vitreous detaches from the retina, it can rip or tear the retina. This may lead to retinal detachment. The retina peels away from the eye wall, causing sight loss. Risk factors for floaters and flashes are:

- Eye diseases or injuries
- A tear in the retina. Aging and cataract surgery increase the risk for this.
- High blood pressure
- Migraine headaches
- Nearsightedness

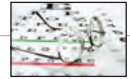
Self-care is enough to treat floaters and flashes unless they are due to another medical condition.



Self-Care:

- Move your eyes up and down (not side to side) several times.

Continued on Next Page



Floaters & Flashes, Continued

Self-Care, Continued

- Don't focus on or stare at plain, light backgrounds, such as a blank pastel wall or the light blue sky.
- You may notice flashes less if you avoid moving suddenly, don't bend over, and don't get up quickly from sitting or lying down.



Contact Doctor When:

- A large red floater disturbs your vision.
- You have any of these problems with floaters or flashes:
 - A loss of side vision
 - A sudden appearance of a cloud of dark floaters with bright light flashes
 - A rapid increase in the number of floaters or sudden shower of many floaters
 - Bleeding in the eye
 - The floaters don't move as you look at them.
 - A history of migraine headaches or high blood pressure
 - The floaters or flashes last 10 to 20 minutes in both eyes.

Glaucoma

Glaucoma is a group of diseases that damage the optic nerve and cause vision loss.

Signs & Symptoms

For Chronic (Open-Angle) Glaucoma

This type takes place gradually, usually causes no pain and has no symptoms early on. When symptoms begin, they are:

- Loss of side (peripheral) vision
- Blurred vision

In the late stages, symptoms include:

- Vision loss in larger areas (side and central vision), usually in both eyes
- Blind spots
- Seeing halos around lights
- Poor night vision
- Blindness, if not treated early enough



Vision with Glaucoma





Glaucoma, Continued

For Acute (Angle-Closure) Glaucoma

This type can occur suddenly. It is a medical emergency! Symptoms include:

- Severe eye pain
- Severe throbbing headache
- Blurred vision; halos around lights
- Redness in the eye, swollen upper eyelid
- Nausea

Causes, Risk Factors & Care

Glaucoma occurs when the pressure of the liquid in the eye gets too high and causes damage. It tends to run in families. The risk of getting glaucoma increases with age. It can also be triggered or aggravated by some medicines, like antihistamines and antispasmodics.

Glaucoma may not be preventable, but the blindness that could result from it is. Get tested for glaucoma when you get a regular vision checkup. If pressure inside the eyeball is high, an eye doctor will prescribe eye drops and perhaps oral medicines.

Medicines used for acute glaucoma are prescribed for life. If medicines do not control the pressure, ultrasound, laser beam surgery, or other surgical procedures may need to be done.



Self-Care:

- Don't smoke. If you smoke, quit!
- Do not take any medicine, including over-the-counter ones, without first checking with your doctor or pharmacist. Most cold medications and sleeping pills, for example, can cause the pupil in the eye to dilate. This can lead to increased eye pressure.
- Avoid getting upset and fatigued. These can increase pressure in the eye.



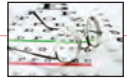
Contact Doctor When:

Symptoms of chronic (open angle) glaucoma are present (see page 67).



Get Immediate Care When:

Symptoms of acute (angle-closure) glaucoma, listed on this page, are present.



Macular Degeneration (AMD)

Macular degeneration is a progressive eye disorder. Known as age-related macular degeneration (AMD), it is the most common cause of central vision loss in older Americans. The central part of the retina (the macula) deteriorates. This results in the loss of sharp, central vision. One or both eyes may be affected. In many cases, the small vessels of the eye can become narrowed and hardened due to atherosclerosis. With this, the macula doesn't get the blood supply it needs so it wastes away. This is called the dry form. In the wet form, tiny blood vessels leak blood or fluid around the macula.

Prevention

To reduce the risk for AMD:

- Don't smoke. If you smoke, quit.
- Follow a healthy diet high in green leafy vegetables and fish.
- Wear sunglasses with UV block. Wear a hat with a brim.
- Take measures to control high blood pressure (see pages 204 and 205) and coronary artery disease (see pages 199 to 201).
- Get your vision checked regularly.

Signs & Symptoms

Macular degeneration is painless. With the dry form, symptoms develop gradually. With the wet form, symptoms can occur more rapidly. Symptoms for both forms are:

- Blurred or cloudy vision
- Seeing a dark or blind spot at the center of vision
- Distorted vision, such as straight lines that look wavy
- A hard time reading or doing other close-up work
- A hard time doing any activity, such as driving, that needs sharp vision
- Complete loss of central vision. Side vision is not affected.



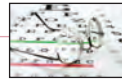
Vision with Macular Degeneration

Causes, Risk Factors & Care

The exact cause of AMD is not known. Risk factors for AMD are:

- Advancing age
- Cigarette smoking
- Obesity
- Family history of the condition



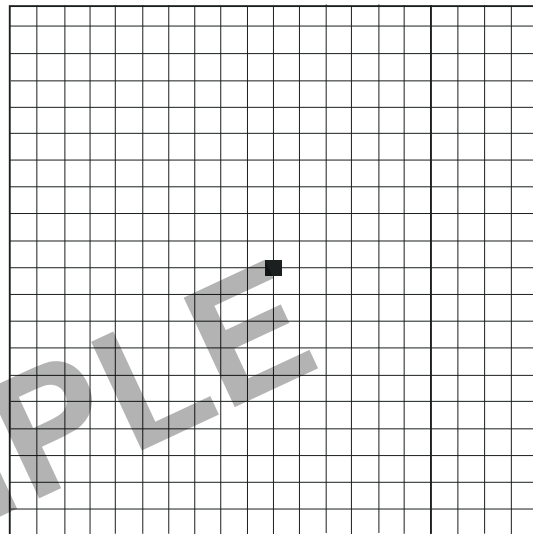


Macular Degeneration, Continued

- Gender. Women appear to be at a greater risk than men.
- Race. Caucasians are much more likely to lose vision from AMD than African Americans.

Treatment for the wet form includes laser therapy and medicine called “anti-VEGF therapy.” Most dry form cases are not treatable. Your eye doctor may prescribe special eyeglasses and low vision aids. He or she may also prescribe a specific high dose vitamin and mineral to lower the risk of advanced AMD.

- You look at the center dot in the grid below, and you see blurry, curvy, or distorted lines. Cover one eye when you look at the grid. Repeat, covering the other eye.

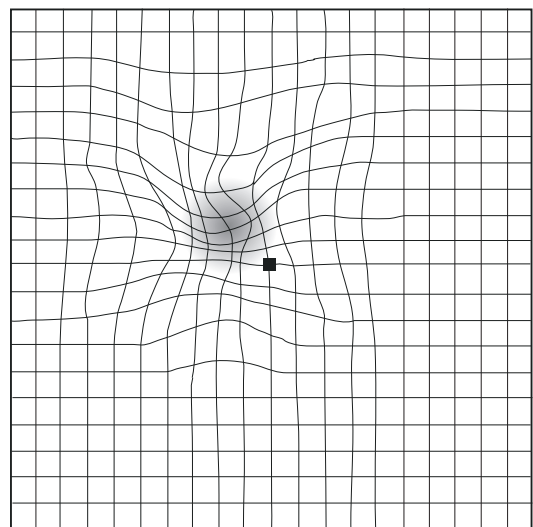


Self-Care:

Use “Prevention tips” in this topic and:

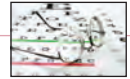
- Wear the special eyeglasses and use other vision aids, such as magnifying devices, as advised by your doctor.
- Have your vision checked, as advised by your doctor.

The grid below shows how the lines might look to someone with AMD.



Contact Doctor When:

- You have symptoms of AMD listed on page 69, especially when symptoms come on quickly.

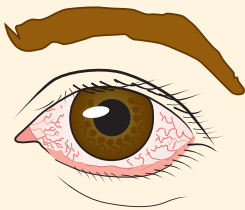


Pink Eye

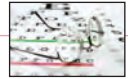
Pink eye is an inflammation of the conjunctiva (conjunctivitis). The conjunctiva is the covering of the inside of the eyelids and the whites of the eyes.

It is called pink eye when the cause is a bacterial or viral infection. This is because the white part of the eye looks pinkish-red. Conjunctivitis can also be due to an allergic reaction.

Pink Eye Chart

Signs & Symptoms	Cause	Treatment
<p>Redness of the whites of the eyes. Watery, yellowish-green, or puslike discharge from the eye. Feels like you have something in your eye. May have crusting on the eyelashes, runny nose, and sore throat.</p> 	<p>Usually due to a bacterial infection (less common) or a viral infection (common). Both are very contagious.</p>	<p>Most infections are viral and resolve without treatment, but antibiotic eye drops or ointments may be prescribed. It is hard to tell a viral from a bacterial infection because symptoms for both are the same. Can take 14 to 21 days for a viral infection to clear up. With antibiotic eye drops or ointment, a bacterial infection usually starts to clear up in 2 to 3 days. Take eyedrops as long as prescribed.</p>
<p>Burning, itching, and watery eyes. May feel like you have something in the eye.</p>	<p>Allergic reaction (not contagious). Common irritants are cosmetics, contact lenses, dust, mold, pollen, and smoke.</p>	<p>Avoid the allergen. Use over-the-counter eyedrops, and/or artificial teardrops. Ask your doctor if it is okay to take an over-the-counter antihistamine.</p>





Pink Eye, Continued



Self-Care/Prevention:

For Pink Eye:

- Wash your hands often. Don't share towels, washcloths, etc. with others.
- Avoid contact with other people as much as you can the first 3 days you have pink eye. Some places of work request employees with pink eye to stay away from work for 3 days so they don't spread the infection.
- Don't touch the eye area with your fingers. Use a tissue instead.
- With your eyes closed, apply a washcloth soaked in warm (not hot) water to the affected eye 3 to 4 times a day for at least 5 minutes at a time. Use a clean washcloth each time.
- Throw away makeup that could be contaminated. Don't wear eye makeup until the infection is cleared up. Don't share makeup.
- Don't share eye drops with others.
- Don't cover or patch the eye. This can make the infection grow.
- Don't wear contact lenses while your eyes are infected. Disinfect contact lenses before re-using.

For Allergic Conjunctivitis:

- Avoid things you know you are allergic to.
- Use over-the-counter eye drops to soothe irritation and help relieve itching.
- Apply a washcloth rinsed in cold water to the eyes. Do this several times a day.
- Use protective eyewear when you work with chemicals and fumes.

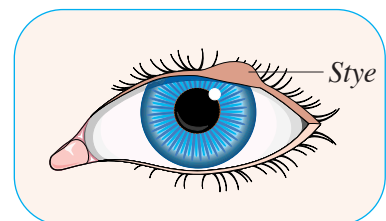


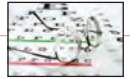
Contact Doctor When:

- A puslike discharge with redness and irritation occurs.
- Your vision is affected and/or your eye(s) hurt a lot.
- You have tried self-care for a week and symptoms get worse.
- You have frequent bouts of conjunctivitis.

Stye

A stye is an infection in a tiny gland of the eyelid.





Stye, Continued

Signs & Symptoms

- Red, painful bump or sore on an eyelid
- Watery or tearing eye that burns and itches
- The red bump may form a head and appears yellow if it contains pus. This usually drains on its own within days.

Causes & Care

Sties form from clogged oil glands at the base of an eyelash.

Most sties respond well to self-care and don't need further treatment.



Self-Care/Prevention:

- Wash your hands often.
- Don't touch your eyes with your fingers. Use a tissue instead.
- Use clean washcloths and towels each time you wash your face.
- Don't share washcloths, towels, makeup, or eye drops with others.
- Don't expose your eyes to excessive dust or dirt.

To Relieve the Discomfort of a Stye:

- Apply warm (not hot), wet compresses to the affected area 3 to 4 times a day for 5 to 10 minutes at a time. Use a clean washcloth each time.
- Don't poke or squeeze the stye.
- If the stye drains on its own, gently wash the pus away with a clean, wet cloth. Apply an antibiotic ointment with a cotton-tipped swab.



Contact Doctor When:

- A stye makes it hard for you to see.
- Redness and swelling haven't drained within 1 or 2 days.
- Many sties come at the same time.
- You get one stye right after another.



For Information On Eye Problems, Contact:

American Foundation for the Blind
1-800-AFB-LINE (232-5463)

www.afb.org

Lighthouse International
1-800-829-0500

www.lighthouse.org

National Eye Care Project Help Line
1-800-222-EYES (3937)



Ear, Nose & Throat Problems



Earaches

Earaches Chart

Signs & Symptoms	What It Could Be	What to Do
Severe pain with swelling, bruising, or bleeding in the ear canal following a recent ear or head trauma	Ear injury	Get immediate care.
Ear pain with stiff neck, high fever, drowsiness, <u>and</u> vomiting	Meningitis	Get immediate care.
Ear pain with some hearing loss, blood or other discharge from ear (especially after sticking an object in the ear or exposure to extremely loud noises)	Ruptured eardrum	Contact doctor.
Ear pain, fever, chills, discharge of pus or blood from the ear. Blocked or full feeling in the ear.	Ear infection	Contact doctor.
Ear pain with blocked or full feeling in the ear. Ringing in the ear. Temporary, partial hearing loss.	Earwax	See “Earwax” on page 77.
Ear pain with jaw pain, headache, and a clicking sound when you open and close your mouth	Temporomandibular Joint (TMJ) Syndrome	Contact doctor.
Ear pain and/or feeling of fullness in the ears during or after flying	Eustachian Tube Dysfunction or blocked ear tube	See “To Open Up the Eustachian Tubes and Help Them Drain” on page 76.

Earaches Chart Continued on Next Page



Earaches, Continued

Earaches Chart, Continued

Signs & Symptoms	What It Could Be	What to Do
Pain when you touch or wiggle your earlobe. Discharge from the ear (watery, yellow, or foul-smelling). Blocked feeling in the ear. Itchy, flaky skin by the opening of the ear. (Symptoms usually come after swimming in polluted water.)	Swimmer's ear	See "For a Mild Case of Swimmer's Ear" on page 77. Contact doctor if you still have symptoms after 4 to 5 days of self-care.

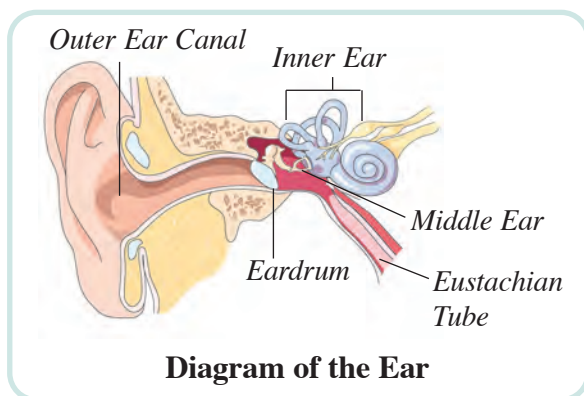
Prevention

- When you blow your nose, do so gently, one nostril at a time.
- Don't smoke. Avoid secondhand smoke.
- Heed the old saying, "Never put anything smaller than your elbow into your ear." This includes cotton-tipped swabs, bobby pins, your fingers, etc. Doing so could damage your eardrum.

Causes & Care

The most common cause of earaches is plugged Eustachian tubes. These tubes go from the back of the throat to your middle ear. When they get blocked, fluid gathers, causing pain. Things that make this happen include an infection of the middle ear, colds, sinus infections, and allergies. Other things that can cause ear pain include changes in air pressure in a plane, something stuck in the ear, too much earwax, tooth problems, and ear injuries.

Self-care treats mild cases of "Swimmer's Ear," Eustachian tube dysfunction or blocked ear tube and mild ear pain.





Earaches, Continued

Very bad ear pain should be treated by a doctor. Treatment depends on the cause and includes pain relief, an antibiotic for an infection, and/or methods to dry up or clear the blocked ear canal.



Self-Care:

To Reduce Pain:

- Place a warm washcloth or heating pad (set on low) next to the ear. Some doctors advise putting an ice bag or ice in a wet washcloth over the painful ear for 20 minutes.
- Take an over-the-counter pain reliever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Chew gum or suck on hard candy. When you do this, you have to swallow often; every time you do, you automatically force small amounts of air into your Eustachian tubes, reducing pain. This action also helps fluid drain from your ears.

To Open Up the Eustachian Tubes and Help Them Drain:

- Sit up.
- Prop your head up when you sleep.

- Yawn. This helps move the muscles that open the eustachian tubes.
- Chew gum or suck on hard candy. This tip is especially helpful during pressure changes that take place during air travel, but can also be useful during the middle of the night if you wake up with ear pain.
- Stay awake during take-offs and landings.
- Take a decongestant. Don't use a nasal spray decongestant for more than 3 days, though, unless directed by your doctor. Take a decongestant:
 - At the first sign of a cold if you have gotten ear infections often after previous colds
 - One hour before you land when you travel by air if you have a cold or think your sinuses will block up
- Take a steamy shower.
- Use a cool-mist vaporizer, especially at night.
- Drink plenty of cool water.
- While holding one nostril closed, gently, but firmly, blow through your nose until you hear a pop. Do this several times a day.

Continued on Next Page



Earaches, Continued

Self-Care, Continued

For a Mild Case of “Swimmer’s Ear:”

The goal is to clean and dry the outer ear canal without doing further damage to the top layer of skin.

- Shake your head to expel trapped water.
- Dry the ear canal. Use a clean tissue. Twist each corner into a tip and gently place each tip into the ear canal for 10 seconds. Repeat with the other ear, using a new tissue.
- Use an over-the-counter product, such as Swim-Ear. Follow package directions.
- Do not remove earwax. This coats the ear canal and protects it from moisture.

To Avoid Getting “Swimmer’s Ear:”

- Wear wax or silicone earplugs.
- Wear a bathing cap.
- Don’t swim in dirty water.
- Swim on the surface of the water instead of underneath the water.

For an Insect in the Ear:

Shine a flashlight into the ear. Doing this may make the insect come out. Contact your doctor if the insect does not come out.

Earwax

Earwax coats and protects the lining of the ear canal. It filters dust and helps keep the ears clean. Normally, earwax is soft and drains by itself. Sometimes it hardens and forms a plug.

Prevention

- Wear earplugs when exposed to excessive dust or dirt.
- Don’t use cotton swabs in the ear. They tend to pack the earwax down more tightly.
- Don’t push objects into the ear canal.

Signs & Symptoms

Signs and symptoms of earwax buildup are:

- Blocked or plugged feeling in the ear
- Partial hearing loss (temporary)
- Ringing in the ear
- Ear discomfort or pain





Earwax, Continued

Causes, Risk Factors & Care

- Exposure to excessive dust or dirt
- A family history of earwax buildup

Simple earwax build-up can be treated using self-care. If self-care doesn't take care of the problem, a doctor can clear the earwax with a special vacuum, scoop, or water-pik-like device.



Self-Care:

{**Note:** Use only if you know that your eardrum is not ruptured or infected. See signs of a ruptured eardrum and ear infection under “Contact Doctor When:” on this page and on page 79.}

- Don't try to scrape out earwax. You could put a hole in your eardrum or damage the skin of your ear canal.
- Use an over-the-counter product, such as Murine Ear Drops, Debrox, etc. Follow package directions.
- Hold a warm, wet washcloth on the blocked ear or, take a warm shower. Let the water gently flow into the ear. Use the tip of a warm washcloth to remove the softened wax. Don't use cold water. This may cause dizziness.

- Lie on your side or tilt your head sideways. Using a clean medicine dropper, carefully squeeze a few drops of lukewarm water into your ear. Leave the water there for about 10 minutes. Tilt your head to let the water drain out of the ear. After several minutes, do the same thing again. If the ear wax has not cleared in 3 hours, repeat this entire procedure. {**Note:** Instead of just warm water, you can use a mixture of 1 part warm water and 1 part hydrogen peroxide. Keep the drops in the ear for 3, not 10 minutes, though.}

- Rest a hot water bottle on the affected ear for a few minutes. Afterward, use a washcloth to remove the softened wax.



Contact Doctor When:

- You have sudden or total hearing loss in one or both ears.
- You have signs of a **ruptured eardrum**:
 - Ear pain
 - Blood or other ear discharge



Earwax, Continued

- Partial hearing loss
- Ringing or burning in the ear
- You have ear pain with any of these signs of an **ear infection**:
 - Feeling of fullness in the ear that leads to ear pain
 - Fever of 101°F or higher
 - Blood, pus, or fluid from the ear
 - Temporary hearing loss
 - Redness and swelling of the skin of the ear canal
 - Nausea, vomiting, and/or dizziness
- Earwax has not cleared after using self-care for several days.

Hay Fever

The medical term for hay fever is “allergic rhinitis.” Hay fever is most common in spring and fall when there is a lot of ragweed in the air. Some people have hay fever all year, though.

Signs & Symptoms

- Itchy, watery eyes
- Runny, itchy nose

- Congestion
- Sneezing

Causes & Care

Hay fever has nothing to do with hay or fever. It is a reaction of the upper respiratory tract when you are allergic to something. Talk to your doctor if self-care measures do not help. He or she may prescribe:

- Antihistamines. For best results, take the antihistamine 30 minutes before going outside. **{Note:}** Some over-the-counter antihistamines may cause more drowsiness than prescription ones. Also, care should be taken when driving and operating machinery since antihistamines can make you drowsy.}
- Decongestants, nasal sprays, and other medicines, like cromolyn sodium or corticosteroids
- Skin tests to find out what things you are allergic to
- Allergy shots



Your doctor may advise a nasal spray for hay fever symptoms.

It is best to take what your doctor advises instead of taking over-the-counter products on your own.



Hay Fever, Continued



Self-Care:

Stay Away From Things That Give You Hay Fever:

- Let someone else do outside chores. Mowing the lawn or raking leaves can make you very sick if you are allergic to pollen and molds.
- Keep windows and doors shut and stay inside when the pollen count or humidity is high.
- Avoid tobacco smoke and other air pollutants.
- To limit dust, mold, and pollen:
 - Use rugs that can be washed often. Don't use carpeting.
 - Dust and vacuum often. Wear a dust filter mask when you do.
 - Use drapes and curtains that can be washed often.
 - Add an electronic air filter to your furnace or use portable air purifiers.
 - Sleep with no pillow or the kind your doctor advises. Put a plastic or allergen-free cover on your mattress, etc.
 - Have only stuffed animals that can be washed.

- Don't dry sheets and blankets outside. Pollen can get on them.
- Shower or bathe and wash your hair following heavy exposure to pollen, dust, etc.
- Put an air conditioner or air cleaner in your house, especially in your bedroom. Clean the filter often.
- Don't have pets. If you have a pet keep it outside the house, if possible.



Contact Doctor When:

- You have hay fever symptoms plus symptoms of an infection (fever; nasal discharge or mucus that is green, yellow, or bloody-colored; headache; or muscle aches).
- Hay fever symptoms interfere with your daily activities.
- Hay fever symptoms persist even when you avoid hay fever triggers.



Get Immediate Care When:

You have severe breathing difficulties or severe wheezing.



Hearing Loss

People over age 50 are likely to lose some hearing each year. The decline is usually gradual. About 30% of adults age 65 through 74 and about 50% of those age 85 and older have hearing problems.

Hearing problems can get worse if they are ignored and not treated. Some persons will not admit to a hearing problem due to fear, vanity, or just not knowing what to do. People with hearing problems may withdraw from others because they are not able to understand what others say. Hearing loss can cause an older person to be labeled “confused” or “senile.”

Signs & Symptoms

- Words are hard to understand. This worsens with background noise.
- Certain sounds are overly loud or annoying.
- Hearing a hissing or ringing background noise. This can be constant or it can come and go.
- Concerts, TV shows, etc., are less enjoyable because much goes unheard.



Another person's speech may sound slurred or mumbled.

Causes & Care

- **Presbycusis** (prez-bee-KU-sis). This is a gradual type of hearing loss. It is common with aging. With this, you can have a hard time understanding speech. You may not tolerate loud sounds. You may not hear high pitched sounds. Hearing loss from presbycusis cannot be corrected, but it does not cause deafness.
- Ear wax that blocks the ear canal
- A chronic middle ear infection or an infection of the inner ear
- Medicines, such as aspirin.
- Acoustic trauma, such as from a blow to the ear or excessive noise. **Noise-Induced Hearing Loss (NIHL)** could be from a one-time exposure to a very loud sound or to repeated exposure to loud level sounds. This is a common service-related problem for Veterans.
- Blood vessel disorders, such as high blood pressure
- **Ménière's disease**. This is a problem of the inner ear. Hearing loss comes and goes. Dizziness is also a symptom.

If you have hearing loss, consult your doctor. Rare causes include tumors, which must be found early for optimum treatment. Your doctor may refer you to an ear specialist or a certified audiologist, who tests and treats persons with hearing-related problems.





Hearing Loss, Continued

Treatment for hearing loss includes:

- Earwax removal by a health care provider
- Hearing aid(s) to make sounds louder
- Speech reading to learn to read lips and facial expressions. Auditory training to help you with your specific hearing problems.
- Surgery, if the problem requires it

Decibels (dB) of Sound

Sound is measured in decibels (dB). The louder the sound, the higher the decibel.

Type of Sound	dB
Weakest sound heard	0
Whisper	30
Normal talking	60-70

Repeated Exposures \geq 85 dB can lead to hearing loss

Hair dryer	90
Lawnmower	90
Chain saw	120

Ear pain begins at 125 dB

Jet take-off	135
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One time exposure $>$ 140 dB can cause permanent hearing loss

Siren (at 100 feet)	140
Firearms	140-170
Loudest tone the ear can hear	197



Self-Care:

For Gradual, Age-Related Hearing Loss (Presbycusis):

- Ask people to speak clearly, distinctly, and in a normal tone.
- Look at people when they are talking to you. Watch their expressions.
- Try to limit background noise when speaking with someone.
- In a church or theater, sit near, but not in, the 1st row. Sit in the 3rd or 4th row with people sitting around you.
- Install a flasher or amplifier on your phone, door chime, and alarm clock.

To Hear Sounds Better:

Wear a hearing aid and/or use devices and listening systems that help you hear better when you use your phone, TV, stereo, etc.

To Clear Earwax:

See “Self-Care” in “Ear Wax” on page 78.



Contact Doctor When:

- Sudden hearing loss occurs in one ear.
- You can't hear a nondigital watch tick when you hold it next to your ear.
- You have a ringing sound in one or both ears all of the time.



Hearing Loss, Continued

- You have any of these problems with hearing loss:
 - Earache or a discharge from the ear
 - Dizziness or feeling that things are spinning around you
 - Recent ear or upper respiratory infection
 - Feeling that the ears are blocked
- Hearing loss after recent exposure to loud noises (airplanes, machines, etc.) has not improved.
- Hearing loss occurs after taking a new medicine.



Hearing loss can be a service-connected problem for Veterans.



For Information on Hearing Loss, Contact:

American Speech – Language-Hearing Association

www.asha.org/public

Better Hearing Institute
Hearing Help-On-Line

1-800-EAR-WELL (327-9355)

www.betterhearing.org

Laryngitis

Laryngitis is when your larynx (voice box) is irritated or inflamed.

Signs & Symptoms

- Hoarse, husky, and weak voice or loss of voice
- Cough
- Sore throat, fever, and/or trouble swallowing (sometimes)

Causes, Risk Factors & Care

- Irritants, such as smoke and air pollution
- Bacterial or viral infections
- Allergies
- Vocal cords that are strained or that have tumors, growths, or nerve damage



Get Immediate Care When:

- All of these symptoms occur: Sudden hearing loss, ear pain, dizziness, blood or other discharge from the ear, and ringing sounds.
- A recent head or ear injury and hearing loss occur with swelling or bruising behind the ear, blood in the ear canal, or an earache.





Laryngitis, Continued

Smoking, drinking alcohol, breathing cold air, and continuing to use already distressed vocal cords can make the problem worse.

Self-care treats most cases of laryngitis. If necessary, your doctor may prescribe an antibiotic for a bacterial infection.



Self-Care:

- Don't talk if you don't need to. Instead, use a notepad and pencil to write notes.
- Use a cool-mist humidifier in your bedroom.
- Drink a lot of fluids. Drink warm drinks.
- Gargle every few hours with warm salt water ($\frac{1}{4}$ teaspoon of salt dissolved in 1 cup of warm water).



Warm drinks include weak tea, hot water with honey and/or lemon juice.

- Let hot water run in the shower or bath to make steam. Sit in the bathroom and breathe the moist air.
- Don't smoke. Avoid secondhand smoke.
- Suck on cough drops, throat lozenges, or hard candy.
- Take an over-the-counter medicine for pain and/or inflammation. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)



Contact Doctor When:

- You have a fever or cough up yellow, green, or bloody-colored mucus.
- You have hard, swollen lymph glands in your neck or you feel like you have a "lump" in your throat.
- Hoarseness has lasted more than a month.
- You have symptoms of low thyroid. (See "Thyroid Problems" on page 301.)

Nosebleeds

Signs & Symptoms

- Bleeding from a nostril
- Bleeding from the nose and down the back of the throat



Nosebleeds, Continued

Causes, Risk Factors & Care

Nosebleeds are often caused by broken blood vessels just inside the nose. Risk factors include:

- A cold or allergies
- Frequent nose blowing and picking
- Dry environment
- Using too much nasal spray
- A punch or other blow to the nose

A nosebleed is serious when heavy bleeding from deep within the nose is hard to stop. This type usually strikes the elderly. It can be caused by:

- Hardening of nasal blood vessels
- High blood pressure
- Medicines to treat blood clots
- A tumor in the nose

Self-care treats most nosebleeds. If they occur often, your doctor can order tests to diagnose the cause. Treatment for nosebleeds includes:

- Treating high blood pressure, if present
- Packing the nostril to stop the bleeding
- Cauterization. This seals the bleeding blood vessel.



Self-Care:

- Sit with your head leaning forward.
- Pinch the nostrils shut, using your thumb and forefinger in such a way that the nasal septum (the nose's midsection) is being gently squeezed.
- Hold for up to 20 uninterrupted minutes (use a clock to time it). Breathe through your mouth while you do this. Repeat this a second time, if necessary.
- For the next 24 hours, make sure your head is elevated above the level of your heart.
- Also, wait 24 hours before blowing your nose, lifting heavy objects, or exercising strenuously.



Pinch the nostrils shut to stop a nosebleed.



Contact Doctor When:

- A nosebleed lasts 15 or more minutes.
- A nosebleed started after taking newly prescribed medicine.
- Nosebleeds happen often.





Nosebleeds, Continued

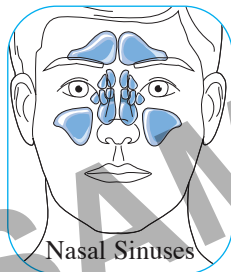


Get Immediate Care When:

- A nosebleed followed a blow to another part of the head.
- A nosebleed occurs in a person taking blood-thinning medicine.

Sinus Problems

Your sinuses are behind your cheekbones and forehead and around your eyes.



Healthy sinuses drain almost a quart of mucus every day. They keep the air you breathe wet. Your sinuses can't drain right if they are blocked, infected, or swollen. Sinus problems include a sinus infection, which can be acute or chronic, and sinus congestion without an infection.

Signs & Symptoms

- Fever
- Greenish-yellow or bloody colored nasal discharge
- Headache that is worse in the morning or when you bend forward

- Severe headache which doesn't get better when you take an over-the-counter pain reliever
- Pain between the nose and lower eyelid
- A feeling of pressure inside the head
- Cheek or upper jaw pain
- Swelling around the eyes, nose, cheeks, and forehead
- Cough that worsens at night
- Foul-smelling or tasting postnasal drip
- Fatigue

For sinus congestion without an infection, the drainage is clear and there is no fever.

Causes, Risk Factors & Care

Your chances of getting a sinus infection increase if you smoke, have hay fever, a nasal deformity, or an abscess in an upper tooth. Chances also increase if you sneeze hard with your mouth closed or blow your nose too much when you have a cold.

A sinus infection may be treated with an antibiotic, a decongestant, and nose drops. Severe cases may require surgery to drain the sinuses.

Sinus congestion without an infection does not require an antibiotic. A decongestant can help, though.



Sinus Problems, Continued



Self-Care:

- Use a cool-mist humidifier.
- Put a warm washcloth, warm compress, or cold compress over the sinus areas of your face. Use the one that better helps with the pain.
- Drink plenty of fluids.
- Take an over-the-counter pain reliever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Take an over-the-counter oral decongestant, but only with your doctor’s okay. You may find it easier to take an over-the-counter product that has both a pain reliever and a decongestant, such as Tylenol Sinus. {**Note:** Some persons should not take decongestants. See “Side Effects/Warnings” for “Decongestants” on page 43.}
- Use nose drops for only the number of days prescribed. Repeated use of them creates a dependency. To avoid picking up germs, don’t borrow nose drops from others. Don’t let anyone else use yours. Throw the drops away after treatment.



Contact Doctor When:

You have 2 or more signs and symptoms of a sinus infection listed on page 86.

Sore Throats

Sore throats range from a mere scratch to pain so severe that it hurts to swallow saliva.

Signs & Symptoms

- Dry, irritated throat
- Soreness or pain in the throat, especially when you talk or swallow
- Swollen glands in the neck

Symptoms of Strep Throat

- Fever
- The back of the throat looks bright red or has patches of pus.
- The tonsils and/or neck glands are swollen.

Causes, Risk Factors & Care

- Smoking
- Breathing dust or harmful fumes
- Dry air
- Not drinking enough fluids





Sore Throats, Continued

- Postnasal drip
- Upper respiratory infection
- Infection from bacteria, such as strep throat, or from a fungus

Self-care treats most sore throats. Your doctor may take a throat culture to see if strep or another type of bacteria is the cause. If so, he or she may prescribe an antibiotic. Be sure you take all of the antibiotic. An antifungal medicine is used to treat a fungal infection.



Self-Care:

- Gargle every few hours with warm salt water ($\frac{1}{4}$ teaspoon of salt dissolved in 1 cup of warm water).
- Drink plenty of fluids, such as warm tea (with or without honey), and broth. If you are on a sodium-restricted diet, use low-sodium broth.
- For strep throat, eat and drink cold foods and liquids, such as frozen yogurt, popsicles, and ice water.
- Rest your voice, if this helps.
- Avoid eating spicy foods.
- Don't smoke. Avoid secondhand smoke.

- Let hot water run in the shower. Sit in the bathroom when you do this. The steam will moisten your throat.
- Use a cool-mist vaporizer in the room where you spend most of your time.
- Suck on a piece of hard candy or throat lozenge every so often.
- Take an over-the-counter pain reliever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Take an over-the-counter decongestant for postnasal drip, if okay with your doctor. {**Note:** See “Side Effects/Warnings” for “Decongestants” on page 43.}



Contact Doctor When:

- You have any of these problems with a sore throat:
 - Fever
 - Swollen neck glands
 - The back of your throat or tonsils look bright red or have pus.
 - Ear pain
 - Bad breath
 - Skin rash
 - Dark urine
 - Diabetes



Sore Throats, Continued

- You have been in close contact with someone with strep throat over the last 2 weeks.
- The sore throat lasts for more than 3 weeks.



Get Immediate Care When:

- You have a very hard time breathing with severe shortness of breath and can't say 4 or 5 words between breaths.
- You can't swallow your own saliva.

Tinnitus (Ringing in the Ears)

Tinnitus is hearing ringing or other noises in the ears when no outside source makes the sounds. Almost everyone gets “ringing in the ears” at one time or another. This may last a minute or so, but then goes away. When hearing these sounds persists, suspect tinnitus. The noises can range in volume from a ring to a roar. Tinnitus affects nearly 36 million Americans, most of them older adults.

Signs & Symptoms

- Ringing, buzzing, hissing, humming, roaring, or whistling noises in the ears, which can persist or come and go
- Problems sleeping
- Emotional distress
- Hearing loss

Tinnitus can be quite disturbing. It can interfere with normal activities.

Causes & Care

Exposure to loud noise which damages nerves in the inner ear is the most common cause. This can be from prolonged exposure or from one extreme incident. (See “Hearing Loss” on pages 81 to 83.)

Other causes include:

- Ear disorders, such as **labyrinthitis**, an inflammation of canals in the ear that help maintain balance
- Persistent allergies
- High blood pressure
- Reactions to drugs. These include: Aspirin; levodopa (for Parkinson's disease); quinidine (for irregular heartbeats); propranolol (for high blood pressure, etc.); quinine (for leg cramps); caffeine.

In some cases, no cause is found.





Tinnitus (Ringing in the Ears), Continued

There is no cure for tinnitus, so management focuses on sound therapy, relaxation techniques and educational counseling. This includes:

- A hearing aid that plays a soothing sound to drown out the tinnitus
- A tinnitus masker. Worn on the ear, it makes a subtle noise that masks the tinnitus without interfering with hearing and speech.
- Sleeping pills, if needed

Also, support groups and clinics for tinnitus are available in most major cities.



Self-Care:

- Treat an ear infection right away.
- For mild cases of tinnitus, play the radio or a white noise tape (white noise is a low, constant sound) in the background to help mask the tinnitus.
- Use biofeedback or other relaxation techniques.
- Exercise regularly. This promotes good blood circulation.
- Limit your intake of caffeine, alcohol, nicotine, and aspirin.
- Talk to your doctor if you use the drugs listed in “Causes & Care,” on page 89.

- Wear earplugs or earmuffs when exposed to loud noises. This can prevent noise-induced tinnitus.
- If the noises started during or after airplane travel, pinch your nostrils and blow through your nose. When you fly, chew gum or suck on hard candy. If possible, avoid flying when you have an upper respiratory or ear infection.



Contact Doctor When:

- Any of these problems occur with tinnitus:
 - Dizziness or vertigo
 - Unsteadiness in walking or loss of balance
 - Vomiting
 - Sudden hearing loss
 - Your sleep habits and/or daily activities are disrupted.
- Tinnitus started after taking aspirin or other medicines that have salicylates, such as Trilisate or Disalcid.



For Information on Tinnitus, Contact:

The American Tinnitus Association
1-800-634-8978
www.ata.org

Respiratory Conditions



Asthma

Asthma is a disease that affects the air passages in the lungs. People with asthma have supersensitive airways. Exposure to “Asthma Attack Triggers” (see next column) causes an “attack” or “episode.”

Signs & Symptoms

- A cough lasting more than a week may be the only symptom. It may occur during the night or after exercising.
- Prolonged shortness of breath. Breathing gets harder and may hurt.
- Wheezing
- Tightness or pain in the chest

Causes, Risk Factors & Care

Genetic factors play a big role. You are more likely to have asthma if you have a family history of it. Being exposed to certain things can set off an immune system response for asthma to develop. Examples are house-dust mites and viral respiratory infections.

Asthma is not caused by emotional problems. Strong emotions can bring on an asthma attack, though.

Asthma Attack Triggers

- Respiratory infections (colds, flu, bronchitis, sinus infections)
- Breathing an allergen (pollen, dust mites, mold, animal dander) or irritant, (tobacco smoke, air pollution, fumes)
- Cockroach droppings
- Sulfites. These are additives found in wine and some processed foods.
- Cold air and changes in temperature and humidity
- Exercise, especially in outdoor cold air
- Some medicines, such as aspirin, beta blockers, and ACE inhibitors
- Showing strong feelings. This includes laughing and crying.

A doctor should diagnose and monitor asthma. A good way to help manage asthma is to follow a written action management plan that you develop with your doctor. This includes:

- What to do to avoid and deal with asthma triggers



Using an inhaler





Asthma, Continued

- What to do when you have an asthma attack
- What medicines to take. Some kinds are to be taken with an asthma attack. Other kinds are taken daily (or as prescribed) to help prevent asthma attacks.
- A yearly flu vaccine
- Regular doctor visits to evaluate how well your asthma is controlled
- Treating other problems that make it hard to manage asthma. Examples are reflux of stomach acids, being overweight, and sleep apnea.



Self-Care:

- Follow your written action management plan.
- Avoid your asthma triggers.
- Drink 6 to 8 cups of fluids a day.
- Don't smoke. Avoid secondhand smoke and air pollution.
- Keep your bedroom allergen-free.
 - Sleep with no pillow or the kind your doctor advises. Wash pillows regularly. Replace pillows every 2 to 3 years.

- Totally enclose your mattress, box springs, and pillows in allergen-proof covers. Wash mattress pads in hot water every week.
- Use throw rugs that can be washed or dry cleaned often. Don't use carpeting.
- Use drapes or curtains that can be washed often.
- Get someone to vacuum and dust once a week. Use a vacuum with a HEPA filter or double-thickness bags. If you vacuum or dust, wear a dust filter mask when you do.
- Reduce clutter in your bedroom.
- Put an air filter on your furnace or use portable air purifiers, such as ones with HEPA filters.
- Change and/or wash furnace and air conditioner filters on a regular basis.
- Stay out of the cold weather as much as you can. When you are outside in cold weather, wear a scarf around your mouth and nose to warm the air as you breathe in. This prevents cold air from reaching sensitive airways.
- Stop exercising if you start wheezing.
- Don't take over-the-counter medicines unless your doctor tells you to.

Continued on Next Page



Asthma, Continued

Self-Care, Continued

- Take your medicines as prescribed.
- Use your inhaler the right way.
- Use your peak flow meter as advised. Keep records of results.
- Keep your asthma medicine handy. Take it at the start of an attack.
- During an asthma attack sit up; don't lie down. Keep calm. Focus on breathing slow and easy. Remove yourself from any stressors.



Contact Doctor When:

- Changes occur in your asthma status: It is harder for you to breathe, you are short of breath more often than before, or you are breathing faster than usual.
- Your asthma attack does not respond to your medicines or they are not helping like they used to.
- With asthma, you have a fever, cold, the flu, and/or a cough with mucus.
- You have signs and symptoms of asthma listed on page 91. {**Note:** New onset of asthma symptoms in older adults may be a sign of heart disease.}



Get Immediate Care When:

- You have severe shortness of breath or can't say 4 or 5 words between breaths or have purple lips or finger tips.
- You cough so much that you can't take a breath or have wheezing that doesn't stop.



For Information on Asthma, Contact:

The Asthma and Allergy Foundation of America

1-800-7-ASTHMA (727-8462)

www.aafa.org

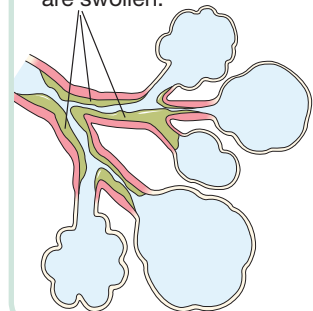
National Heart, Lung, and Blood Institute (NHLBI)

www.nhlbi.nih.gov

Bronchitis

Acute bronchitis is inflammation of the air passages of the lung. Chronic bronchitis is inflammation and degeneration of the air passages of the lung.

With bronchitis, air passages in the lungs are swollen.





Bronchitis, Continued

Signs & Symptoms

For Acute Bronchitis:

- Cough with little or no sputum
- Chills, fever less than 101°F
- Sore throat and muscle aches
- Feeling of pressure behind the breastbone or a burning feeling in the chest

For Chronic Bronchitis:

- A cough with mucus or phlegm for 3 months or longer at a time and this occurs for more than 2 years in a row
- Shortness of breath upon exertion (in early stages)
- Shortness of breath at rest (in later stages)

Many people, most of them smokers, develop emphysema (destruction of the air sacs) along with chronic bronchitis. This is **chronic obstructive pulmonary disease (COPD)**.

Causes & Care

For Acute Bronchitis:

Causes are a viral or bacterial infection and pollutants, like smog.

These attack the mucous membranes within the windpipe or air passages in your respiratory tract, leaving them red and inflamed.

Acute bronchitis often develops in the wake of a sinus infection, cold, or other respiratory infection. It can last anywhere from 3 days to 3 weeks.

Treatment includes bronchodilators and an antibiotic.

For Chronic Bronchitis:

Causes include:

- Cigarette smoking. This is the most common cause.
- Air pollution
- Repeated infections of the air passages of the lungs



Large cities are more prone to air pollution.

Chronic bronchitis results in abnormal air exchange in the lungs and causes permanent damage to the respiratory tract. It's much more serious than acute bronchitis. Chronic bronchitis is not contagious.

Medical treatment is needed for airway infections and heart problems, if present. Supplemental oxygen is given when needed.



Bronchitis, Continued



Self-Care:

- Don't smoke. Avoid secondhand smoke.
- Reduce your exposure to air pollution. Use air conditioning, air filters, and a mouth and nose filter mask if you have to. Stay indoors during episodes of heavy air pollution.
- Rest. Drink plenty of liquids.
- Breathe air from a cool-mist vaporizer. Note, though, that vaporizers can harbor bacteria, so clean them after each use. Inhaling bacteria-laden mist may aggravate bronchitis. Use distilled, not tap, water in the vaporizer.
- Take an over-the-counter medicine for fever, pain, and/or inflammation. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)
- Instead of cough suppressants, use expectorants.
- Use bronchodilators and/or take antibiotics as prescribed by your doctor. (See "Side Effects/Warnings" for "Cough Suppressant" and "Decongestant" on page 43.)



Contact Doctor When:

- You have a fever of 101°F or higher.
- You cough up green, yellow, or bloody-colored mucus, or you vomit repeatedly.
- You have an increase in chest pain.
- You have shortness of breath at rest and at non-coughing times.



Get Immediate Care When:

You have severe shortness of breath and can't say 4 or 5 words between breaths or you have purple lips.

Common Cold

Prevention

- Wash your hands often. Take at least 20 seconds using warm running water. Use an alcohol hand rub when you can't wash your hands.
- Cough or sneeze into a tissue. Then throw the tissue away. Or, cough or sneeze into your sleeve.





Common Cold, Continued

- Try to avoid close contact with people who have a cold. Keep from touching your eyes, nose, and mouth. Germs spread that way.
- Do regular exercise. Eat and sleep well.
- Use a cool-mist vaporizer to add moisture to the air.

Signs & Symptoms

- Runny, stuffy nose, and sneezing
- Sore throat. Cough with mucus.
- Fever of 101°F or less, if any

(See “Cold & Flu Comparison Chart” on page 101.)

A cold usually lasts 3 to 7 days. In older persons, though, a cold can last longer. The cough that comes with a cold can last a few weeks after the other symptoms go away.

Causes & Care

Colds are caused by viruses. You can get a cold virus from mucus on a person’s hands when they have a cold, such as through a handshake. You can also pick up the viruses on towels, telephones, money, etc. Cold viruses also travel through coughs and sneezes. Time and self-care measures usually treat a cold.

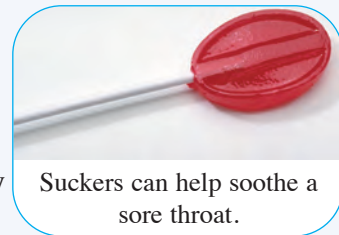


Self-Care:

- Drink lots of liquids.
- Take an over-the-counter medicine for muscle aches and pains, and/or fever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- For nasal congestion, use salt water drops, such as Ocean brand or a saline nasal spray.
- Use a cool-mist vaporizer to add moisture to the air.
- Have chicken soup to clear mucus.
- Check with your doctor about taking vitamin C. It seems to make some people feel better when they have a cold and may help prevent a cold, even though this has never been medically proven.

For a Sore Throat:

- Gargle every few hours with warm salt water ($\frac{1}{4}$ teaspoon of salt dissolved in 1 cup of warm water).
- Drink tea with lemon (with or without honey).
- Suck on a piece of hard candy or medicated lozenge every



Suckers can help soothe a sore throat.



Common Cold, Continued



Contact Doctor When:

Any of the following occur with a cold:

- Quick breathing, trouble breathing, or wheezing
- A temperature of 102°F or higher (101°F or higher in a person over age 60)
- You have any of these problems:
 - An earache or a bad smell from the throat, nose, or ears
 - A headache that doesn't go away
 - A bright red sore throat or sore throat with white spots
- You cough up mucus that is yellow, green, or gray.
- You have pain or swelling over your sinuses that gets worse when you bend over or move your head, especially with a fever of 101°F or higher.
- Symptoms get worse after 4 to 5 days or don't get better after 7 days.
- Symptoms other than a slight cough last for more than 14 days.

Coughs

Coughing clears the lungs and airways. Coughing itself is not the problem. What causes the cough is the problem.

Signs & Symptoms

There are 3 kinds of coughs:

- Productive. This is a cough that brings up mucus or phlegm.
- Nonproductive. This is a dry cough.
- Reflex. This is a cough that comes from a problem somewhere else, like the ear or stomach.

Causes & Care

Common causes are infections, allergies, tobacco smoke, and dry air. Other causes include having something stuck in your windpipe, acid reflux from the stomach, and certain medications, like ACE inhibitors to treat high blood pressure. Coughing is also a symptom of medical conditions, such as emphysema, heart failure, tuberculosis, and lung cancer.

Self-care can treat most coughs. If the cause is due to a medical condition, treatment for that condition is needed.





Coughs, Continued



Self-Care:

For Coughs that Bring Up Mucus:

- Drink plenty of liquids.
- Use a cool-mist vaporizer, especially in the bedroom. Put a humidifier on the furnace.
- Take a shower. The steam can help thin the mucus.
- Ask your pharmacist for an over-the-counter expectorant* with guifenesin.
- Don't smoke. Avoid secondhand smoke.

For Coughs that Are Dry:

- Drink plenty of liquids. Drink tea with lemon and honey.
- Suck on cough drops or hard candy.
- Take an over-the-counter cough medicine that has dextromethorphan.*
- If okay with your doctor, take a decongestant* for postnasal drip.
- Make your own cough medicine. Mix 1 part lemon juice and 2 parts honey. Take 1 teaspoon 4 to 5 times a day.

* See "Side Effects/Warnings" for "Cough Suppressant," "Decongestant," and "Expectorant" on page 43.

Other Tips:

- Chew and swallow foods slowly so they don't "go down the wrong way."
- Avoid chemical gases.
- If you cough and have heartburn symptoms when you lie down, try a liquid antacid. Don't lie down for 2 to 3 hours after you eat.



Contact Doctor When:

- You have wheezing, shortness of breath, rapid breathing, or swelling of the abdomen, legs, and ankles.
- The cough starts suddenly and lasts an hour or more without stopping.
- You have an itchy, red splotchy rash with the cough.
- With a cough, you have a temperature of 102°F or higher (101°F or higher in a person over age 60).
- Your chest hurts only when you cough and the pain goes away when you sit up or lean forward.
- You cough up green, yellow, or bloody-colored mucus.
- With a cough, you lose weight for no reason, feel tired, and sweat a lot at night.
- Your cough lasts for more than 2 weeks without getting better.



Coughs, Continued



Get Immediate Care When:

- With a cough, you have trouble breathing and can't say more than 4 or 5 words between breaths.
- You have sudden, severe pain in the chest wall followed by a cough and breathlessness without pain.
- You faint or cough up true red blood.
- You have a very sudden onset of coughing from inhaling a small object.

Emphysema

Emphysema is a chronic lung condition. With emphysema, the air sacs (alveoli) in the lungs are destroyed. The lung loses its elasticity and ability to take in oxygen.

When emphysema occurs with chronic bronchitis, it is called **chronic obstructive pulmonary disease (COPD)**.

Prevention

- Don't smoke. Avoid secondhand smoke.
- Limit exposure to air pollution and lung irritants. Follow safety measures when working with materials that can irritate your lungs.

Signs & Symptoms

Emphysema takes years to develop. When symptoms occur, they include:

- Shortness of breath on exertion. This gets worse over time.
- Wheezing
- Fatigue
- Repeated chest infections (colds and bronchitis)
- Slight body build with marked weight loss and a rounded chest that doesn't appear to expand when breathing in

Causes, Risk Factors & Care

Emphysema is called “the smoker’s disease.” Most people with emphysema are cigarette smokers aged 50 or older.

Other causes include a genetic deficiency of a certain protein that protects the lungs from damage; repeated lung infections; chronic bronchitis; and asthma. Air pollution and exposure to lung irritants (workplace or other chemicals) can also cause emphysema.

By the time emphysema is detected, 50% to 70% of lung tissue may already be destroyed. Treatment includes:

- A program, medication, and/or nicotine replacement to help you stop smoking





Emphysema, Continued

- Physical therapy to loosen mucus in your lungs if you have chronic bronchitis
- Medicines, such as bronchodilators, corticosteroids, and antibiotics
- Flu and pneumonia vaccines

Emphysema can't be reversed. Prevention is the only way to avoid permanent damage.



Self-Care:

- Don't smoke. If you smoke, quit. Avoid secondhand smoke.
- Use a cool mist vaporizer indoors.
- Drink plenty of fluids.
- Avoid dust, fumes, pollutants, etc.
- Do breathing exercises as advised by your doctor.
- Exercise daily as prescribed by your doctor or exercise therapist.



Contact Doctor When:

- You have signs and symptoms of emphysema listed on page 99.
- With emphysema, your cough worsens.
- Your legs and ankles swell more than usual and/or you have a fever.



Get Immediate Care When:

- Your skin is bluish or purple colored.
- You have severe shortness of breath or you can't say 4 or 5 words between breaths.
- You cough up true red blood.

Flu

Flu is short for “influenza.” It is a virus that affects your nose, throat, windpipe, and lungs. “Stomach flu” is stomach upset and diarrhea caused by a virus in the stomach and intestines.

Prevention

- Get a yearly flu shot. {**Note:** Persons allergic to eggs should not get a flu shot.} Flu vaccine may also come in a nasal spray (check with your doctor). This is advised only for healthy people ages 5 to 49 years.
- Follow tips under “Prevention” in “Common Cold” on pages 95 and 96.

Causes, Risk Factors & Care

Each year, different strains of types of viruses, such as type A and/or type B, cause the flu. The flu is picked up by hand-to-hand contact of the virus or by breathing in air droplets that contain the virus.



Flu, Continued

Cold & Flu Comparison Chart			
Symptoms*	Cold	Seasonal Flu	H1N1 Flu
Fever	Rare	Common. Can be a high fever.	Usual. 20% of people may not have a fever.
Chills	Not common	Common	Common
Headache	Not common	Common	Very common
Body Aches	Slight	Severe	Severe
Fatigue	Mild	Moderate to severe	Moderate to severe
Itchy / Watery Eyes	Common	Not common	Not common
Stuffy Nose	Common	Runny nose is common.	Not common
Sneezing	Common	Common	Not common
Sore throat	Common	Common	Not common
Cough	Cough with mucus	Common. Dry and hacking cough. **	Common. Dry cough without mucus. **
Diarrhea / Vomiting	None	Not common. More likely to occur in children than adults.	Sometimes
Chest pain or discomfort	Mild to moderate	Moderate **	Often severe **
Onset of symptoms	Develop over a few days. Symptoms mostly affect you above the neck.	Sudden. Symptoms affect the body all over.	Sudden. Symptoms affect the body all over.

* Symptoms can vary from person to person.

** A dry cough that turns into one with mucus and/or chest discomfort that becomes severe could be a sign of a secondary infection.





Flu, Continued

Each year, 36,000 people die from pneumonia and other serious problems from the flu. This is especially true for persons who are age 65 and older, are frail, and/or have a chronic lung disease, diabetes, or a weakened immune system.

Most often, self-care treats the flu. People with a chronic illness should consult their doctors for advice to manage symptoms. Prescribed antiviral medicines can make flu symptoms milder and help you get better sooner if started within 48 hours of the start of symptoms.

{**Note:** Some antiviral medicines cause mental status changes in older persons.}

Antibiotics do not treat the flu. They treat infections from bacteria. Taking them for cold and flu viruses is the main cause of **antibiotic resistance**. With this, bacteria that were once fought off by antibiotics have become stronger than the medicine. Certain bacteria have become so resistant that it is hard to find an antibiotic that is able to fight off the infection. An example is MRSA – methicillin resistant *Staphylococcus aureus*. This can cause a serious skin infection or pneumonia. MRSA resists treatment from usual antibiotics.



Self-Care:

- Rest. Drink plenty of fluids.
- Gargle every few hours with warm salt water ($\frac{1}{4}$ teaspoon of salt dissolved in 1 cup of warm water).
- Take an over-the-counter medicine for fever and/or muscle aches. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Suck on lozenges or hard candies to lubricate your throat.



Contact Doctor When:

- Your flu symptoms begin. Your doctor may prescribe an antiviral medicine.
- You have an earache, sinus pain, or thick mucus or phlegm.
- You have chills or muscle aches with a fever of 101°F or higher.
- Flu symptoms get worse or you have had the flu more than a week and not felt better using self-care.
- You get bothersome side effects from prescribed or over-the-counter medicines.



Get Immediate Care When:

- You have purple lips, severe or increasing shortness of breath, or severe wheezing.
- You cough up true red blood.

Lung Cancer

Lung cancer is the leading cause of death from cancer in men and women. It is especially deadly because the rich network of blood vessels that deliver oxygen from the lungs to the rest of the body can spread cancer very quickly. By the time it's diagnosed, other organs may be affected. The lungs are also a frequent site that cancer from other areas of the body spreads to.

Prevention:

- Don't smoke. If you smoke, quit. Avoid secondhand smoke.
- Avoid or limit exposure to environmental pollutants and asbestos.

Signs & Symptoms

Lung cancer does not usually cause symptoms when it first develops. When symptoms occur, they include:

- Chronic cough. This is the most common symptom.

- Hoarseness
- Blood-streaked sputum
- Shortness of breath, wheezing
- Repeated bouts of pneumonia or bronchitis
- Chest discomfort with each breath
- Appetite loss and weight loss
- Fatigue

Causes, Risk Factors & Care

Cigarette smoking is the major cause. The more you smoke, the greater the risk. Also, the longer you smoke and the more deeply you inhale the smoke, the greater your risk of getting lung cancer. Other causes are exposure to secondhand smoke, asbestos, radon, and other cancer-causing agents

Treatment for lung cancer includes:

- Tests to determine the type of lung cancer present and the stage of the disease
- Lung surgery
- Respiratory therapy
- Radiation therapy
- Chemotherapy





Lung Cancer, Continued



Self-Care:

Follow “Prevention” tips in this topic and your doctor’s treatment plan.



Contact Doctor When:

- You have one or more signs and symptoms of lung cancer listed on page 103.
- You are age 45 or over and smoke heavily.
- You want advice on nicotine replacement, and/or programs and/or medication to help you stop smoking.

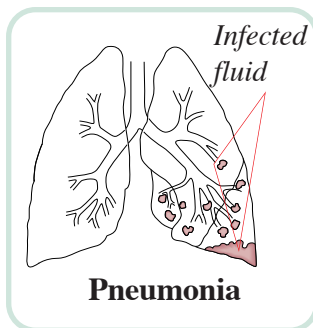


For Information on Lung Cancer, Contact:

National Cancer Institute
1-800-4-CANCER (1-800-422-6237)
www.cancer.gov

Pneumonia

Pneumonia is lung inflammation. It is one of the leading causes of death in the United States, especially in the elderly.



Prevention

- Get vaccines for influenza and pneumonia. (See “Immunizations” on page 36.)
- Don’t smoke. If you smoke, quit. Avoid secondhand smoke.

Signs & Symptoms

- Chest pain when breathing in
- Fever and chills
- Cough, often with bloody, dark yellow, green, or rust-colored sputum
- Shortness of breath
- Rapid breathing
- Appetite loss
- Fatigue, headache, nausea, vomiting
- Bluish lips and fingertips, if severe

Causes, Risk Factors & Care

Viral or bacterial infections are the most common causes. Other causes are fungal infections and chemical irritants, like poisonous gases that are inhaled.

In general, elderly persons are at a greater risk for pneumonia than others because the body’s ability to fight off disease lessens with age. Other factors are:

- Having had pneumonia before



Pneumonia, Continued

- Being in the hospital for other conditions. A type of pneumonia that occurs most often among persons in hospitals, nursing homes, etc. is healthcare-associated MRSA. This stands for methicillin-resistant *Staphylococcus aureus* – an infection that is resistant to treatment with usual antibiotics.
- A suppressed cough reflex after a stroke
- Smoking
- Malnutrition, alcoholism, or drug use
- A recent respiratory infection
- Emphysema or chronic bronchitis
- Radiation treatments, chemotherapy, HIV/AIDS or any medications which wear down the immune system.

Treatment for pneumonia depends on its type (viral, bacterial, or chemical) and location. Treatment includes:

- Medicines, such as antibiotics for bacterial pneumonia; antiviral or antifungal medicines; nose drops, sprays, or oral decongestants; and cough medicines, as needed
- Oxygen therapy, hospitalization, and removing fluid from the lungs, if needed



Self-Care:

Any type of pneumonia is serious and can be life-threatening. With medical care, you may be advised to:

- Get plenty of rest. Rest in bed if you have a fever.
- Use a cool-mist vaporizer in the room or rooms in which you spend most of your time.
- Drink plenty of fluids.
- Take medicines as prescribed by your doctor. Take the medicine for pain and/or fever that your doctor advises. Over-the-counter pain relievers should be avoided for some types of bacterial pneumonia.



Contact Doctor When:

- You have signs and symptoms of pneumonia.
- You need a flu or pneumonia vaccine.



Get Immediate Care When:

- You have severe shortness of breath.
- You have blue or purple-colored lips and fingertips.



Skin Conditions



How Aging Affects the Skin

These skin changes may occur with aging:

- Your skin gets thinner.
- Your skin sags and loses its ability to snap back after being stretched.
- Your skin bruises and tears more easily and takes longer to heal.
- Your skin gets dry and itches more. About 85 percent of older people develop “winter itch.” The loss of sweat and oil glands with aging worsens dry skin.
- Your skin shows signs of sun damage over the years:

- Wrinkled skin
- Dry skin that feels leathery
- Yellow or blotchy looking skin



Sunlight is a major cause of the skin changes associated with aging. To keep your skin healthier and younger looking, protect it from the sun.

Age Spots

Age spots are skin blemishes that come with aging. All age spots are generally harmless. They are more a cosmetic issue than a medical one. It is important, though, to distinguish them from skin cancer. (See “Skin Cancer” on page 135.)

Prevention

Reduce exposure to the sun. When you are outdoors, use a sunscreen with a sun protection factor (SPF) of 30 or higher.

Signs & Symptoms

- Small or large, flat, freckle-like marks that are different shades of brown (liver spots). These most often appear on the arms, backs of hands, back, face, or shoulders.
- Brown or yellow slightly raised spots (seborrheic warts)
- Red, pinpoint blemishes (cherry angiomas)

Causes & Care

Aging skin is thinner and more sensitive to the sun’s rays. Small, dark patches appear in response.



Age Spots, Continued

In general, age spots do not need medical treatment. A doctor can freeze an age spot with liquid nitrogen or remove it in a minor surgical procedure, if skin cancer is suspected.



Self-Care:

To Help Make Age Spots Less Noticeable:

- Avoid sun exposure.
- Try a bleaching cream.
- Apply lemon juice twice a day to age spots.
- Dab buttermilk on spots and lightly pat dry.
- Use fresh aloe gel on spots. Do this twice a day for a month.
- Use a mild, moisturizing make-up.



Contact Doctor When:

- You suspect the spots are skin cancer. (See “Signs & Symptoms” of skin cancer on pages 136 and 137.)
- An age spot bleeds, itches, or tingles.
- You have bothersome age spots that resist fading after using self-care.

- You want advice on removing age spots; on creams with the medicine Retin-A; or on chemical peels.

Animal/Insect Bites

The most common animal bites in the United States are from dogs, cats, and other humans in that order. Less common, but more dangerous, are bites from skunks, raccoons, bats, and other animals that live in the wild. These animals can have rabies, a serious and often fatal viral infection.

Most house pets are vaccinated for rabies. It's unlikely they carry the virus. Abandoned cats and dogs may be at risk, if not vaccinated.

Other bites can come from snakes, spiders, mosquitos, and deer ticks. Mosquito bites can cause **West Nile virus**. Deer tick bites can cause **Lyme disease**, a serious bacterial infection.

Prevention

- Get house pets vaccinated for rabies.
- Don't tease animals.
- Don't move suddenly or scream around an animal, or run from a strange dog.
- Leave pet dogs and cats alone while they are eating or sleeping.





Animal/Insect Bites, Continued

- Be careful when you handle your sick or injured pet.
- Don't keep wild animals as pets, and don't feed them with your hands.
- Wear heavy boots when walking in areas where snakes live.

To Prevent Lyme Disease and West Nile Virus:

- Wear long pants, tucked into socks, and long-sleeve shirts when outdoors. Wear light-colored, tightly-woven clothing. Inspect for ticks and mosquitos.
- Use an insect repellent that is approved for deer ticks or mosquitos, as needed.
- See that doors and windows have tight-fitting screens and eliminate items with standing water (e.g., ceramic pots, old tires, etc.) that attract mosquitos.

Signs & Symptoms

Depending on the animal/insect and how severe the bite is, symptoms include:

- Infection, bleeding, and even tissue loss, if the wound is disfiguring
- Skin rash (looks like a red bull's eye with a white center around the bite) with **Lyme disease**. Fatigue, fever, and joint pain may also occur.

- Low-grade fever, body aches, headache, skin rash, or swollen lymph nodes within 3 to 15 days after a mosquito bite for mild **West Nile virus** symptoms. A severe infection causes rapid onset of a high fever, severe headache, stiff neck, muscle weakness, and paralysis.
- Lockjaw. This is a painful, persistent stiffness of the jaw due to a toxin. Tetanus shots can prevent this. (See "Immunizations" on page 36.)
- Allergic reaction, such as with insect bites. Redness, swelling, and pain can occur at the site. A severe allergic reaction (see page 129) can also occur.



Self-Care/First Aid:

For Dog and Cat Bites:

- Wash the bite area right away with soap and warm water for 5 minutes. If the bite is deep, flush the wound with water for 10 minutes. Dry the wound with a clean towel. Then get immediate care. Even if a cat or dog bite is not deep, contact your doctor.
- If the wound is swollen, apply ice wrapped in a towel for 10 minutes.

Continued on Next Page



Animal/Insect Bites, Continued

Self-Care, Continued

- The person may need to get a tetanus shot. (See “Immunizations” on page 36.)
- If the bite hurts, take an over-the-counter pain reliever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- If you know the pet’s owner, find out if the pet has been vaccinated for rabies.
- Report the incident to the animal control department.

For Deer Tick Bites:

- Remove any ticks found on the skin. Use tweezers to grasp the tick as close to the skin as you can. Pull gently and carefully in a steady upward motion. Try not to crush the tick or grab it at the rear of its body. The contents may cause an infection.
- After removing ticks, wash the area and your hands with soap and water.
- Save one removed tick in a closed jar with rubbing alcohol. Ask your doctor if he or she would like to see it.

For Human Bites Before Immediate Care:

- Wash the wound area with soap and water for at least 5 minutes, but don’t scrub hard.
- Rinse with running water or with an antiseptic solution, such as Betadine.
- Cover the wound area with sterile gauze, taping only the ends in place.

For Non-Poisonous Snake Bites:

- Wash the site with soap and water.
- Treat the bite as a minor wound. (See “Cuts, Scrapes & Punctures” on page 120.)



Contact Doctor When:

- A bite over a joint causes pain when the joint is moved.
- Signs of infection (fever, increased redness or swelling, and/or pus) occur 24 or more hours after the animal bite.
- You have been bitten by a deer tick. (Take the removed tick in a jar to the doctor.)
- You have signs and symptoms of Lyme disease. (See “Skin Rash Chart” on page 140.)





Animal/Insect Bites, Continued



Get Immediate Care When:

- A bite caused severe bleeding, severely mangled the skin, or a bite has punctured the skin.
- The bite was from a poisonous snake or any of these symptoms occur:
 - The skin discolors and swells quickly at the bite site.
 - Drowsiness, dizziness, nausea
 - Sweating or twitching skin
 - Double vision or slurred speech
 - Delirium, seizures, or tremors
- A bite was from a poisonous spider or any of these symptoms are present:
 - Painful cramps and muscle stiffness in the abdomen or shoulders, chest, and back
 - Nausea, vomiting
 - Restlessness, dizziness, problems with breathing, convulsions
 - Fever, chills, heavy sweating
- A bite was from a pet that has not been immunized against rabies or from a stray or wild animal (contact your local health department, too).

- “Signs & Symptoms” of shock (see page 414) followed a bite.
- You have signs of a severe **West Nile virus** infection (see page 108).

Athlete’s Foot

Athlete’s foot is a fungal infection. It usually affects the skin between the toes.

Signs & Symptoms

- Moist, soft, red or gray-white scales on the feet, especially between the toes
- Cracked, peeling, dead skin areas
- Itching
- Sometimes small blisters on the feet

Causes & Care

People usually pick up the fungus from walking barefoot on wet floors around swimming pools, in locker rooms, and in public showers.

Self-care treats most cases of athlete’s foot.



Self-Care:

- Wash your feet twice a day, especially between your toes. Dry the area well. Don’t use deodorant soaps.

Continued on Next Page



Athlete's Foot, Continued

Self-Care, Continued

- Use an over-the-counter antifungal powder, spray, etc., between your toes and inside your socks and shoes.
- Wear clean socks made of natural fibers (cotton or wool). Change your socks during the day to keep your feet dry. Wear shoes, like sandals or canvas loafers, that allow ventilation.
- Alternate shoes daily to let each pair air out.



Contact Doctor When:

- You have signs of athlete's foot, listed on page 110, and you are diabetic or have poor leg circulation.
- You have a fever and/or the infection is spreading or getting worse despite using self-care.
- You have recurrent episodes of athlete's foot.

Bedsores

Bedsores, also called pressure ulcers, are painful ulcers on the skin. Common sites are the head, back, buttocks, tailbone, knees, and ankles.

Signs & Symptoms

- The skin may feel sore in areas where a bone is close to the skin. There may be no feeling at all.
- The skin gets irritated and red, and then turns purple.
- The skin cracks and an open sore appears. The skin area can become infected.

Causes, Risk Factors & Care

Bedsores are caused by constant pressure on the skin or frequent rubbing in one area.

Factors that increase the risk of bedsore include:

- Being confined to a bed or chair
- Urinary incontinence; poor bowel control
- Poor blood circulation and loss of sensation due to a stroke or spinal cord injury

Infected sores require antibiotics. Chronic or deep sores may also require antibiotics. If infected sores are left untreated too long, a blood infection that threatens life can result. This is rare, though. Bedsore may also need special dressings.





Bedsores, Continued



Prevention/Self-Care:

A caregiver may need to assist with these.

- Change position every 2 hours if confined to a bed and every hour if confined to a chair or as often as advised by your health care provider.
- Check the skin daily for early signs of bedsores. Use mirrors for hard to see places. {**Note:** Redness is usually the earliest sign. Once the skin cracks or breaks down, seek medical care.}
- Use a foam or sheepskin mattress cover.
- Use a waterbed or a bed with an air filled mattress, such as a ripple bed. This type of airbed has a small motor that creates a rippling effect by pumping air in and out of the mattress.
- If incontinent, wear absorbent pads or briefs.
- Keep the skin clean and dry. Clean it right away if there is contact with urine or stool. Use soft cloths, sponges, and mild soaps. Avoid hot water. Do not rub the skin.
- Apply cornstarch to the skin.
- Lift (do not drag or slide) an immobile person.

- Don't sit on donut-shaped cushions.
- Put pillows between knees and ankles so they don't touch.
- Use sheepskin under heels and buttocks.
- Don't massage bony body parts.
- Eat well and get adequate fluids.
- Ask your doctor about taking a vitamin C supplement.
- Handle a person with bedsores gently.
- Apply topical medication, as advised.



Contact Doctor When:

- The skin is cracked.
- Sores show signs of infection (fever, redness, pain, heat, pus, or swelling).
- Sores have not improved after 2 weeks of self-care.

Boils

Boils are common, but usually minor, skin problems. They can occur on any skin area. Most often, they occur in areas where the skin becomes chaffed and where there are hair follicles. This includes the neck, buttocks, armpits, or genitals. A boil can range from the size of a pea to a ping pong ball.



Boils, Continued

Signs & Symptoms

- A round or cone-shaped lump or pimple that is red, tender, painful, or that throbs
- Pus may be visible under the skin's surface after several days.
- The boil usually bursts open on its own after 10 to 14 days.

Causes, Risk Factors & Care

Boils are caused when a hair follicle or oil gland becomes infected with staph bacteria. Boils can be very contagious. Risk factors that make them more likely to occur include poor hygiene; overuse of corticosteroid medicine; diabetes; and short, curly hair that has a tendency to grow back down into the skin.

Self-care may be all that is needed to treat boils. If self-care is not enough, your doctor may need to lance and drain the boil and prescribe an antibiotic.



Self-Care:

- Apply moist, warm compresses to the boil every 2 to 3 hours to help bring it to a head. Use compresses for 20 to 30 minutes each time.

- Put a hot water bottle over a damp washcloth and place it on the boil.
- Soak in a warm tub. Use an antibacterial soap. If boil is ready to burst open, take warm showers instead to lessen the risk of spreading the infection.
- Take an over-the-counter medicine for pain and swelling. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Wash your hands after contact with a boil. Keep clothing, etc. that was in contact with the boil away from others.
- Once the boil begins to drain, keep it dry and clean. Loosely cover the boil with a sterile gauze dressing and replace it if it gets moist.
- Wash bed linens, towels, or clothing in hot water. Do not share towels, athletic equipment, etc.
- Don't scratch, squeeze, or lance boils.
- Don't wear tight-fitting clothes over a boil.



Contact Doctor When:

- You have any of these problems with a boil:
 - A temperature over 101°F
 - Diabetes





Boils, Continued

- Red streaks on the skin near the boil
- Pain from a boil that limits normal activity
- You have any of these problems:
 - Many boils that don't drain or heal
 - A boil on the lip, nose, ear, or eye
 - A boil larger than 1 inch
 - Boils occurred after taking antibiotics.
 - New boils occurred after 2 to 3 days of using self-care.
 - No relief after using 3 to 4 days of self-care

Bruises

Bruises are broken blood vessels under the skin. In areas where the skin is thin, like around the eyes, the bruise will show up more.

Bruises on the head or shin tend to swell the most because the bones in these areas are very close to the skin.



Bruise

Signs & Symptoms

- Black and blue or red skin. As it heals, the skin turns greenish-yellow.
- Pain or tenderness
- Possible swelling
- A bruise usually lasts less than 2 weeks.

Causes, Risk Factors & Care

Bruises are common. Most often, they occur after a fall or being hit by some force. They can, though, occur for no apparent reason.

The risk of getting bruises increases with:

- Taking certain medications, such as aspirin, blood thinners, corticosteroids, water pills, and drugs for arthritis
- Being female, middle aged, or elderly
- Being an alcoholic or drug user
- Having certain medical conditions. Examples are anemia, a blood platelet disorder, liver disease, and lupus.

Most small bruises need no treatment and will go away on their own. For some larger bruises, especially if there is pain or swelling, self-care can help. If bruises result from a medical condition, the medical condition needs to be treated.



Bruises, Continued



Self-Care:

- Apply a cold pack to the bruised area within 15 minutes of the injury. Keep the cold pack on for 10 minutes at a time. Apply pressure to the cold pack. Take it off for 30 to 60 minutes. Repeat several times for 2 days.
- Rest the bruised area.
- Raise the bruised area above the level of the heart, if practical.
- Two days after the injury, use warm compresses. Do this for 20 minutes at a time.
- Do not bandage a bruise.



Contact Doctor When:

- You have any of these problems with a bruise:
 - Vision problems with a bruise near the eye
 - Signs of infection (fever, increased pain, redness, and/or swelling; pus)
 - Nosebleeds or excessive bleeding from cuts
 - Loss of weight and appetite
 - Joint pain, fever, or swollen lymph nodes

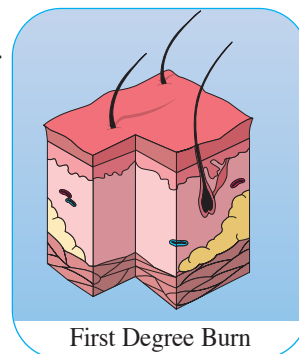
- You have any of these problems:
 - Bruising on the hip after a fall
 - Bruises appear often and easily.
 - Bruises take longer than 2 weeks to go away.
 - Over a year's time, more than 2 or 3 bruises appear for no apparent reason.

Burns

Burns can result from dry heat (fire), moist heat (steam, hot liquids), electricity, chemicals, or from radiation, including sunlight. The longer your skin is exposed to the burn source, the worse the burn can be.

Signs, Symptoms & Causes

First-degree burns affect only the outer skin layer. The skin area appears dry, red, and mildly swollen. A first-degree burn is painful and sensitive to touch.



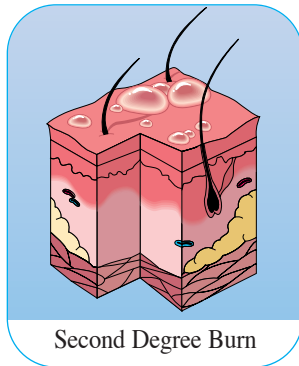
Mild sunburn and brief contact with a heat source, such as a hot iron, cause first-degree burns. First-degree burns should feel better within a day or two. They should heal in about a week if there are no complications.



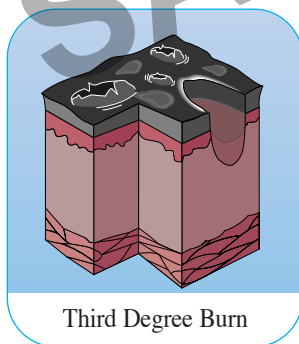


Burns, Continued

Second-degree burns affect the skin's lower layers and the outer skin. They are painful, swollen, and show redness and blisters. The skin also develops a weepy, watery surface. Causes of second-degree burns include severe sunburn, burns caused by hot liquids, and a gasoline flash. Self-care can treat many second-degree burns depending on their location and how much skin area is affected.



Third-degree burns affect the outer and deeper skin layers and any underlying tissue and organs. They appear black-and-white and charred. The skin swells, and underlying tissue is often exposed. Third-degree burns may have less pain than first-degree or second-degree burns. There may not be pain if nerve endings are destroyed.



Pain may be felt around the margin of the affected area. Third-degree burns usually result from electric shocks, burning clothes, severe gasoline fires, etc.

Care

Third-degree burns always require emergency care.

Second-degree burns need immediate care if the burn is on the face, hands, feet, genitals, or on any joint, or if the burn affects an area larger than 10 square inches.

Most first-degree burns and many second-degree burns can be treated with self-care.



Self-Care:

For First-Degree Burns:

- Use cold water or cloths soaked in cold water on burned areas for 15 minutes or until the pain subsides. **Do not use ice at all. Doing this could result in frostbite.**
- Cover the area loosely with a dry cloth, such as sterile gauze. Hold it in place by taping only the edges of the gauze. Change the dressing the next day and every 2 days after that.

Continued on Next Page



Burns, Continued

Self-Care, Continued

- Do not use butter or ointments, such as Vaseline. You can, though, apply aloe vera 3 to 4 times a day.
- Don't use local anesthetic sprays and creams. They can slow healing and may lead to allergic reactions.
- Take an over-the-counter pain reliever. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)

For Second-Degree Burns (that are not extensive and are less than 3" in diameter):

- Immerse the affected area in cold (not ice) water until the pain subsides.
- Dip clean cloths in cold water, wring them out, and apply them to the burned area for as long as an hour. Blot the area dry. Do not rub.
- Don't use antiseptic sprays, ointments, and creams.
- Do not break any blisters. If the blisters break on their own, apply an antibacterial spray or ointment and keep the area wrapped with a sterile dressing.

- Once dried, dress the area with a single layer of loose gauze that does not stick to the skin. Keep it in place with bandage tape that is placed well away from the burned area.
- Change the dressing the next day and every 2 days after that.
- Prop the burned area higher than the rest of the body, if possible.



Contact Doctor When:

- With second-degree burn, more than the outer skin layer has been affected; more than 3 inches in diameter of the skin has been burned, or blisters have formed.
- You have signs of an infection (fever, chills, or increased redness and swelling, and/or pus) at the burn site. This usually occurs after 48 hours.
- The burn does not improve after 2 days.



Get Immediate Care When:

- You have a third-degree burn with little or no pain; charred, black-and-white skin; and exposure of tissue under the skin.
- You have a second-degree burn that is on the face, hands, feet, genitals, or on any joint (elbow, knee, shoulder, etc.) or that affects an area larger than 10 square inches.





Cold Hands & Feet

Many adults 50 and older complain of cold hands and feet. Often the cause is unknown and not serious.

Signs & Symptoms

- Fingers or toes that turn pale white or blue, then red, in response to cold temperatures
- Pain when the fingers or toes turn white
- Tingling or numbness in the hands or feet

Causes, Risk Factors & Care

- Poor circulation. This is most often due to diseased arteries.
- **Raynaud's disease.** This is a disorder that affects the flow of blood to the fingers and sometimes to the toes.
- Any underlying disease that affects the blood flow in the tiny blood vessels of the skin. Women who smoke may be more prone to this.
- Frostbite (see page 400)
- Stress
- A side effect of taking certain medicines
- **Cervical rib syndrome.** This is a compression of the nerves and blood vessels in the neck that affects the shoulders, arms, and hands.

Self-care can help most cases. Emergency care is needed for frostbite. If a medical condition causes cold hands and/or feet, treating the condition helps treat cold hands and feet.



Self-Care:

- Don't smoke. If you smoke, quit.
- Avoid caffeine.
- Don't touch cold objects with bare hands. Use ice tongs to pick up ice cubes.
- Set indoor thermostats at 65°F or more.
- Wear mittens and wool socks to keep hands and feet warm.
- Don't wear tight-fitting footwear. Wiggle your toes. It may help keep them warm by increasing blood flow.
- Stretch your fingers straight out. Swing your arms in large circles, like a baseball pitcher warming up for a game. This may increase blood flow to the fingers. Skip this tip if you have bursitis or back problems.
- Meditate.



Stretching your fingers helps increase blood flow to the fingers.



Cold Hands & Feet, Continued



Contact Doctor When:

- You have any pain, numbness, and tingling in the neck, shoulders, arms, and hands.
- With the feeling of coldness, you have weakness in the arms, hands, or feet.
- When exposed to the cold or when you are under stress, your hands or feet turn pale, then blue, then red, and get painful and numb.



Get Immediate Care When:

You have signs and symptoms of frostbite (see page 400).

Corns & Calluses

Corns and calluses are extra cells made in a skin area that gets repeated rubbing or squeezing.

Signs & Symptoms

- Corns are areas of dead skin on the tops or sides of the joints or on the skin between the toes.

- Calluses are patches of dead skin usually found on the balls or heels of the feet, on the hands, and on the knees. Calluses are thick and feel hard to the touch.

Causes & Care

Footwear that fits poorly and activities that cause friction on the hands, knees, and feet can lead to corns and calluses.

Self-care treats most cases. If not, consult a family doctor or foot doctor (podiatrist). He or she can scrape the hardened tissue and peel away the corn with stronger solutions. Sometimes warts lie beneath corns and need to be treated, too.



Self-Care:

For Corns:

- Don't pick at corns. Don't use toenail scissors, clippers, or any sharp tool to cut off corns.
- Don't wear shoes that fit poorly or that squeeze your toes together.
- Soak your feet in warm water to soften the corn.
- Cover the corn with a protective, nonmedicated pad or bandage which you can get at drug stores.

Continued on Next Page





Corns & Calluses, Continued

Self-Care, Continued

- If the outer layers of a corn have peeled away, apply a nonprescription liquid of 5 to 10% salicylic acid. Gently rub the corn off with cotton gauze.
- Ask a shoe repair person to sew a metatarsal bar onto your shoe to use when a corn is healing.

For Calluses:

- Don't try to cut off a callus.
- Soak your feet in warm water to soften the callus. Pat it dry.
- Rub the callus gently with a pumice stone.
- Cover calluses with protective pads. You can get these at drug stores.
- Check for poorly fitting shoes or other sources of friction that may lead to calluses.
- Wear gloves for a hobby or work that puts pressure on your hands.
- Wear knee pads for activities that put pressure on your knees.

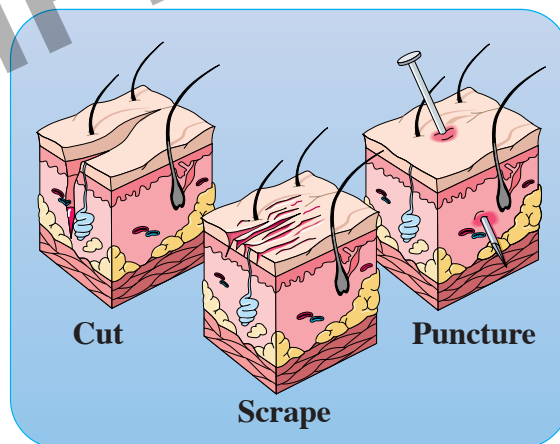


Contact Doctor When:

You have any of these problems with corns or calluses:

- Signs of infection (fever, swelling, redness, and/or pus)
- Circulation problems or diabetes
- Continued or worse pain after using self-care or no improvement after 2 to 3 weeks of self-care

Cuts, Scrapes & Punctures



- Cuts slice the skin open. Close a cut so it won't get infected.
- Scrapes hurt only the top part of your skin. They can hurt more than cuts, but they heal quicker.



Cuts, Scrapes & Punctures, Continued

- Punctures stab deep. They can get infected easily because they are hard to clean.

Signs & Symptoms

Cuts, scrapes, and punctures can all result in pain and bleeding.

Blood clots after bleeding for a few minutes. The clotting slows down bleeding.

Causes & Care

Causes include sharp objects, such as knives, opened can edges, falls that result in scraping the skin, and nails that penetrate the skin.

Most cuts, scrapes, and punctures can be treated with self-care. Emergency care is needed for heavy bleeding or severe injuries.

- Stitches are needed for cuts longer than an inch or for ones on areas of the body that bend, such as the elbow, knee, etc.
- If an infection occurs after a cut, scrape, or puncture, an antibiotic is usually prescribed.

- A tetanus shot may be needed if your tetanus shots are not up-to-date. (See “Immunizations” on page 36.)



Self-Care/First Aid:

First Aid for Minor Cuts and Scrapes:

- Clean in and around the wound with soap and water.
- Press on the cut to stop the bleeding. Continue for up to 10 minutes, if needed. Use sterile, wet gauze or a clean cloth. Don't use dry gauze. It can stick to the wound. Don't use a bandage to apply pressure.
- Press on the cut again if it keeps bleeding. Get medical help if it still bleeds after 20 minutes. Keep pressing on it until you get help.
- Lift the part of the body with the cut higher than the heart, if practical.
- Apply a first-aid cream on the cut after it has stopped bleeding and when it is clean and dry.
- Put one or more bandages on the cut.
 - Put the bandage across the cut so it can help hold the cut together.
 - The sides of the cut should touch, but not overlap.

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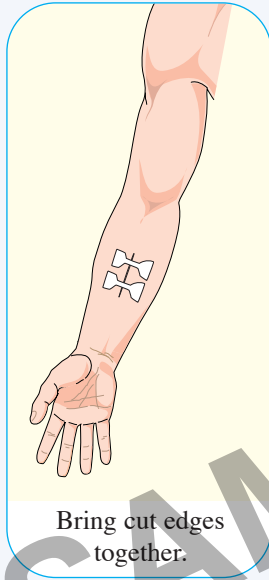




Cuts, Scrapes & Punctures, Continued

Self-Care/First Aid, Continued

- Don't touch the cut with your hand.
- Use a butterfly bandage if you have one.
- Use more than one bandage for a long cut.
- For scrapes, make a bandage from gauze and first aid tape.
- Leave the bandage on for 24 hours. Change the bandage every day or two, or more often if you need to. Be careful when you take the bandage off. If you have used gauze, wet it before you pull it off.
- Take an over-the-counter pain reliever. Don't take aspirin every day unless your doctor tells you to. Taking it too much can keep the blood from clotting. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)



- Call your doctor or local health department if you have not had a tetanus shot in the last 10 years (5 years for a deep puncture).

First Aid for Punctures that Cause Minor Bleeding:

- Let the wound bleed to cleanse itself.
- Remove the object that caused the puncture. Use clean, sterile tweezers. To sterilize them, hold a lit match or flame to the ends of the tweezers. {**Note:** Don't pull anything out of a puncture wound if blood gushes from it or if it has been bleeding badly. Get emergency medical care.}
- Clean the wound with warm water and soap.
- Soak the wound in warm, soapy water 2 to 4 times a day. Then dry it well and apply an antibiotic cream, such as Neosporin.



Contact Doctor When:

- A cut or puncture is from dirty or contaminated objects, such as rusty nails or objects in the soil.
- A puncture goes through a shoe, especially a rubber-soled one.



Cuts, Scrapes & Punctures, Continued

- A day or two after the injury, any signs of infection occur (fever; redness, swelling, tenderness at and around the site of the wound; increased pain; and/or general ill feeling).



Get Immediate Care When:

- Severe bleeding occurs or if blood spurts from the wound.
- “Signs & Symptoms” of shock (see page 414) are present.
- Severe bleeding continues after pressure has been applied to the wound for 10 or more minutes or bleeding continues after 20 minutes of applied pressure to what seems to be a minor cut.
- A deep cut or puncture appears to go down to the muscle or bone and/or is located on the scalp or face.
- A cut is longer than an inch and is located on an area of the body that bends, such as the elbow, knee, or finger. (Bending will put pressure on the cut.)
- Edges of a cut hang open.

Dry Skin

The skin naturally becomes drier with age. The body produces less oil and moisture. The skin also becomes thinner and less elastic.

Signs & Symptoms

- Itchy skin. The skin can be red from scratching it.
- Chapped skin
- Skin that cracks, peels, and/or flakes

Causes, Risk Factors & Care

- Aging
- Cold winter weather
- Dry air or heat
- Harsh skin products
- Washing the skin often
- Some medications
- Allergies
- An underactive thyroid gland; diabetes; and/or kidney disease
- Other skin conditions, such as psoriasis

Dry skin is not a serious health risk. With self-care, it can be easily managed. When it is a symptom of a health condition, treating the condition treats the dry skin.





Dry Skin, Continued



Self-Care/Prevention:

- Drink 8 or more glasses of water a day.
- Moisturize your skin daily. Use an oil-based lotion.
- Don't overexpose your skin to water, such as with washing dishes. Wear rubber gloves when you wash dishes.
- Take a shower instead of a bath. Use warm (not hot) water. Apply a moisturizing cream while your skin is damp. Use products with lanolin.
- If you prefer to bathe, bathe for only 15 to 20 minutes in lukewarm water. Pat yourself dry. Do not rub. Use a bath oil on your skin after bathing.
- Try sponge baths.
- Use a washcloth instead of soaping the skin directly.
- Use a mild liquid soap, like Cetaphil Lotion, or a fatted soap. Avoid deodorant, medicated, or alkaline soaps.
- Don't use moisturizers with fragrances, preservatives, or alcohol.
- Use a night cream for the face.
- Stay out of the strong sun.
- Do not use tanning salons.

- Use a broad spectrum sunscreen with a sun protection factor (SPF) of 30 or higher.
- If you get symptoms of dry skin:
 - Don't scratch or rub the skin.
 - Apply oil-based moisturizers often.
 - Lessen exposure of the affected area to water.



Contact Doctor When:

- You have any of these problems with dry skin:
 - Deep cracks on the hands or feet
 - Tight, shiny, or hardened skin
 - Itchy skin areas that are raised, have red borders, and are covered with large white or silver-white scales
- You have signs of an infection (fever; increased redness, swelling, pain, or tenderness; pus; blisters; red streaks from the affected area).
- You have diabetes and the dry skin is troublesome.
- You have symptoms of low thyroid (see page 301).
- You have dry skin without a rash and you itch all over.
- Severe itching keeps you from sleeping.
- Self-care brings no relief.



Eczema

Eczema (atopic dermatitis) is a chronic skin condition. It usually appears on the scalp, face, neck, or creases of the elbows, wrists, and knees. It usually improves as you get older, but can be a lifetime problem.

Signs & Symptoms

Patches of skin that are:

- Dry, red, and scaly
- Blistered and swollen
- Sometimes thick, discolored, or oozing and crusting

Causes, Risk Factors & Care

Eczema tends to run in families. It is also more common in persons who have allergies or asthma. Contact with cosmetics, dyes, deodorants, skin lotions, permanent press fabrics, and other allergens can aggravate eczema; so can wool fabrics, stress, exposure to extreme weather conditions, and eating foods, such as eggs, milk, seafood, or wheat products, if you are allergic to them.

Your doctor may prescribe antibiotics for skin infections and/or other medicines if self-care does not relieve symptoms.



Self-Care:

- Don't scratch! This makes eczema worse. Your skin can get infected. Keep your fingernails cut short.
- Don't take baths too often. Add bath oil to the water. Sponge bathe in between tub baths. Take quick showers.
- Use warm (not hot) water when you take a bath or shower.
- Use a mild soap or no soap at all on the areas of eczema.
- Don't use wool clothes and blankets.
- Use a light, nongreasy and unscented lotion on your skin after you wash. Don't use lotions that have alcohol. They can dry the skin.
- Try to keep from sweating. For example, don't wear too many clothes for the weather.
- Wear rubber gloves when you do housework. Put talcum powder or cornstarch inside the gloves, or use latex gloves lined with cotton.
- Avoid foods, chemicals, cosmetics, and other things that make your eczema worse.





Eczema, Continued



Contact Doctor When:

- You have signs of an infection: Fever; and/or large amount of weeping or crusting skin areas.
- Your skin is red, you can't stop scratching, and this keeps you from sleeping.
- You get no relief from self-care.

Hair Loss

Most men and women have hair loss as they get older. Most men have some degree of baldness by age 60. After age 60, 50% of women do.

Signs & Symptoms

- Thinning of hair on the temples and crown
- Receding hair line
- Bald spot on back of head
- Areas of patchy hair loss

Causes & Care

Hair loss is due to one or more of these factors:

- Normal aging
- Family traits

- A side effect of some medicines, chemotherapy, and radiation therapy
- Crash dieting
- Hormonal changes, such as with menopause
- A prolonged or serious illness or major surgery. You may not notice the hair loss for several months.
- Medical conditions, such as lupus and thyroid disease (see page 301)
- **Alopecia.** This causes areas of patchy hair loss. It improves rapidly when treated, but can go away within 18 months even without treatment.

Treatment for hair loss includes:

- Medications. These include over-the-counter rogain, prescription-strength Rogaine, propecia, and a topical steroid for alopecia.
- Surgical hair transplant operations

If a medical condition causes the hair loss, treating the condition may restore lost hair.



Self-Care/Prevention:

- Try the over-the counter medication, Rogaine. This may help with some (not all) cases of hair loss.

Continued on Next Page



Hair Loss, Continued

Self-Care/Prevention, Continued

- Avoid (or don't use often) hair care practices that can damage your hair. These include bleaching, braiding, cornrowing, dyeing, perming, and straightening. Avoid hot curling irons and/or hot rollers.
- Air dry or towel dry your hair. If you use a hairdryer, set it on low.
- If your hair is damaged, change your hairstyle to one that needs less damaging hair care practices. Keep your hair cut short. It will look fuller.
- Use gentle hair care products.
- Don't be taken in by claims for vitamin formulas, massage oils, etc. that promise to cure baldness.
- If you take a medicine that has caused hair loss, ask your doctor if a substitute one is available without this side effect.
- When your head is exposed to the sun, wear a hat or use a broad spectrum sunscreen with a sun protection factor (SPF) of 30 or higher on the bald parts of your head. The risk of sunburn and skin cancer on the scalp increases with baldness.
- To disguise hair loss, wear a hairpiece, wig, toupee, hat, etc.



Contact Doctor When:

- You have sudden patches of hair loss or are not able to stop pulling out patches of your hair.
- You have signs of infection (redness; tenderness; swelling; and/or pain at the site of hair loss).
- You have hair loss with signs of low thyroid (see page 301).
- You lose hair only after you take prescribed medicine.
- You want information about hair implants, Rogaine, etc.
- You need a referral to a mental health care provider for help to manage anxiety.

Hives

Hives can be (but aren't always) an allergic response to something you touched, inhaled, or swallowed.

Signs & Symptoms

- Red or pink, raised areas on the skin (welts). Each welt can range in size from less than 1/8" to 8" or larger in diameter.



†

† Courtesy of the Public Health Image Library (PHIL) of the Centers for Disease Control and Prevention.





Hives, Continued

- Itching
- Hives often appear, sometimes in clusters, on the face, and trunk of the body. Less often, hives appear on the scalp or backs of the hands and feet.
- Swelling on the eyelids, lips, tongue, or genitals may occur.
- Hives can change shape, fade, then rapidly reappear.
- A single hive lasts less than 24 hours. After an attack, though, new ones may crop up for up to 6 weeks.

Causes & Care

Common causes of hives are reactions to medicines, such as aspirin, sulfa, and penicillin and exposure to chemicals and things you are allergic to.

Sometimes it is not known what causes hives. To identify the triggers, keep a diary of when you get hives. List things you suspect may have caused the hives.

In most cases, hives are harmless and go away on their own if you avoid what caused them. Self-care helps with symptoms. Prescribed medicines may be needed for severe hives or for attacks of hives that recur.

Your doctor may advise allergy testing if you have hives that last a long time or recur. Emergency medical care is needed for hives that are part of a severe allergic reaction. (See “Signs of a Severe Allergic Reaction” box on page 129.)



Self-Care:

- Take a lukewarm bath or shower. Heat worsens most rashes and makes them itch more. Add an oatmeal bath product, such as Aveeno, or one cup of baking soda to the bath water.
- Apply a cold compress.
- Wear loose-fitting clothes.
- Relax as much as you can. Relaxation therapy may help ease the itching and discomfort of hives.
- Ask your doctor whether or not you should take an antihistamine and to recommend one. Antihistamines can help relieve itching and suppress hives. Take as directed by your doctor or by directions on the label.
- Use calamine lotion on itchy areas.
- Don't take aspirin, ibuprofen, ketoprofen, or naproxen sodium. These may make hives worse.



Hives, Continued



Contact Doctor When:

- You have constant and severe itching, and/or a fever with hives.
- Hives last for more than 6 weeks.
- Hives started after taking medicine.



Get Immediate Care When:

Hives are present with signs of a severe allergic reaction (anaphylactic shock).

Signs of a Severe Allergic Reaction

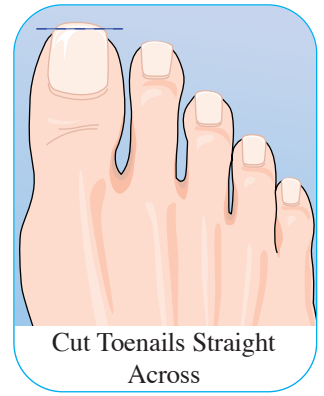
- A hard time breathing or swallowing
- Severe swelling all over, or of the face, lips, tongue, and/or throat
- Obstructed airway
- Wheezing
- Dizziness, weakness
- “Signs & Symptoms” of shock (see page 414)

Ingrown Toenails

An ingrown toenail digs into the skin next to the side of the nail. The most common site is the big toe. Other toes and even fingernails can be affected.

Prevention

- Cut nails straight across. Don't cut the nails shorter at the sides than in the middle. **{Note: If you have diabetes or circulation problems, follow your doctor's advice about clipping your toenails.}**
- File the nails if they're sharp after you clip them.
- Wear shoes and socks that fit well.



Signs & Symptoms

- Redness
- Tenderness
- Discomfort or pain



Causes & Care

Causes include:

- Jamming your toes
- Wearing shoes or socks that fit too tight
- Clipping toenails too short. This can cause the corners to penetrate the skin as the nail grows out.
- Having wider-than-average toenails





Ingrown Toenails, Continued

Self-care treats most ingrown toenails. If not, a physician or podiatrist may have to remove a part of the nail.



Self-Care:

- Soak your foot in warm, soapy water, 5 to 10 minutes, 1 to 3 times a day.
- With the tip of a nail file, gently lift the nail away from the reddened skin at the outer corners.
- Soak a small piece of cotton in an antiseptic or topical antibiotic, such as Betadine. Place it just under the outer corners of the toenail, if you can.
- Repeat the previous 3 steps daily until the nail begins to grow correctly and the pressure is relieved. Wear roomy shoes during this time.



Contact Doctor When:

- You have signs of an infection (fever, pus, increased redness, tenderness, and/or pain).
- You have an ingrown toenail and have diabetes or circulation problems.
- You get ingrown toenails often.

Insect Stings

Insects that sting include: Bumblebees, honeybees, hornets, wasps, yellow jackets, and fire ants. {**Note:** For insect bites, see pages 107 to 110.}

Prevention

Try to avoid getting stung.

- Keep food and drink containers tightly covered. (Bees love sweet things, like soft drinks.)
- Don't wear perfume, colognes, or hair spray when you are outdoors.
- Don't wear bright colors. Choose white or neutral colors, like tan.
- Wear snug clothing that covers your arms and legs.
- Don't go barefoot.
- If camping, look for insects in your shoes before you put them on.
- Wear an insect repellent.
- Be careful when you work outdoors, pull weeds, mow tall grass, and work around shutters. Bees often build hives behind shutters.
- If an insect that stings gets in your car, stop the car. Put the windows down. Once the insect leaves, resume driving.



Insect Stings, Continued

Signs & Symptoms

- Quick, sharp pain
- Swelling
- Itching
- Redness at the sting site
- Hives (see page 127)

Insect stings can even result in a severe allergic reaction. (See “Signs of a Severe Allergic Reaction” box on page 129.)

Causes & Care

Insect stings come from bumblebees, honeybees, hornets, wasps, yellow jackets, and fire ants.

Self-care treats mild reactions to insect stings. A severe allergic reaction needs immediate care. Symptoms of a severe allergic reaction usually happen soon after or within an hour of the sting.

If you have had a severe allergic reaction to an insect sting, you should carry an emergency insect sting kit, prescribed by your doctor. You should also wear a medical alert tag that lets others know that you are allergic to insect stings. Persons who have had severe reactions to bee or wasp stings should ask their doctor about allergy shots.



Self-Care:

- For a bee sting, gently scrape out the stinger as soon as possible. Use a blunt knife, credit card or a fingernail. Yellow jackets, wasps, and hornets don't lose their stingers.
- Don't pull the stinger out with your fingers or tweezers. Don't squeeze the stinger. It contains venom. You could re-sting yourself.
 - Clean the sting area with soapy water.
 - Put a cold compress (ice in a cloth, etc.) on the sting. Don't put ice directly on the skin. Hold the cold compress on the site for 10 to 15 minutes.
 - Keep the sting area lower than the level of the heart.
 - Take an over-the-counter medicine for the pain. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
 - Take an over-the-counter antihistamine, such as Benadryl, unless you have to avoid this medicine for medical reasons, such as glaucoma and prostate problems.





Insect Stings, Continued



Contact Doctor When:

You have hives and/or stomach cramps after you have been stung by an insect.



Get Immediate Care When:

- You have signs of a severe allergic reaction (See “Signs of a Severe Allergic Reaction” box on page 129).
- The sting was in the mouth or on the tongue.

{**Note:** Before getting immediate care, give shot from emergency insect sting kit if there is one. Follow other instructions in the kit.}

Poison Ivy, Oak & Sumac

Poison ivy, poison oak, and poison sumac are the most common plants that cause a skin rash. A sap, urushiol, that comes from these plants causes the rash. The sap is not really a poison, but can cause an allergic reaction in some people.

Prevention

- Know what these plants look like and avoid them:
 - Poison ivy and poison oak both have 3 leaflets per stem. This is why you may have heard the saying, “Leaflets three, let them be”.



Poison Ivy



Poison Oak

- Poison sumac has 7 to 11 leaflets.



Poison Sumac

- Use an over-the-counter lotion, such as Ivy Block, which blocks skin contact with the sap. Use it as directed.



Poison Ivy, Oak & Sumac, Continued

If you know you have come in contact with one of the plants, you may prevent an allergic reaction if you do the things below within 6 hours.

- Remove all clothes and shoes that have touched the plant.
- Wash skin thoroughly with soap and water.
- Use an over-the-counter product (e.g., Zanfel, Tecnu), that removes poison ivy sap.
- Rinse the affected area with water.

Signs & Symptoms

One or 2 days after contact with the plant, skin rash symptoms can range from mild to severe. These include itching, redness, a burning feeling, swelling, and blisters.

Causes & Care

You can get poison ivy, oak, or sumac when you touch one of these plants; touch clothing, shoes, items, or pets that have the sap on them; and/or come in contact with the smoke of these burning plants.

Self-care treats most cases of poison ivy, oak, and sumac. For severe cases, your doctor may prescribe corticosteroid medicine.



Self-Care:

- Take a cold shower, put the rash area in cold water, or pour cold water over it. Use soap when you shower.
- Take an over-the-counter antihistamine, such as Benadryl. Heed the warnings on the label.
- For weeping blisters, mix 2 teaspoons of baking soda in 4 cups of water. Dip squares of gauze in this mixture. Cover the blisters with the wet gauze for 10 minutes, 4 times a day. Do not apply this to the eyes.
- Wash all clothes and shoes with hot water and a strong soap. Bathe pets that have come in contact with the plant. The sap can stay on pets for many days. Clean items used to wash clothing and pets. Wear rubber gloves when you do all these things.
- Keep your hands away from your eyes, mouth, and face.
- Do not scratch or rub the rash.
- Apply any of these to the skin rash:
 - Calamine (not Caladryl) lotion
 - Over-the-counter topical steroid cream, such as Cortaid.
 - A paste of 3 teaspoons of baking soda and 1 teaspoon of water.





Poison Ivy, Oak & Sumac, Continued



Contact Doctor When:

You have any of these problems with poison ivy, oak, or sumac

- Skin that is very bright red or has pus
- Severe itching, swelling, or blisters
- A rash is on large areas of the body or the face or the rash has spread to the mouth, eyes, or genitals.

Shingles

Shingles is a skin disorder triggered by the chicken pox virus which lies dormant in the spinal cord until later in life.

Signs & Symptoms

- Pain, itching, or tingling sensation before a rash of painful red blisters appears. Most often, the rash is on one side of the torso or face.
- Fever and general weakness can occur.



Shingles

- The blisters form crusts. After the crusts fall off, usually within 3 weeks, pain can persist in the area of the rash. This usually goes away within 1 to 6 months. Chronic pain (**post-herpetic neuralgia**) can last longer, even for years. The older you are, the greater the chance that this is the case. The recovery time may also take longer.
- Most cases of shingles are mild, but it can result in chronic, severe pain or blindness if it affects an eye.

Causes, Risk Factors & Care

Herpes zoster virus causes shingles. To get shingles you must have had the chicken pox. You are more likely to get shingles after an illness or taking any medicines that suppress the immune system. Stress or trauma, either emotional or physical can also increase the risk for shingles.

Medical treatment can prevent and/or shorten the course of shingles and make symptoms less severe:

- All adults 60 years of age and older are advised to get a vaccine to prevent shingles and reduce the pain due to shingles.
- An oral antiviral medicine. To be effective, this medicine needs to be started within 24 to 72 hours after the rash first appears.
- Medicines to treat symptoms



Shingles, Continued



Self-Care:

- Unless your doctor has given you prescription pain medicine, take an over-the-counter one, as directed.
- Keep sores open to the air. Until the blisters are completely crusted over, do not go near children or adults who have not yet had the chicken pox or others who have a condition which suppresses their immune system. Examples are cancer, HIV/AIDS, and chronic illnesses. They could get chicken pox from exposure to shingles.
- Don't wear clothing that irritates the skin area where sores are present.
- Wash blisters, but don't scrub them.
- To relieve itching, apply calamine lotion or a paste made of 3 teaspoons of baking soda mixed with 1 teaspoon of water to the affected area.
- Avoid drafty areas.
- Put a cool compress, such as a cold cloth dipped in ice water, on the blisters for 20 minutes at a time.
- Drink plenty of liquids.



Contact Doctor When:

- You first notice signs and symptoms of shingles listed on page 134.
- Shingles affects your eye, nose, or ear.
- You have any of these conditions with shingles:
 - A fever and/or general weakness
 - You are over 60 years of age.
 - You take medicines that suppress your immune system or have a chronic illness.
- The blisters itch uncontrollably or are very painful.

Skin Cancer

Skin cancer is the most common kind of cancer. When found early, skin cancer can be treated with success.

Prevention

- Avoid exposure to midday sun (10 a.m. to 4 p.m. standard time, or 11 a.m. to 5 p.m. daylight saving time).
- Use a broad spectrum sunscreen with a sun protection factor (SPF) of 30 or higher as directed.
- Wear long sleeves, sun hats, etc. to block out the sun's harmful rays.





Skin Cancer, Continued

- **Avoid sun lamps or tanning salons.** Many states ban minors from tanning salons.
- **Avoid unnecessary X-rays.** Wear protective aprons when exposed to X-rays.

Signs & Symptoms

The 3 most common types of skin cancer are:

1. **Basal cell.** More than 80% of all skin cancers in the United States are this type. It grows slowly. It seldom spreads to other parts of the body.
2. **Squamous cell.** This type of skin cancer spreads more often than the basal cell type.

Basal and squamous cell cancers are found mainly on areas of the skin that are exposed to the sun. Examples are the head, face, neck, hands, and arms. Skin cancer can occur anywhere, though.

Early Warning Signs of These Cancers

- Small, smooth, shiny, pale, or waxy lump



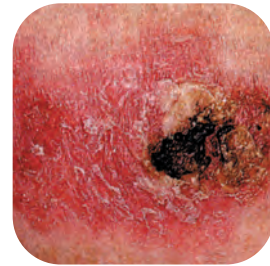
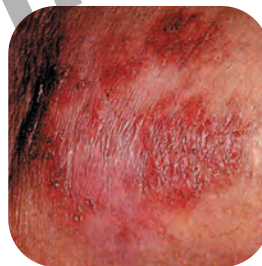
- Firm red lump



- A lump that bleeds or develops a crust



- A flat, red spot that is rough, dry, or scaly



3. **Melanoma.** This is the most serious kind of skin cancer. It often spreads to other parts of the body. It can be fatal if it is not treated early.

Warning Signs of Melanoma

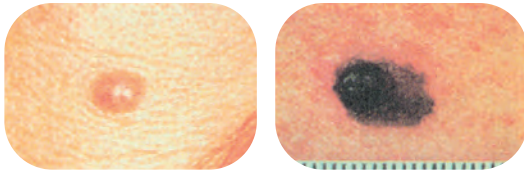
- Often, the first sign is a **change** in the size, shape, or color of an existing mole. It may also appear as a new, abnormal, or “ugly-looking” mole.



Skin Cancer, Continued

- Think of “**ABCDE**”. These letters can help you think of what to watch for.

A. Asymmetry. The shape of one half does not match the other.



Benign (normal) mole

Melanoma

B. Border. The edges are ragged, notched, or blurred.



Benign (normal) mole

Melanoma

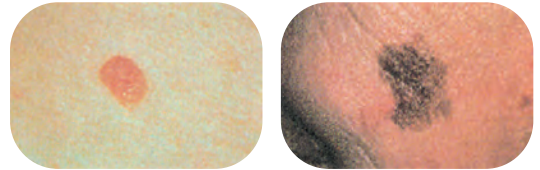
C. Color. The color is uneven. Shades of black, brown, and tan may be seen. Areas of white, gray, red, or blue also may be seen.



Benign (normal) mole

Melanoma

D. Diameter. There is a **change** in size. Also, melanoma lesions are often bigger than the diameter of a pencil eraser.



Benign (normal) mole

Melanoma

E. Evolving lesion. This is one that **changes** size, shape, shades of color or symptoms or has surface bleeding.

Causes, Risk Factors & Care

- Recurrent sunburn from ultraviolet radiation is the main cause.
- Having had skin cancer or a family history of skin cancer
- Having fair skin that freckles easily, especially with red or blond hair and blue or light-colored eyes
- Aging
- Exposure to coal, arsenic, sun lamps and tanning booths. Repeated exposure to medical or industrial X-rays

Treatment depends on the size and type and stage of the cancer. Treatment includes:

- Surgery. There are many types.





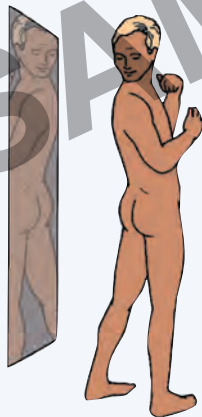
Skin Cancer, Continued

- Chemotherapy. One form is a cream or lotion with anticancer drugs that is applied to the skin. Other forms are given through an IV.
- Radiation therapy
- Interferon drugs
- Skin grafting may be needed to fill in the skin area and reduce scarring where the cancer was removed.



Self-Care:

- Check for signs of skin cancer. Do a skin self-exam on a regular basis. The best time to do this self-exam is after a shower or bath. To check your skin, use a well-lit room, a full-length mirror, and a hand-held mirror
- Locate your birthmarks, moles, and blemishes. Know what they usually look like. Check for a change in the size, texture, or color of a mole. Check for a sore that does not heal.



- Check all areas.
 1. Look at the front and back of your body in the mirror. Raise your arms. Look at the left and right sides.
 2. Bend your elbows and look carefully at the palms of your hands. Make sure to look at both sides of your forearms and upper arms.
 3. Look at the back and front of the legs. Look between the buttocks and around the genital area.
 4. Look at your face, neck, and scalp. Use a comb or a blow dryer to move hair so that you can see the scalp better.
 5. Sit and closely examine the feet. Look at the soles and the spaces between the toes.



Contact Doctor When:

You notice any warning signs of basal cell or squamous cell cancer or melanoma noted on pages 136 and 137.




For Information on Skin Cancer, Contact:

National Cancer Institute
1-800-4-Cancer (422-6237)
www.cancer.gov



Skin Rashes

Skin Rash Chart		
Signs & Symptoms	What It Could Be	What To Do
Rash of deep red or purple spots. Usually occurs with high fever, vomiting, severe persistent headache, and/or stiff neck.	Meningitis	Get immediate care.
Red or pink raised areas on the skin, sometimes with white centers. May come and go anywhere on the body. Itching. May have swollen eyelids, lips, tongue, throat; wheezing, hard time breathing.	Hives. See picture of hives on page 127. Severe allergic reaction (anaphylactic shock).	Get immediate care for a severe allergic reaction. See “Signs of a Severe Allergic Reaction” on page 129 { Note: Use emergency kit for a severe allergic reaction, as instructed.} See “Hives” on page 127.
Pink to red rash on the arms, legs, and palms of the hands. Often starts near the wrists and ankles, then spreads inward. Rash darkens in color, spreads, and can bleed. Also have fever and chills, headache, and delirium.	Rocky mountain spotted fever 	Get immediate care.
Rash of painful red blisters (most often on only one side of the body). Pain, itching, burning, or tingling feeling before the rash appeared.	Shingles. See picture of shingles on page 134.	See “Shingles” on page 134.

{**Note:** See photos of skin rashes and other skin problems at www.skinsight.com.}



† Courtesy of the Public Health Image Library (PHIL) of the Centers for Disease Control and Prevention.





Skin Rashes, Continued




Skin Rash Chart, Continued

Signs & Symptoms	What It Could Be	What To Do
A fever and red rash 3 days to 2 weeks after a deer tick bite. The rash has raised edges with pale centers. It fades after a few days. Joint pain may develop later.	Lyme disease 	Contact doctor. See also “Treatment” and “Self-Care” sections for “Lyme Disease” in this topic.
Red rash with small, flat, round dots on the palms of the hands and soles of the feet.	Syphilis	Contact doctor.
Redness. Itchy, scaly patches of skin that are round with distinct edges. Moistness in the folds of the skin (under the breasts or in the groin area).	Tinea corporis. This is a fungal infection. It is also called body ringworm.	Contact doctor.
Dry, red, itchy patches of skin from direct contact with an irritant (plants, cleaning products, cosmetics, jewelry, etc.).	Contact dermatitis.  Poison ivy rash. †	See “Treatment” and “Self-Care” sections for “Contact Dermatitis” in this topic. See “Poison Ivy (Oak, Sumac)” on page 132.
Scaly, oily rash with small, reddish-yellow patches. Areas affected are usually oily ones, such as around the edge of the scalp, the forehead, the nose, the eyebrows, the back, and the chest.	Seborrhea. This is a type of dermatitis when glands in the skin make too much oil.	See “Treatment” and “Self-Care” sections for “Seborrheic Dermatitis” in this topic.

† Courtesy of the Public Health Image Library (PHIL) of the Centers for Disease Control and Prevention.



Skin Rashes, Continued

<i>Skin Rash Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What To Do
Patches of skin that are dry, red, scaly, blistered, swollen, and sometimes thick, discolored, or oozing and crusting.	Eczema 	See “Eczema” on page 125.
Red rash on the face. Red nose that looks swollen; puffy cheeks. May be pus-filled spots without blackheads or whiteheads. Often occurs with pink eye (see page 71).	Rosacea. This is adult acne.	See “Treatment” and “Self-Care” sections for “Rosacea” in this topic.
Tiny red pimples that itch intensely. Common sites are the webs between the fingers; the wrists; elbows; armpits; and along the belt line. May see wavy lines in the skin up to an inch long.	Scabies. This is caused by skin parasites called itch mites. 	See “Treatment” and “Self-Care” sections for “Scabies” in this topic.
Itchy, red patches covered with silvery-white flaky skin. Common sites are the scalp, elbows, forearms, knees, and legs.	Psoriasis. This is a chronic skin disease. 	See “Treatment” and “Self-Care” sections for “Psoriasis” in this topic.
Rash with small red pimples, pink blotchy skin, and itching. Common sites are between skin folds (armpits, under the breasts, the groin).	Heat rash or chafing	See “Treatment” and “Self-Care” sections for “Heat Rash or Chafing” in this topic.

† Courtesy of the Public Health Image Library (PHIL) of the Centers for Disease Control and Prevention.





Skin Rashes, Continued

Care

For Contact Dermatitis:

If self-care doesn't take care of the rash, your doctor may prescribe:

- A more potent hydrocortisone cream than one you can get over-the-counter
- Antihistamines
- An antibiotic if you have an infection
- Oral corticosteroid drugs

For Seborrhea:

If self-care doesn't treat the rash, your doctor may prescribe medicines that are more potent than over-the-counter ones.

For Rosacea:

If self-care doesn't take care of the rash, your doctor may prescribe an antibiotic. Examples are tetracycline and metronidazole, a topical gel.

For Scabies:

Your doctor will prescribe a topical medicine with permethrin or pyrethrin. Ones with lindane are not good to use because this chemical can cause convulsions and other problems. Family members and others you have been in close contact with should be treated, too.

For Psoriasis:

When self-care is not enough, treatment includes:

- Ultraviolet light treatments
- Prescribed creams or ointments, such as Dovonex and coal tar products
- Oral drugs. One example is methotrexate, an anticancer drug.

For Lyme Disease:

Your doctor will prescribe an antibiotic. Medicines may be prescribed for arthritis symptoms.

For Heat Rash or Chafing:

Your doctor will prescribe an antibiotic for a bacterial infection or an antifungal medicine for a fungal infection.



Self-Care:

For Contact Dermatitis:

- Try to identify the irritant and avoid direct contact with it.
- Don't scratch the rash. This will make it worse. Wear gloves to keep from scratching. Keep your nails trimmed short. If you can't avoid scratching the rash, cover the affected area with a sterile dressing.

Continued on Next Page



Skin Rashes, Continued

Self-Care, Continued

- Wash the area with a mild soap or cleaner that has no fragrance. Use warm (not hot) water.
- Add oatmeal or an oatmeal bath product, such as Aveeno, to bath water.
- Don't bathe longer than 30 minutes.
- Pat your skin dry. Don't rub.
- Apply petroleum jelly or a moisturizing lotion that is free of fragrance to dry skin. Use calamine lotion on an oozing rash.
- For severe itching, take an over-the-counter antihistamine as directed on the label. Heed the label's warnings.
- Apply a 0.5 to 1% hydrocortisone cream on the affected area.
- Wash new clothes and bedding before using them.

For Seborrhea:

- Use an over-the-counter hydrocortisone product on the affected area.
- Use an antidandruff shampoo on the affected area.
- Handle the skin gently.

- Don't scratch. Don't use irritants, such as detergents.

For Rosacea:

- Avoid hot and/or spicy foods, alcohol, and caffeine.
- Don't rub or massage the face.
- Avoid strong sunlight.

For Scabies:

- Wash clothes and bed linen thoroughly.
- Apply the prescribed cream as directed by your doctor.

For Psoriasis:

- To prevent dryness, use a moisturizer.
- Use an over-the-counter hydrocortisone or coal tar cream or ointment.
- If psoriasis affects your scalp, use an antidandruff shampoo.
- Take a bath with mineral salts or an oatmeal bath product, such as Aveeno.
- Limit exposure to cold temperatures.
- Try to prevent cuts and scrapes.
- Reduce stress.
- Avoid alcoholic beverages.
- Follow your doctor's advice about sun exposure.

Continued on Next Page





Skin Rashes, Continued

Self-Care, Continued

To Protect Yourself from Lyme Disease:

- When you walk through fields and forests, wear long pants, tucked into socks, and long-sleeve shirts. Light-colored, tightly woven clothing is best. Inspect for ticks after these outdoor activities.
- Apply an insect repellent with 20% DEET to exposed skin or to clothing.
- Remove any ticks found on the skin. With tweezers, gently remove the tick by pulling it straight out. Try not to crush the tick because the secretions released may spread disease.
- After removing ticks, wash the wound area and your hands with soap and water.
- Save one removed tick in a closed jar with rubbing alcohol. Ask your doctor if he or she would like to see it.

To Treat Heat Rash or Chafing:

- Take a bath in cool water, without soap, every couple of hours.
- Let your skin air dry.

- Stay in a cool, dry area.
- Apply calamine (not Caladryl) lotion to the very itchy spots.
- Don't use ointments and creams that can block sweat gland pores.

Splinters

Splinters are pieces of wood, metal, or other matter that get caught under the skin.

Prevention

- Wear shoes when you walk out-of-doors and on unfinished floors.
- Sand, varnish, and/or paint unfinished wood.
- Clean up all broken glass and metal shavings. Wear hard-soled shoes when you clean them up. Be careful when you handle broken glass.
- Wear work gloves when you handle things that can splinter, such as wood, plants with thorns, etc.

Signs & Symptoms

Splinters tend to hurt if they are stuck deep under the skin. Those near the top of the skin are usually painless.



Splinters, Continued

Care

Self-care takes care of most splinters. A doctor may need to remove a splinter for a diabetic, or if it is deep in the skin.



Self-Care:

- Remove splinters so they don't cause an infection.
 - Wash your hands, but don't let the area around a wooden splinter get wet. A wooden splinter that gets wet will swell and be harder to remove.
 - Sterilize tweezers. Place the tips in a flame. Wipe off the blackness on the tips with sterile gauze if you use a lit match for the flame.
 - Use the tweezers to gently pull the part of the splinter that sticks out through the skin. It should slide right out. If you need to, use a magnifying glass to help you see close up.
 - If the splinter is buried under the skin, sterilize a needle. Gently slit the skin over one end of the splinter. Use the needle to lift that end. Pull the splinter out with sterilized tweezers.
- Get all of the splinter out.
 - If you still can't get the splinter out, soak the skin around the splinter in a solution made with 1 tablespoon of baking soda and 1 cup of warm water. Do this 2 times a day. After a few days, the splinter may work its way out.
 - Once the splinter is removed, clean the area with soap and water. Blot it dry with a clean cloth or sterile gauze. Apply a sterile bandage.
 - To remove a large number of close-to-the-surface splinters, such as cactus spines, apply a layer of hair removing wax or white glue to the skin. Let it dry for 5 minutes. Gently peel it off by lifting the edges of the dried wax or glue with tweezers. The splinter(s) should come up with it.



Contact Doctor When:

- A splinter is deeply embedded in the skin, you cannot get it out (and it is painful), and/or you have diabetes.
- You have signs of an infection at the site of the splinter (pus, swelling, redness, etc.).
- Your tetanus shots are not up-to-date. (See "Immunizations" on page 36.)





Splinters, Continued



Get Immediate Care When:

You have a fever, swollen lymph nodes and red streaks that spread from the splinter towards the heart.

Sunburn

You should never get sunburned! It leads to premature aging, wrinkling of the skin, and skin cancer.

Prevention

- Avoid exposure to the midday sun (10 a.m. to 4 p.m. standard time or 11 a.m. to 5 p.m. daylight saving time).
- Use a broad spectrum sunscreen with a sun protection factor (SPF) of 30 or higher when exposed to the sun. The lighter your skin, the higher the SPF number should be. Make sure the sunscreen blocks both UVA and UVB rays. **Reapply sunscreen every hour and after swimming.**
- Use moisturizers, make-up, lip balm, etc. with sunscreen.
- Wear a wide-brimmed hat and long sleeves.

- Wear clothing with sunscreen protection or muted colors, such as tan. Bright colors and white reflect the sun onto the face.
- Wear sunglasses that block at least 90% of both UVA and UVB rays.

Signs & Symptoms

- Red, swollen, painful, and sometimes blistered skin
- Headache
- Mild fever
- Chills, fever, nausea, and vomiting if the sunburn is extensive and severe

Causes, Risk Factors & Care

Sunburn results from too much exposure to ultraviolet (UV) light from the sun, sunlamps, and workplace light sources, such as welding arcs. Severe sunburn can occur even when the skies are overcast.

The risk for sunburn is increased for persons with fair skin, blue eyes, and red or blond hair, and for persons taking some medicines. These include sulfa drugs, tetracyclines, some diuretics, and Benadryl, an over-the-counter antihistamine.



Sunburn, Continued

Self-care treats most cases of sunburn. Medical treatment is needed for a severe case of sunburn. Immediate care is needed if dehydration and/or a heat stroke is also present with the sunburn.



Self-Care:

- Cool the affected area with clean towels or gauze dipped in cool water. Take a cool bath or shower.
- Take an over-the-counter medicine for pain and/or fever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Apply aloe vera gel to the sunburned area 2 to 3 times a day.
- When you go in the sun again, wear sunscreen and cover sunburned skin so you don’t get burned more.
- Rest in a cool room. Find a position that doesn’t hurt the sunburn.
- Drink plenty of water.
- Don’t use local anesthetic creams or sprays that numb pain, such as Benzocaine or Lidocaine. If you must use them, use only a little, because they cause allergic reactions in some people.



Contact Doctor When:

You have a fever of 102°F or higher and/or severe pain or blistering with a sunburn.



Get Immediate Care When:

You have signs of heat stroke. (See “Heat Exhaustion & Heat Stroke on page 405.)

Warts

Warts are small skin growths. Most are harmless and painless. They can appear on any part of the body.

Prevention

- Don’t touch, scratch, or pick at warts on yourself or others.
- Wear plastic sandals or shower shoes in locker rooms or public pool areas.
- Change shoes often to air them out.
- Condoms should always be used with new or unknown sex partners to prevent genital warts, as well as some other sexually transmitted infections.





Warts, Continued

Signs & Symptoms

There are many kinds of warts.

- **Common warts.** These are firm and often have a rough surface. They are round or have an irregular shape. They are found on sites subject to injury, such as the hands, fingers, and knees. Common warts are flesh-colored to brown. They may spread, but are never cancerous.

Common wart
- **Flat warts.** These are smooth and flesh-colored. They are found mainly on the hands and face. They may itch.
- **Plantar warts.** These occur on the soles of the feet. They look like corns or calluses and may have little black dots in the center. They can be painful.
- **Digitate warts.** These are threadlike warts that grow on the scalp.
- **Filiform warts.** These are long, narrow, small growths. They appear mainly on the neck, eyelids, or armpits.
- **Genital warts.** (See “STI Chart – Genital Warts” on page 364.)

Causes, Risk Factors & Care

Warts are caused by any of the 60 related human papilloma virus types. The virus may enter the body through a cut or nick in the skin. Scratching or picking at warts may spread them to other sites. Some persons are more prone to getting warts than others. People who cannot fight off disease are also more at risk for warts. You cannot get warts from frogs or toads.

Treatment for warts depends on their location, type, and severity, as well as the length of time they have been on the skin. About 50% of warts go away in 6 to 12 months without treatment. An over-the-counter wart remover with salicylic acid can help get rid of some warts. When this and other self-care measures are not enough, medical care can treat some warts.

- A doctor can treat common warts with liquid nitrogen to freeze them or with other chemicals, which destroy the wart. New warts can sometimes develop around the edges of old ones.
- Plantar warts can be softened with a strong salicylic acid applied as a solution or plaster. Doctors may inject chemicals to destroy the warts.



Warts, Continued

- Flat warts are often treated with peeling agents, such as retinoic or salicylic acid, which causes the warts to come off with the scaly skin.
- A doctor can remove genital warts with surgery or with topical medicine. Even with treatment, all warts can recur.



Self-Care:

- Never cut or burn a wart off.
- Try an over-the-counter wart remover with salicylic and lactic acids. {**Note:** Do not use these wart removers on the face or genitals. Follow package directions. Afterward, you may need to use a pumice stone to remove the dead skin.}
- Apply an over-the-counter medicated wart pad or patch. Cut it to the size of the wart before you apply it.
- Ask your doctor about Retin A for flat warts.
- If you have plantar warts, put pads or cushions in your shoes. This can help the pain when you walk.



Contact Doctor When:

- You have any of these problems with the wart:
 - It is near the genital or anal area.
 - It is painful.
 - It changed its shape or color.
 - Signs of infection (redness; swelling; pain; pus and/or drainage) occur at the wart site.
- The location of the wart limits normal movement.
- The wart is a new wart on a person over 45 years old.
- The wart has been irritated or ripped off.



Abdominal & Urinary Problems



How Aging Affects Digestion

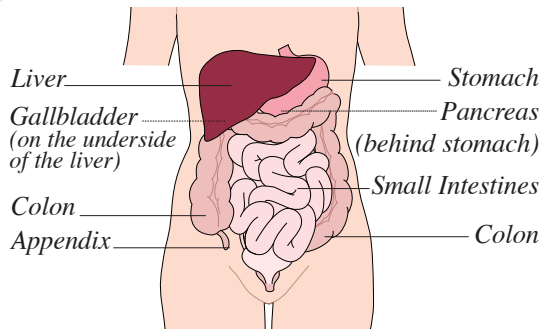
As you age, your digestive muscles move slower. Your body makes less acid. Other things can hamper the digestive system, too. These include:

- Increased use of medicines
- Getting less exercise
- Changes in eating habits
- Dental problems
- Loss of muscle tone and elasticity. This could be a factor in hiatal hernias (see page 172) and diverticulosis (see page 158), which are common in persons as they get older.

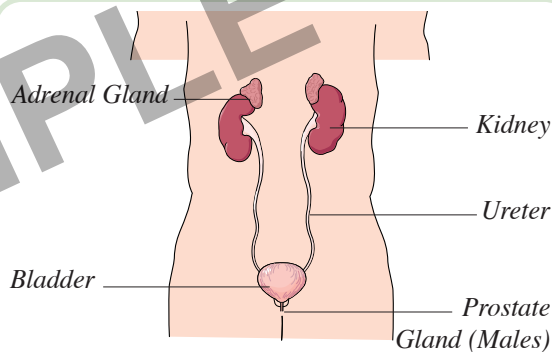
This chapter covers common digestive and other abdominal conditions. It also covers problems that affect your urinary system.

Abdominal Pain

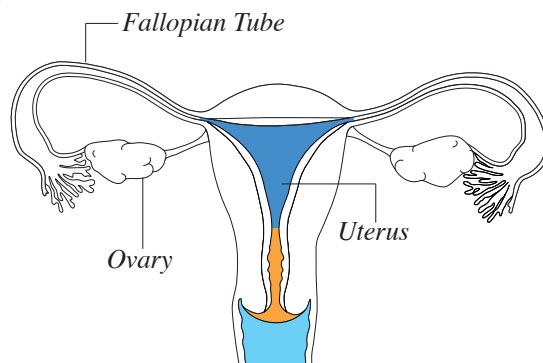
The abdomen is the body region between the lower ribs and the pelvis. Many vital organs make up this body region.



Digestive Organs



Urinary Tract Organs



Female Reproductive Organs



Abdominal Pain, Continued

Signs & Symptoms

Abdominal pain can range from mild to severe. The pain can be dull or sharp. It can be acute or chronic. Acute pain is sudden pain. Chronic pain can be constant or pain that recurs over time. The type of pain, its location, and other symptoms that come with it point to the cause.

Causes & Care

There are many causes for abdominal pain. The pain can be a symptom of a condition that affects any of the abdominal organs shown on page 150.

Constipation, heartburn, and infections of the digestive or urinary tract are common causes. Other causes include celiac disease, Crohn's disease, irritable bowel syndrome (IBS), gallstones, kidney stones, and peptic ulcers.

What to do for abdominal pain depends on the cause. The key is knowing when it's just a minor problem like a mild stomach ache or when it's something worse. Pain that persists can be a sign of a medical condition or illness. Very severe abdominal pain usually requires immediate medical care.



Self-Care:

To Help Ease Pain:

- Use a hot water bottle or a heating pad set on low.
- Find a comfortable position. Relax.
- Take an over-the-counter pain medicine. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Don't wear tight-fitting clothes.
- Don't do strenuous exercise.

For Lactose Intolerance:

- Avoid foods that are not easy for you to digest. Some people with lactose intolerance can tolerate certain dairy products if they have small portions at a time.
- Try foods that have had lactose reduced by bacterial cultures. Examples are buttermilk, yogurt and sweet acidophilus milks.
- Take over-the-counter products (drops or pills) with lactase when you have foods with lactose.
- If the above measures don't help, avoid products with milk, milk solids, and whey. Products marked “parve” are milk free.

Continued on Next Page





Abdominal Pain, Continued

Self-Care, Continued

See also “Self-Care” for:

- “Anxiety” on page 307
- “Constipation” on page 156
- “Diarrhea” on page 157
- “Flatulence (Gas)” on page 160
- “Heartburn” on page 167
- “Irritable Bowel Syndrome” on page 174
- “Urinary Tract Infections” on page 188
- “Vomiting & Nausea” on page 189



Contact Doctor When:

- You have any of these problems with abdominal pain:
 - The whites of the eyes or the skin looks yellow (jaundice)
 - A recent blow to the abdomen
 - Severe diarrhea
 - Constipation for more than a week
 - Sensitive skin or skin rash on the abdomen
 - Fever

- You have signs and symptoms of a urinary tract infection (see page 187).
- You are female and have any of these problems with abdominal pain:
 - Vaginal bleeding (not during a period) or after menopause
 - Vaginal discharge that is thick or watery, colored, or bad-smelling
 - Pain during sexual intercourse
- You are male and have any of these problems with abdominal pain:
 - Blood in the urine
 - Constant urge to urinate
 - Urinating often
 - Fever and chills
 - A discharge from the penis
 - Swelling or discomfort in the groin that is made worse by coughing or lifting heavy objects
- You have signs and symptoms of a hernia (see page 171).



For Information on Digestive and Kidney Diseases, Contact:

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
www2.niddk.nih.gov



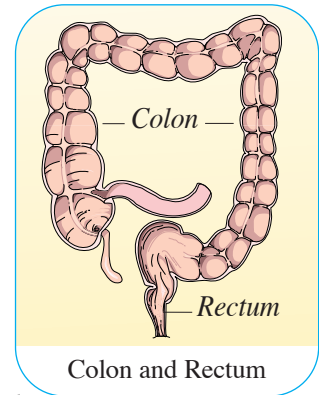
Abdominal Pain, Continued

Get Immediate Care When:

- You have “Heart Attack Warning Signs” (see page 202).
- The pain spreads to your back, chest, or shoulders, and/or you feel a throbbing mass in your abdomen.
- The pain is very severe or hurts so bad that you can’t move.
- You vomit true red blood or stuff that looks like coffee grounds.
- You vomit, have a fever and shaking chills, and have pain in one or both sides of the back or shoulders.
- You have not had your appendix removed and you have these symptoms of **appendicitis**:
 - Pain and tenderness that usually start in the upper part of the stomach or around the belly button and move to the lower right part of the abdomen. The pain can be sharp and severe.
 - Nausea, vomiting, or no appetite
 - Mild fever
- Blood is present in the stools or stools are tarlike and black in color.
- You have signs and symptoms of kidney stones (see page 176).

Colon & Rectal Cancers

The colon and rectum form the large bowel. The colon is the upper 5 to 6 feet. The rectum is the last 6 to 8 inches.



When abnormal cells grow in the colon, a cancerous tumor may form. Colon tumors grow slowly. They may get big and block the bowel.

Prevention

- Colon and rectal cancers are completely curable if found early. Have screening tests as advised by your doctor.
 - High-sensitivity fecal occult blood test
 - Flexible sigmoidoscopy
 - Colonoscopy

How often testing needs to be done depends on the test(s) given. **{Note:}** If you have a family history of colon polyps or colon or rectal cancers, screening tests may need to be started sooner than age 50.}



Colon & Rectal Cancers, Continued

- Have colon polyps removed.
- Eat plenty of fruits, vegetables, and whole grains. Limit fat.

Signs & Symptoms

Colon and rectal cancers can occur without clear symptoms. For this reason, screening is important. (See “Prevention” section on page 153.)

When symptoms occur, they include:

- A change in bowel habits for 2 or more weeks or constipation or diarrhea for 1 or more weeks.
- Frequent gas pains, cramps, bloating, or feelings of fullness in the abdomen
- Red or dark blood in or on the stool or rectal bleeding. Pencil thin stools.
- Fatigue and/or iron deficiency anemia in men and older women
- A feeling that the bowel does not empty completely
- Weight loss for no known reason

Causes, Risk Factors & Care

Risk factors for colon and rectal cancers:

- Polyps (benign growths that can become cancerous over time). Most colon and rectal cancers develop from polyps.

- Family history of colon or rectal cancer. Unless it is treated, an inherited condition called Familial Polyposis puts a person at a very high risk.
- Having ulcerative colitis or Crohn’s disease.
- Aging. Colon and rectal cancers occur most often in people over age 50.
- Smoking. Heavy alcohol use.
- Eating a diet high in animal fat and low in fiber
- Lack of exercise and/or being very overweight

Finding and treating the cancer early is vital. Treatment includes surgery, chemotherapy, and radiation therapy.



Self-Care:

- Schedule and go to follow-up exams.
- Join a cancer support group.
- Follow a high fiber, low-fat diet. Eat whole-grain breads and cereals. Have at least 5 servings of vegetables and fruits a day.



Contact Doctor When:

- You have any symptoms of colon and rectal cancer listed on this page.



Colon & Rectal Cancers, Continued

- You need to schedule screening tests for colon and rectal cancer. Follow the schedule your doctor advises.



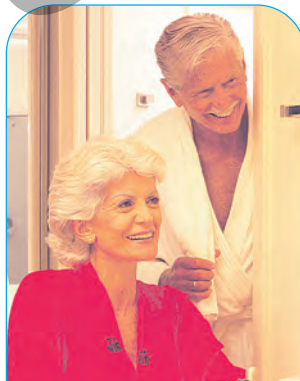
For Information on Colon & Rectal Cancers, Contact:

The National Cancer Institute
1-800-4-CANCER (1-800-422-6237)
www.cancer.gov

The American Cancer Society
1-800-227-2345
www.cancer.org

Constipation

Constipation is when you have trouble having bowel movements. Older people report this problem more often than younger ones. Normal bowel habits range from 3 movements a day to 3 each week. What is more important is what is normal for you.



“Regularity” does not mean that you need to have a bowel movement every day.

Signs & Symptoms

- A hard time passing stool, not being able to pass stool, and/or having very hard stools
- Straining to have a bowel movement
- Abdominal swelling or feeling of continued fullness after passing stool

Causes & Care

Constipation is caused by:

- Drinking too few fluids and not eating enough dietary fiber
- Not being active enough
- Not going to the bathroom when you have the urge to pass stool
- Misusing laxatives
- A side effect of some heart, pain, and antidepressant medicines, as well as antacids, antihistamines, and water pills
- Some chronic illnesses, such as diabetes, which slow the digestive tract
- Cancer or other diseases of the bowel

In persons 50 and older, the digestive system gets more sluggish. The abdominal and pelvic floor muscles become weaker. These, too, can help cause constipation.

Self-care usually treats constipation. You may also need to talk to your doctor about medications and health problems that could cause constipation.





Constipation, Continued



Prevention/Self-Care:

- Eat foods high in dietary fiber: Bran; whole-grain breads and cereals, and fresh fruits and vegetables.
- Drink at least 6 to 8 cups of water and other liquids every day.
- Have hot water, tea, or coffee. These may help stimulate the bowel.
- Get plenty of exercise.
- Don't resist the urge to eliminate.
- Know that antacids and iron supplements can be binding. If you get constipated easily, discuss the use of these with your doctor.
- Ask your doctor about the use of stool softeners, like Colace, or fiber supplements, such as Metamucil. Take as directed by your doctor.
- Do not use "stimulant" laxatives or enemas without your doctor's okay. Long-term use of them can:
 - Make you even more constipated
 - Lead to a mineral imbalance and reduce nutrient absorption
 - Make it harder for your body to benefit from medicines



Contact Doctor When:

You have constipation with any of these problems:

- Recent change in bowel movement pattern or very narrow stools
- Unrelieved abdominal pain, especially on the lower left side, occurs often.
- Nausea or vomiting
- Constipation occurred after taking prescribed or over-the-counter medicines, vitamins, and/or herbal products.
- Constipation symptoms worsen or do not improve after 1 week of self-care.

Crohn's Disease

Crohn's disease is a chronic problem that can cause abdominal pain and diarrhea. Other symptoms are fever, fatigue, and at times, rectal bleeding or drainage. Symptoms occur when the disease flares up. This is followed by periods when symptoms go away.

With Crohn's disease, any part of the GI tract, from the mouth to the anus, can be inflamed. Usually, the colon and the last part of the small intestine are affected.

Treatment for Crohn's disease includes medicines, nutrition therapy and supplements, and surgery.



Diarrhea, Continued

Diarrhea

Signs & Symptoms

- Frequent, loose, and watery stools
- Cramping or pain in the abdomen
- Urgent need to use the bathroom

Causes & Care

- Bacteria, viruses, and parasites that affect the digestive system
- Overuse of laxatives
- Problems digesting certain foods
- A side effect of taking some antibiotics
- Health problems that affect the stomach, small intestine, or colon

Self-care usually treats diarrhea. The goal is to replace lost fluids, salts, and minerals to prevent dehydration.



Self-Care:

- If vomiting is also present, treat the vomiting first. (See “Vomiting & Nausea” on page 189.)
- To prevent dehydration:
 - Drink plenty of water and other fluids, such as sports drinks, broths, and Kool-Aid, which usually has less sugar than soda.

- Avoid drinks with caffeine or alcohol.
- Avoid high “simple” sugar drinks, like apple juice, grape juice, and sodas. These can make the diarrhea persist. Or, dilute juices and sodas with water.

Note: If you have “Signs & Symptoms” of dehydration, listed on page 392, seek medical care. Until you get care, drink sports drinks, broths, and water.

Until the Diarrhea Subsides:

- Avoid drinks with caffeine, such as coffee and colas.
- Do not have foods that are greasy, high in fiber, or very sweet.
- Avoid milk, but try yogurt that has live cultures of lactobacillus acidophilus (unless you are lactose intolerant).
- Eat foods that are easy to digest, such as plain rice, potatoes, crackers, toast, and bananas. Try cooked carrots and soups with vegetables and noodles or rice.
- Don’t exercise too hard.
- Try an over-the-counter anti-diarrheal medicine, such as Imodium A-D, as directed on the label.
- Wash your hands after going to the bathroom and before preparing food.





Diarrhea, Continued



Contact Doctor When:

- You have any of these problems with diarrhea:
 - Fever
 - The diarrhea has lasted 48 hours or longer.
 - You have a chronic illness and had diarrhea more than 8 times a day.
- You are taking medicines (this includes regular medicines that the body may not be absorbing due to the diarrhea, or prescribed, or over-the-counter ones that might be contributing to the diarrhea).
- Diarrhea occurs when you are in another country or shortly after coming back.

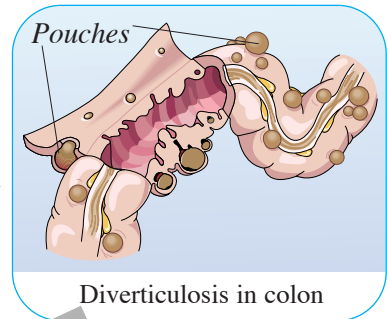


Get Immediate Care When:

- Very severe abdominal or rectal pain occurs with diarrhea.
- Signs and symptoms of dehydration (see page 392) occur with diarrhea.
- There is blood in the diarrhea or its color is tarlike or maroon.

Diverticulosis & Diverticulitis

Sometimes small saclike pouches protrude from the wall of the colon. This condition is called



Diverticulosis in colon

diverticulosis. The pockets (called diverticula) can fill with intestinal waste, especially seeds. With diverticulitis, the intestinal pockets and areas around them get inflamed or infected.

Signs & Symptoms

For Diverticulosis:

In most cases, there are no symptoms. When they occur, they are:

- Tenderness, pain, mild cramping, or a bloated feeling, usually on the lower left side of the abdomen
- Gas, nausea
- Constipation that alternates with diarrhea



Diverticulosis & Diverticulitis, *Continued*

For Diverticulitis:

- Severe cramping in the abdomen, usually on the lower left side. The pain is made worse with a bowel movement.
- Tenderness over the abdomen
- Fever
- Nausea

Causes, Risk Factors & Care

Many older persons have diverticulosis. The digestive system becomes sluggish as a person ages. These things increase the risk for diverticulosis:

- Not eating enough dietary fiber
- Overuse of laxatives or continual use of medicines that slow bowel action, such as strong painkillers
- Having family members who have diverticulosis
- Having gallbladder disease
- Being obese

Diverticulitis needs medical treatment. This includes antibiotics, pain relievers, bed rest, and a stay in the hospital, if needed. Fluids and medicine may need to be given through an IV.

Diverticulosis can't be cured. You can, though, reduce the discomfort and prevent complications with self-care.



Self-Care:

- Eat a diet high in fiber throughout life. Good food sources are whole-grain breads and cereals, fresh fruits and vegetables, and legumes. Check with your doctor about adding wheat bran to your diet.
- Avoid foods that bother you (e.g., corn, nuts, foods with seeds, etc.).
- Drink 6 to 8 cups of water daily.
- Ask your doctor about taking bulk-forming laxatives, like Metamucil.
- Avoid the regular use of laxatives that make your bowel muscles contract, such as Ex-Lax.
- Try not to strain when you have bowel movements.
- Do regular exercise.



Contact Doctor When:

- You have changes in bowel habits that last longer than 2 weeks.
- Any signs and symptoms of diverticulosis last longer than 2 weeks.





Diverticulosis & Diverticulitis,

Continued



Get Immediate Care When:

- You have very severe abdominal pain.
- You have signs of an intestinal obstruction:
 - You can't pass stool or even gas.
 - Mild fever and weakness
 - Abdominal cramps that come and go
 - Your abdomen gets more and more swollen with increasing pain
 - Hiccups that don't stop
 - Vomiting
- You have blood in the stool or black or tarry stools.

Flatulence (Gas)

Flatulence is passing gas through the anus. For the average adult, this happens about 6 to 20 times a day.

Signs & Symptoms

- Pressure or discomfort in the lower abdomen or anal area
- Passing gas
- Foul odor (sometimes)

Causes & Care

Gas is caused by swallowing air and digesting foods. Eating high fiber foods, like kidney and other beans, peas, and whole-grains creates more gas than other foods. Dairy foods can create large amounts of gas in some people.

Gas may signal other problems, such as lactose intolerance and abnormal muscle contractions in the colon. Gas can also be a symptom of **celiac disease**. With this, the lining of the small intestine is damaged from eating gluten. This is a protein in wheat, barley, and rye. Treatment is a gluten-free diet. Find out more about celiac disease from www.celiac.nih.gov.

Self-care treats most cases of gas. If the gas is due to another medical condition, treating the condition treats the problem.



Self-Care:

- Try not to swallow air. Don't have carbonated drinks and chewing gum. These allow more air to get into your stomach.
- Add fiber to your diet gradually.
- Release the gas when you need to. Go to another room if it will make you less self-conscious.

Continued on Next Page



Flatulence (Gas), Continued

Self-Care, Continued

- Keep a list of all of the foods you eat for a few days. Note when and the number of times you have gas. Foods that often cause gas include: Apples; dairy products (for persons who can not tolerate lactose); eggs; beans and peas; bran; onions; broccoli, brussels sprouts, cabbage and cauliflower; popcorn; prunes and raisins; and sorbitol (an artificial sweetener). If you notice that you have excess gas after eating beans, for example, try cutting down on or eliminate them from your diet. See if the gas persists. Do the same for other foods that you think are causing you to have gas.

{**Note:** Eliminate or go easy on only the foods that affect you. Other than sorbitol, the foods listed provide nutrients, so should not be cut out altogether.}

- If you are lactose-intolerant, use lactose-reduced dairy foods or add an over-the-counter lactose-enzyme product, such as Lactaid.
- Try an over-the-counter medicine with simethicone, such as Mylicon or Gas-X. Your doctor can prescribe one, too.

- Beans, such as kidney beans, are a good source of dietary fiber. To lessen getting gas after eating them, use dry beans instead of canned ones. Cover them with water and let them soak overnight. Replace the water with fresh water. Cook the beans thoroughly. Also, try an over-the-counter product, such as Bean-O. This helps prevent gas from beans, bran, nuts, onions, soy, and many vegetables.



Contact Doctor When:

- Gas occurs with any of these problems:
- Steady pain in the upper abdomen
 - Nausea and vomiting
 - Yellowing of the whites of the eyes or skin (jaundice)
 - Excessive gas only after taking a prescribed antibiotic

Food Poisoning



Foods that can spoil should not be left out for more than 1 hour in hot weather.

Food poisoning comes from eating food that contains a harmful substance.





Food Poisoning, Continued

Prevention

- Wash your hands before you handle food. Use clean utensils and clean surfaces when you prepare foods. Use antibacterial cleaners for your hands and on the surfaces you prepare food.
- Wash your hands, knives, cutting boards, and utensils after handling uncooked foods.
- Instead of wooden cutting boards, use acrylic ones. Wash them in a dishwasher or in very hot, soapy water.
- Completely defrost poultry before cooking it. Defrost meats in the refrigerator or microwave. Cover poultry and meat when heating them in a microwave.
- Rinse all fruits and vegetables in clean, soapy water, to remove dirt and other particles that cling to the skins.
- Wash eggs before using them. Wash your hands after touching raw eggs.
- Don't eat uncooked and rare meats.
- Throw out any canned goods with leaks or bulges.
- Keep party or picnic foods on ice or in coolers with ice or frozen gel packs.

- Keep hot foods hot and cold foods cold. Hot foods should be kept higher than 140°F. Cold foods should be kept at 40°F or below. Do not eat these foods when kept for more than 2 hours between 40°F and 140°F.
- Don't eat foods after the expiration date printed on the package or foods that smell or look bad.
- Don't store foods or liquids in lead crystal containers or ceramic dishes with lead-based paints.
- "When in doubt, throw it out."
- When the news reports contaminated food products, avoid them.

Signs & Symptoms

Signs of food poisoning vary. Symptoms may come on quickly or take up to 2 to 3 days to appear. Symptoms include:

- Nausea, vomiting, diarrhea
- Stomach pain
- Fever
- Shock or collapse

For Chemical Food Poisoning:

- Sweating
- Dizziness, mental confusion
- Very teary eyes, watery mouth
- Stomach pain, vomiting, diarrhea



Food Poisoning, Continued

For Botulism:

- Dry mouth
- Muscle fatigue or paralysis
- Breathing problems
- Difficulty speaking or swallowing
- Vision problems, such as blurry vision or drooping eyelids

Causes, Risk Factors & Care

- Bacterial causes:
 - Staphylococcal poisoning is a common cause. It is linked with unrefrigerated meats and dairy products and picnics or gatherings where food is not kept cold.
 - Listeria poisoning can come from eating uncooked meats and vegetables, or foods that get contaminated after processing. Examples are soft cheeses and cold cuts. The bacteria is also found in unpasteurized milk products. Persons more likely to become very ill with listeria are pregnant women, newborns, elderly persons and those with weakened immune systems.
 - E. Coli poisoning can come from eating undercooked meats or foods contaminated with animal feces.
- Salmonella poisoning can come from eating: Raw or undercooked eggs; undercooked poultry; and food that comes in contact with surfaces contaminated with salmonella.
- Viruses, such as ones in undercooked shellfish, like mussels, clams, or oysters or undercooked foods that come in contact with contaminated water
- Chemicals, such as ones in poisonous mushrooms, and foods that contain insecticides
- Toxic substances, such as:
 - Botulism, bacterial toxins that form when foods are not canned or preserved correctly
 - Mercury, found in some contaminated fish
 - Lead, found in some imported foods packed in lead-soldered cans. This can also occur when food is eaten off ceramic dishes (usually imported) that have lead in the paint.

Most cases of food poisoning can be treated at home with self-care. Emergency care is needed for botulism, chemical food poisoning, and some severe cases of bacterial food poisoning.





Food Poisoning, Continued



Self-Care:

- If you suspect chemical food poisoning, call your Poison Control Center.
- If vomiting, follow “Self-Care” in “Vomiting and Nausea” on page 189.
- If diarrhea is present, follow “Self-Care” in “Diarrhea” on page 157.
- Check with your doctor before using over-the-counter medicines for nausea and diarrhea. If you do take one, wait 24 or more hours after the onset of symptoms. Let your body get rid of the food poisoning source.



Contact Doctor When:

- You have any of these problems with diarrhea:
 - Severe vomiting
 - Temperature over 101°F
 - Blood-streaked stools
 - Pain that has lasted for several hours or pain that is getting worse
- Diarrhea is present after 2 days of using self-care or vomiting is present after 12 hours of eating only ice chips.



Get Immediate Care When:

You have any of these problems:

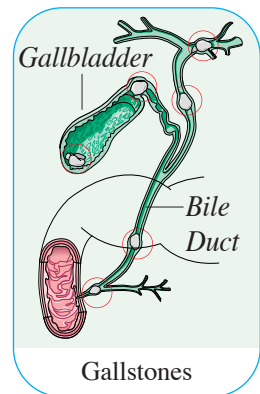
- Botulism symptoms (see page 163)
- Chemical food poisoning symptoms (see page 162)
- Signs of dehydration (see page 392)
- You vomit bright red blood or material that looks like coffee grounds.
- You have bright red blood in diarrhea and/or you look and act very sick.
- You have a severe, persistent headache, stiff neck, confusion, and loss of balance or you have a convulsion.

Gallstones

The gallbladder stores bile, a substance used in the digestion of fats.

Gallstones are stone deposits that are found in the gallbladder or bile ducts, which carry bile to the small

intestine. Gallstones contain a mixture of cholesterol, bilirubin, and protein. They can range in size from less than a pinhead to 3 inches across. When a stone gets trapped in one of the bile ducts, a “gallbladder attack” occurs.





Gallstones, Continued

Prevention

- Get to and stay at your ideal body weight. If you are overweight, lose weight slowly (1 to 1½ pounds per week). Do not follow a rapid weight loss diet, unless under strict medical guidance.
- Follow your doctor's advice to lower your cholesterol, if it is high.
- Follow a high fiber, low-fat, low cholesterol diet.
- Obesity and/or very rapid weight loss
- Eating a diet high in cholesterol
- Middle age
- Being female, having had many pregnancies, taking estrogen
- Ethnic pre-disposition (i.e., Native Americans)
- Having diabetes or diseases of the small intestine

Signs & Symptoms

- Feeling bloated and gassy, especially after eating fried or fatty foods
- Steady pain in the upper right abdomen lasting from 20 minutes to 5 hours
- Pain between the shoulder blades or in the right shoulder
- Indigestion, nausea, vomiting
- Severe abdominal pain with fever and sometimes a yellow color to the skin and/or the whites of the eyes
- Gallstones may cause no symptoms or may need medical treatment. {**Note:** Gallstone symptoms can be hard to tell apart from heart-related or other more serious conditions. A doctor should evaluate any new symptoms.} Once diagnosed, treatment for gallstones includes:
 - A low-fat diet to reduce contractions of the gallbladder and limit pain
 - Surgery to remove the gallbladder. This is the most common treatment. The digestive system can still function without a gallbladder.

Causes, Risk Factors & Care

Doctors aren't sure why gallstones form, but some people are more prone to get them than others. Risk factors are:

- A family history of gallbladder disease



Self-Care:

Self-care does not apply to gallstones. To reduce your risk of gallstones, see "Prevention" in this topic.





Gallstones, Continued



Contact Doctor When:

You have any of the signs and symptoms listed in this topic, especially with any of these conditions:

- Temperature of 100°F or higher
- Diabetes or any illness or use of medicines that lower the immune system
- A history of gallstones

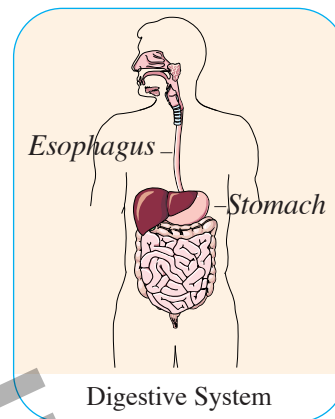


Get Immediate Care When:

- You have symptoms of a heart attack that mimic symptoms of a gallbladder attack:
 - Sudden, severe pain in the upper right abdomen
 - Pain in the right shoulder and arm, especially if it started in the chest (See “Heart Attack Warning Signs” on page 202.)
- You have very severe abdominal pain or pain in the upper right abdomen that lasts more than 4 hours.

Heartburn

Heartburn has nothing to do with the heart. It involves the esophagus and the stomach. The esophagus passes behind the breastbone alongside the heart, so the irritation that takes place there feels like a burning feeling in the heart.



Signs & Symptoms

- Burning feeling behind the breastbone that occurs after eating
- Chest pain when you bend over or lie down
- Bitter, hot, or sour taste in the mouth

Causes & Care

Gastric acids from the stomach splash back up into the lower portion of the esophagus. This causes pain. The medical term for this is **gastroesophageal reflux disease (GERD)**. The digestive acids don't harm the stomach, thanks to its protective coating. The esophagus has no such armor, though, which results in discomfort.



Heartburn, Continued

Common heartburn triggers are:

- Taking aspirin, ibuprofen, naproxen sodium, arthritis medicine, or cortisone
- Eating heavy meals, eating too fast, or eating chocolate, garlic, onions, peppermint, tomatoes, or citrus fruits
- Smoking or lying down after eating
- Drinking alcohol or coffee (regular or decaffeinated)
- Being very overweight
- Wearing tight clothing
- Swallowing too much air
- Stress
- Hiatal hernia (see page 172)

Heartburn is common. Self-care can be used for most cases. Heartburn symptoms can be confused, though, for a heart attack or other medical conditions.



Self-Care:

- Sit straight while you eat. Stand up or walk around after you eat. Bending over or lying down after you eat makes it too easy for gastric secretions to move up to the esophagus.
- Lose weight if you are overweight.

- If heartburn bothers you at night, raise the head of the bed. Put the head of your bed up on 6-inch blocks or buy a wedge especially made to be placed between the mattress and box spring. Don't just prop your head up with pillows. This makes the problem worse by putting pressure on your stomach.
- Avoid wearing tight-fitting garments around the abdomen.
- Eat small meals. Limit alcohol.
- Limit foods and drinks that contain air, such as whipped cream and carbonated drinks.
- Don't eat or drink for 2 to 3 hours before bedtime.
- If other treatments fail, take antacids, such as Tums. If these don't bring relief, take an over-the-counter acid controller, such as Pepcid AC, Tagamet HB, etc. These prevent and relieve heartburn. {**Note:** Read labels before taking antacids or acid controllers. Check with your doctor, too. Adverse side effects are more likely and more severe in older persons who take some acid controllers, such as Tagamet HB.}
- Don't take baking soda. It is high in sodium and is ineffective.

Continued on Next Page





Heartburn, Continued

Self-Care, Continued

- Don't smoke.
- If you do take aspirin, ibuprofen, naproxen sodium, or arthritis medicines, take them with food.



Contact Doctor When:

- You have a hard time swallowing with heartburn symptoms.
- You have had symptoms often over 3 days and/or have tried self-care measures and found no relief.



Get Immediate Care When:

- You have symptoms of a heart attack. (See “Heart Attack Warning Signs” on page 202.)
- You vomit bright red blood or material that looks like coffee grounds.
- Your stools are tarlike, maroon, or bloody in color.
- Pain goes through to your back or you have a gripping pain in the upper abdomen.
- You feel faint or lightheaded

Hemorrhoids

Hemorrhoids are veins in or outside of the anus that may become dilated or swollen.

Signs & Symptoms

- Bright red blood on or in the stool, on toilet paper, or in the toilet
- Anal or rectal tenderness. Anal itching
- Uncomfortable, painful bowel movements, especially with straining
- A lump can be felt at the anus.
- Mucus passes from the anus.

Causes, Risk Factors & Care

Hemorrhoids are usually caused by repeated pressure in the rectal or anal veins. Often, this is due to repeated straining to pass stool.

The risk for getting hemorrhoids increases with: Constipation; a low dietary fiber intake; pregnancy; obesity; prolonged sitting on the toilet; and straining to pass stool.

Hemorrhoids are common, but seldom a serious health problem. Most people have some bleeding from them once in a while.



Hemorrhoids, Continued

It is never wise, though, to assume that rectal bleeding is “just hemorrhoids.” Get any unexplained rectal bleeding diagnosed by your doctor.

If symptoms of hemorrhoids are not relieved with self-care or with time, medical treatment may be needed.

This includes:

- Laser heat or infrared light
- Surgery. One type cuts out the hemorrhoid.
- Rubber band ligation. A rubber band is placed around the base of the hemorrhoid inside the rectum. The band cuts off blood flow to the hemorrhoid.
- Cryosurgery, to freeze the affected tissue



Self-Care:

- Drink at least 6 to 8 cups of fluid per day.
- Eat foods with good sources of dietary fiber, such as whole grain or bran cereals and breads, and fresh vegetables and fruits.
- Eat prunes. Drink prune juice.

- If necessary, add bran to your foods. Add about 3 to 4 tablespoons per day.
- Lose weight if you are overweight.
- Get regular exercise.
- Pass a bowel movement as soon as you feel the urge. If you wait and the urge goes away, your stool could become dry and hard. This makes it harder to pass.
- Don't strain to pass stool.
- Don't hold your breath when trying to pass stool.
- Keep the anal area clean.
- Take warm baths or use a sitz bath with hot water. A sitz bath is a basin that fits over the toilet. Get one at a medical supply company or some drug stores.
- Use moist towelettes or wet (not dry) toilet paper after a bowel movement.
- Check with your doctor about using over-the-counter products, such as:
 - Stool softeners
 - Zinc oxide preparations, such as Preparation H
 - Medicated wipes, such as Tucks
 - Medicated suppositories

Continued on Next Page





Hemorrhoids, Continued

Self-Care, Continued

- Don't sit too much. This can restrict blood flow around the anal area. Don't sit too long on the toilet. Don't read while on the toilet.
- For itching or pain, put a cold compress on the anus for 10 minutes at a time up to 4 times a day.



Contact Doctor When:

- You have unexplained rectal bleeding with or without bowel movements.
- A hard lump is felt where a hemorrhoid used to be.
- Rectal pain is severe or lasts longer than a few days.
- The bleeding from a hemorrhoid lasts longer than 2 weeks despite using self-care.



Get Immediate Care When:

You have severe rectal bleeding that is continuous or that occurs with weakness or dizziness.

Hernias

A hernia occurs when part of an internal organ “bulges” through a weak area or hole in a surrounding muscle. Often, this happens in the wall of the abdomen.

Common hernias include:

- Hiatal hernia, see page 172
- Inguinal hernia. A part of the intestine bulges through a muscle near the groin or scrotum.
- Incisional hernia, a bulge through a muscle at the site of a past surgical scar.
- Femoral hernia, a bulge in the top front of a thigh. This type is most common in obese women.

Prevention

- Follow proper lifting techniques. (See the “Dos and Don'ts of Lifting” in “Back Pain” on page 234.)
- Exercise to keep abdominal muscles strong. Follow your doctor's advice.
- Avoid constipation. (See “Prevention/Self-Care” in “Constipation” on page 156.)
- Lose weight if you are overweight.
- Don't smoke. Avoid secondhand smoke.



Hernias, Continued

Signs & Symptoms

- A bulge in the skin. The bulge may be more easy to see when you cough, lift, or strain or when you lie down flat on your back. The bulge may feel soft.
- Mild pain or discomfort at the hernia site. The pain may only be felt when you strain, lift, or cough.
- For an inguinal hernia, weakness, pressure, burning, or pain in the groin area
- Swelling of the scrotum
- Groin lump that shows when standing
- Extreme pain when the hernia bulges out and can't be pushed back in

Causes, Risk Factors & Care

A weakness in the abdominal wall is often the cause. Some persons are born with such a weakness. Hernias can run in families. Other causes include:

- Lifting heavy objects; heavy coughing
- Obesity
- Straining to have a bowel movement, as with chronic constipation
- Abdominal surgery
- Being male or elderly

If the hernia can be positioned back into the body, surgery may not be needed. If not, outpatient surgery may be needed to repair it.



Self-Care:

- Wear a weight lifting belt to support the back when lifting.
- Maintain a healthy diet.
- Avoid constipation. Don't strain when having bowel movements.
- When you do sit ups, keep knees bent and your feet flat on the floor.
- Wear a truss. This is a device that holds a hernia in place.
- For mild pain, take an over-the-counter medicine for pain. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)



Contact Doctor When:

You have any of these problems:

- A bulge or swelling in the abdomen or groin
- Painful swelling that can't be reduced
- You suspect that you have a hernia.





Hernias, Continued



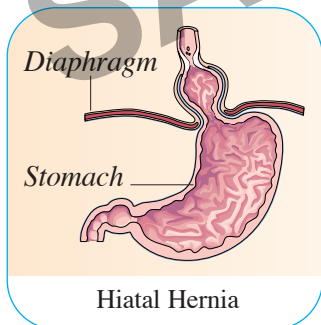
Get Immediate Care When:

- You have sudden severe pain in the area of the hernia, groin, or scrotum.
- You are unable to pass gas or to have a bowel movement.

Hiatal Hernia

With hiatal hernia, a small part of the stomach bulges up through the diaphragm, the muscle that divides the stomach from the chest cavity. As a result, the normal mechanism that closes off the top of the stomach does not work well and food or

stomach acids back up into the esophagus. This is known as **Gastroesophageal Reflux Disease (GERD)**.



Prevention

- Do exercises on a regular basis to keep abdominal muscles in shape.
- Stay at a healthy body weight. Lose weight, if you are overweight.

- Don't smoke. If you smoke, quit.
- Avoid spicy foods, alcohol, and caffeine.

Signs & Symptoms

Many people have no symptoms with an hiatal hernia. Others have one or more of these problems:

- Acid reflux (bringing up stomach acid into the esophagus)
- Chest pain. {**Note:** Don't assume that chest pain is due to a hiatal hernia. See "Chest Pain" on page 194.}
- Pain in the esophagus, heartburn
- Hiccups, belching after meals
- A hard time swallowing

Causes, Risk Factors & Care

Hiatal hernias are common in people over age 50. The actual cause is not known. Risk factors are obesity, being a woman, or being middle aged. Smoking, lifting, strong coughing, and straining during bowel movements also increase the risk. So does having spicy foods, alcohol, and caffeine.

Hiatal hernias are usually not serious and can often be treated with self-care. If not, surgery is an option.



Hiatal Hernia, Continued



Self-Care:

- Eat 5 to 6 small meals a day instead of 3 larger meals.
- Follow a low-fat diet. Avoid alcohol, caffeine, and spicy foods.
- Don't smoke. If you smoke, quit.
- Don't lie down after eating. Wait 2 to 3 hours.
- Raise the head of the bed 6 inches. Put 6 inch blocks under the legs of the head of your bed. Or put a 6 inch wedge between the mattress and box springs at the head portion of your bed. Don't prop your head up with pillows. Doing this applies pressure on your stomach area and can help force acid up into your esophagus.
- Don't strain during bowel movements.
- Take over-the-counter antacids or acid controllers, such as Pepcid AC or Tagamet HB. {**Note:** Read the labels before taking. Check with your doctor, too. Adverse side effects are more likely and more severe in older persons who take some acid controllers, such as Tagamet HB.}
- If you take aspirin, ibuprofen, or naproxen, take them with food.



Contact Doctor When:

- The hiatal hernia causes frequent night pains.
- You have used antacids for a long time with little relief or not gotten any relief using self-care.

Irritable Bowel Syndrome (IBS)

Irritable bowel syndrome (IBS) is a common disorder of the bowels. Also known as “spastic colon,” it is marked by bouts of irregular bowel habits and abdominal pain that are not due to any other bowel disease.

IBS does not cause inflammation of the colon (colitis) or permanent harm to the bowels. It does not lead to bleeding of the colon or to cancer.

Prevention

There is no known way to prevent IBS. Once you have it, though, you may be able to prevent future bouts and keep the condition under control with self-care.

Signs & Symptoms

- Gas, bloating, cramps, or pain in the abdomen





Irritable Bowel Syndrome, Continued

- Changes in bowel habits:
 - Constipation, diarrhea or both
 - Crampy urge, but not being able to move the bowels
 - Mucus in the stool

Causes & Care

The actual cause is not known, but something disturbs the normal movement of the bowels. The person with IBS has a sensitive colon. This makes the colon respond strongly to stress, anxiety, smoking, eating certain foods, alcohol, and caffeine.

Self-care helps in most cases. When this is not enough, your doctor may prescribe medicines to reduce spasms of the colon and to help with emotional distress.



Self-Care:

- Keep a log of when symptoms occur. Note the things that preceded them. Avoid these “triggers.”
- Manage stress. See “Managing Stress” on page 21 and “Self-Care” in “Stress” on page 323.

- Avoid foods that bring on symptoms for you. Common triggers are:
 - Eating large meals. Eat 5 to 6 small meals a day, instead.
 - Fats: butter and oils; deep fried foods; fats in meats; etc.
 - Beans, cabbage and broccoli
 - Chocolate, spicy foods, and the artificial sweetener, sorbitol.
 - Dairy products with milk sugar (lactose). Yogurts with live cultures of *lactobacillus acidophilus* may not cause symptoms. {**Note:** Make sure you get enough calcium in your diet from other sources, like tofu, and from calcium supplements, if needed.}
- Eat a high fiber diet. Good sources of fiber are whole grain breads and cereals, bran, fruits, and vegetables. Beans are a good source, if they do not cause IBS symptoms for you. Add oat bran to your foods and/or take fiber supplements, if needed. Talk to your doctor about which over-the-counter products to use. Too much fiber can make IBS symptoms worse or cause other problems. {**Note:** Add fiber and fiber supplements slowly. Too much, too soon, can worsen symptoms.}

Continued on Next Page



Irritable Bowel Syndrome, Continued

Self-Care, Continued

- For diarrhea, see “Self-Care” in “Diarrhea” on page 157.
- For constipation, see “Prevention/Self-Care” in “Constipation” on page 156.
- Avoid alcohol and caffeine.
- Drink plenty of water.
- Get adequate rest.
- Exercise on a regular basis. This helps to reduce stress. It also helps to keep bowel movements regular.
- Don’t smoke. If you smoke, quit.
- For pain:
 - Take an over-the-counter pain reliever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
 - Put a hot water bottle or heating pad (set on low) on your abdomen.
 - Use relaxation therapy.



Contact Doctor When:

- You have any of these problems:
 - Blood or excessive mucus in your stools

- Black stools that look like tar or maroon-colored stools
- A fever with cramps or pain in the abdomen or with diarrhea
- Unwanted weight loss
- You have been diagnosed with IBS and your symptoms have changed a lot or are getting worse.

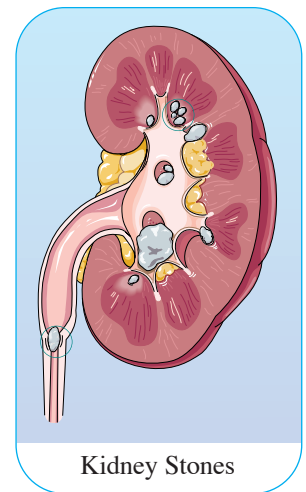


Get Immediate Care When:

You have very severe abdominal pain.

Kidney Stones

Kidney stones are hard masses of mineral deposits formed in the kidney(s). They are usually made of calcium oxalate or calcium phosphate. Less often, they are made of uric acid. The stones can be found in the kidney itself, in the duct (ureter) that carries urine from the kidney to the bladder, and in the bladder.



Kidney Stones





Kidney Stones, Continued

Kidney stones can be as small as a tiny pebble or an inch or more in diameter. They are more common in men.

Signs & Symptoms

Some kidney stones cause no symptoms. Small ones can be passed, without pain, when you urinate. When symptoms occur, they include:

- Crampy pain (often very severe) that comes and goes. The pain starts in the side before it moves to the abdomen and groin area. {**Note:** For women, the crampy pain can feel like childbirth pains.}
- Problems urinating; the need to urinate often; passing only small amounts of urine; or not be able to urinate except in certain positions
- Bloody, cloudy, or darkened urine
- Nausea and vomiting
- Fever, chills

Causes, Risk Factors & Care

Causes and risk factors include:

- Too much calcium in the urine. This happens when the intestines absorb excess calcium.

- Too much calcium in the blood. This can result from vitamin D toxicity or an overactive parathyroid gland.
- High levels of uric acid in the blood. (See “Gout” on page 252.)
- A diet high in oxalic acid. Oxalic acid is found in spinach, leafy vegetables, rhubarb, and coffee.
- Repeated urinary tract infections
- Mild dehydration that persists
- Family traits
- Where you live in the U.S. Areas of the southeast have the highest rates.

In some cases, the cause is not known.

Treatment varies. If the stone is small and can be passed in the urine, treatment may be just drinking plenty of fluids. Save any stones you pass so your doctor can have them analyzed. For kidney stones too large to be passed, lithotripsy using ultrasound is a common treatment. With this, shock waves are directed to the areas where the stone is located. The shock waves break the stone into fragments. After treatment, the person drinks a lot of water to flush the stone fragments from his or her system. Lithotripsy is usually done in an outpatient setting. Lithotripsy causes little or no pain and costs less than invasive surgery.



Kidney Stones, Continued



Prevention/Self-Care:

- Drink plenty of fluids. Drink at least 8, 8-ounce glasses of water a day.
- Eat a well-balanced diet. Vary your food choices.

Kidney stones can and do recur. If you're prone to getting stones:

- Follow your doctor's dietary advice. If you tend to form calcium stones, he or she will probably advise you not to take calcium in excess. If you form uric acid stones, your doctor may advise that you eat less foods with oxalic acid (spinach, leafy vegetables, etc.). You may also be told to eat less protein and to take sodium bicarbonate.
- Take medicines as prescribed.



Contact Doctor When:

You have abdominal pain with these problems:

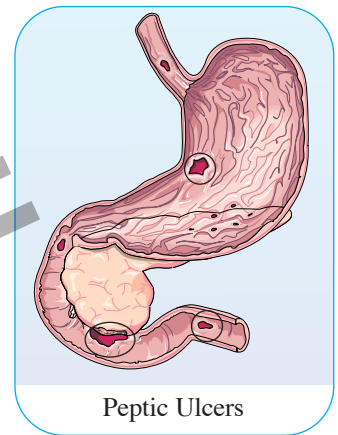
- The pain started in the side before it moved to the abdomen or groin.
- Blocked, painful, or frequent urination (but you only pass small amounts of urine)

- Bloody, cloudy, or dark urine
- Chills and/or fever
- Nausea and vomiting

Peptic Ulcers

An ulcer is a sore or break in one of the body's protective tissue layers.

Ulcers located in the stomach (gastric ulcers) and ulcers in the first section of the small bowel (duodenal ulcers) are known as "peptic ulcers".



Peptic Ulcers

Signs & Symptoms

Peptic ulcers do not always cause symptoms. When they do, symptoms include:

- A gnawing or burning pain in the abdomen between the breastbone and navel. This is the most common symptom. The pain with a peptic ulcer often occurs between meals and in the early hours of the morning. The pain may last from a few minutes to a few hours and may be relieved with eating or antacids.
- Appetite and weight loss





Peptic Ulcers, Continued

- Nausea or vomiting dark, red blood or material that looks like coffee grounds
- Paleness and weakness, if anemia is present
- Bloody, black, or tarry stools

Causes, Risk Factors & Care

In the past, it was thought that peptic ulcers were caused by stress, anxiety, and eating too many spicy or acidic foods. Today, the majority of peptic ulcers are caused by 2 conditions:

- An infection with bacteria called *Helicobacter pylori* (*H. pylori*).
- The repeated use of aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). Examples of over-the-counter NSAIDs are ibuprofen, ketoprofen, and naproxen. There are many prescribed NSAIDs, too.

A small percentage of peptic ulcers are caused by Zollinger-Ellison Syndrome, a rare disorder.

Family history, smoking, caffeine, and making excess digestive acids also play a role in peptic ulcers. So does stress, especially some types of physical stress, such as severe burns and major surgery.

After diagnosing a peptic ulcer, your doctor may prescribe:

- An antibiotic and a medicine that blocks acid if *H. pylori* is present
- Medicine to decrease or stop the stomach's acid production
- Over-the-counter antacids, acid controllers or reducers
- Surgery



Self-Care:

Peptic ulcers need medical care. These self-care measures help an ulcer heal:

- Eat healthy foods. Include foods rich in fiber, such as whole grain breads and cereals, fruits and vegetables, and dried beans and peas. In the past, persons with peptic ulcers were advised to eat bland food, drink a lot of milk, and eat many smaller meals a day. These measures may not help.
- Avoid things that stimulate excess stomach acid. These include: Coffee, regular and decaffeinated; tea and soft drinks with caffeine; and fruit juices high in acid, such as tomato juice.
- Avoid any foods that bother you.

Continued on Next Page



Peptic Ulcers, Continued

Self-Care, Continued

- Limit or avoid alcohol.
- Don't use aspirin and other NSAIDs. These irritate the stomach lining. Don't stop taking NSAIDs your doctor has prescribed, though. Check with him or her first.
- Try over-the-counter antacids or acid controllers (with your doctor's okay). Use them on a short-term basis. Don't try to self-medicate an ulcer. You may soothe the symptoms without treating the problem.
- Don't smoke. If you smoke, quit.
- Lower stress in your life. Stress doesn't cause ulcers, but for some people, it may trigger ulcer flare-ups.
- Take medications as prescribed.



Contact Doctor When:

- You have bloody, black, or tarry stools and/or you are very, very tired, pale and weak. These can occur with a bleeding ulcer.
- No relief comes with self-care.
- The pain continues despite treatment.

- Botherome side effects occur from prescribed or over-the-counter medicines.
- Symptoms return. The *H. pylori* bacteria may not be totally gone. A second course of medication therapy may be needed.



Get Immediate Care When:

- You have sudden, severe abdominal pain. It may be in the upper left stomach area below the ribs or below the ribs on the right side.
- You vomit bright red blood or material that looks like coffee grounds.
- You have persistent vomiting.

Rectal Problems

The rectum is the lowest part of the large bowel. The opening of the rectum is the anus. It is from here that bowel movements are passed.

Signs & Symptoms

- Rectal pain
- Rectal bleeding
- Anal itching
- Redness, swelling, or a rash in the anal area





Rectal Problems, Continued

Causes & Care

Common causes of anal/rectal pain and/or bleeding include constipation, straining to pass stool, and hemorrhoids.

Other causes include anal fissures (splits or tears in the skin around the anus); polyps or small growths; and injury due to anal intercourse or the insertion of a foreign object. {**Note:** Although the most common causes of anal/rectal bleeding are not serious, it is hard to tell them from polyps or cancer without a medical evaluation. To rule out colon cancer, if you have any sign of anal/rectal bleeding, including blood on toilet paper, see a doctor, regardless of your age or family history.}

An intestinal obstruction and colon and rectal cancers (see page 153) also cause anal/rectal pain and/or bleeding.

The most common cause of anal/rectal itching in older persons is dry skin. Other causes include: Hemorrhoids; psoriasis (a chronic skin disease in which itchy, scaly red patches form on a part of the body); and products that irritate or cause a skin allergy in the anal area. Examples are over-the-counter anesthetic ointments that end in “caine,” such as benzocaine.

Often there is no clear cause. Persons with diabetes and liver disease are more prone to anal itching. Also, some items, such as coffee, cola, and beer can lead to anal itching.

In most cases, anal/rectal pain and/or bleeding is due to straining to have a bowel movement and/or hemorrhoids. (See “Constipation” on page 155 and “Hemorrhoids” on page 168.)

When anal/rectal bleeding occurs, the color of the blood gives clues to the cause. A light amount of bright, red blood that appears on toilet paper or on the surface of the stool is usually, but not always, due to hemorrhoids. Burgundy, black, or tarry looking stool can signal bleeding from higher in the digestive tract. This needs medical diagnosis and treatment.



Self-Care:

For Anal/Rectal Pain:

- Take warm baths. Use a warm water sitz bath for 15 minutes 2 to 3 times a day. A sitz bath is a shallow, warm water bath that fits over the toilet. You can get a sitz bath basin from medical supply and some drug stores.

Continued on Next Page



Rectal Problems, Continued

Self-Care, Continued

- Put towels, soaked in warm water, or a cold compress to the painful area.
- Follow “Prevention/Self-Care” on page 156 to prevent constipation.
- Don’t strain to have a bowel movement.
- Keep the rectal area clean. Use an over-the-counter wipe, such as Tucks, after using toilet paper.
- Take an over-the-counter pain medicine. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Use soft, plain, unscented, two-ply toilet paper. Use wet, not dry, toilet paper.
- Don’t sit for long periods of time. When you do sit, raise your legs, when you can.

For Anal/Rectal Bleeding:

- Do not do heavy lifting.
- Stop taking anti-inflammatory medicines and/or aspirin, unless prescribed and monitored by your doctor.
- Don’t strain to have a bowel movement.

For Anal/Rectal Itching:

- Practice good hygiene. Clean the rectal area daily.
- Use an over-the-counter ointment, such as one with zinc oxide or one for hemorrhoids, such as Preparation H. Use as directed.
- Wear loose-fitting clothing and undergarments.
- Take a warm bath or sitz bath. Then dry the rectal area well. Use talcum powder, as needed.
- Take warm tub baths.
- Lose weight, if overweight. If you have diabetes, follow measures to keep your blood sugar under control.
- Limit caffeine, colas, citrus fruits, chocolate, alcohol, and spicy foods.



Wear loose-fitting pants.

See also “Prevention/Self-Care” in “Constipation” on page 156 and in “Self-Care” in “Diarrhea” on page 157, and “Hemorrhoids” on page 169.





Rectal Problems, Continued



Contact Doctor When:

- Rectal bleeding occurs with any of these situations:
 - Sudden onset of severe and constant pain and a purple-colored hemorrhoid that bleeds easily
 - Bright red blood after an injury, intercourse, or having something inserted into the rectum
 - Taking a new medicine; returning from a foreign country; or between bowel movements
- Rectal pain occurs with any of these problems:
 - The pain is severe or lasts longer than a few days.
 - Anal spasms after a bowel movement
 - Diarrhea or mucus discharge
 - Swelling or itching in the anal area
- Rectal problems occur with any of these conditions:
 - The problem came on or got worse after surgery.
 - Diabetes or a heart condition
 - Exposure to a sexually transmitted disease

- Rectal bleeding in a person with a family history of stomach, colon, or rectal cancer



Get Immediate Care When:

- You have bright red blood in the stools (not just blood on toilet paper) with any of these problems:
 - Severe pain, cramps, and swelling in the abdomen
 - Nausea and vomiting
 - Dizziness
 - Shortness of breath
- Bright red blood from the rectum or in the stools occurs in a person with any of these conditions:
 - Cirrhosis
 - A bleeding disorder
 - The person takes a blood-thinning medicine.
- Rectal bleeding is heavy or dark maroon or black in color.
- A foreign object is not able to be removed from the rectum.
- Rape or sexual abuse has occurred.



Urinary Incontinence

If you have urinary incontinence, you suffer from a loss of bladder control or your body fails to store urine properly. As a result, you can't keep from passing urine, even though you try to hold it in.

Urinary incontinence is not a normal part of aging. It often affects older persons because the sphincter muscles that open the bladder into the urethra (the tube through which urine is passed) become less efficient with aging.

Signs, Symptoms & Causes

Two kinds of urinary incontinence are:

Acute Incontinence

This form is generally a symptom of a new illness or condition, such as a bladder infection, diabetes (new or out-of-control), inflammation of the prostate, urethra, or vagina, or side effect of some medicines, such as water pills.

Acute urinary incontinence comes on suddenly. It is often easily reversed when the condition that caused it is treated.

Persistent Incontinence

This form comes on gradually over time. It lingers or remains, even after other conditions or illnesses have been treated. There are many types of persistent incontinence. The first 3 types, below, account for 80% of cases.

- **Stress Incontinence.** Urine leaks out when there is a sudden rise in pressure in the abdomen. This usually happens with coughing, sneezing, laughing, lifting, jumping, running, or straining to have a bowel movement. Stress incontinence is more common in women than in men.
- **Urge Incontinence.** This is also called “**overactive bladder.**” With this, the urge to urinate is so strong and comes on suddenly, that urine is released before the person can get to the toilet. It can be caused by an enlarged prostate gland, a spinal cord injury, or an illness, such as Parkinson's disease.
- **Mixed Incontinence.** This type has elements of both stress and urge incontinence.
- **Overflow Incontinence.** This is the constant dribbling of urine because the bladder overfills. This may be due to an enlarged prostate, diabetes, or multiple sclerosis.





Urinary Incontinence, Continued

- **Functional Incontinence.** With this type, a person has trouble getting to the bathroom fast enough, even though he or she has bladder control. This can happen in a person who is physically challenged.
- **Total Incontinence.** This is a rare type with complete loss of bladder control. Urine leakage can be continual.

Care

You might feel embarrassed if you have urinary incontinence, but let your doctor know about it. It may be a symptom of a disorder that could lead to more trouble if not treated. In most cases, the problem is curable and treatable.



Self-Care:

- Keep a diary of how often and how much you urinate in a 24 hour period.
- Avoid caffeine. Limit or avoid fluids 2 to 3 hours before bedtime.
- Limit carbonated drinks, alcohol, citrus juices, greasy and spicy foods, and items that have artificial sweeteners.
- Empty your bladder before you leave the house, take a nap, or go to bed.

- Go to the bathroom often, even if you don't feel the urge. When you urinate, empty your bladder as much as you can. Relax for a minute or 2 and then try to go again.
- Keep a diary of when you have episodes of incontinence. If you find that you have accidents every 3 hours, empty your bladder every 2 hours. Use an alarm clock or wristwatch with an alarm to remind you.
- Wear clothes you can pull down easily when you use the bathroom. Wear elastic-waist bottoms and items with velcro closures or snaps instead of buttons and zippers.
- Wear absorbent pads or briefs, if needed.
- Keep the pathway to your bathroom free of clutter and well lit. Leave the bathroom door open until you use it. Have a night light on in your bathroom when it is dark.
- Use an elevated toilet seat and grab bars if these will make it easier for you to get on and off the toilet.
- Keep a bedpan, plastic urinal (for men), or portable commode chair near your bed.

Continued on Next Page



Urinary Incontinence, Continued

Self-Care, Continued

- Ask your doctor if your type of incontinence could be managed by using self-catheters. These help to empty your bladder completely. You need a prescription for self-catheters.

Kegel Exercises

Do pelvic floor exercises (Kegel exercises). These can help treat or cure stress incontinence. Even elderly women who have leaked urine for years can benefit greatly from these exercises. Here's how to do them:

- First, start to urinate, then hold back and try to stop. If you can slow the stream of urine, even a little, you are using the right muscles. You should feel muscles squeezing around the urethra (the tube through which urine is passed) and the anus (the opening through which stool is passed).
- Next, relax your body, close your eyes, and just imagine that you are going to urinate and then hold back from doing so. You should feel the muscles squeeze like you did in the step before this one.

- Squeeze the muscles for 3 seconds and then relax them for 3 seconds. When you squeeze and relax, count slowly. Start out doing this 3 times a day. Gradually work up to 3 sets of 10 contractions, holding each one for 10 seconds at a time. You can do them in lying, sitting, and/or standing positions.
- When you do these exercises, do not tense the muscles in your belly or buttocks. Do not hold your breath, clench your fists or teeth, or make a face.
- Squeeze your pelvic floor muscles right before and during whatever it is (coughing, sneezing, jumping, etc.) that causes you to lose urine. Relax the muscles once the activity is over.
- Women can also use pelvic weights prescribed by their doctor. A woman inserts a weighted cone into the vagina and squeezes the correct muscles to keep the weight from falling out.

It may take several months to benefit from pelvic floor exercises and they should be done daily. Get help to do them from: www.medicinenet.com/kegel_exercises_for_women/article.htm.



Contact Doctor When:

- The loss of bladder control is ongoing after surgery or an injury.





Urinary Incontinence, Continued

- With loss of bladder control, you have signs and symptoms of a urinary tract infection (see page 187).
- The loss of bladder control occurs in a person with diabetes or with symptoms of diabetes (see page 276).
- With loss of bladder control, you are male, and you have symptoms of prostate problems (see page 331).
- You leak urine when you cough, run, sneeze, laugh, or lift heavy objects.
- You have loss of bladder control after you take a new medicine or change the dose of a medicine you take.

- Fever and shaking chills (maybe)
- Nausea and vomiting



For Information on Urinary Incontinence, Contact:

National Association for Continence
1-800-BLADDER (252-3337)
www.nafc.org

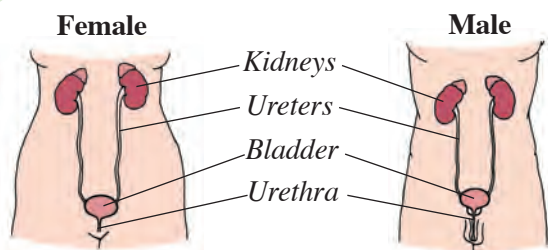
Urology Care Foundation
www.urologyhealth.org

Urinary Tract Infections (UTIs)



Get Immediate Care When:

- Loss of bladder control occurs after an injury to your spine or back.
- Loss of bladder control occurs with signs and symptoms of a stroke. See “Stroke Warning Signs” on page 229.
- Loss of bladder control occurs with signs of an acute kidney infection:
 - Change in mental status. This can be the first sign in persons over age 70.
 - Back pain (sometimes severe) in one or both sides of your back



Organs in the Urinary Tract

Urinary tract infections are ones that occur in any organs that make up the urinary tract. The kidneys filter waste products from the blood and make urine. Ureters connect the kidney to the bladder, which holds urine until it is passed through the urethra.



Urinary Tract Infection (UTIs), Continued

Prevention

- Drink plenty of fluids to flush bacteria out of your system. Drink fruit juices, especially ones made from unsweetened cranberry juice concentrate.
- Empty your bladder as soon as you feel the urge.
- Drink a glass of water before you have sex. Go to the bathroom as soon as you can after sex.
- If you use a lubricant when you have sex, use a water-soluble one, such as K-Y Jelly.
- Wear cotton underwear. Bacteria like a warm, moist, wet place to grow. Cotton helps keep you cool and dry.
- If you're prone to UTIs, don't take bubble baths. Take showers instead.
- Don't wear tight-fitting jeans, slacks, and undergarments.
- If you're a woman, you should wipe from front to back after using the toilet to keep bacteria away from the opening of the urethra.

- If you need to use a catheter to draw your own urine, make sure to wash your hands and clean the area around the urethra. Wash the catheter in soapy water after each use or use disposable ones. If you have a catheter that is kept in place, follow the instructions for proper use and cleaning.

Signs & Symptoms

- A strong need to urinate
- Urinating more often than usual
- A sharp pain or burning sensation in the urethra when you pass urine
- Bloody or cloudy urine
- The feeling that the bladder is still full after you pass urine
- Pain in the abdomen, back, or sides
- A change in mental status, especially in persons over age 70

Sometimes there are no symptoms with a UTI.

Causes, Risk Factors & Care

UTIs are caused by bacteria that infect any part of the urinary tract. The bladder is the most common site.





Urinary Tract Infection (UTIs), Continued

Things that increase the risk of UTIs include: Any obstruction in the flow of urine, like a kidney stone or an enlarged prostate gland; having a history of urinary tract infections, urinary tract defects, and diabetes; and having a urinary catheter to empty the bladder.

Treatment for a UTI includes an antibiotic to treat the specific infection and pain relievers, if needed.



Self-Care:

- Avoid alcohol, spicy foods, and caffeine.
- Drink at least 8 glasses of water and other liquids a day.
- Get plenty of rest.
- Check for fever twice a day. Take your temperature in the morning and in the afternoon or evening.

- Take an over-the-counter medicine for pain. (See “Pain relievers” in “Your Home Pharmacy” on page 44). Or take an over-the-counter medicine, such as Uristat, which relieves pain and spasms that come with a bladder infection. {**Note:** Uristat helps with symptoms, but doesn’t get rid of the infection. If you take Uristat, you should see your doctor to diagnose and treat the problem.}
- Go to the bathroom as soon as you feel the urge. Empty your bladder completely. If you have a condition that might keep you from doing this, such as multiple sclerosis, ask your doctor about using self-catheters.
- Empty your bladder as soon as you can after sex.



Contact Doctor When:

- You have any “Signs & Symptoms” of a urinary tract infection listed on page 187.
- You have had symptoms for more than 3 days, without getting better.
- Medicine the doctor prescribed gave you side effects, such as a skin rash or made you sick.
- You get UTIs a lot.



Urinary Tract Infection (UTIs), Continued



Get Immediate Care When:

- You have a change in mental status, such as confusion.
- You have signs of a kidney infection: Vomiting and nausea; fever and shaking chills; and pain in one or both sides of your back.
- Acute glaucoma (see page 68)
- Stomach ulcers. (See “Peptic Ulcers” on page 177.)
- Bowel obstruction
- Hepatitis (see page 290)
- Meningitis. This is inflammation of membranes that cover the brain and spinal cord.
- Heart attack (see page 201)

Vomiting & Nausea

Signs & Symptoms

Vomiting is when you throw up what is in your stomach. Nausea is when you feel like you’re going to throw up.

Causes & Care

Common causes are: Viruses in the intestines; diarrhea; a side effect of some medicines; and eating spoiled food or eating and drinking too much.

Medical conditions that cause vomiting include:

- **Labrynthitis.** This is inflammation of an area in the ear that usually results from an upper respiratory infection.
- Vertigo (see page 222)
- Migraine headaches

Self-care treats most cases of nausea and vomiting from common causes. Treatment for a medical condition treats the nausea or vomiting that comes with that condition.



Self-Care:

For Vomiting:

- Don’t eat solid foods or drink milk.
- Drink clear liquids at room temperature (not too cold or too hot). Take small sips. Drink only 1 to 2 ounces at a time. Drink water; sport drinks, such as Gatorade; diluted fruit juices; and ginger ale, etc. Stir any carbonated beverages to get all the bubbles out before sipping them. Suck on ice chips if nothing else will stay down.

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Vomiting & Nausea, Continued

Self-Care, Continued

- Gradually return to a regular diet, but wait 8 hours from the last time you vomited. Eat foods as tolerated. Avoid greasy or fatty foods.
- Take an over-the-counter medicine, like Emetrol, as directed.
- Don't smoke, drink alcohol, or take aspirin.

{**Note:** Call your doctor if you don't get better or if the vomiting comes back.}

Nausea Without Vomiting:

- Drink clear liquids. Eat small amounts of dry foods slowly, such as soda crackers, if tolerated.
- Avoid things that irritate the stomach, such as alcohol and aspirin.
- For motion sickness, use an over-the-counter antinausea medicine, such as Dramamine, as directed. Sea-Bands, a wrist band product that uses acupressure on a certain point on the wrist to control motion sickness, may be helpful. Sporting good stores and drugstores sell Sea-Bands.



Contact Doctor When:

- You have stomach pain that lasts for more than 2 hours, interferes with your activities, and keeps hurting even after you vomit.
- With vomiting, you have a fever or chronic medical condition, such as diabetes, cancer, HIV infection, etc., and self-care measures do not control the vomiting.
- With nausea and/or vomiting, you have any of these problems:
 - The whites of your eyes or your skin looks yellow.
 - Ear pain or a feeling of fullness in your ear
- With vomiting or nausea, you have “Signs & Symptoms” of a urinary tract infection (see page 187).
- The vomiting has lasted more than 24 hours without getting better using self-care.
- You are vomiting medicine that is necessary for you to take, such as one for high blood pressure.



Vomiting & Nausea, Continued



Get Immediate Care When:

- Nausea and/or vomiting occurs with signs of a heart attack. (See “Heart Attack Warning Signs” on page 202.)
 - You vomit bright red blood or material that looks like coffee grounds.
 - You vomit in an unusually violent way and/or the vomiting is continuous and hard to manage.
 - You vomit and have “Signs & Symptoms” of dehydration (see page 392).
- You vomit and have any of these problems:
 - Red or purple rash that doesn’t fade when pressure is applied to the skin
 - Stiff neck, fever, severe headache, and drowsiness
 - Severe pain in and around one eye, blurred vision, headache, and you see rainbow-colored halos around lights
 - A blind spot, a loss of part of your visual field, or you see sparkling lights
 - A head or abdominal injury that happened a short time ago
 - Fever and shaking chills and pain in one or both sides of your back
 - Mental confusion

SAMPLE





Heart & Circulation Problems

Heart disease is the most common health problem in American men and women and the number 1 cause of death.

Angina

Angina is chest pain or discomfort. It occurs when the heart muscle does not get as much blood and oxygen as it needs for a given level of work.



Areas of pain felt with angina.

Signs & Symptoms

- Squeezing pressure, heaviness, or mild ache in the chest (usually behind the breastbone)
- Aching in a tooth with or without squeezing pressure in the chest
- Aching into the neck muscles, jaw, one or both arms, or back
- A feeling of gas in the upper abdomen and lower chest
- A feeling that you're choking or shortness of breath

- Paleness and sweating
- Nausea and vomiting

Many people who experience angina for the first time fear they're having a heart attack. A heart attack damages or injures the heart muscle. Angina does not. Pain from angina is a warning sign that heart attack can occur, though.

Causes, Risk Factors & Care

Angina is caused by blocked or narrowed blood vessels that supply blood to the heart.

Episodes of angina are often brought on by anger, excitement, or emotional shock. Exertion or heavy physical work, hurrying up the stairs, or walking rapidly uphill can also bring on an angina episode.



Pain from angina may be felt with exertion.



Angina, Continued

If you have angina, your doctor or a cardiologist should follow you closely. He or she may prescribe:

- Medications, such as nitroglycerin, beta-blockers, and a low-dose daily aspirin
- Daily physical exercise specific for you
- Surgery, such as angioplasty or bypass surgery



Do the exercises your doctor recommends.

- Minimize exposure to cold, windy weather.
- Take medication(s), as prescribed.
- Avoid sudden physical exertion, such as running to catch a bus.
- Avoid anger whenever you can.
- Manage stress.



Contact Doctor When:

- You have been diagnosed with angina and there is a change in your angina symptoms. You may, for example, start to feel symptoms at rest.
- You have minor chest pain that is not due to an injury or strain, does not let up, and/or is not relieved by rest.



Self-Care:

Medical care is needed to treat angina. If you have angina, these self-care measures can be part of your treatment plan.

- Don't smoke. If you smoke, quit.
- Follow a low-saturated fat, low cholesterol diet.
- Eat 5 to 6 small meals instead of 3 large meals a day.
- Maintain a healthy weight. If you are overweight, lose weight.
- After you eat, rest or do a quiet activity.



Get Immediate Care When:


- You have symptoms of a heart attack. (See "Heart Attack Warning Signs" on page 202.)
- You have been diagnosed with angina and your chest pain does not respond to your prescribed medicine or the pain does not go away in 10 to 15 minutes.





Chest Pain

Chest Pain Chart

Signs & Symptoms	What It Could Be	What to Do
<ul style="list-style-type: none"> ■ Feeling of pain (may spread to or be felt in the arm, neck, tooth, jaw, or back), tightness, burning, squeezing, or heaviness in the chest. This lasts more than a few minutes or goes away and comes back. ■ Chest discomfort with: Shortness of breath; nausea; sweating; fast or uneven pulse; lightheadedness; or fainting ■ Unusual chest, abdominal, or stomach pain. Severe indigestion doesn't go away with an antacid. ■ Dizziness; nausea; trouble breathing; or jaw or arm pain without chest pain ■ Gray-colored or clammy skin <p><i>See also, pages 201-203.</i></p>	<p>Heart Attack</p>  <p>Common areas of heart attack pain</p>	<p>Call 9-1-1!</p> <p>{Note: Before emergency care, chew and swallow one adult aspirin (325 mg.) or 4 children's chewable aspirin (81 mg. each). Do this unless you are allergic to aspirin or take a blood-thinning medicine.}</p>
<p>Severe chest pain with extreme pain across the upper back (not just on one side) that came on within 15 minutes, typically following lifting a heavy item, but can occur for no apparent reason. The pain can spread to the abdomen. Dizziness and fainting.</p>	<p>Dissecting aortic aneurysm. This is a tear in the main artery from the heart.</p>	<p>Get immediate care. (Call 9-1-1 or go to the emergency department of a hospital. Do not take aspirin).</p>



Chest Pain, Continued

<i>Chest Pain Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
<p>Chest pain that gets worse when taking deep breaths and is present with any of these conditions:</p> <ul style="list-style-type: none"> ■ Sudden shortness of breath and severe problems breathing ■ Rapid heartbeat ■ Cough with bloody sputum ■ Sudden onset of chest pain with calf pain ■ Recent surgery or illness with prolonged bed rest 	Blood clot(s) to the lungs	<p>Get immediate care. (Call 9-1-1 or go to the emergency department of a hospital.)</p> <p>See “Phlebitis & Thrombosis” topic on page 207.</p>
<p>Sudden and sharp chest pain or tightness with breathing. Increasing shortness of breath.</p>	<p>Collapsed lung. Could result from a recent chest injury or from asthma or chronic bronchitis.</p>	<p>Get immediate care. (Call 9-1-1 or go to the emergency department of a hospital.)</p>
<p>Squeezing, pressure, or pain (often dull) in the chest. The pain may spread to the arm, neck, jaw, or back. Symptoms come on or are made worse by stress or physical activity and ease with rest.</p>	Angina	<p>See “Angina” on page 192.</p>
<p>The pain is on only one side of the chest and is not affected by breathing. A burning feeling and a skin rash are at the site of the chest pain.</p>	Shingles	<p>See “Shingles” on page 134.</p>





Chest Pain, Continued

Chest Pain Chart, Continued

Signs & Symptoms	What It Could Be	What to Do
Chest pain with shortness of breath; chronic fatigue; cough with phlegm or blood; night sweats; appetite and weight loss; and low grade fever.	Tuberculosis (TB). This is a chronic lung infection with a certain bacteria.	Contact doctor.
Pain felt is a burning feeling in the chest or just above the stomach. The feeling comes and goes before, during, or after eating. It gets worse when you bend over or lie down.	Heartburn or hiatal hernia. { Note: This could also signal a heart attack.}	See “Heart Attack Warning Signs” on page 202, “Heartburn” on page 166, “Hiatal Hernia” on page 172, and “Peptic Ulcers” on page 177.
Chest pain that gets worse when taking deep breaths or when you touch the chest or ribs.	Muscle strain or rib injury	See “Sprains & Strains” on page 267.
Chest pain with fever and coughing up green, yellow, or gray mucus	Flu, pneumonia, bronchitis, or other upper respiratory infection	Contact doctor. See “Flu” on page 100, “Pneumonia” on page 104, and “Bronchitis” on page 93.
Pain or tightening feeling in the chest with rapid pulse and/or breathing; feeling a “lump in the throat”; sweating; numbness or tingling of the hands, feet, or mouth, or it feels like you can’t get enough air	Anxiety. { Note: This could also signal a heart attack.}	See “Heart Attack Warning Signs” on page 202. See “Anxiety” on page 306.



(Congestive) Heart Failure

The heart is the body's pump. When the heart can't pump well enough to meet the body's needs, it is called heart failure. This used to be called congestive heart failure. The heart itself doesn't fail, but "fails" to supply the body with enough blood and oxygen.

Prevention

These causes of heart failure can be prevented:

- Coronary artery disease
- High blood pressure
- Alcohol and drug abuse
- Some cases of heart valve damage. Rheumatic fever can be prevented if strep throat is treated.

Signs & Symptoms

- Shortness of breath
- Feeling very tired or very weak
- Swelling of the lower legs, ankles, and feet. Shoes can suddenly feel tight.
- Rapid weight gain (up to 1 pound a day) over several days or weeks without eating too much
- Nausea or lack of appetite.

- Dry cough or a cough with pink mucus
- A fast (sometimes irregular) heartbeat.
- Feeling anxious and restless
- A feeling of suffocation. It can be difficult to lie flat.

At first, symptoms come on with physical exertion. As heart failure gets worse, symptoms occur even at rest.

Causes & Care

Causes of heart failure include:

- One or more heart attacks. This is the number 1 cause.
- Advanced coronary artery disease.
- Uncontrolled high blood pressure
- Pulmonary hypertension. This is high blood pressure in the lungs.
- Alcohol and drug abuse
- Pericarditis. This is a swelling of the lining that surrounds the heart.
- Heart valve damage, such as aortic valve stenosis or mitral valve regurgitation. Valve disease from Rheumatic fever or heart disease.
- Liver and kidney disease

Treatment for heart failure depends on the cause. Most cases can be treated with success. Both medical care and self-care are needed.





(Congestive) Heart Failure, Continued

Medicines for heart failure include:

- Vasodilators. These drugs open blood vessels to reduce the force the heart must pump against. Ones called ACE inhibitors can help persons with heart failure live longer and feel better.
- Diuretics (water pills), such as spironolactone and furosemide. These drugs rid the body of extra fluids and salt.
- Digitalis. This strengthens the pumping action of the heart muscle.



Self-Care:

Your doctor may advise you to:

- Weigh yourself and record your weight daily. Take this record to doctor visits.
- Limit your salt and fluid intakes. Follow your doctor's guidelines.
- Have 5 to 6 small meals a day instead of 3 larger meals.
- Stay as active as you can.
- Eat healthy foods and get regular exercise. Follow your doctor's plan.

- Limit alcoholic drinks to 1 a day, if at all. One drink = 5 oz. of wine; 12 oz. of beer; or 1½ oz. of 80-proof liquor.
- Modify your daily activities as needed. Pace yourself. Do not place too heavy a demand on your heart.
- Alternate activity with rest. Sit up when you rest, if this makes breathing easier.
- Sleep on 2 or more pillows or raise the head of your bed 6 inches when you sleep.
- Don't smoke. If you smoke, quit.
- Lose weight if you are overweight.



Contact Doctor When:

- You cough up pink or frothy mucus with mild shortness of breath.
- You have an unexplained weight gain of 3 to 5 pounds.
- You have heart failure and have symptoms of a cold or flu or your heart failure symptoms get worse.
- You have 1 or more "Signs & Symptoms" of heart failure listed on page 197.



(Congestive) Heart Failure, Continued

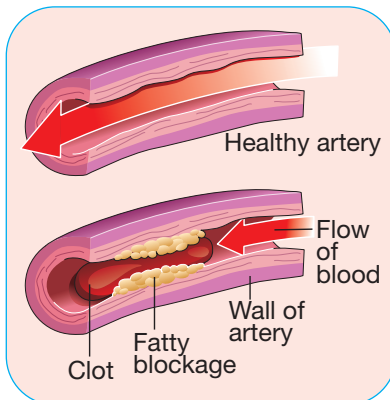


Get Immediate Care When:

- You have heart attack symptoms. (See “Heart Attack Warning Signs” on page 202.)
- You have severe shortness of breath (you are too short of breath to say a few words) with or without wheezing (a high pitched whistling sound).

Coronary Artery Disease

The coronary arteries supply blood to the heart muscle. When they become narrowed or blocked (usually by fatty deposits and/or blood clots), this is coronary artery disease (CAD). Two conditions of CAD are angina (see page 192) and a heart attack (see page 201).



Prevention

- Have your blood pressure checked regularly. Follow your doctor’s advice to control it.
- Don’t smoke. If you smoke, quit.
- Know the signs and symptoms of diabetes (see page 276). If you have diabetes, follow your doctor’s advice.
- Maintain a healthy body weight. Lose weight if you are overweight.
- Follow a diet low in saturated fats and cholesterol.
- Reduce your intake of salt and foods high in salt. Use salt substitutes only if your doctor says it is okay.
- Get regular exercise. Follow your doctor’s advice.
- Practice relaxation techniques.
- Take medicines as prescribed.

Signs & Symptoms

In the early stages, CAD has no symptoms. When symptoms occur, they include:

- Angina symptoms (see page 192)
- Heart attack symptoms (see page 202)
- Shortness of breath
- Dizziness, lightheadedness, or fainting
- Irregular heartbeats; palpitations





Coronary Artery Disease, Continued

Causes, Risk Factors & Care

Some factors make people more likely to suffer from heart disease. The more risk factors you have, the more you are at risk.

Risk Factors You Can't Change

- A past heart attack or stroke
- Family history of heart disease:
 - You have a father or brother who had heart disease before age 55.
 - You have a mother or sister who had heart disease before age 65.
 - You have a family history of high blood cholesterol.
- Being a male 45 years or older
- Race. African Americans have a higher risk than Caucasians.

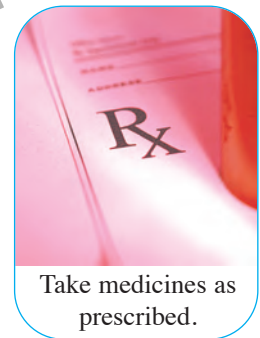
Risk Factors You Can Control

- Smoking and secondhand smoke
- High blood pressure
- High blood cholesterol
- Being overweight
- Lack of physical activity
- Having diabetes and high blood cholesterol

- Using cocaine or amphetamines
- Stress

Treatment for CAD will depend on the diagnosis and severity of the disease.

- If you think you're having a heart attack, **call 9-1-1!** See "First Aid for a Heart Attack Before Emergency Care" on page 203. If given within 4 hours, an injection that dissolves clots can reduce the risk of death and severity of damage to the heart muscle. Other emergency procedures can also prevent damage to the heart muscle.
- For angina, see page 192.
- Procedures, such as balloon angioplasty and bypass surgery, may be needed.



Take medicines as prescribed.



Self-Care:

- Follow measures under "Prevention" on page 199.
- Take medicines as prescribed.
- If you are a man aged 45 to 79, ask your doctor about taking aspirin to lower the chances of a heart attack.

Continued on Next Page



Coronary Artery Disease, Continued

Self-Care, Continued

- Ask your doctor about taking vitamins or other nutrition supplements.
- If you drink alcohol, do so in moderation. Too much alcohol can raise the risk for high blood pressure, heart disease, stroke, and other health problems. Moderate drinking, though, is associated with a lower risk of coronary heart disease in some persons. Moderation means no more than 1 drink a day. One drink = 5 oz. of wine; 12 oz. of beer; or 1½ oz. of 80-proof liquor.



Contact Doctor When:

- You have been diagnosed with angina and have a change in your angina symptoms. You may, for example, start to feel symptoms when you are resting.
- You have minor chest pain that is not due to an injury or strain, does not let up, and/or is not relieved by rest.
- You need help to quit smoking and/or to lose excess weight.



Get Immediate Care When:

You have heart attack symptoms. (See “Heart Attack Warning Signs” box on page 202.)



For Information on Coronary Artery Disease, Contact:

American Heart Association
1-800-AHA-USA-1 (800-242-8721)
Spanish: 1-888-474-VIVE
(888-474-8483)

National Heart, Lung, and Blood Institute
www.nhlbi.nih.gov

Heart Attack

A heart attack happens when the heart does not get enough blood supply for a period of time. Part or all of the heart muscle dies.

Prevention

- Follow prevention measures in “Coronary Artery Disease” on page 199.
- Don’t use amphetamines and/or cocaine.
- Remain physically active





Heart Attack, Continued

Signs & Symptoms

A heart attack may be painful or “silent.”

Heart Attack Warning Signs

- | | |
|--|---|
| <ul style="list-style-type: none"> ■ Chest pain. This may spread to the arm, neck, back, tooth, or jaw. ■ A feeling of tightness, burning, squeezing, fullness, or heaviness in the chest. This lasts more than a few minutes or goes away and comes back. ■ Chest discomfort or pain with one or more of these problems: <ul style="list-style-type: none"> • Shortness of breath or trouble breathing • Fast or uneven pulse • Sweating • Lightheadedness; fainting • Nausea or vomiting ■ Atypical pain in the stomach, back, neck, jaw or arms. ■ Gray-colored or clammy skin | <ul style="list-style-type: none"> ■ Chest pain in a person with a heart condition that does not respond to prescribed medicine <p>In women, common warning signs are:</p> <ul style="list-style-type: none"> ■ Heavy fullness or pressure-like chest pain between the breasts that spreads to the left arm, shoulder, or throat ■ An uneasy feeling in the chest with any problem listed in the left column of this chart or any of these problems: <ul style="list-style-type: none"> • Severe indigestion that doesn't go away • Unusual fatigue or weakness • Fluttering or rapid heartbeats • Unexplained or extreme anxiety <p>(These signs can occur in men, too.)</p> |
|--|---|

Causes, Risk Factors & Care

- The most common cause is one or more blood clots that block a coronary artery. Often, a blood clot forms in the coronary artery already narrowed by plaque.
- Having already had a heart attack increases the risk for another one.
- Cocaine or amphetamine abuse can cause a sudden heart attack, even in persons with no signs of heart disease.
- Spasms of the large coronary artery. This can be triggered by: Heavy physical exertion, exposure to cold; severe emotional stress; and having a heavy meal.



Heart Attack, Continued

These triggers are more likely to affect persons who are sedentary.



Get Immediate Care When:

- You have heart attack symptoms. (See “Heart Attack Warning Signs” on page 202.) Don’t delay. **Call 9-1-1 right away!**

First Aid for a Heart Attack Before Emergency Care:

- Do CPR *only* if the person becomes unresponsive and stops breathing.
- Ask the person if he or she uses heart medicine (nitroglycerin). If yes, ask where it is, find it, and place the nitroglycerin tablet under the tongue. Give as many as 3 tablets in 10 minutes.
- Chest pain does not respond to prescribed angina medicine or go away in 10-15 minutes.
- Give the person one 325 mg. aspirin to chew and swallow, unless he or she is allergic to aspirin.
- Loosen any clothing around the person’s neck, chest, and waist.

- Don’t let the person lie down, especially if he or she has breathing problems. A half-sitting position is better – with the legs up and bent at the knees. Put a pillow or rolled towel under the knees. Support the back.
- Reassure the person that you have called for help and will stay with him or her until help arrives. Tell the EMS driver the person is having chest pain.

After a heart attack, follow your doctor’s treatment plan.

High Blood Pressure

High blood pressure (HBP) happens when your blood moves through your arteries at a higher pressure than normal. The heart is actually straining to pump blood through the arteries.

Blood pressure is normally measured with a blood pressure cuff placed on the arm.



Taking blood pressure.





High Blood Pressure, Continued

The first or top number (systolic pressure) measures the force when the heart beats. The second or lower number (diastolic pressure) measures the force between heartbeats, when the heart is being refilled. The results are recorded as systolic/diastolic pressure (120/80 mm Hg, for example).

Blood Pressure Classifications (ages 18 and older)	Systolic (mm Hg)	Diastolic (mm Hg)
Normal	<120	and <80
Prehypertension	120-139	or 80-89
Stage 1 Hypertension	140-159	or 90-99
Stage 2 Hypertension	≥160	or ≥100

{**Note:** For persons with HBP, to decrease cardiovascular disease complications, target blood pressure goal is <140/90 mm Hg; <135/85 mm Hg for persons with diabetes or kidney disease.}

Prevention

- Get to and/or stay at a healthy weight.
- Don't smoke. If you smoke, quit.
- Limit alcohol to 1 drink or less a day.
- Exercise regularly.
- Manage stress.

Signs & Symptoms

There are usually no signs or symptoms. So, get your blood pressure checked at each office visit, at least every 2 years, or as your doctor advises.

Causes, Risk Factors & Care

There is no known cause for 90% of HBP. When this is the case, it is called primary hypertension. About 10% of persons with HBP get it from another medical disorder or as a side effect of some medicines. This is called secondary hypertension.

Risk factors for primary hypertension:

- Family history of HBP
- Aging. More than half of older adults have HBP.
- Smoking cigarettes
- Race. African Americans are twice as likely to have HBP as are Caucasians.
- Gender. Men are more likely to have HBP than women.
- Sedentary lifestyle; obesity; sleep apnea
- Emotional distress
- High-sodium diet

If left untreated, HBP can lead to stroke, heart, kidney, and eye problems.



High Blood Pressure, Continued

High blood pressure is one of the easiest health problems to control.

For Primary Hypertension

When self-care is not enough, your doctor will prescribe one or more medicines.

For Secondary Hypertension

The root cause needs to be found. Once the cause is found and treated, blood pressure usually goes back to normal.



Self-Care:

- Follow prevention tips in this topic.
- Limit salt and foods high in salt. Use salt substitutes only if your doctor says it's okay.
- Follow the “DASH” (Dietary Approaches to Stop Hypertension) diet. Access www.nhlbi.nih.gov.
- Take medicine as prescribed. {**Note:** Most persons need more than 1 medicine to treat high blood pressure.} Tell your doctor if you have any side effects, such as dizziness, faintness, or a dry cough in the absence of a cold.
- Limit caffeine.

- Discuss all prescribed and over-the-counter medicines with your doctor before you take them. Find out about food and drug interactions, too. You may be told to not have grapefruit juice if you take certain medicines.
- Monitor your blood pressure at home, as advised by your doctor.



Contact Doctor When:

- You take medicine for high blood pressure and have side effects, such as dizziness.



Get Immediate Care When:

- You have heart attack symptoms. (See “Heart Attack Warning Signs” on page 202.)
- You have stroke symptoms. (See “Stroke Warning Signs” on page 229.)



For Information on High Blood Pressure, Contact:

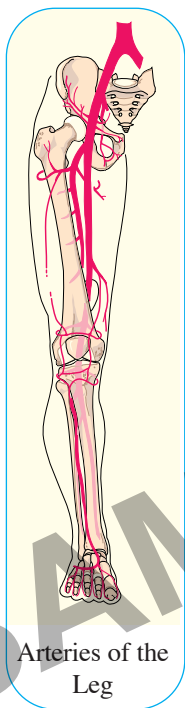
The American Heart Association
1-800-242-8721
www.heart.org/HEARTORG





Peripheral Artery Disease

Peripheral artery disease (PAD) occurs when blood vessels outside of the heart become too narrow to supply enough oxygen to the limbs. Blood flow is reduced. This is most common in the legs and much less common in the arms. Often, PAD occurs with coronary artery disease.



Prevention

- Don't smoke. If you smoke, quit.
- Do regular exercise.
- Get to and/or stay at a healthy weight.
- Follow a diet low in saturated fat and cholesterol.

Signs & Symptoms

- Muscle pain in one or both legs when walking, especially when walking fast or uphill. The pain lessens or goes away with rest. Pain can be in the calves (most often) or thighs. Much less often, it can also be in the arms, fingers, lower back, buttocks, or the foot arches.

- Fatigue that improves with rest

With severe disease, symptoms are:

- Muscle pain at rest, especially at night
- Cold or numb feet
- Weak or no pulse in the affected limb
- Pale, bluish-colored toes
- Open sores on the lower leg, toes, or ankles
- Shiny and hairless skin on affected areas

Causes, Risk Factors & Care

- Smoking
- Diabetes, especially in women.
 - {**Note:** If you have diabetes and smoke cigarettes, you are very prone to peripheral vascular disease. If you have diabetes, YOU MUST NOT SMOKE.}
- Fatty buildup (plaque) in the arteries
- High blood cholesterol
- High blood pressure
- Being elderly
- Taking some medications, such as beta-blockers, to lower high blood pressure.
 - {**Note:** Don't stop taking any prescribed medicines on your own. Consult with your doctor.}
- Agent Orange exposure



Peripheral Artery Disease, Continued

Treatment for peripheral artery disease includes:

- A graduated exercise program, such as walking.
- Medicines, such as ones to lower cholesterol and/or high blood pressure and to improve blood flow
- Procedure, if needed, such as balloon angioplasty or bypass surgery



Self-Care:

- Follow measures under “Prevention” in this topic.
- Take medicines as prescribed.
- Follow a graduated walking program as advised by your doctor.
- Take good care of your feet:
 - Check the feet daily.
 - Don’t walk barefoot.
 - Wear comfortable, roomy shoes. Avoid sandals and high heels.
 - Cut toenails straight across. Do not cut nails close to the skin.
 - Use an antifungal foot powder to avoid athlete’s foot.



Contact Doctor When:

- You have any pain, redness, or a leg or foot wound and you have a history of diabetes or peripheral vascular disease.
- The pain, redness, and swelling extend up the ankle to the leg.
- The skin of your foot has turned grayish to black in color.
- Repeated muscle pain occurs in a leg when you walk and it goes away with rest.
- Leg pain occurs when you are at rest.



Get Immediate Care When:

You have all of these problems:

- Sudden onset of pain
- Rapid skin color changes: white, red, blue, grayish, or black
- You cannot feel sensation in your foot for the first time.

Phlebitis & Thrombosis

Phlebitis is inflammation in a vein. Thrombosis is when a blood clot forms. When both of these occur together, it is called thrombophlebitis.





Phlebitis & Thrombosis, Continued

Prevention

- Avoid sitting or standing for long periods without moving around.
- Inform your doctor if you have a history of varicose veins, superficial phlebitis (SP), or deep-vein thrombosis (DVT) and take estrogen. (See SP and DVT below and in the next column.)
- Don't sit with your legs crossed. Don't wear tight garments below the waist, such as thigh-high hosiery.
- On trips, drink a lot of fluids (no alcohol) and move about at least every hour. While sitting, exercise the legs.
- If you're confined to a bed or a chair, stretch often. Push with the feet, pretending you're pressing on a gas pedal and then release it. Do this with one foot, then the other.
- Avoid tobacco.

Signs & Symptoms

- Superficial phlebitis (SP) occurs just under the skin's surface. The affected area is swollen and feels warm and tender. At times, a hard ropy vein is felt. This type seldom showers clots into the bloodstream.

- Deep-vein thrombosis (DVT) occurs within a muscle mass (commonly the leg). It is apt to release showers of clots (emboli) that often go to the lung (pulmonary emboli). The symptoms may resemble those of SP; the limb may swell and/or the muscle involved may ache. Often, DVT symptoms are silent and can't be seen. In silent DVT, the first symptoms may be from a blood clot to the lung. These include sudden shortness of breath and severe problems breathing; sudden chest pain; and/or collapse.

Cause, Risk Factors & Care

Phlebitis is usually caused by infection, injury, or poor blood flow in a vein. It is common in women over age 50.

Conditions that can lead to SP and/or DVT include:

- Inactivity. This could result from prolonged bed rest (e.g., after major surgery), a sedentary job, or a long trip, especially in a cramped space, such as sitting in a plane.
- Varicose veins
- Being overweight, in poor physical condition, or older in age
- Estrogen therapy
- Trauma to an arm or leg. Examples are a fall or injury to the vein, such as from injections or IV needles.



Phlebitis & Thrombosis, Continued

- Heart failure or a heart attack
- Some cancers

A doctor needs to diagnose SP with or without DVT or DVT alone. Treatment for SP alone includes resting the affected limb, warm compresses, and pain relievers.

Treatment for DVT includes blood thinning medicine, possible hospitalization, and surgery if a blood clot to the lung has occurred.



Self-Care:

It is best to let your doctor diagnose if you have phlebitis or thrombosis. If SP is diagnosed, you may be told to follow these self-care measures:

- Wear elastic support stockings as prescribed by your doctor.
- Rest the affected limb as advised. Elevate it when you rest.
- Apply moist, warm compresses to the area of pain.
- Take an over-the-counter medicine for pain and inflammation. (See “Pain relievers” in “Your Home Pharmacy” on page 44.) Take the one your doctor advises.

- Don’t massage or rub the limb.
- Don’t sit or stand for long periods of time. When you sit, elevate the limb. Continue with your regular activities, though, as much as you can.
- Follow “Prevention” measures in this topic.



Contact Doctor When:

You have 1 or more of these problems:

- Redness, pain, and a burning feeling in the leg
- Swelling and the feeling of a cordlike vein beneath the skin along the length of the vein



Get Immediate Care When:

- You have symptoms of a blood clot to the lung:
 - Sudden onset of chest pain with calf pain
 - Sudden shortness of breath and severe problems breathing
 - Rapid heartbeat
 - Lightheadedness or passing out
 - Cough with bloody sputum (sometimes)





Phlebitis & Thrombosis, Continued

- Chest pain in a person who has had a recent operation or illness that has kept them in bed
- You have symptoms of deep-vein thrombosis (DVT):
 - Swelling and warmth in the leg
 - Pain in the ankle, calf, or thigh that does not go away with rest
 - The affected skin area is red and tender.

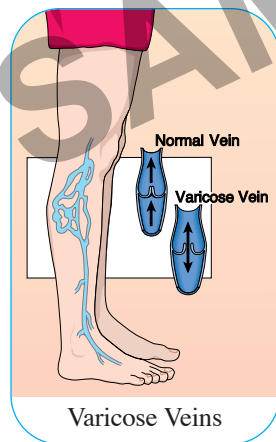
- The legs and feet can swell.
- The skin can itch.

Causes, Risk Factors & Care

- Obesity
- Hormonal changes at menopause
- Activities or hobbies that require standing or lifting heavy objects for long periods of time
- A family history of varicose veins
- Past vein diseases, such as thrombophlebitis
- Often wearing clothing that is tight around the upper thighs
- Body positions that restrict lower leg blood flow for long periods of time. One example is sitting on an airplane, especially in the economy class section on a long flight.

Varicose Veins

Varicose veins may occur in almost any part of the body. They are most often seen in the back of the calf or on the inside of the leg between the groin and the ankle. Hemorrhoids (veins around the anus) can also become varicose.



Signs & Symptoms

- Swollen and twisted veins that look blue and are close to the skin's surface
- Veins bulge and feel heavy.

Medical treatment is not required for most varicose veins unless problems result. If so, treatment includes:

- Surgery to remove the vein or part of the vein
- Sclerotherapy, which uses a chemical injection into the vein, causing it to close up
- Laser therapy, which causes the vein to fade away



Varicose Veins, Continued



Self-Care:

- Don't cross your legs when sitting.
- Exercise regularly. Walk. It improves leg and vein strength.
- Keep your weight down.
- Don't stand for long periods of time. If you must, shift your weight from one leg to the other every few minutes or wiggle your toes.
- Don't wear tight clothing or undergarments that constrict your waist, groin, or legs.
- Eat high-fiber foods, like bran cereals, whole grain breads, and fresh fruits and vegetables. Drink at least 8 glasses of water a day.
- To prevent swelling, limit your salt intake.
- Exercise your legs. From a sitting position, rotate your feet at the ankles. Turn them clockwise, then counterclockwise, using a circular motion. Next, extend your legs forward and point your toes to the ceiling, then to the floor. Then, lift your feet off the floor and gently bend your legs back and forth at the knees.

- Elevate your legs when resting.
- Get up and move about every 35 to 45 minutes when traveling by air or even when sitting for hours. Opt for an aisle seat in theaters, etc. Stop and take short walks at least every 45 minutes when taking long car rides.
- Wear elastic support socks that go up to the knee, but do not cover the knee. The top of these socks must not be tight.

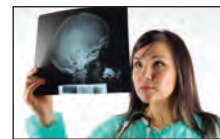


Contact Doctor When:

- A varicose vein looks like it has broken open and is bleeding a lot under the skin. {**Note:** Apply direct pressure on the skin area over the varicose vein.}
- A varicose vein has become swollen, red, very tender, or warm to the touch.
- You have varicose veins with a rash or sores on the leg or near the ankle.
- Varicose veins cause chronic, achy pain in the legs.
- The appearance of varicose veins cause embarrassment and you want to explore cosmetic procedures to remove them.



Brain & Nervous System Conditions



How Aging Affects Memory

Many people are afraid that growing old means losing the ability to think, reason, or remember.

Some short-term memory loss does come with aging. You may, for example, forget where you put your keys or not remember the name of a person you just met. This is normal. Memory lapses that interfere with your normal activities, though, are not a normal part of aging. Nor is confusion.



Many people worry about memory loss as they age.

People who have changes in personality, behavior, or skills may have a brain or nervous system condition. These problems could also be a side effect of certain medicines, too much alcohol, or depression. This chapter gives information on common brain and nervous conditions in older persons.

Alzheimer's Disease

Alzheimer's disease (AD) is a brain disorder that affects the parts of the brain that control memory, thought, and language. It is the most common cause of dementia (see pages 220 to 222). About one-third of people age 85 and older may have AD, but it is not a normal part of aging.

Prevention

There is no known prevention. Some studies suggest the following may lower the risk of AD and delay the onset of AD symptoms:

- Doing mentally stimulating activities. Examples are crossword puzzles, reading, etc.
- Eating a healthy diet, such as a Mediterranean-type diet. This diet focuses on fruits, vegetables, beans, grains, nuts, olive oil, poultry, and fish.
- Remaining physically active (see pages 12-15).
- Being socially engaged and maintaining relationships with others.



Alzheimer's Disease, Continued

Signs & Symptoms

Alzheimer's disease has a gradual onset. How quickly signs and symptoms occur and progress varies from person to person. The average time span is about 3 to 6 years after symptoms start. Survival can be as long as 20 years.



Many people worry about memory loss as they age.

The Alzheimer's Association gives these symptoms for AD:

- **Problems with planning and/or solving problems.** Persons with AD have trouble making and following plans. They have trouble working with numbers, such as balancing a checkbook.
 - **Problems with awareness of time and place.** Persons with AD may forget where they are, how they got there, and how to get back home. They may lose track of dates and seasons.
 - **Poor or decreased judgment.** Persons with AD neglect daily grooming and may not dress right for the weather. They show poor judgment about money.
 - **Misplacing things.** Persons with AD lose things and can not retrace their steps to find them. They put things in unusual places, such as a wristwatch in a sugar bowl.
 - **Changes in mood or personality.** Persons with AD can get very confused, depressed, fearful, and worried. They rely on someone else to make decisions for them.
 - **Withdrawal from social activities and work.** Persons with AD get less involved with hobbies, social events, sports, and work.
- **Memory changes that disrupt daily life.** Persons with AD forget important dates, events, and/or information. They may also ask the same question over and over.
 - **Problems doing familiar tasks.** Persons with AD may have a hard time fixing a meal or driving to a familiar place.
 - **New problems speaking or writing.** Persons with AD often forget simple words or phrases or use unusual words for things. An example is calling a toothbrush "that thing for my mouth."
 - **Problems with visual images and spatial relationships.** Persons may have problems with reading, color and contrast, and judging distance.





Alzheimer's Disease, Continued

Causes, Risk Factors & Care

With AD, certain protein deposits (plaques) and twisted fibers (tangles) build up in the brain. Over time, this causes large numbers of nerve cells in the brain to die.

Risk factors for AD are getting older, family history of the disease, and genetics. Having heart disease, diabetes, high blood pressure, a stroke, or a brain injury, may increase the risk. Staying physically and mentally active and eating healthy throughout life may lower the risk for AD.

The cause(s) of Alzheimer's disease is not known. Studies suggest these risk factors:

- Increasing age
- Family history of the disease

Studies are being done to find out the role that diet, education level, environmental factors, and viruses play in Alzheimer's disease. Whatever the cause, the end result is the death of brain cells that control the way the brain receives and processes information.

There is no known cure for Alzheimer's disease. Good planning, medical care, and social management are needed. These help both the person with AD and caregiver(s) cope with the symptoms and maintain the quality of life for as long as possible. An advance directive should be drafted in the early stages to allow for the person's wishes. (See "Advance Directives" on page 33.) It is especially helpful to put structure in the life of someone who is in the early stages of AD. See "Self-Care" in this topic.

Certain prescribed medicines may help some persons in early and middle stages of AD. Sometimes medicines to treat depression, paranoia, and agitation, etc. can minimize symptoms. They may not improve memory, though.

Many persons with AD eventually need 24-hour care. Caregivers of persons with AD should also be given "care." (See "Caregivers Guide" on page 54.)



Self-Care:

- Maintain daily routines.
- See that the person with AD eats well-balanced meals, does activities with family members, and continues to be as active as possible.

Continued on Next Page



Alzheimer's Disease, Continued

Self-Care, Continued

- Post safety reminders, like “Turn off the stove” at appropriate places. Make a “to do” list of daily tasks. {**Note:** Pictures and icons are more useful than notes.}
- Put things in their proper places after use to help the person find them.



Contact Doctor When:

- The person needs a consult, medical history, and tests to rule out or confirm Alzheimer's disease.
- The person has an increase in memory lapses or has any symptom listed under “Signs & Symptoms” on page 213.
- Help is needed to care for a person with Alzheimer's disease or if his or her symptoms worsen.
- The caretaker of the person with Alzheimer's disease needs guidance.



Get Immediate Care When:

The person has sudden confusion, disorientation, loss of reasoning or ability to communicate.



For Information on Alzheimer's Disease, Contact:

Alzheimer's Disease Education and Referral (ADEAR) Center
1-800-438-4380
www.nia.nih.gov/alzheimers

Alzheimer's Association
1-800-272-3900
www.alz.org

Bell's Palsy

With Bell's palsy, a nerve that runs between the ear and the jaw becomes inflamed. This paralyzes the muscles on one side of the face. Bell's palsy occurs in about 1 in 2,000 people each year. It can occur at any age. In older persons, it is especially important to distinguish Bell's palsy from a stroke.

Signs & Symptoms

The onset of signs and symptoms is usually sudden. You may have pain or tingling on one side of your face 1 or 2 days before signs and symptoms occur. Often, symptoms will be noticed when you wake up.

- These problems occur on one side of your face:
 - It droops or sags, has no expression, or looks flat.





Bell's Palsy, Continued

- The muscles are weak or paralyzed.
- You can't smile or frown or if you can, these look distorted. You drool.
- Pain. The area behind the ear on that side of your face can hurt, too.
- These problems occur with your eye:
 - Your eyelid droops.
 - You can't close your eye.
 - Your eye tears.
- Other problems can occur:
 - You have changes in taste.
 - You are more sensitive to noise.

Causes, Risk Factors & Care

The cause is not known. These factors may cause the facial nerve to swell:

- A virus, such as shingles (see page 134)
- A physical blow that damages the facial nerve
- Decrease in blood flow and pressure on the facial nerve. This could be due to circulation problems.
- Family traits

Most of the time, Bell's palsy goes away on its own. If you have symptoms, though, you should see your doctor. He or she can make the diagnosis and rule out other conditions, such as a stroke. The time it takes to recover varies and depends on the extent of nerve damage and how severe the paralysis is. Even 80% to 90% of persons with severe facial paralysis have a complete recovery. Symptoms start to go away in about 2 to 3 weeks. It could take months for them to be all gone.

Self-care can help with the discomfort. For severe cases, a doctor may prescribe:

- Physical and/or speech therapy
- Corticosteroid medicine to reduce swelling of the affected nerve
- Eye drops to comfort and protect the affected eye
- Electrical stimulation to the affected muscle by a physical therapist if this is done close to the onset of symptoms
- Surgery, on occasion, to reduce pressure on the facial nerve
- Plastic surgery may be done in rare cases, if the face remains paralyzed.



Bell's Palsy, Continued



Self-Care:

Try to be patient. Bell's palsy is a cause for distress, but is not dangerous. The goal of self-care is to ease symptoms and to prevent damage to the eye.

For Pain:

- Take an over-the-counter medicine for pain. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Cover or close your eye. Apply a heating pad (set on low) to the painful area. Do this for 15 minutes at a time, 2 times a day.
- Soak a washcloth in hot water. Wring it out. Close your eye and place it on the closed eye for 15 minutes.

If You Cannot Close Your Eye:

- Wear wraparound goggles during the day to protect your eyes from dust, dirt, and dryness. Wear an eye patch at night to help hold the eyelid shut.
- Use over-the-counter artificial tears as advised by your doctor.

- Keep up with your normal activities.
- Eat soft foods, if you need to.



Contact Doctor When:

- You have any of these problems after a diagnosis of Bell's palsy:
 - Symptoms get worse.
 - The numbness or weakness appear to be spreading or affect an area or body part not affected before.
 - Your eye gets very red or irritated.
 - Fever
 - Severe pain
 - Swelling or a lump in front of the ear
- You have no improvement in symptoms 3 weeks after you have been diagnosed with Bell's palsy.



Get Immediate Care When:

You have signs of a stroke. (See “Stroke Warning Signs” on page 229.)

{**Note:** Immediate care is advised because the initial symptoms of Bell's palsy are similar to ones of a stroke. This is especially true for older persons.}





Cognitive Function: Exam to Assess Mental Status

A number of tests can assess mental status. A common one used is called “Mini-Mental State Examination.” It was written by M.S. Folstein, S.E. Folstein, and P.R. McHugh in 1975. Adapted from this examination are the questions that follow. They were taken from “Working With Your Older Patient: A Clinician’s Handbook” by B. Gaskel, Bethesda, MD: National Institute on Aging, National Institutes of Health, 1994.

Questions and Tasks	Score
<p>1. These questions test for orientation to time and place. Give 1 point for each correct answer.</p> <ul style="list-style-type: none"> ■ What year is it? _____ out of 1 ■ What season is it? _____ out of 1 ■ What is today’s date? _____ out of 1 ■ What day is it? _____ out of 1 ■ What month is it? _____ out of 1 ■ What state are you in? _____ out of 1 ■ What country are you in? _____ out of 1 ■ What city or town are you in? _____ out of 1 ■ What place (home, building, etc.) are you in? _____ out of 1 ■ What room are you in or what floor are you on in this place? _____ out of 1 	
<p>2. This part tests instant recall. (These things will be asked to be recalled later.) Give 1 point for each object named.</p> <ul style="list-style-type: none"> ■ Name 3 objects (e.g. apple, table, dime.) Take 1 second to name each object. Have the person repeat the 3 objects named. _____ out of 3 	
<p>3. This part of the exam tests for attention and calculation skills. Give 1 point for each correct answer.</p> <ul style="list-style-type: none"> ■ Count backwards from the number 100 by 7s. Do this for 5 numbers. (The answers are 93, 86, 79, 72, and 65.) ■ Another option is to spell the word WORLD backwards. (The answer is D L R O W.) _____ out of 5 	



Questions and Tasks	Score
<p>4. This part tests for recall. Give 1 point for each object named.</p> <ul style="list-style-type: none"> ■ Ask for the 3 objects stated in step 2 (i.e., apple, table, dime). 	<p>_____ out of 3</p>
<p>5. This part tests for language skills. Give 1 point for each correct answer.</p> <ul style="list-style-type: none"> ■ Point to a pencil or pen. Ask the person to name it. _____ out of 1 ■ Point to a wristwatch or clock. Ask the person to name it. _____ out of 1 ■ Ask the person to repeat this phrase “No ifs, ands, or buts”. _____ out of 1 ■ Ask the person to do these 3 things: Give 1 point for each step done correctly. <ul style="list-style-type: none"> • Take a piece of paper in your right hand. _____ out of 1 • Fold the paper in half. _____ out of 1 • Put the paper on the floor. _____ out of 1 ■ Write CLOSE YOUR EYES in large letters on a piece of paper. Ask the person to read the phrase and to do what it says. Give 1 point for following the command. _____ out of 1 ■ Give the person a pen or pencil and a piece of paper. Tell him or her to write a sentence with a subject and an object. It’s okay if words are not spelled correctly. Give 1 point for writing a sentence. _____ out of 1 ■ Give this design on a piece of paper to the person. Tell the person to copy it on the same piece of paper. Give 1 point if the person copies the design correctly. <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> </div> <p>_____ out of 1</p> 	
Total	<p>_____ out of 30</p>

In general, a score of 24 or less for persons with 12 or more years of schooling and 20 or less for persons with 4 or fewer years of schooling may mean a cognitive problem. Check, though, with a health care provider. A more complete assessment may need to be done to check for mental status.





Dementias

Dementias are brain diseases. They result in a decline of all areas of mental ability. This includes learning, memory, problem solving, behaviors, and language.

Signs & Symptoms

Symptoms of most forms of dementia usually appear slowly over time. However, with a certain form, multi-infarct dementia, the onset of symptoms can be sudden. Symptoms of dementia include:

- Poor memory of recent events, etc.
- Making up stories to explain memory loss
- Getting lost in familiar settings
- Not being able to finish tasks
- Decreased energy
- Social withdrawal or depression
- General confusion
- Behaviors that are paranoid, anxious, irritating, childlike, or rigid
- No interest in personal hygiene, grooming, or dressing oneself
- Unclear speech

Causes & Care

There are 2 types of dementias.

Primary or True Dementias

The origin of the dementia is in the brain itself. Examples of this type are:

- **Alzheimer's disease** (see page 212). This is the most common type of dementia.
- **Multi-infarct dementia.** This is due to blocked blood vessels in the brain. Often the cause is a stroke.
- **Parkinson's disease** (see page 226)
- **Pick's disease.** This is like Alzheimer's disease, but has different changes in the brain.
- **Huntington's disease.** This is an inherited disease. Dementia symptoms usually start in middle age. Facial tics and other uncontrolled movements also occur.
- **Creutzfeldt-Jacob disease.** This is caused by a virus that lies dormant in the body for years. When the virus is activated, the dementia progresses quickly.
- **Multiple sclerosis.** With this, scar tissue in the brain can prevent the normal travel of nerve impulses used for mental function. Dementia with multiple sclerosis is rare, though, and may occur with the end stage of this disease.



Dementias, Continued

Secondary Dementias

The dementia results from other conditions, such as:

- Depression (see page 312)
- Alcohol problems (see “Drug & Alcohol Problems” on page 315)
- Reactions to certain medicines
- Poor nutrition. Lack of vitamin B₁₂.
- Hypothyroidism (see page 301)
- Dehydration (see page 391)
- Head injuries (see page 403)
- Infections, such as HIV which causes AIDS (see page 294) or syphilis (see page 365)
- Brain tumors

{**Note:** A recent study found that older Veterans with posttraumatic stress disorder (PTSD) are nearly two times as likely to have dementia than their peers who do not have PTSD.}

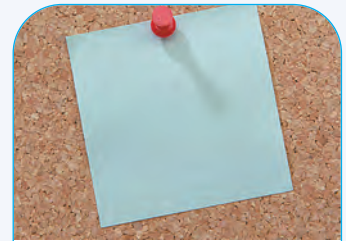
Dementias need medical diagnosis and treatment. When another condition, such as depression, is the cause and is treated with success, the dementia can be cured. For others, such as Alzheimer’s disease, there is no cure. The goal of treatment is to treat symptoms and provide safety and comfort.



Self-Care:

The person with dementia needs to:

- Follow a simple daily routine
- Limit activities
- Wear an ID tag
- Be kept in a safe environment
- Have labels put on objects
- Eat a well balanced diet and drink plenty of fluids
- Have regular sensory stimulation, like touching, exercising, etc.



Post notes for the person with dementia.

Caretakers should:

- Assume a non-combative approach to difficult behaviors. Steer the person into another activity.
- Give medicines as advised by the person’s doctor and report and review medicines with the doctor and/or pharmacist.
- Get home care, respite care, hospital, or nursing home care, if needed.





Dementias, Continued



Contact Doctor When:

- You are unable to care for someone with dementia or he or she is too agitated or hostile to control.
- A medical evaluation is needed for a person with symptoms of dementia. See “Signs & Symptoms” in this topic. See also “Cognitive Function: Exam to Assess Mental Status” on page 218.



Get Immediate Care When:

Any of the “Stroke Warning Signs” listed on page 229 are present.

Delirium

Delirium is mental confusion, behavior changes, etc. that develop in a matter of hours to a day or so. Delirium is a symptom of another condition, such as:

- A high fever
- Pneumonia or other infection
- Diabetes
- Substance abuse or withdrawal
- Misuse or withdrawal of certain medicines

Immediate medical care is needed for delirium so the cause can be found and treated.

Dizziness & Vertigo

Dizziness is feeling lightheaded. It is a symptom of another condition. Vertigo is a spinning feeling. It affects the inner ear, the brain’s gravity-and-motion detector.

Dizziness Chart

Signs & Symptoms	What It Could Be	What to Do
Sudden dizziness with: <ul style="list-style-type: none"> ■ Hot, dry, red skin ■ High fever. No sweating. ■ Pulse that is rapid and then gets weak ■ Exposure to very, very hot conditions 	Heat stroke	Get immediate care. Follow “Immediate Care” guidelines on page 407.

Dizziness Chart Continued on Next Page



Dizziness & Vertigo, Continued

<i>Dizziness Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
Dizziness with “Stroke Warning Signs” (see page 229)	Stroke or transient ischemic attack (TIA)	Follow “Immediate Care” guideline on page 230.
Dizziness with “Heart Attack Warning Signs” (see page 202)	Heart Attack	Follow “Immediate Care” guidelines on page 203.
Dizziness with a heart rate greater than 130 beats per minute or less than 50 beats per minute or an irregular heart rhythm	Irregular heartbeat	Get immediate care.
Dizziness with “Signs & Symptoms” of dehydration (see page 392)	Dehydration	Get immediate care.
Dizziness with: <ul style="list-style-type: none"> ■ Abdominal pain and swelling that worsen ■ Inability to pass stool or gas ■ Vomiting 	Intestinal obstruction	Get immediate care.
Dizziness and fainting. Severe chest pain with extreme pain across the upper back (not just on one side) that came on within 15 minutes, typically following lifting a heavy item, but can occur for no apparent reason. The pain can spread to the abdomen.	Dissecting aortic aneurysm. This is a tear in the main artery from the heart.	Get immediate care. (Do not take aspirin.)
Dizziness with ear pain, ringing in the ear, pus or other ear discharge, fever	Ear infection	Contact doctor.

Dizziness Chart Continued on Next Page





Dizziness & Vertigo, Continued

Dizziness Chart, Continued

Signs & Symptoms	What It Could Be	What to Do
Dizziness with: <ul style="list-style-type: none"> ■ True spinning sensation ■ Loss of balance ■ Nausea and vomiting ■ Ringing in the ears ■ Jerky movements of the eye 	Labyrinthitis. This is an inflammation in the ear that usually results from an upper respiratory infection.	Contact doctor.
Dizziness with hunger, sweating, trembling, anxiety, and confusion	Low blood sugar. This can occur in persons taking insulin or oral pills for diabetes and/or after not eating for 4 or more hours.	Use self-care. (See “Self-Care” in “Diabetes” on page 278 and “Self-Care/First Aid for a Low Blood Sugar Reaction” on page 398.)
Dizziness when getting up too quickly from a seated or lying position	Temporary drop in blood pressure (orthostatic hypotension). This could be a side effect of taking medicines, such as ones for high blood pressure and depression.	Use self-care. (See “Self-Care for Orthostatic Hypotension” on page 225.)

Other Causes of Dizziness:

- Alcohol
- New medications, antibiotics, or high doses of aspirin
- A change in altitude or motion sickness
- Sudden movement, such as with turning the head quickly
- Seeing fast moving objects

Treatment for dizziness depends on the cause.



Dizziness & Vertigo, Continued

Vertigo

Signs & Symptoms

- Wooziness
- Sense that the room is spinning
- Nausea
- Blurred vision
- Floating, rocking, and/or rolling feeling
- Sense of walking on an uneven surface
- Loss of balance

Causes, Risk Factors & Care

Vertigo is caused by a problem with the inner ear, nervous system, heart, or with blood pressure. Causes of vertigo are:

- **Benign Positional Vertigo (BPV).** This is the most common type. It may happen when you turn over in bed, get up, sit down, bend over, or just tilt your head. The sensations start within seconds of changing positions and last less than a minute. As bothersome as BPV is, it rarely signals more serious disease. Risk factors for BPV are aging, viral infections, and a prior head injury.
- **Orthostatic hypotension.** This is low blood pressure when changing positions.

- **Ménière's disease.** This condition may be due to spasms of blood vessels in the inner ear, fluid retention in the inner ear, or allergic reactions. Ménière's disease is linked with a decrease in hearing and tinnitus. It sometimes leads to permanent hearing loss.
- **Multiple sclerosis.** With this, the covering that protects nerves (myelin) is destroyed. Over time, scar tissue (sclerosis) forms where the myelin used to be in the brain and spinal cord. Scar tissue or inflammation in the brain may cause vertigo symptoms.

After proper diagnosis, most cases of vertigo are easily treated in the health care provider's office or at home with self-care.

While attacks of Ménière's disease can continue for many years, some symptoms can be controlled with medication.



Self-Care:

For Orthostatic Hypotension:

- Don't jump out of bed. Go from a lying position to a sitting position slowly. Sit on the edge of the bed a few minutes. Stand up slowly.

Continued on Next Page





Dizziness & Vertigo, Continued

Self-Care, Continued

- From a sitting position, stand up slowly. Hold onto the arms of the chair or the head of the bed for support.
- If you feel lightheaded, sit back down for a few minutes. Take a few deep breaths. Get up again, slowly.

For Benign Positional Vertigo (BPV):

- Ask your health care team to refer you to a physical therapist who has training for BPV. He or she can assist with the right type of exercises to treat this condition.

For Ménière's Disease:

- Lie still in bed until the dizziness and nausea are gone.
- Walk with assistance.
- Don't change positions too fast.
- Avoid alcohol, caffeine, and tobacco.
- Do not drive, climb ladders, or work around dangerous machinery.

- Decrease the amount of salt in your diet.
- Avoid bright lights. Do not read when you have a spinning feeling.
- Resume your normal activities when symptoms go away.

Parkinson's Disease

Parkinson's disease is a nervous system disorder. It causes tremors (involuntary shaking in the limbs and head), a shuffling gait, and a gradual, progressive stiffness of muscles. Parkinson's disease is found more often in men than women, and affects all races and ethnic groups. It most often strikes people over the age of 50. The average age of onset is 60 years.

Signs & Symptoms

Early symptoms can be subtle. They occur gradually and include:

- Feeling a little shaky. A person's handwriting can look spidery.
- Being tired. Speaking too softly.
- Losing track of a word or thought
- Having no facial expression
- Feeling irritable or depressed for no apparent reason



Parkinson's Disease, Continued

The 4 main symptoms are:

- Tremor. This may start in the hand while at rest, but can start in the head or leg. Tremor is not always present.
- Rigidity. The person has stiffness of the limbs and trunk.
- Slow movement and loss of automatic and spontaneous movement. The person may not be able to wash or dress quickly or easily.
- Impaired balance and coordination. This can lead to a stooped posture, a shuffling gait, and falls.

Other symptoms include:

- Problems in chewing and swallowing
- Having a hard time changing positions
- Depression and anxiety
- Speech changes. The person may speak too softly, in a monotone, slur or repeat words, or speak too fast.
- Bladder or bowel problems, such as constipation
- Skin that is too oily or too dry
- Sleep problems. These include restless sleep, daytime drowsiness, and having a harder time staying asleep at night.
- Dementia (in advanced stages)

Causes, Risk Factors & Care

The exact cause of Parkinson's disease is not known. What is known, though, is that certain cells in the lower part of the brain can't produce dopamine, a substance nerves need for coordination of body movement.

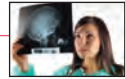
{**Note:** Some medicines can bring on Parkinsonian symptoms. Examples are major tranquilizers and metoclopramide (Reglan), a drug used for some digestive problems.}

Risk factors for Parkinson's disease are:

- Family history of the disease
- Aging. For some persons, the neurons that produce dopamine wear away with aging.
- Rarely, recurring trauma to the head that occurs in some boxers, such as Muhammad Ali, causes this condition.
- Damage to nerve cells through a chemical process called oxidation
- Toxins in the environment. An example is Agent Orange exposure in Vietnam.

Parkinson's disease is not yet curable. Symptoms can be relieved or controlled, though. Treatment includes:

- Medicines
- Neurosurgery and direct electrical brain stimulation
- Physical therapy
- Speech therapy



Parkinson's Disease, Continued



Self-Care:

Medical treatment is needed for Parkinson's disease. These self-care measures are a part of overall care.

- Take care to maintain a safe home environment. Replace razor blades with electric shavers; use nonskid rugs and handrails to prevent falls, etc.
- Simplify tasks. Replace tie shoes with loafers. Wear clothing that can be pulled on or that has zippers or Velcro closures instead of buttons.
- Prevent constipation. (See "Prevention/Self-Care" on page 156.)
- Remain as active as possible. Do the activities and exercises advised by your doctor and/or physical therapist.
- Take warm baths and have massages to help with rigid muscles.
- Eat a healthy diet. Include fiber-rich foods and plenty of fluids.
- If you take levodopa, take it 30-60 minutes before a meal, or with foods that don't contain protein, such as soda crackers.



Contact Doctor When:

- You have one or more signs and symptoms of Parkinson's disease listed on page 226.
- You have side effects from medicines taken for Parkinson's disease or if new, unexpected symptoms occur during treatment.



For Information on Parkinson's Disease, Contact:

American Parkinson's Disease Association

1-800-223-2732

www.apdaparkinson.org

National Parkinson Foundation

1-800-473-4636

www.parkinson.org

Stroke

A stroke is also called a "brain attack." With a stroke, brain cells die because of a blood clot or rupture of a blood vessel in the brain. The end result is brain damage (and possible death).

Strokes are the 3rd leading cause of death in the United States. They are the leading cause of adult disability.



Stroke, Continued

Prevention

To reduce the risks of a stroke:

- Take all medicine(s) as prescribed.
- If you are a woman aged 55 to 79, talk to your doctor about taking aspirin to lower the chances of a stroke.
- Get your blood pressure checked regularly. Follow your doctor's advice.
- Find out if you have **atrial fibrillation**, a form of an irregular heartbeat. Although in itself, it is not terribly serious, it can cause small blood clots to form that can cause a stroke. These strokes can be greatly reduced by taking medication.
- Follow your doctor's advice to keep blood levels of cholesterol and blood sugar levels under control.
- Do regular exercise.
- Get to and stay at a healthy weight.
- Don't smoke. If you smoke, quit.
- Use alcohol in moderation, if at all.
- Learn to manage stress.
- Ask your doctor about taking an aspirin every day or every other day.
- Ask your doctor to evaluate you for a surgical procedure that scrapes away fatty deposits in one or both of the main arteries in the neck.

Signs & Symptoms

Stroke Warning Signs

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in 1 or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause

For any stroke warning sign, the National Stroke Association advises you to act F.A.S.T.:

<u>F</u> ACE	Ask the person to smile. Does one side of the face droop?
<u>A</u> RMS	Ask the person to raise both arms. Does one arm drift downward?
<u>S</u> PEECH	Ask the person to repeat a simple sentence. Are the words slurred? Can he or she repeat the sentence correctly?
<u>T</u> IME	If the person shows any of these symptoms, time is important. Call 9-1-1 or get to the hospital fast.





Stroke, Continued

{**Note:** Stroke symptoms can appear for a short time and then go away. This could be a sign of a **transient ischemic attack (TIA)**. A TIA is a temporary lack of blood supply to the brain. It is a warning that a stroke may follow. See your doctor right away if you have any TIA episodes.}

Causes, Risk Factors & Care

About 80% of strokes are caused by a blood clot in an artery in the neck or brain. The rest are caused by bleeding into or around the brain.

Risk factors for a stroke are:

- High blood pressure (see page 203)
- Cigarette smoking
- Heart disease. (See “Coronary Artery Disease” on page 199.)
- Diabetes (see page 276)
- Transient ischemic attack (TIA) or previous stroke(s)
- Atrial fibrillation. This is an irregular beating of the heart.
- High total and/or LDL-cholesterol level
- Males over age 70
- Family history of TIA or stroke
- Inactivity. Obesity.
- Depression (see page 312)
- Excess alcohol (see page 21)

A stroke needs emergency medical treatment fast (ideally 1 to 2 hours) after the onset of symptoms to prevent further damage to the brain. After a stroke, speech, physical, and occupational therapy is needed, as prescribed.



Self-Care:

Medical care, not self-care, is needed.

- After a stroke, a recovery program will be planned by your doctor. A caretaker’s help is often needed.
- Follow “Prevention” on page 229.



Contact Doctor When:

You think you may have had a transient ischemic attack (TIA) in the past.



Get Immediate Care When:

One or more “Stroke Warning Signs” listed on page 229 occur. **Call 9-1-1** or your local rescue squad right away.



For Information, Contact:

American Stroke Association
1-800-553-6321

American Heart Association
1-800-AHA-USA-1 (800-242-8721)
Spanish: 1-888-474-VIVE
(888-474-8483)

Bone & Muscle Problems



How Aging Affects the Bones & Muscles

As you age, you lose bone mass. Your bones become weaker and more porous. You may not feel these changes, but one sign of them is a gradual loss of height. This could come from osteoporosis (see page 259). It could also come from flattening of your feet and a shrinkage of cartilage, which cushions and lubricates the joints. Years of wear and tear on cartilage and joints can make your joints ache and make it harder to move them. (See “Osteoarthritis” on page 232.)

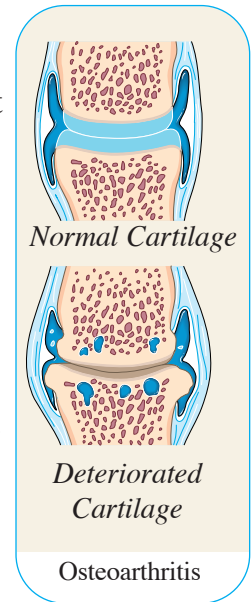
As you get older, you may lose muscle mass. This is not due to aging itself, but usually due to using your muscles less.

Keep your muscles healthy by doing stretching and strengthening and weight-bearing exercises. (See “Be Physically Active” on page 12.)

This chapter gives common conditions that affect the bones, joints, and muscles. It tells you how to prevent problems and what to do if you have any of them.

Arthritis

Arthritis refers to over 100 disorders of the joints. Joints in any part of the body can be affected. Half of all people aged 65 or older have arthritis. The most common type is osteoarthritis. It is also called degenerative joint disease. Two other common types in older persons are rheumatoid arthritis (RA) and gout. (For information on gout, see page 252.)



Prevention

- Get to and stay at a healthy weight.
- Exercise on a regular basis to keep the muscles around joints strong and to keep joint cartilage healthy. When you exercise:
 - Do low-impact exercises, like walking; not high impact ones, like jogging.





Arthritis, Continued

- Do stretching exercises after a warm up or aerobic activities.
- Don't overdo it. If you feel pain, stop.
- Avoid activities that can injure your joints. (See "Prevention" in "Sprains & Strains" on page 267.)

Signs & Symptoms

For Osteoarthritis:

- Joint pain and stiffness, often in the hands, knees, ankles, and hips
- Early in the disease, pain occurs after activity. Rest brings relief. Later on, pain can occur with even minimal movement or while at rest.
- Swollen joints (sometimes)

For Rheumatoid Arthritis (RA):

- Morning stiffness that lasts longer than an hour
- Swelling in 3 or more joints
- Swelling of the same joints on both sides of the body, such as both knees or both wrists
- Joint tenderness, warmth, or redness

Besides the joints, RA can affect the lungs, eyes, skin, spleen, and heart.

Causes, Risk Factors & Care

For Osteoarthritis:

- Joint wear and tear, overuse, and injuries
- Being overweight
- Family history of the disease, especially when the hands and hips are affected

For Rheumatoid Arthritis (RA):

The cause is not known. Risk factors are:

- Chronic inflammation of the membranes that line the joints. The joint linings become rough and grainy.
- Family history of the disease
- Breakdown of the immune system

Treatment for arthritis includes:

- Exercise. This is very important. It prevents the muscles from shrinking. Your health care provider can plan an exercise program for your needs. One form of exercise that's effective and soothing is hydrotherapy. This is movement done in water.
- Medicines to help relieve pain and reduce inflammation. The medicines used most often are aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). You can get some, such as ibuprofen, over-the-counter. Your doctor may prescribe other NSAIDs.



Arthritis, Continued

Other medicines prescribed include:

- Corticosteroids
- Antirheumatic agents for rheumatoid arthritis
- Gold components for mild to moderate rheumatic arthritis
- Drugs that suppress the immune system. These are mostly used for rheumatoid arthritis.
- Physical therapy
- Surgery. Damaged joints can be repaired or replaced with artificial ones. Hip and knee joints are replaced most often. (See box on “FYI about Hip and Knee Joint Replacements” on page 263.)

- Take an over-the-counter medicine for pain and swelling. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Don’t do repeated activities that put too much stress on your joints. When you do such activities, like kneeling while you garden, use knee pads and take regular breaks.
- Lose weight if you are overweight.
- Beware of quacks. Because arthritis is so common and can be so painful, there are many products that promise to “cure” arthritis, but are not proven to work. Discuss over-the-counter products with your doctor before you take them. This includes glucosamine chondroitin, a popular product many people try.



Self-Care:

- Follow a regular exercise program. Choose exercise routines that use all affected joints. Keep movements gradual, slow, and gentle. If a joint is inflamed, don’t exercise it. Don’t overdo it. Allow yourself sufficient rest. Focus on freedom of movement, especially in the water.
- Apply an over-the-counter cream with capsaicin to painful joints.



Contact Doctor When:

- Any of these problems last longer than 2 weeks:
 - Swelling in one or more joints
 - Early morning stiffness that lasts for more than an hour
 - Recurring pain or tenderness in any joint
 - Inability to move a joint normally
 - Redness or warmth in a joint





Arthritis, Continued

- Unexplained weight loss, fever, or weakness combined with joint pain
- Your arthritis symptoms are not getting better with prescribed treatment.
- You have side effects from your arthritis medicines, such as black tarry stools, and/or stomach pain.



For Information on Arthritis, Contact:

Arthritis Foundation
 1-844-571-HELP (571-4357)
www.arthritis.org

- Bend at the knees, not at the waist. Keep your knees bent as you lift.

- Pull in your stomach and buttocks. Keep your back as straight as you can.

- Hold the object close to your body.

- Lift slowly. Let your legs carry the weight.

- Get help or use a dolly to move something that is too big or very heavy.



Back Pain

Prevention

Use proper lifting techniques to prevent back pain caused by muscular strain.

The Dos and Don'ts of Lifting

Dos

- Wear good shoes with low heels, not sandals or high heels.
- Stand close to items you want to lift.
- Plant your feet squarely, shoulder width apart.

Don'ts

- Don't lift if your back hurts.
- Don't lift if you have a history of back trouble.
- Don't lift something that's too heavy.
- Don't lift heavy things over your head.
- Don't lift anything heavy if you're not steady on your feet.
- Don't bend at the waist to pick something up.
- Don't arch your back when you lift or carry.
- Don't lift too fast or with a jerk.



Back Pain, Continued

- Don't twist your back when you are holding something. Turn your whole body, from head to toe.
- Don't lift something heavy with one hand and something light with the other. Balance the load.
- Don't try to lift one thing while you hold something else. For example, don't try to pick up a case of water while you are holding a grocery bag. Put the bag down, or lift the bag and the case of water at the same time.



Other ways to prevent back pain are to develop and maintain good posture; lose weight, if you need to; exercise regularly; and sleep on a firm mattress.

Signs & Symptoms

Back pain can be sharp, dull, acute, or chronic. There may also be swelling in the back area.

Causes & Care

Causes of back pain include:

- Muscle strain of the lower back. This is a common cause.
- Back injury, such as a slipped or herniated disk, spinal fracture, etc.
- Osteoarthritis (see pages 231 to 234)
- Osteoporosis (see page 259)
- Urinary tract infection (see page 186)
- Acute inflammation of the prostate gland (prostatitis) in men. (See “Prostate Problems” on page 331.)
- Cancer (rarely)

The goals of treatment are to treat the cause of the back pain; relieve the pain; promote healing; and avoid re-injury.

Self-care, on page 236, can be used for many cases of back pain.

When self-care is not enough, your doctor may prescribe:

- Medications
- Physical therapy
- Surgery, when truly needed





Back Pain, Continued



Self-Care:

- Continue your regular activities as much as you can. Stop activities that increase pain, though. Rest the back if you must, but don't rest in bed more than 1 to 2 days, even if your back hurts a lot. Your back muscles can get weak if you don't use them or if you stay in bed longer than 1 to 2 days. Bed rest should only be used for persons with severe limitations (due mostly to leg pain).
- For the first 48 hours after back symptoms start, apply a cold pack to the painful area. Lie on your back with your knees bent. Put the cold pack under your lower back. Do this for 5 to 10 minutes at a time, several times a day. After 48 hours, apply heat. Use a moist heating pad, a hot-water bottle, hot compresses, a hot tub, hot baths, or hot showers. Use heat for 20 minutes at a time. Do this several times a day. Be careful not to burn yourself.
- Massage the back. This won't cure a backache, but can loosen tight muscles.
- If you need to, wear a brace or corset to support your back and keep it from moving too much.
- Take an over-the-counter medicine for pain and swelling. (See "Pain relievers" in "Your Home Pharmacy" on page 44.) Don't overdo it after taking a painkiller. You can hurt your back more. Then it will take longer to heal.
- Don't sit in one place too long. This strains your lower back.
- Sleep on a firm mattress.
- Don't sleep on your stomach. Sleep on your back or side, with your knees bent.
- Try some mild stretching and strengthening exercises (in the morning and afternoon) to make your stomach and back muscles stronger. (Consult your doctor or physical therapist before starting an exercise program.)
- The most important goal is to return to your normal activities as soon as it is safe. If your back pain is chronic or doesn't get better on its own, see your doctor. He or she can evaluate your needs. A referral may be given to a rehabilitation doctor, an osteopath, or a chiropractor. Spinal manipulation, usually done by a chiropractor, uses the hands to apply force to "adjust" the spine. This can be helpful for some people in the first month of low back symptoms.



Back Pain, Continued



Contact Doctor When:

- The pain goes down the legs, especially below the knee or the pain is severe.
- The pain increases when you move, cough, sneeze, lift, or strain.
- You have pain, burning, or itching when you pass urine, or bloody, cloudy, or dark urine.
- You have a fever or you vomit.
- You have sudden pain after being in a wheelchair or after a long stay in bed.
- You have painful red blisters on only one side of the back.



Get Immediate Care When:

- You have extreme pain across your whole upper back that came on within 15 minutes for no reason.
- Your back pain occurs with “Heart Attack Warning Signs” (see page 202).
- A neck, spine, back, or other serious injury or fall has occurred.
- The back pain is sudden and occurs with a “cracking” sound.
- You lose bladder or bowel control.

Sciatica

Sciatica is inflammation of the sciatic nerve, which starts in the lower spine and goes down the back of the legs. Pressure on the nerve (from tight muscles, herniated disk, etc.) causes a sharp pain that can be felt in the buttock and may extend down to the thigh, knee, or foot.

Treatment for mild sciatica is rest, heat, and over-the-counter medicine for pain. Physical therapy may be helpful. In some cases, surgery to repair a herniated disk may be needed.

Broken Bones

Bones can become thin with age and break easily due to osteoporosis. This is most common in women after menopause, but also can occur in some elderly men.

Prevention

Prevent falls. (See “Use fall prevention measures” in the “Self-Care” section in “Osteoporosis” on page 262. See also “Prevent Falls Checklist” on page 23.)



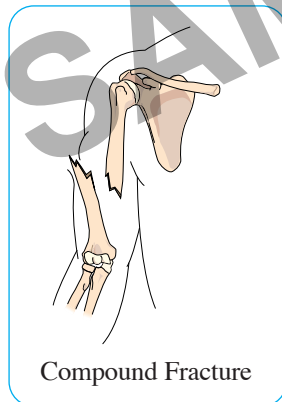
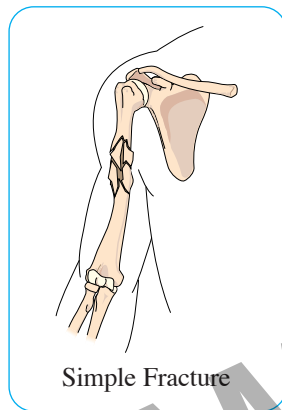


Broken Bones, Continued

Signs & Symptoms

There are 2 types of broken bones. Signs and symptoms depend on the type.

- Simple or closed fractures. The broken bone is not visible through the skin. There is not a skin wound near the fracture site.
- Compound or open fracture. The bone can protrude through the skin or the skin has been cut due to the injury. This can cause bleeding. The wound will likely become infected without prompt and adequate medical care.



These symptoms can occur in both types at the injured site:

- Pain. The pain gets worse with movement or when pressure is applied.
- Swelling and bruising
- Loss of function or feeling
- The area looks crooked, misshaped, or deformed.

Below the injured site, numbness and tingling can occur. The skin can be pale, blue, purple, or gray and feels colder than the skin on the uninjured limb.

Causes & Care

- Falls and injuries
- Osteoporosis (see page 259). A hip, wrist, or spinal fracture is often the first sign of osteoporosis.
- Prolonged, repeated, or excessive stress placed on a bone

Treatment includes:

- First aid (see “Self-Care” on page 239)
- Medical care. This includes resetting the bone and wearing a splint or cast. Muscles and joints near the fracture site need to be exercised to prevent problems. {**Note:** Broken fingers, toes, and ribs don’t require a cast.}
- Treatment for bleeding and shock may also be needed.

With either kind of break, the bone(s) can break in 1 or more places; each can be a partial or complete break.



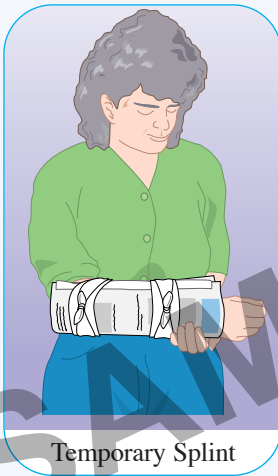
Broken Bones, Continued



Self-Care:

Before getting medical care:

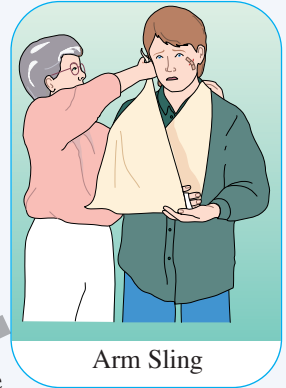
- Immobilize the injured area. Make a splint:
 - Place rolled-up newspapers, an umbrella, etc., next to the injured area. Gently hold it in place with a necktie, strips of cloth, or a belt. Make the splint long enough to extend past the joints above and below the break.
 - Or, lightly tape or tie an injured leg to the uninjured one, putting padding between the legs, if possible. Another way is to tape an injured arm to the chest, if the elbow is bent, or to the side, if the elbow is straight, placing padding between the body and the arm.
 - Check the pulse in the limb with the splint. If you cannot find it, the splint is too tight. Loosen it.



Temporary Splint

- Check for swelling, numbness, tingling, or a blue tinge to the skin. If any of these signs occur, the splint is too tight. Loosen it right away to prevent permanent injury.

- For a broken arm, make a sling out of a triangular piece of cloth. Place the forearm in it and tie the ends around the neck so the arm is resting at a 90-degree angle.



Arm Sling

- Keep the person quiet to avoid moving the injured area.
- Apply a cold compress to the injured area to help reduce swelling. Don't use ice next to the skin. This can cause frostbite.
- Take acetaminophen for pain. Avoid aspirin if there is bleeding and in case surgery is needed.



Contact Doctor When:

You have a lot of pain or are not able to bear weight on the injured limb and/or there is a lot of bruising around the injury.





Broken Bones, Continued



Get Immediate Care When:

With a broken bone, any of these problems are present:

- A head, neck, and/or back injury. {**Note:** For a head, neck, and/or back injury, use extreme caution and do not move the victim. See “Head Injuries” on page 403 and “Neck/Spine Injuries” on page 408.}
- Severe bleeding and/or an open fracture occurs. {**Note:** See “First Aid for Severe Bleeding” on page 389.}
- The bone broken is in the pelvis, hip, or thigh.
- The skin below the fracture is cold and blue; numbness occurs below the fracture; or any deformity occurs at the fracture site.
- Sweating, dizziness, thirst, or an ashen skin color occurs.

Fractured Hip

A common broken bone in the elderly is a fractured hip. The bone broken is actually the head or neck of the thigh bone (femur).

Signs & Symptoms

- Extreme pain when trying to walk
- Bruising, swelling, and tenderness in the hip area. Pain is often felt in the groin area.
- Crooked or misshaped hip. The leg looks shortened and/or rotated.

Causes & Risk Factors

- A fall is the most common cause. See “Prevent Falls Checklist” on page 23 for ways to prevent falls.

- Osteoporosis (see page 259), lack of calcium in the diet or calcium imbalance

Treatment

- Surgery is done to reconnect fractured bone parts.
- Prevention of blood clots, due to inactivity is very important for the first few weeks.
- Physical therapy
- Medicine for pain
- Rehabilitation which includes using a walker, then a cane, etc.
- Infection prevention and treatment, as needed



Bursitis & Tendinitis

Bursitis and tendinitis share common symptoms, causes, and treatments. They differ in the part of the body affected.

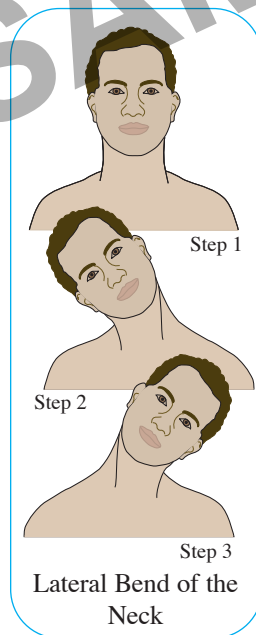
Bursitis occurs when a bursa becomes inflamed. A bursa is a soft sac of liquid. It acts like a pillow or cushion to protect a joint, such as a shoulder, elbow, hip, or knee. It also eases joint movement.

Tendinitis is inflammation of a tendon. A tendon is a cord-like tissue that connects muscles to bones. “Tennis elbow,” “trigger finger,” and “golfer’s shoulder,” etc., can be due to tendinitis.

Prevention

To prevent both bursitis and tendinitis:

- Warm up and stretch before activities that require joint movement, such as sports. Do stretching and strengthening exercises to keep your shoulder, neck, and arm muscles strong and flexible. One example is shown in the box to the right.



- Wear protective gear for sports. Wear shoes with good support and flexible soles.
- Wear a seat belt when riding in a car.
- Avoid injuries. (See “Use fall prevention measures” under “Self-Care” on page 262.)
- Avoid repeated activities that twist or put strain on a single joint. When you perform tasks over and over, use proper posture, proper equipment, and proper technique.

To prevent bursitis in the knees, use knee pads or cushions if you kneel a lot. Change positions and take breaks often.

Signs & Symptoms

Signs and symptoms of both bursitis and tendinitis are:

- Pain and limited movement in the affected area
- Swelling

With bursitis, these symptoms may also be present:

- The affected area appears red, warm, or tender.
- Fever, if there is an infection





Bursitis & Tendinitis, Continued

With tendinitis, these symptoms may also be present:

- Tenderness that is often worse at night
- Muscle spasms
- The pain can be sudden and occur with a snapping sound if the Achilles tendon is ruptured.

Causes, Risk Factors & Care

Causes for both bursitis and tendinitis are:

- A blow or injury
- Wear and tear and overuse of a joint, etc.
- Repetitive movements
- Calcium deposits in a tendon. For bursitis, the deposits are in the nearby tendon.

For bursitis, causes can also include: Arthritis, gout, and an infection.

Tendinitis can also be caused by lack of physical conditioning and not warming up muscles before exercising.

Most cases of bursitis and tendinitis can be treated with 2 weeks or less of self-care. When this is not enough, medical care may be needed.

Medical care includes:

- Physical therapy
- Corticosteroid injections (except for Achilles tendinitis)
- Surgery. For bursitis, the bursa can be removed. This is done only when physical therapy or medicines taken by mouth and/or by injection don't relieve bursitis symptoms. If a tendon is torn, surgery can be done to repair the tendon.



Self-Care:

For Bursitis:

- When pain first appears, apply ice packs at 10 minute intervals (10 minutes on, 10 minutes off). Do this 3 to 4 times a day for 2 days.
- After 2 days, replace ice packs with heat. Try a heating pad set on low or a moist, warm washcloth over the affected joint. Do this for 15 to 20 minutes at a time, 3 to 4 times a day.
- Rest the painful joint for a few days.
- If bursitis is from an activity, do not return to the activity too quickly.
- Use a sling to rest an elbow.
- Remember “RIMS” (Rest, Immobilize, Maintain Mobility, Strengthen).

Continued on Next Page



Bursitis & Tendinitis, Continued

Self-Care, Continued

- Take an over-the-counter medicine for pain and swelling. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- To prevent stiffness, do stretching exercises. Begin by slowly moving the sore area. Be gentle, but try to reach a full range of movement.
- Ask your doctor or physical therapist to recommend exercises to prevent joint stiffness.
- Don’t sleep on your arms.
- Wear knee pads when you kneel, such as during gardening. Wear elbow pads if you do an activity in which you may bump your elbow.

For Tendinitis:

- Use **R.I.C.E.:**

Rest. Rest the injured area as much as possible.

Ice. Ice the injured area as soon as possible. Ice relieves pain and slows blood flow, reducing internal bleeding and swelling.

- Use an ice pack, ice in a heavy plastic bag with a little water or use a bag of frozen vegetables. Wrap the ice pack in a towel before placing it on the injured area.
- Apply the ice pack to the injured area for 10 minutes. Reapply it every 2 hours and for the next 48 hours during non sleeping times.

Compression. Apply a snug elastic bandage to the injured joint. Numbness, tingling, or increased pain means the bandage is too tight. Remove the bandage every 3 to 4 hours and leave it off for 15 to 20 minutes each time you do so.

Elevation. Raise the injured body part above the level of the person’s heart. Place it on a pillow, folded blanket, or stack of newspapers.

- Take an over-the-counter medicine to reduce the pain and inflammation. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Try liniments and balms for a cooling or warming sensation. These help with pain, but do not promote healing.





Bursitis & Tendinitis, Continued



Contact Doctor When:

- You have any of these problems with bursitis:
 - You can't move the joint.
 - Fever of over 101°F
 - The area is very red or tender.
 - The area is very swollen.
- The same pain has occurred before or you have a history of arthritis.
- Bursitis or tendinitis symptoms started after an injury.
- Pain gets worse or persists after 2 weeks of using self-care.

Dislocations

A dislocation is a separation of the end of a bone and the joint it meets. Bones that touch in the joints sometime separate when they are overstressed.

Injuries related to dislocations include damage to the membrane lining the joint as well as tears to nearby muscles and ligaments.

Prevention

- Protect a joint injured in the past by wrapping it with an elastic bandage or tape.
- Wear protective pads (shoulder, wrist, knee, etc.) when taking part in contact sports or in other activities in which you may fall or otherwise get injured.

Signs & Symptoms

A dislocated joint is misshapen, very painful, and swollen. The skin around the area is discolored.

Causes & Care

Causes include injuries from contact sports or falls, rheumatoid arthritis, and joints weakened by previous injury. Also force applied in the wrong direction can snap the ball of the upper arm bone out of the shoulder socket.

The shoulders are especially prone to dislocation injuries. Fingers, hips, ankles, elbows, jaws, and even the spine can be dislocated as well. A dislocated vertebrae in the spine often damages the spinal cord and can paralyze body parts lower than the injury site.

Do not try to put a dislocated bone back into its socket.



Dislocations, Continued

All dislocations need medical care. With treatment, you can usually expect the dislocated joint to function within 24 to 48 hours. Activity may need to be limited for the next 4 to 6 weeks, though, to give the injury enough time to heal.



Self-Care:

Seek help as soon as possible after the injury. The self-care tips below list things you can do for a dislocation before and after you get medical care.

Before Medical Care:

- Do not eat or drink anything. You may need anesthesia when your joint is put back into its socket.
- Immobilize the joint with a splint or sling.
- Ice the injured area (see below).

After Medical Care:

- Use R.I.C.E. (rest, ice, compression, and elevation) during the first 24 to 48 hours after the injury. (See R.I.C.E. on page 243.)

- Take an over-the-counter medicine for swelling and pain. Acetaminophen eases soreness, but does not help with inflammation. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)



Get Immediate Care When:

- An injury has occurred to the neck or spine. {**Note:** For a head, neck, and/or back injury, use extreme caution and do not move the victim. See “Head Injuries” on page 403 and “Neck/Spine Injuries” on page 408.}
- There is severe bleeding around the injury. (See “First Aid for Severe Bleeding” on page 389.)
- Any of these problems are present:
 - An area is deformed.
 - A limb is pale, cold, or numb.
 - A limb is very painful and/or swollen or one that can’t bear weight (See “Immobilize the injured area. Make a splint.” under “Self-Care” on page 239.)

If none of the above apply, you probably do not have a dislocation. If you are not sure, contact your doctor.






Foot Problems

You can get a number of foot problems as you age. Some are due to years of wear and tear on your feet. Others can be due to shoes that do not fit well or trimming your toenails too close to your skin. Circulation problems and diseases, such as diabetes, can lead to foot problems, too.

Foot Problems Chart

Signs & Symptoms	What It Could Be	What to Do
<p>These problems appear in a matter of hours to a few days:</p> <ul style="list-style-type: none"> ■ The skin of your foot or toe is gray to black in color. ■ You cannot feel sensation in your foot. 	<p>Gangrene</p> 	<p>Get immediate care.</p>
<p>Pain from a fall or injury to your foot (not just a toe) with any of these problems:</p> <ul style="list-style-type: none"> ■ Severe bleeding ■ Your foot is misshaped. ■ You can't move your foot. ■ Your foot looks blue or pale and is cold and numb. ■ Your foot is so painful and/or swollen that you can't put any weight on it. 	<p>Broken bone(s) in the foot (not just a toe)</p>	<p>Get immediate care. See "Broken Bones" on page 237.</p>
<p>Sudden onset of pain in your feet and legs. The skin on your feet rapidly changes color: white, red, blue, grayish, or black.</p>	<p>Peripheral vascular disease</p>	<p>See "Peripheral Artery Disease" on page 206.</p>

Foot Problems Chart Continued on Next Page



Foot Problems, Continued

<i>Foot Problems Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
Toes that turn white then red in response to cold. Tingling, numbness.	Frostbite, if occurs after cold exposure or cold feet	See “Frostbite” on page 400 and “Cold Hands & Feet” on page 118.
The bottom of the foot is red and swollen and feels warm and tender.	An infection called cellulitis	Contact doctor for an immediate appointment.
Cut or puncture from a dirty or contaminated object, such as a rusty nail or other object in the soil	Cut or puncture wound	See “Cuts, Scrapes & Punctures” on page 120.
One or more of these problems with a foot wound: <ul style="list-style-type: none"> ■ Fever ■ Redness, tenderness, or warmth ■ Swelling ■ Pain ■ Pus 	Infection	Contact doctor.
Severe pain in foot joint, often the big toe. The pain is not due to an injury. The joint hurts a lot when anything touches it. The area is red, swollen, and tender.	Gout	See “Gout” on page 252.
Joint pain and morning stiffness in joints. Fatigue.	Rheumatoid arthritis	See “Arthritis” on page 231.

Foot Problems Chart Continued on Next Page





Foot Problems, Continued

<i>Foot Problems Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
Pain in only one toe after an injury to the toe	Broken toe or sprained toe	Contact doctor.
Open sores (ulcers) on the toes. Pain on the instep and cold pale skin color which improve with rest.	Buerger's Disease	Contact doctor.
Tenderness and pain under the heel bone	Heel spur (Plantar faciitis)	Contact doctor.
Moist, soft, red, or gray-white scales on the feet, especially between the toes. Cracked, peeling, dead skin area. Itching. Sometimes small blisters on the feet.	Athlete's foot	See "Athlete's Foot" on page 110.
White, brown, or yellow toenail. The nail can thicken, then get soft and weak. It may tear away from the nail bed or look deformed.	Toenail fungus	Contact doctor.
Painful growth on the ball or heel of the foot. Black pinholes or spots in the center.	Plantar warts	See "Warts" on page 147.
Thickened skin on the ball or heel of the foot. Usually no pain.	Calluses	See "Corns & Calluses" on page 119.
Discomfort, pain, tenderness, and/or redness under the corner of a toenail and nearby skin	Ingrown toenail	See "Ingrown Toenail" on page 129.

Foot Problems Chart Continued on Next Page




Foot Problems, Continued

<i>Foot Problems Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
The big toe points inward or outward. A bony bulge at side of the big toe. Thickened skin. Possible fluid build-up near the big toe. Stiffness or pain.	Bunion 	See “Self-Care” for “Bunions” on page 250.
Thickened skin on tops of and between toes where rubbing is constant. Feels hard to the touch and looks round. Small, clear spot (hen’s eye) may appear in the center.	Corn	See “Corns & Calluses” on page 119.
Pain between the heel and the ball of the foot usually brought on by walking or running or when weight is put on the foot	Plantar Fasciitis (irritation from ligaments and tissues in the foot arch)	See “Self-Care” for “Plantar Fasciitis” on page 252.
Red, sometimes fluid-filled sores, caused by shoes that rub the foot	Blisters 	See “Self-Care” for “Blisters” on page 250.
Charley horse or muscle spasm in the foot, often at bedtime	Foot cramp	See “Self-Care” for “Foot Cramps” on page 251.

Foot Problems Chart Continued on Next Page



Foot Problems, Continued

<i>Foot Problems Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
Curled or claw-like position in a toe (usually the 2 nd toe). A corn forms on the top of the toe. Pain.	Hammertoe 	See “Self-Care” for “Hammertoes” on page 251.

{**Note:** With diabetes or circulation problems, contact your doctor for any foot problem.}

Prevention

- Wear shoes that fit well. Don't wear shoes with pointed toes or ones that fit too tightly.
- Wash and dry your feet daily.
- Keep your feet moisturized.
- Inspect your feet daily for early signs of problems.
- Rest your feet by elevating them.
- Persons with diabetes and/or circulation problems need to take special care of their feet. Good foot care can prevent some foot infections. It may be necessary for a health care professional to cut the toenails.



Self-Care:

For Blisters:

- Don't break a blister. If it breaks on its own, apply an antibacterial spray or ointment and cover with a bandage or sterile dressing.
- Don't cut away or pull off the broken blister's loose skin. This protects the new skin below it.

For Bunions:

- Don't wear high heels or shoes with narrow toes.

Continued on Next Page



Foot Problems, Continued

Self-Care, Continued

- Wear sandals.
- Use moleskin or padding to separate overlapped toes.
- Try arch supports to reduce pressure.
- Use ring-shaped pads over a bunion.
- Cut out an old pair of shoes to wear in the house.
- Soak your feet in warm water.
- Take an over-the-counter pain reliever, if needed. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)

For Foot Cramps:

- Stretch the foot muscles.
- Pull the foot back into a flexed position.
- Push the foot into the floor.

For Heel Spurs:

- Use a cushion or heel cup under the heel.
- Avoid prolonged standing.
- Lose weight, if overweight.
- Do not jog or run.
- Roll a tennis ball under ball of the foot.

- Put ice on the heel for 10 minutes. Remove it for 10 minutes. Repeat many times.
- Take an over-the-counter pain reliever, if needed. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)

For Hammertoes:

- Wear wide, roomy shoes.
- Massage the toes or get a foot rub.
- Change shoes during the day. Try athletic shoes.
- Use small pads over the center of the toe to lessen pressure.

For Minor Infections:

- Soak the foot in warm, soapy water for 20 minutes, 4 to 6 times a day. Pat the infected area dry. Use extra care if you have peripheral vascular disease. Make sure the water is not hot.
- Apply an over-the-counter antibiotic ointment, such as Neosporin. Cover with a sterile cloth or bandage.

For Injuries:

Use R.I.C.E. (See R.I.C.E. on page 243.)

- For an injured toe, tape it to the toe next to it. Do this for 7 to 10 days.

Continued on Next Page





Foot Problems, Continued

Self-Care, Continued

- Take an over-the-counter medicine to reduce inflammation and pain. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)

For Plantar Fasciitis:

- Rest the foot as much as you can.
- Use R.I.C.E. (See R.I.C.E. on page 243.)
- Take an over-the-counter medicine for pain and swelling. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Wear shoes with a solid arch support.

For Plantar Warts:

- If you do not have diabetes, try salicylic acid plasters or other over-the-counter products, such as Wart-Off. Follow package directions.
- Use cushions in shoes.
- Wash your hands after touching warts to avoid re-infection.
- Wear sandals in the shower or public areas, such as pools.
- Do not pick at plantar warts.

See also, “Self-Care” for:

- “Athlete’s Foot” on page 110
- “Cold Hands & Feet” on page 118
- “Corns & Calluses” on page 119
- “Cuts, Scrapes & Punctures” on page 121
- “Ingrown Toenails” on page 130
- “Splinters” on page 145

If self-care measures do not help or if your foot problem gets worse, contact your doctor.

Gout

Gout is a form of arthritis. It is most common in men older than 40. In women, it usually comes after menopause.

Signs & Symptoms

- Excruciating pain and inflammation in a joint or joints. These symptoms come on suddenly and peak quickly.
- The affected area is swollen, red, or purplish in color. It feels warm and is very tender to the touch.
- Feeling of agonizing pain after even the slightest pressure, such as rubbing a sheet against the affected area
- Low-grade fever or chills and fever (sometimes)



Gout, Continued

Causes, Risk Factors & Care

When blood levels of uric acid rise above a certain level, thousands of hard, tiny uric acid crystals collect in the joints. These crystals act like tiny, hot, jagged shards of glass causing pain and inflammation. The crystals can collect in the tendons and cartilage, in the kidneys (as kidney stones), and in the fatty tissues beneath the skin. {**Note:** Crystals other than uric acid can cause some acute attacks similar to gout.}

Gout can strike any joint, but often affects the big toe. A gout attack can last several hours to a few days. Persons who have gout can be symptom-free for years between attacks. Gout triggers include:

- Mild trauma or a blow to the joint
- Drinking a lot of alcohol, especially beer
- Taking certain medications, such as aspirin, certain antibiotics, diuretics, and nicotinic acid
- Dehydration

Many conditions can mimic an acute attack of gout. These include infection, injury, and rheumatoid arthritis. See a doctor to diagnose the problem.

The first goal of treatment is to relieve the acute gout attack. The second goal is to prevent future attacks.

For immediate relief, your doctor will prescribe medicine, such as colchicine, an anti-gout drug. For long-term relief, your doctor will prescribe medicine as needed to decrease uric acid production or to increase the excretion of uric acid from the kidneys.



Self-Care:

Medical care is needed, but these self-care measures can help:

- Lose weight if you are overweight. Do not fast, though. This can raise uric acid levels.
- Limit alcoholic beverages.
- Drink plenty of fluids.
- Rest in bed, if you need to. Keep sheets and blankets from touching the affected joint.



Contact Doctor When:

You have “Signs & Symptoms” of gout listed in this topic on page 252.





Leg Pain & Ankle Pain

Pain in the legs or ankles can range from mild to severe. The type and amount of pain depends on the cause.

Leg Pain & Ankle Pain Chart

Signs & Symptoms	What It Could Be	What to Do
Pain, redness (may have shades of red, purple, and blue), and swelling in the ankle or leg. Bluish color in the toes. May be followed by severe shortness of breath that came on all of a sudden. May include coughing up blood or pink-frothy sputum. Chest pain.	Deep-vein thrombosis (DVT) with or without a blood clot to the lung	Get immediate care. See also “Phlebitis & Thrombosis” on page 207.
Swelling of both ankles at the same time. Shortness of breath. May have dry cough or cough with pink, frothy mucus.	Heart failure	Contact doctor. See “(Congestive) Heart Failure” on page 197.
Muscle pain in one or both legs. Fatigue in the thighs, calves, and feet that improves with rest. Open sores on the lower leg, ankles, or toes. Weak or no pulse in the affected limb. Cold or numb feet. Pale, bluish-colored toes.	Peripheral artery disease	See “Peripheral Artery Disease” on page 206.
Weakness, numbness, tingling in the lower extremities when walking distances. May be felt in one or both legs and is relieved with resting.	Lumbar spinal stenosis with neurogenic leg pain. Poor circulation in the legs.	See a doctor or ask to see a physical therapist. (See page 206.)

Leg Pain & Ankle Pain Chart Continued on Next Page



Leg Pain & Ankle Pain, Continued

Leg Pain & Ankle Pain Chart, Continued

Signs & Symptoms	What It Could Be	What to Do
Any of these signs with pain after a leg or ankle injury: A bone sticks out or bones in the injured limb make a grating sound; the injured limb looks deformed, crooked, or the wrong shape; a loss of feeling in the injured limb; and cold, blue skin under the affected injured area; the limb is very painful and/or swollen or one that can't bear weight, or inability to move the limb.	Broken bone or dislocation	See “Broken Bones” on page 237 and “Dislocations” on page 244.
Pain in the leg or ankle after an injury that <u>does not</u> keep you from moving the limb.	Sprain or strain; sport or other overuse injury	See “Sprains & Strains” on page 267.
Pain with fever, redness, tenderness, pus at a wound site. A red streak up the leg (rarely).	Infection	Contact doctor. Get an immediate appointment for a red streak up the leg.
Sudden, severe pain in the knee or ankle joint, usually just on one side. The pain can be felt even when clothing is rubbed against the joint. The joint area is swollen, red or purplish in color, feels warm, and is very tender to the touch.	Gout	See “Gout” on page 252.

Leg Pain & Ankle Pain Chart Continued on Next Page





Leg Pain & Ankle Pain, Continued

Leg Pain & Ankle Pain Chart, Continued

Signs & Symptoms	What It Could Be	What to Do
Leg pain that radiates from the lower back. Pain or stiffness in the knees. Bowing of the legs or other bone deformity. Unexplained bone fractures. May have headache, dizziness, hearing loss, and/or ringing in the ears.	Paget's disease. This is a bone disorder that progresses slowly. Most persons with this disease do not develop symptoms.	Contact doctor. See information for Paget's disease under "Care" on pages 258 to 259 and under "Self-Care" on page 259.
Sharp pain from the buttocks down the leg. Numbness and tingling in the leg.	Sciatica	See "Sciatica" box on page 237.
Pain, stiffness, and swelling, usually in both knees or ankle joints. The joint looks deformed. Weakness and fatigue. Dry mouth and dry, painful eyes.	Rheumatoid arthritis	See "Arthritis" on page 231.
Pain, stiffness, and sometimes swelling of the knee or ankle joints. Often, the joint has gotten tender over months or years and may look enlarged or distorted.	Osteoarthritis	See "Arthritis" on page 231.
Leg or ankle pain with gradual loss of height; stooped posture; backache; and/or past bone fractures, especially in the wrists and hips.	Osteoporosis	See "Osteoporosis" on page 259.

Leg Pain & Ankle Pain Chart Continued on Next Page



Leg Pain & Ankle Pain, Continued

<i>Leg Pain & Ankle Pain Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
Pain or itching in the legs with swollen and twisted veins that look blue and are close to the surface of the skin. The veins bulge and feel heavy. Swelling in the legs and ankles.	Varicose veins	See “Varicose Veins” on page 210.
Muscle or joint pain and chronic swelling of the knee joints that develop months or years after a deer-tick bite and a bulls-eye red rash with pale centers.	Lyme disease	See “Care” section “For Lyme Disease” on page 142 and “To Protect Yourself From Lyme Disease” on page 144.
Pain and swelling around the knee joint. The pain gets worse with movement. Fever (maybe).	Bursitis	Follow guidelines for “Bursitis” on pages 241 to 244.
Aches in leg muscles and joints with fever and/or chills; headache; dry cough; sore throat; and fatigue.	Flu	Follow guidelines for “Flu” on pages 100 to 103.
Sudden, sharp, tightening pain in the leg, often the calf. The muscle feels hard to the touch. The pain subsides after a minute or so and the muscle relaxes.	Leg cramp	See “To Prevent Leg Cramps” on page 258 and “Self-Care For Leg Cramps” on page 259.



Leg Pain & Ankle Pain, Continued

Prevention

General Tips

- Get and stay at a healthy weight.
 - Get regular exercise. This helps to keep ankle and leg muscles strong.
 - Before you exercise, warm up and stretch your muscles. When you are done, cool them down.
 - Protect your knees. Use knee pads when you garden or kneel. Always land with bent knees when jumping. Avoid deep knee bend exercises.
 - Don't wear high-heeled shoes. Keep your shoes in proper shape.
 - When you can, walk on grass or dirt instead of concrete.
 - Take good care of your feet.
- Drink plenty of water and other fluids. Limit drinks with caffeine. Avoid drinks with alcohol.
 - Warm up your muscles before you exercise. Cool down your muscles when you are done.
 - With your doctor's okay, wear elastic stockings while you are awake.
 - Before you go to bed, stretch your calf muscles. Stand an arm's length away from a wall. Lean against it with the palms of your hands. Bend your left knee. Keep your right leg straight behind you. Keep both feet flat on the floor and your back straight. Lean forward. Feel your right calf muscle stretch. Hold the stretch as you count to 10 slowly. Repeat, switching leg positions.
 - Take a warm bath before bed time.
 - Sleep with loose-fitting blankets and night clothes. Keep your legs warm.

To Prevent Leg Cramps:

- Get good sources of calcium and potassium. Good sources of calcium are nonfat milks, cheeses, and yogurts and calcium-fortified juices. Good sources of potassium are citrus fruits and juices, bananas, potatoes, bran cereals, and fish. Take calcium and potassium supplements as advised by your doctor.

Care

Self-care and medical care for leg and ankle pain depends on the cause. Find out what the cause could be from the “Leg Pain & Ankle Pain Chart” on pages 254 to 257. Follow the guidelines for the suspected cause(s).



Leg Pain & Ankle Pain, Continued

For Paget's disease, most persons do not have symptoms bad enough to need treatment. Self-care measures on this page can help persons with mild symptoms. Some persons may need prescribed medicines. These include anti-inflammatory drugs and calcitonin, which alters bone metabolism. Bone surgery may be needed to improve walking.



Self-Care:

For Pain, in General:

- Take an over-the-counter medicine for pain. (See "Pain relievers" in "Your Home Pharmacy" on page 44.) If the pain is not better after a few doses, call your doctor.
- Use a heating pad (set on low), a hot pack, or a moist, warm towel on the area of pain. If the pain is due to an injury, don't use heat for 48 hours. Use R.I.C.E. (See page 243.)

For Leg Cramps:

- Sit with your leg flat on the floor. Pull your toes toward you. Point your heel away from you. Stretch the cramped muscle.

- Have someone massage the cramped muscle gently, but firmly.
- Apply a heating pad (set on low), a hot pack, or moist warm towel to the muscle cramp.
- Rub the muscle that is cramping. Rub upward from the ankle toward the heart. (**Note:** Do not rub a leg if you suspect phlebitis or thrombosis. See "Phlebitis & Thrombosis" on page 207.)

For Paget's Disease:

- If needed, take an over-the-counter medicine for pain. See "Pain relievers" in "Your Home Pharmacy" on page 44.
- Take other medicines as prescribed by your doctor.
- Get regular checkups to detect hearing loss.

Osteoporosis

Persons with osteoporosis suffer from a loss in bone mass and bone strength. Their bones become weak and brittle, which makes them more prone to fractures. Any bone can be affected by osteoporosis, but the hips, wrists, and spine are the most common sites.





Osteoporosis, Continued

One in 2 adults over age 50 have osteoporosis or low bone mass (mostly women).

Prevention

To prevent or slow osteoporosis:

- Take medications as prescribed.
- Eat a balanced diet and get your recommended Adequate Intake (AI) for calcium every day:
 - 1,000 milligrams (mg) if you are 19 to 50 years old or a male ages 51 to 70
 - 1,200 mg if you are a female ages 51 years old and older or a male older than age 70
 - 1,300 mg if you are a pregnant or breast-feeding female 14-18 years old
 - 1,000 mg if you are a pregnant or breast-feeding female 19-50 years old
- Choose high-calcium foods daily. Use the chart on page 261.
- Don't smoke.
- Limit alcohol.



Osteoporosis is more common in women than in men.

- Take calcium supplements, if necessary and as advised by your doctor. Ask about taking Tums to get calcium.
- Get enough vitamin D. Each day you should get at least:
 - 600 IU if you are 18 to 70 years old
 - 800 IU if you are older than age 70
- Food sources of vitamin D are fortified milks and cereals, egg yolks, saltwater fish, liver, and cod liver oils. You get vitamin D from sunshine; 15 minutes of midday sunshine may meet the daily need.
- Follow a program of regular, weight-bearing exercise at least 3 or 4 times a week. Examples include walking and aerobics. (A person with osteoporosis should follow the exercise program outlined by his or her doctor.)

{**Note:** Follow your doctor's advice for calcium and vitamin D.}

Signs & Symptoms

- Gradual loss of height
- Rounding of the shoulders
- Back pain
- Stooped posture or dowager's hump

Osteoporosis can progress without any signs or symptoms. Often the first sign is a bone fracture of the hip, wrist, or spine.



Osteoporosis, Continued

Per day, 2,000-2,500 mg of calcium from dietary sources and supplements appears to be safe for adults. Up to 2,500-3,000 mg of calcium a day appears to be safe for children and adolescents.

Calcium Chart	
Food Item*	Mgs. of Calcium
2 ounces of Swiss cheese	530
8 ounces of milk	300
6 ounces of yogurt	300
8 ounces of calcium-fortified soy, almond, or rice milk	300
2 ounces of sardines with bones	240
3 ounces of almonds	210
6 ounces of calcium-fortified orange juice and other juices	225
6 ounces of cooked turnip greens	220
4 ounces of tofu prepared with calcium	205

*Check food labels for calcium. The label does not list calcium in mg, but as a percent of the daily value (%DV). The %DV for calcium is based on 1,000 mg per day. It is easy to figure out calcium in mg. Just add zero to the % DV. For example, if the % DV of calcium is 25, the food has 250 mg of calcium per serving.

Vitamin D is needed to help the body absorb calcium. When choosing calcium supplements, look for ones that also contain vitamin D.





Osteoporosis, Continued

Causes, Risk Factors & Care

The actual causes of osteoporosis are not known. Risk factors include:

- Being female. Women are 4 times more likely to develop osteoporosis than men because their bones are generally thinner and lighter and they have rapid bone loss at menopause due to a sharp decline of estrogen.
- Having a thin, small-framed body
- Being Caucasian or Asian. African Americans and Hispanic Americans are at significant risk, too, though.
- Lack of physical activity, especially weight-bearing exercises, such as walking
- Lack of calcium
- Family history of the disease
- Smoking cigarettes
- Alcoholism, which may damage bones. Heavy drinkers often have poor nutrition and are also more prone to fractures from falls.
- Taking certain medicines, such as corticosteroids and aluminum-containing antacids.
- Disorders, such as hyperthyroidism

There is no cure for osteoporosis. The focus of treatment is to prevent the disease (see “Prevention” on page 260), prevent further bone loss, and build new bone. Treatment includes:

- Medicines. These include: Estrogen therapy (ET), calcitonin, alendronate, raloxifene, and risedronate.
- Self-care measures listed below



Self-Care:

- Follow measures under “Prevention” in this topic on page 260.
- Take medicines, as prescribed.
- Do the daily exercises approved by your doctor.
- Practice proper posture.
- Use fall prevention measures:
 - Use grab bars and safety mats, etc., in your tub and shower.
 - Use handrails on stairways.
 - Don’t stoop to pick up things. Pick things up by bending your knees and keeping your back straight.
 - Wear flat, sturdy, nonskid shoes.
 - If you use throw rugs, make sure they have nonskid backs.
 - Use a cane or walker, if necessary.

Continued on Next Page



Osteoporosis, Continued

Self-Care, Continued

- See that halls, stairways, and entrances are well lit. Use night lights in hallways, bathrooms, etc.



Contact Doctor When:

- You have any of the “Signs & Symptoms” of osteoporosis on page 260.
- You need advice on estrogen therapy (ET) and other medicines.



Get Immediate Care When:

After a fall, you are not able to get up or you have wrist, hip, or back pain.



For Information on Osteoporosis, Contact:

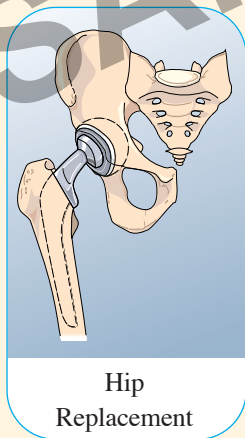
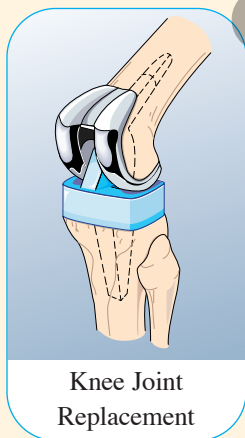
National Osteoporosis Foundation
1-800-231-4222

www.nof.org

NIH Osteoporosis and Related Bone Diseases National Resource Center
1-800-624-BONE (624-2663)

www.bones.nih.gov

FYI about Hip and Knee Joint Replacements



Diseased parts of hip and knee joints can be replaced with new artificial parts. Before you agree to elective surgery, you should:

- Get a second opinion.
- Find out if nonsurgical therapies will take care of your needs. These include an exercise program to strengthen muscles in the joint area and improve the position of the joint; walking aids, such as a cane; medicines, such as nonsteroidal anti-inflammatory drugs (NSAIDs); and physical therapy.
- Weigh the benefits and risks of surgery specific to you. Persons with severe muscle weakness or Parkinson’s disease are more likely to damage or dislocate an artificial hip.





Shoulder Pain & Neck Pain

Shoulder pain and neck pain are common conditions in people over age 50. The pain can result from overuse and wear and tear on these areas of the body. Even swinging a golf club, cleaning windows, or reaching for a jar can strain and injure shoulder and neck muscles and tendons. This is especially true in people who are out of condition.

Prevention

- To prevent tendinitis, see “Prevention” on page 241.
 - To avoid injuries to the shoulder and neck, wear seat belts in vehicles and use protective gear when you take part in a sporting event.
 - If you are out of condition, start to strengthen your muscles gradually. Slowly increase exercise intensity.
 - Don’t sleep on your stomach. You may twist your neck in this position.
 - Sleep on a firm polyester pillow or use a special neck (cervical) pillow. Even a rolled towel under your neck can help.
 - Practice good posture. Stand straight. Don’t let your shoulders slump, your head droop, or your lower back slouch.
- When you carry things, such as a purse, switch from one hand or shoulder to the other.
 - Keep the muscles in your shoulders strong and flexible to prevent injury. These exercises can help:
 - To stretch the back of your shoulder: Reach with one arm under your chin and place that hand across the opposite shoulder. Place the palm side of your other hand gently on the forearm and push the arm back. Hold for 15 seconds. Repeat 5 times. Switch sides.
 - Raise one arm and bend it behind your head to touch the opposite shoulder. Use the other hand to gently pull the elbow downward. Hold for 15 seconds. Repeat 5 times. Switch sides.
 - Holding light weights, lift your arms out horizontally and slightly forward. Keeping your thumbs toward the floor, slowly lower your arms halfway, then return to shoulder level. Repeat 10 times.
 - Sit straight in a chair. Flex your neck slowly forward and try to touch your chin to your chest. Hold for 10 seconds. Go back to the starting position. Repeat 5 times.



Shoulder Pain & Neck Pain, Continued

- Sit straight in a chair. Look straight ahead. Slowly tilt your head to the right, trying to touch your right ear to your right shoulder. Do not raise your shoulder to meet your ear. Hold for 10 seconds and straighten your head. Repeat 5 times on this side and then on your left side.

Signs, Symptoms & Causes

- Poor posture and/or awkward sleeping positions. Sleeping on a soft mattress can give you a stiff neck when you wake up or when you sit or stand.
- A pinched nerve. This could be caused from arthritis or a neck injury. Pain from a pinched nerve usually runs down one side of the arm.
- Tension and stress can cause neck muscles to go into spasms.
- Accidents, falls, and/or injuries:
 - “Frozen shoulder.” This can result from lack of use due to pain from an injury. The pain is severe with any movement. The shoulder joint is swollen.
 - Dislocated shoulder. See “Dislocations” on page 244.
- Torn rotator cuff. This is a tear in a tendon that holds the shoulder in place. Symptoms are pain at the top and outer sides of the shoulders, especially when you raise or extend your arm. You may also feel or hear a click when the shoulder is moved.
- Bursitis and tendinitis (see page 241)
- Arthritis (see page 231)
- A whiplash injury. This usually occurs when your motor vehicle is hit from behind or from some other jolt from behind. Symptoms are neck pain or stiffness that occurred within 24 hours of the jolt. You may also have a headache and a hard time walking.
- Infections. Swollen lymph nodes in the neck from an infection can cause pain, tenderness, and swelling.
- Heart attack. Pain can be felt in the shoulder or neck. (See “Heart Attack Warning Signs” on page 202.)

Care

Treatment for neck and/or shoulder pain depends on the cause. Emergency medical care is needed for serious injuries; broken bones; heart attacks; and meningitis, an infection of the membranes that surround the brain.

Self-care can treat many less serious causes of neck and/or shoulder pain.





Shoulder Pain & Neck Pain, Continued



Self-Care:

To treat arthritis, see “Arthritis” on page 231. To treat bursitis or tendinitis, see “Self-Care” in “Bursitis & Tendinitis” on pages 242 and 243.

To Treat Neck Pain from a Whiplash Injury or Pinched Nerve:

See a doctor anytime your motor vehicle is hit from the rear because the accident can cause a whiplash injury. Treatment for this usually consists of using hot and cold packs, massage, exercises, sometimes a neck brace, and a pain reliever. After first checking with your doctor, do these things to ease neck discomfort:

- Rest as much as you can by lying on your back.
- Use cold and hot packs. See how to use them in R.I.C.E. on page 243.
- Improve your posture. When you sit, use a chair with a straight back. Make sure your buttocks go all the way to the chair’s back. When you stand, pull in your chin and stomach.
- Use a cervical (neck) pillow or a rolled hand towel under your neck.

- Avoid activities that may aggravate your injury.
- Cover your neck with a scarf if you go outside when the weather is cold.
- Practice some of the stretching and strengthening exercises listed under the prevention section in this topic.

For Pain:

- Take an over-the-counter medicine for pain and/or inflammation. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Take walks. Start with 3 to 5 walks a day each lasting 5 to 10 minutes. Gradually increase walking times.



Contact Doctor When:

- You have any of these problems:
 - Severe or persistent pain, swelling, or spasms in your shoulder
 - A shoulder that is painful and stiff and is very hard to move at all
 - Pain, tenderness, and limited motion in the shoulder
- The pain does not get better after 7 days of self-care.
- The neck or shoulder pain is severe enough to interfere with your sleep.



Shoulder Pain & Neck Pain, Continued

- Shoulder pain throbs or numbness goes down your shoulder or into your arm.
- A possible whiplash injury after being hit from behind
- Fever and redness or swelling around the shoulder



Get Immediate Care When:

- A serious injury has occurred to the head or neck. (For a head, neck, or back injury, use extreme caution and do not move the victim. See “Head Injuries” on page 403 and “Neck/ Spine Injuries” on page 408.)
- Shoulder and/or neck pain occurs with heart attack or stroke symptoms (See “Heart Attack Warning Signs” on page 202 and “Stroke Warning Signs” on page 229.)
- You have all of these signs of meningitis: A stiff neck, fever, severe headache, nausea or vomiting, and confusion.
- You have any of these problems after an injury to the neck or shoulder:
 - You felt your shoulder pop out of place and pop back into place.

- A burning, shooting pain or weakness in your shoulders
- Your shoulder looks misshapen.

Sprains & Strains

A sprain happens when you overstretch or tear a ligament (fibrous tissue that connects bones), a tendon (tissue that attaches a muscle to a bone), or a muscle. A strain occurs when you overstretch or overexert a muscle or tendon.

Prevention

- Ease into any exercise program. Start off with things that are easy for you. Build up gradually.
- Before you exercise, warm up your muscles with slow easy stretches. Do this for all sports. Don't bounce.
- Don't overdo it. Stop if you feel pain.
- Cool down after hard exercise. Do the activity at a slower pace for 5 minutes.
- Wear the proper gear for the exercises you do.
- Follow safety measures to prevent slips and falls. (See “Fall prevention measures” under “Self-Care in “Osteoporosis” on page 262; “Prevent Falls Checklist” on page 23; and the “The Dos and Don'ts of Lifting” on page 234.)





Sprains & Strains, Continued

Signs & Symptoms

- Pain
- Swelling

Causes & Care

Sprains and strains are caused by: Falls and injuries, including sports injuries; twisting a limb; and overexertion.

Treatment for sprains and strains depends on the extent of damage. Self-care may be all that is needed for mild injuries. Severe sprains may require medical treatment. Some sprains require a cast. Others may need surgery if the tissue affected is torn.



Self-Care:

- If the injury does not appear serious, use R.I.C.E. (see page 243).
- If you sprained a finger or hand, remove your rings. (If you don't and your fingers swell up, the rings may have to be cut off.)
- If you have a badly sprained ankle, use crutches. They help keep weight off the ankle so it can heal.

- Take an over-the-counter medicine for pain and/or swelling. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)

{**Note:** Call your doctor if the sprain or strain does not improve after using self-care for 4 days.}



Contact Doctor When:

- Skin around the injury turns blue and/or feels cold and numb.
- Bad pain and swelling occurs or the pain gets worse.
- Pain is felt when you press along the bone near the injury.



Get Immediate Care When:

- A strain or sprain occurred with great force from a vehicle accident or a fall from a high place.
- A bone sticks out or if bones in the injured part make a grating sound.
- An injured body part looks crooked or misshapen.
- A loss of feeling occurs in the injured body part.
- You are unable to move or put weight on the injured part.

Other Health Problems



Anemia

Anemia means that red blood cells or the amount of hemoglobin in red blood cells is low. Hemoglobin is a protein that carries oxygen in red blood cells.

There are many types of anemia. They include:

- Iron-deficiency anemia. This is the most common type.
- Folic-acid deficiency anemia. Folic acid is a B vitamin that is needed to make red blood cells.
- Vitamin B₁₂ deficiency anemia. One form of this is pernicious anemia.
- Anemia that results from a medical illness, such as an ulcer
- Eat foods high in vitamin C, such as citrus fruits, tomatoes, and strawberries. Vitamin C helps your body absorb iron that is found in plant foods.
- If you drink tea, drink it between meals. Tannins in tea block iron absorption. Or, add milk to your tea. The calcium in milk binds with the tannins. (Herbal tea does not have tannins.)
- Avoid antacids with calcium, phosphates (found in soft drinks, beer, ice cream, etc.), and the food additive EDTA. These block iron absorption.
- Take a multivitamin and mineral supplement that your doctor advises. Senior multivitamin formulas have less iron than regular ones. {**Note:** High levels of iron in the blood may increase the risk for heart attacks.}

Prevention

Ways to Get and Absorb Iron:

- Eat foods that are good sources of iron: Lean, red meats, liver, poultry, fish, and oysters; green, leafy vegetables; dried fruit; and iron-fortified cereals and wheat germ. {**Note:** Red meat not only supplies a good amount of iron, it also increases absorption of iron from other food sources.}

Ways to Get and Absorb Folic Acid:

- Eat good food sources of folic acid every day. These include asparagus, Brussels sprouts, spinach, romaine lettuce, collard greens, and broccoli. Other good sources are black-eyed peas, cantaloupe, orange juice, oatmeal, whole-grain cereals, and wheat germ.





Anemia, Continued

- Eat fresh, raw fruits and vegetables often. Don't overcook food. Heat destroys folic acid.
- Take the daily vitamin supplement your doctor suggests or prescribes.
- Don't smoke.
- Don't drink alcohol. It interferes with absorption of folic acid.

Ways to Get Vitamin B₁₂:

- Eat animal sources of food. Good choices are lean meats, fish, poultry, and nonfat or low-fat dairy products. Some cereals also have vitamin B₁₂ added to them.
- Strict vegetarians (vegans) who eat no animal sources of food should get vitamin B₁₂ from a supplement or foods fortified with the vitamin.

Signs & Symptoms

In general, signs and symptoms include:

- Tiredness
- Weakness
- Paleness. Paleness could be pale skin or paleness around the gums, nailbeds, or the linings of the lower eyelids.

- Shortness of breath
- Heart palpitations or rapid heartbeat

With iron-deficiency anemia, additional symptoms can occur. These include brittle nails and a hard time concentrating.

With severe folic-acid deficiency anemia, additional symptoms can occur. These include: A sore, red tongue that looks glazed; appetite loss and weight loss; nausea and diarrhea; and a swollen abdomen.

With severe vitamin B₁₂ deficiency anemia, additional symptoms can occur. These include: Chest pain on exertion; sore, red tongue that looks glazed; a hard time concentrating; appetite loss and weight loss; and nausea and diarrhea.

In advanced cases of vitamin B₁₂ deficiency anemia, these nervous system problems can occur:

- Numbness and tingling in the hands and feet
- Walking and balance problems
- Memory loss, confusion, dementia, or psychosis



Anemia, Continued

Causes, Risk Factors & Care

Iron-deficiency anemia is usually caused by blood loss in the stomach or intestines, such as with peptic ulcers or from conditions that lead to poor iron absorption. An example is chronic diarrhea from ulcerative colitis.

Folic-acid deficiency anemia usually occurs from not getting enough folic acid from foods and/or vitamin supplements. Elderly women who have poor diets are at risk for this.

Vitamin B₁₂ deficiency anemia is usually caused by the body's inability to absorb vitamin B₁₂ from food. It is very common among the elderly and can result from a lack of digestive acids and a substance called the intrinsic factor, which are both needed to absorb vitamin B₁₂. Other causes are surgery that removes part or all of the stomach, and autoimmune problems that cause cells in the stomach's lining to shrink. Lack of vitamin B₁₂ in the diet is rarely the cause. Vitamin B₁₂ is found in animal foods. It is not in plant foods unless the vitamin is added to a food, such as some cereals.

Treatment for anemia depends on the type and what caused it. Folic-acid deficiency anemia is often treated with proper diet and folic acid supplements. Treatment for iron-deficiency anemia includes:

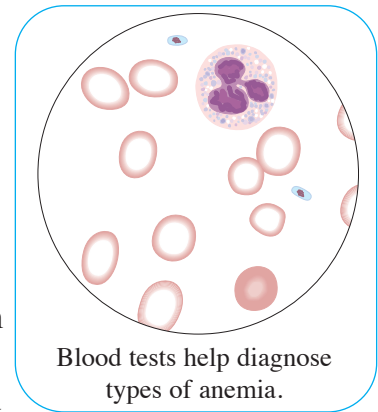
- A diet rich in iron and taking iron supplements. Take iron supplements only under your doctor's advice.
- Treatment for the underlying cause

Treatment for vitamin B₁₂ deficiency includes:

- Vitamin B₁₂ shots, usually taken once a month
- Large oral doses of vitamin B₁₂

Persons with severe anemia may need one or more blood transfusions.

{**Note:** All anemia in males and non-menstruating females needs to be checked out by a doctor. If you are diagnosed with iron-deficiency anemia, it is important to have an evaluation of your colon to rule out the presence of polyps, an early precursor to colon cancer.}



Blood tests help diagnose types of anemia.





Anemia, Continued



Self-Care:

- Follow your doctor's treatment plan for the type of anemia you have.
- Follow the "Prevention" measures on pages 269 and 270, for the type of anemia you have.
- Take medicines and/or supplements as prescribed.



Contact Doctor When:

- You feel faint or dizzy when you stand up or when you exert yourself.
- You feel weak and have any of these problems:
 - Red dots of bleeding under the skin
 - Ulcers in the mouth, throat, or rectum
 - Bruising occurs without reason
 - Ringing in the ears
- After repeated use of aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs), you have a gnawing or burning pain in the abdomen.
- You are female and have vaginal bleeding after reaching menopause.

- You have symptoms of anemia (paleness, tiredness, and weakness, etc.).
- You do not feel better after 2 weeks of treatment for anemia by your doctor.



Get Immediate Care When:

- You feel very weak and have any of these problems:
 - You feel faint and breathless.
 - Fast or irregular heartbeat
 - Chest pain with exertion
 - Memory loss. Confusion. Psychosis.
- You have blood in your stools or urine or black, tarlike stools, with lightheadedness, weakness, shortness of breath, and/or severe abdominal pain.

Cancer

Cancer refers to a broad group of diseases in which body cells become abnormal, grow out of control and are or become malignant (harmful). Cancer is a leading cause of death in the United States. Almost 4 in 10 Americans will develop some kind of cancer in their lifetime.

Prevention

Measures can be taken to lower the risk for certain forms of cancer.



Cancer, Continued

Dietary Measures:

- Eat a healthy diet. Choose foods and beverages that help you reach and keep a healthy weight.
- Eat at least 2-1/2 cups of vegetables and fruit each day, especially:
 - Broccoli and other cabbage-family vegetables, including cabbage and brussels sprouts. These contain cancer-fighting chemicals, such as sulforaphane antioxidants.
 - Deep yellow-orange fruits and vegetables, such as cantaloupe, peaches, tomatoes, carrots, sweet potatoes and squash, and very dark-green vegetables, like spinach, greens, and broccoli for their beta-carotene and cancer-fighting chemical content
 - Strawberries, citrus fruits, broccoli, and green peppers for vitamin C
- Choose whole-grain breads and cereals, fresh fruits and vegetables. Include beans and legumes for their dietary fiber content.
- Avoid or limit salt-cured, salt-pickled, and smoked foods.
- Drink alcoholic beverages only in moderation, if at all.

Lifestyle Measures:

- Do not smoke or use tobacco products. Avoid secondhand smoke.
- Limit your exposure to known carcinogens, such as asbestos, radon, and other workplace chemicals, as well as pesticides and herbicides.
- Have X-rays only when necessary.
- Limit your exposure to the sun's ultraviolet UV rays. When you are outdoors, wear a broad spectrum sunscreen with a sun protection factor (SPF) of 30 or higher. **Reapply sunscreen every hour and after swimming.**
- Don't use sunlamps and tanning beds.
- Reduce stress. Emotional stress may weaken the immune system, which fights off stray cancer cells.

Signs & Symptoms

Cancer can be present without any signs or symptoms.

The symptoms in the box on the next page are not always a sign of cancer. They can also be caused by less serious conditions. Only a doctor can make a diagnosis. Early cancer does not usually cause pain.





Cancer, Continued

Cancer Warning Signs

- Change in bladder or bowel habits
- A sore that doesn't heal
- Unusual vaginal bleeding or rectal discharge or unusual bleeding from any part of the body
- Thickening or lump in the breast, testicles, or anywhere else
- Indigestion or difficulty swallowing
- A change in the size, shape, or color of a mole or wart. (See page 137.)
- Nagging cough or hoarseness that lasts longer than 3 weeks

Symptoms of specific cancers depend on the type of cancer, the stage the cancer is in, and whether or not the cancer has spread to other parts of the body. This is called metastasis.

Causes, Risk Factors & Care

Exactly what causes all cancers is not known. Evidence suggests that cancer could result from complex interactions of:

- Viruses
- A person's genetic makeup and immune status
- Other risk factors, such as:
 - Exposure to the sun's ultraviolet rays, nuclear radiation, X-rays, and radon
 - Use of tobacco and/or alcohol (for some cancers)
 - Use of certain medicines, such as DES (a synthetic estrogen)
 - Polluted air and water
 - Obesity and an unhealthy diet; nitrates and nitrites; and charbroiling and charring meats
 - Exposure to chemicals, such as vinyl chloride, asbestos, and some parts of cigarette smoke. Agent Orange exposure has been linked to cancers of the prostate, lungs, larynx, and trachea. It is also linked to certain forms of leukemia and soft tissue cancers (sarcomas), as well as Hodgkin's disease and non-Hodgkin's lymphoma.



Cancer, Continued

In many cases, cancer is curable. Early detection and proper treatment increase your chances for surviving cancer. Early detection is more likely if you:

- Know the warning signs for cancer (see page 274) and report any of them to your doctor if they occur.
- Do regular self-exams: monthly breast exams for women, testicular exams for men, or as directed by your health care provider. **{Note:}** Men can also get breast cancer and should check with their doctor for signs to look for.}
- Look for any noticeable changes in warts or moles or for any wounds that have not healed.
- Get routine tests that can help detect early signs of cancer. An example is a colorectal cancer screening. For women, tests also include Pap tests and mammograms. (See “Get Recommended Screening Tests” on page 35.)

If and when cancer is diagnosed, treatment will depend on the type of cancer, the stage it is in, and your body’s response to treatment.

In general, cancer treatment includes one or more of the following:

- Surgery to remove the cancerous tumor(s) and clear any obstruction to vital passageways caused by the cancer
- Radiation therapy
- Chemotherapy
- Possibly biological therapy, hormonal therapy, or stem cell or bone marrow transplant

{Note:} To find out about clinical trials (research studies) for specific types of cancer, contact the National Cancer Institute listed on the next page.}



Self-Care:

{Note:} Medical treatment, not self-care, is needed to treat cancer. Follow the self-care guidelines as advised by your doctor as part of your treatment plan.}



Contact Doctor When:

- You have one or more warning signs of cancer listed on page 274.
- You need regular checkups and cancer screening tests and exams. (See “Get Recommended Screenings Tests” on page 35. You may need to have some tests sooner or more often. Follow your doctor’s advice.)





Cancer, Continued



For Information on Cancer, Contact:

National Cancer Institute
1-800-4-CANCER (422-6237)
www.cancer.gov
www.cancer.gov/clinicaltrials
(for information on clinical trials)

American Cancer Society
1-800-ACS-2345 (227-2345)
www.cancer.org

- **Type 2.** The pancreas still makes insulin, but does not make enough or the body does not use insulin the right way. Some persons with type 2 diabetes may have insulin resistance.
- **Pre-diabetes.** With this type, blood glucose levels are higher than normal, but not high enough to be diabetes. Many people with pre-diabetes develop diabetes within 10 years. Modest weight loss and moderate physical activity can delay or prevent type 2 diabetes.

Follow your doctor's advice for screening tests for diabetes. Persons with high blood pressure and/or high LDL-cholesterol should be screened. Blood sugar or glucose tests help diagnose diabetes. Fasting blood glucose tests should be repeated on 2 separate days to confirm the diagnosis.

Diabetes

Diabetes is often called “having too much sugar.” It is really too much sugar (glucose) in the blood and not enough in the body's cells, where it is needed for energy. Insulin is the hormone needed for glucose to get from the blood into the cells. Diabetes results when the body does not make or use insulin properly.

Common Types of Diabetes

- **Type 1.** The pancreas gland makes no insulin or makes very small amounts. Persons with type 1 diabetes must take insulin to live.

Blood Glucose Test			
Test	A1c	Fasting plasma glucose	Oral glucose tolerance (OGTT)
Normal	Less than 5.7%	Less than 100 mg/dL	Less than 140 mg/dL
Pre-diabetes	5.7% to 6.4%	100-125	140-199
Diabetes	6.5% or higher	126 or higher	200 or higher



Diabetes, Continued

Gestational Diabetes. Women can develop diabetes during pregnancy, so blood glucose levels should be monitored. High blood sugar (glucose) levels can result in a large baby or problems at birth.

Signs & Symptoms

- Passing urine often
- Extreme thirst
- Extreme hunger
- Unusual weight loss or weight gain
- Increased fatigue
- Irritability
- Blurry vision

Also, in women, repeated vaginal yeast infections can be an early sign of diabetes.

In type 1 diabetes, symptoms come on quickly; in type 2, they come on more slowly. Diabetes can be present with no symptoms.

Diabetes can be a very serious, life-threatening condition. Untreated, diabetes can lead to heart disease, stroke, blindness, amputations, and kidney failure.

Causes, Risk Factors & Care

Factors tied to type 1 diabetes are:

- A family history of type 1 diabetes
- A virus that injured the pancreas gland
- A problem that has destroyed cells in the pancreas gland that make insulin

Risk factors for type 2 diabetes are:

- Being overweight, especially if you are over age 40
- Family history of diabetes. This is when one or more of your relatives (mother, father, aunt, uncle, brother, sister, or grandparent) have diabetes.
- Being female with a past history of gestational diabetes and/or having had a baby who weighed more than 9 pounds.
- Being of a certain ethnic descent. African Americans, Hispanics, Native Americans, and Asians are more prone to diabetes.
- Being a Vietnam Veteran who was exposed to Agent Orange.

Treatment will depend on the type and severity of the disease. A treatment plan is needed to maintain normal, steady blood-sugar levels. This plan includes:

- Proper diet and exercise to meet your specific needs
- Regular monitoring of blood sugar levels



Diabetes, Continued

- **Medicine:** Persons with type 2 diabetes may need to take oral medicines if proper diet, exercise, and weight control do not keep blood sugar levels within normal range. Sometimes insulin is needed for type 2 diabetics. All persons with type 1 diabetes need insulin.
- With either type of diabetes, routine care and follow-up treatment are important. Careful control of blood sugar levels can allow a person with diabetes to lead a normal, productive life. It can also prevent serious complications. These include damage to nerves and blood vessels. These damages can lead to many health problems, such as infections and injuries, heart disease, stroke, kidney disease, amputations, and blindness.



Self-Care:

- Do not smoke. If you smoke, quit!
- Follow the diet prescribed by your doctor or health care provider. In general, you will need to:
 - Lose weight if you are overweight.

- Eat meals at regular times. You may be given a meal plan for breakfast, lunch, dinner, and snacks. You may be told to count carbohydrates in everything you eat. Books, booklets, and food labels list carbohydrate amounts.
- Have 20 to 35 grams of dietary fiber per day. Strictly limit saturated fats to 10% of your calories and limit cholesterol to 300 milligrams a day.
 - Limit alcohol as advised by your doctor.
- Work with your doctor to develop an exercise program that works for you.
- When you exercise, carry something with you to eat or drink that has sugar. Examples are a fruit juice box, 5 to 6 regular (not sugar-free) hard candies, and 3 glucose tablets.
- Find out if you should carry a glucagon emergency kit with you. Your doctor needs to prescribe this.
- Test your blood glucose with a home monitoring device. Test as often as your health care provider advises.
- If told to, monitor your urine ketones. This tests your urine, not your blood.

Continued on Next Page



Diabetes, Continued

Self-Care, Continued

- Keep a journal of your blood glucose levels, your food intake, and the exercises you do. Share your journal with your doctor.
- Buy and wear a medical alert tag. Get one from a drug store or from: MedicAlert Foundation International 1-888-633-4298 www.medicalert.org
- Take good care of your feet.
 - Check your feet every day. Inform your doctor of any problem.
 - Keep your feet clean.
 - Wear shoes and slippers that fit your feet well.
 - Don't go barefoot.
 - Cut toenails straight across. Do not cut close to the skin. Have a foot doctor cut your toenails, if advised.
- Take good care of your skin and protect it from damage.
 - Keep your skin clean.
 - Avoid cuts, scrapes, punctures, etc. Treat any skin injury right away.
 - Don't get sunburn. Use sunscreen when in the sun.

- Wear gloves in cold weather or when you do work that may injure your hands.
- Schedule an eye exam as advised.
- When you travel, plan, in advance, for your needs.
 - Locate one or more medical care facilities where you are going before you leave home.
 - Make sure you take your medications; snacks and quick sugar sources; self-testing equipment; glucagon emergency kit, if you have one, etc.
- If traveling by plane, ask for a special meal at least 24 hours ahead of time and/or bring foods that fit your diabetes meal plan.
- If you get sick, follow the plans worked out ahead of time with your doctor. This includes: Self-testing of blood sugar and ketones; what to eat and drink; and how to adjust insulin or oral pills.



Carry your self-care supplies with you on the plane.





Diabetes, Continued



Contact Doctor When:

- Signs of low blood sugar (see box below) do not respond to having a sugar source, such as $\frac{1}{2}$ cup of fruit juice, 3 glucose tablets, or 6 to 7 regular hard candies. Contact your doctor without delay. If the person loses consciousness, get immediate care.
- You have a change in mental status or low blood sugar signs (see box below) occur more often.
- Blood glucose tests are higher or lower than they should be despite following your treatment plan.
- You need an eye exam to check for signs of preventable complications.
- You have diabetes and any of these problems:
 - Signs and symptoms of an infection (redness, pain, pus, warm feeling at the site, and fever). See also, “Urinary Tract Infections” on page 186.
 - A wound that does not heal, any foot problem, troublesome dry skin, or a splinter that you cannot remove
 - Vomiting, rectal problems, or loss of bladder control
 - Any illness that makes it hard to keep your blood sugar under control
- You do not have diabetes, but have one or more “Signs & Symptoms” of diabetes, listed on page 277, or need to schedule a screening test for diabetes.

Signs of Low Blood Sugar (Hypoglycemia)

- | | |
|--------------------------------------|----------------------------------|
| ■ Shaky feeling; weakness; dizziness | ■ Numbness around the mouth |
| ■ Sweating; cold, clammy skin | ■ Sudden mood changes; confusion |
| ■ Hunger | ■ May pass out |

Signs of High Blood Sugar (Hyperglycemia)

- | | |
|-----------------------------------|----------------------------------|
| ■ Urinating often; extreme thirst | ■ Blurred vision |
| ■ Dry, itchy skin | ■ Acting cranky |
| ■ Fruity breath odor | ■ Feeling very sleepy; confusion |
| ■ Fatigue | ■ Loss of consciousness |



Diabetes, Continued

Get Immediate Care When:

Any of these problems occur with diabetes:

- With ketones in the urine with type 1 diabetes, these signs of very high blood sugar (hyperglycemia):
 - Tiredness
 - Fruity breath odor
 - Dry, flushed skin
 - Nausea and/or vomiting
 - Hard time breathing, usually short, deep breaths
 - Lethargy. Can't be roused.
- These signs of very high blood sugar (hyperglycemia) without ketones in the urine with type 2 diabetes:
 - Extreme thirst
 - Very high blood glucose levels
 - High fever
 - Vision loss
 - Lethargy, confusion
- Passing out

{**Note:** These symptoms usually come after an illness, such as the flu, that has caused dehydration. If these symptoms are present, drink water while seeking immediate care.}

Also, it is wise and safe to take some food at the same time just in case the symptoms

are of low blood sugar rather than high. If the blood sugar is high, the little bit of extra calories will do no extra harm.



For Information on Diabetes, Contact:

American Diabetes Association
www.diabetes.org or call:
 1-800-DIABETES (800-342-2383)

US Department of Health and Human Services, National Institute of Diabetes and Digestive and Kidney Diseases
www.diabetes.niddk.nih.gov
 1-800-860-8747

Centers for Disease Control (CDC)
www.cdc.gov/diabetes
 1-800-CDC-INFO (800-232-4636)

For an explanation of lab test results for diabetes:

www.labtestsonline.org/understanding/conditions/diabetes

Fatigue

Fatigue is being very, very tired. Often, it is a symptom of another health problem.

Signs & Symptoms

- Feeling drained of energy
- Feeling exhausted
- Having low motivation





Fatigue, Continued

- Feeling inadequate
- Having little desire for sex

Causes & Care

Causes that need medical care include anemia, depression, heart disease, low thyroid, lupus (the systemic type), and chronic fatigue syndrome (the fatigue lasts for 6 months or more). A common cause of fatigue in Veterans is traumatic brain injury (TBI). Find out about this on pages 403 to 405.

Other physical causes include lack of sleep, poor diet, side effects from allergies or chemical sensitivities, being in hot, humid conditions, and prolonged effects of the flu or a bad cold.

Possible emotional causes are burnout, boredom, a major life change, like divorce or retirement.

Treatment depends on the cause(s) of the fatigue. For example, iron supplements can help with the fatigue that results from iron-deficiency anemia. It is important to keep track of any other symptoms that take place with the fatigue, so both physical and emotional causes can be identified and dealt with.



Self-Care:

- Eat better. Eating too little or too much is hard on your body. Don't skip breakfast. Eat whole-grain breads and cereals and fruits and vegetables every day. It may help to eat 5 to 6 light meals a day instead of 3 large ones.
- Get more exercise. It can calm you, too. Take a walk outdoors, if you can.
- Cool off. Being in a hot environment can drag you down. Drink plenty of water.
- Rest and relax. Get a good night's sleep. Relax during the day, too. Practice deep breathing or meditation.
- Change your routine. Try to do something new and interesting every day. If you already do too much, make time for some peace and quiet.
- Lighten your work load. Assign tasks to others when you can. Ask for help when you need it.



Exercise can give you more energy.

Continued on Next Page



Fatigue, Continued

Self-Care, Continued

- Do something for yourself. Do things that meet only your needs, not just those of others.
- Avoid too much caffeine and alcohol. Don't abuse drugs.



Contact Doctor When:

- Any of these problems occur with the fatigue:
 - Chest pain with exertion
 - Shortness of breath
 - Loss of weight or appetite
 - Yellow skin and/or the whites of the eyes looks yellow (jaundice)
 - Blurry or double vision
 - Vomiting a lot
 - Feeling anxious and not being able to calm down
 - Swelling in the legs
 - Swollen lymph glands
 - Sore throat
 - Headache
 - Painful swelling in the neck, armpit, or groin

- Fever
- Night sweats
- Excessive thirst and/or urination
- The fatigue started only after taking a new medicine or a change in dose of a medicine.
- For women, the fatigue came with menopause or after menopause.
- Fatigue occurs for no apparent reason, has lasted for more than 2 weeks and has kept you from doing your usual activities.



Get Immediate Care When:

Any of these problems occur with the fatigue:

- “Heart Attack Warning Signs” (see page 202)
- “Stroke Warning Signs” (see page 229)

Fever

Fever is one way the body fights an infection or illness. It helps speed up the body's defense actions by increasing blood flow. A fever in an older person can sometimes cause more problems than in younger persons. A high fever, for example, can put an extra strain on the heart. This could trigger heart failure for an older person with heart disease.





Fever, Continued

Fevers are also more likely to cause delirium or disorientation in older adults than in younger persons.

Prevention

- Avoid very hot conditions.
- Drink plenty of fluids.
- To fight off infections, eat well, get plenty of rest, and exercise on a regular basis. Also, get recommended immunizations (see page 36).

Signs & Symptoms

- Your skin feels warm.
- You may sweat.
- Your temperature is higher than 99°F by mouth or ear or higher than 100.4°F by rectum.

Temperatures are more accurate when they are tested inside the body, such as by ear, mouth, or rectum. A rectal reading is 1°F higher than one taken by ear or mouth. It is best not to use a glass mercury thermometer.



Ear thermometer

If it breaks, droplets of toxic mercury can be released. Call the health department if this happens.

The body can lose some of its ability to generate a fever as it ages. Also, a temperature reading of 97°F to 98°F or lower could be a sign of an infection in an older person. Even if you don't have a fever, look for other signs of infections. These include: Redness, swelling, pain, and/or pus at the infection site; headache; restlessness; and confusion.

Causes & Care

Fever is usually a sign of another problem, such as an infection.

Body temperature changes throughout the day. It is usually lowest in the morning and highest in the late afternoon and evening.

Other factors can increase body temperature. These include:

- Wearing too much clothing, if you're overdressed enough to raise your body temperature
- Exercise
- Hot, humid weather
- Taking your temperature by mouth after you drink a hot liquid, like tea



Fever, Continued

If having a fever causes you no harm or discomfort and you have no other medical problems, you may not need to treat the fever. If the fever makes you uncomfortable, is higher than 102°F, or if you are frail or have a medical condition, you should treat it. Treatment includes self-care and taking a prescribed antibiotic for a bacterial infection, if needed.



Self-Care:

- Drink at least 6 to 8 cups of liquids every day. This includes water, fruit juice, etc. Check with your doctor first, though, if you have kidney disease or congestive heart failure.
- Take a sponge bath with tepid (about 70°F) water (not alcohol).
- Take an over-the-counter medicine to reduce fever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Don’t wear too many clothes or use too many blankets.
- Don’t do heavy exercise.
- For high fevers, put cold packs or cool wash cloths on the neck, groin, and under the armpits.



Contact Doctor When:

- Your temperature is higher or lower than normal and you have any of these problems:
 - Redness, swelling, and pain anywhere on the body
 - Persistent ear pain or pain in the sinuses (face)
 - Pain in the chest with deep breaths
 - Sore throat
 - Green, yellow, or bloody colored discharge from the nose, throat, or ears. This includes a cough with phlegm of one of these colors.
 - Urinary pain, burning, or frequency
- A fever is present after recent surgery or with a chronic illness, such as heart disease, lung disease, kidney disease, cancer, or diabetes.
- The fever exceeds 102°F. The fever has lasted more than 3 days despite efforts to reduce it.



Get Immediate Care When:

- A fever is present with: Rapid heartbeat; no sweating; confusion; and/or loss of consciousness (after being in a hot place). These are signs of a heatstroke.





Fever, Continued

- A high fever occurs with a stiff neck, headache, lethargy, nausea and vomiting. These are signs of meningitis.
- You have a temperature of 102°F or higher with these symptoms:
 - Chest pain that gets worse when you breathe in
 - Shortness of breath
 - A cough with phlegm that may have blood
 - Rapid breathing
 - Fatigue and abdominal pain
 - Bluish nails and lips (sometimes).

These could be signs of bacterial pneumonia.

Headaches

Headaches are one of the most common health complaints.

Prevention

- Keep a headache diary of when, where, and why the headaches seem to start.
- Be aware of early symptoms. Try to stop the headache as it begins.
- Exercise on a regular basis.
- Keep regular sleeping times.
- Don't smoke. If you smoke, quit.
- Cut down on salt.
- Avoid excess alcohol. Alcohol can lead to a "hangover" headache.

Signs, Symptoms & Causes

Symptoms vary depending on the type.

For Tension or Muscular Headaches:

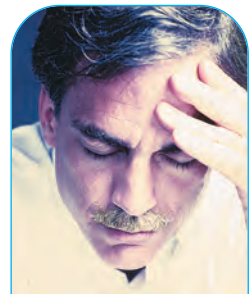
- A dull ache in your forehead, above your ears, or at the back of your head
- Pain in your neck or shoulders

Most headaches are this type.

Common causes of tension headaches are: Tense or tight muscles in the face, neck, or scalp; stress; and concentrating hard for long periods of time.

For Migraine Headaches:

- One side of your head hurts more than the other.
- You feel sick to your stomach or vomit.
- You see spots or zigzag flashes of light.



Pain with a migraine is usually on one side of the head.



Headaches, Continued

- Light hurts your eyes, noise bothers you, your ears ring, and/or your face is pale.
- After the headache, some people have a drained feeling with tired, aching muscles. Others feel great after the headache goes away.

Migraines can occur with or without an aura. An aura is when a person sees spots or flashing lights for 10 to 15 minutes or his or her face becomes numb. Ten percent of all migraines are this type; 90% occur without an aura.

Migraine headaches happen when blood vessels in your head open too wide or close too tight.

For Cluster Headaches:

- Sharp, burning, and intense pain, on one side of the head. The pain can be so severe, that you can't lie down or keep still.
- Pain in or on the sides of your eyes; watery eyes
- Pupils that look smaller; droopy eyelids

Cluster headaches usually occur once or twice a year, usually in older men. These headaches attack in groups, every day for a week or more at a time. They usually start at night and can last from 15 minutes to 3 hours. They can interrupt sleep. People in the same family tend to get cluster headaches.

For Sinus Headaches:

- Pain in your forehead, cheekbones, and nose that is worse in the morning
- Increased pain when you bend over or touch your face
- Stuffy nose

A sinus headache occurs when fluids in the nose aren't able to drain well and a buildup of pressure occurs in the sinuses. A cold, allergies, dirty or polluted water, and airplane travel can cause a sinus headache.

Other Causes of Headaches:

- Some medications, such as nitroglycerin.
- Reading a lot, especially in dim light and eating or drinking something very cold, such as ice cream. {**Note:** To prevent ice cream headaches, warm the ice cream for a few seconds in the front of your mouth.}
- Hunger or sensitivity to certain foods and drinks. (See box on the next page.)





Headaches, Continued

- A symptom of a health condition. Examples are allergies, high blood pressure, low blood sugar, infections, and shingles.

Less often, a headache can be a symptom of a serious health problem that needs immediate attention. Examples are acute glaucoma, stroke, and **giant cell (temporal) arteritis**. This is chronic inflammation of certain blood vessels, often in the temple region.

Foods and Drinks That May Be Linked to Headaches

Note: Before you stop having these foods, keep a food log to monitor when headaches occur.

- Alcohol, wine, beer
- Caffeine (from coffee, tea, colas, some medicines, chocolate) or withdrawal from caffeine.
- MSG (monosodium glutamate)
- Tyramine-food sources (e.g., aged or fermented vegetables, cheeses, fermented soy products, yeast extracts)
- Vegetables: sauerkraut
- Fruit that is over-ripe
- Preserved, marinated or pickled foods, such as herring
- Cheese: cheddar, gouda, muenster, feta
- Meat: corned beef, salami, bacon, deli meats
- Sulfites in dried fruit (e.g., raisins, apricots)
- Nitrates and nitrites found in some medicines and foods

Care

Self-care can be used for headaches caused by tension, fatigue, and/or stress. The Food and Drug Administration (FDA) has approved over-the-counter Excedrin Migraine, Advil Migraine, and Motrin Migraine Pain to treat migraine headaches.

Headaches that are symptoms of other health conditions are relieved when the condition is treated with success.

Prescribed medicines can be used to treat migraine and cluster headaches.

In addition, biofeedback has helped many people who have suffered from headaches.



Headaches, Continued



Self-Care:

- Rest in a quiet, dark room with your eyes closed.
- Rub the base of your skull with your thumbs. Work from the ears toward the center of the back of your head. Also, rub gently along the side of your eyes. Gently rub your shoulders, neck, and jaw.
- Take a warm bath or shower.
- Place a cold or warm washcloth, whichever feels better, over the area that aches.
- Take an over-the-counter medicine for pain. Take it right away. Use one(s) that your doctor advises.
- Relax. Picture a calm scene in your head. Meditate or breathe deeply.
- Notice if certain things, such as smoke, or fluorescent lights trigger headaches. Try to stay away from the things that seem to bring on headaches.



Contact Doctor When:

- Your vision was disturbed before the headache began.

- You have any of these problems with the headache:
 - A boring or burning pain in the skin of the temple region(s) of your head
 - Scalp tenderness
 - Reddened skin at your temples
- Headaches come at the same time of day, week, or month.
- A headache started after you took a new medicine.



Get Immediate Care When:

A headache occurs with any of these problems:

- A serious head injury or a blow to the head that causes severe pain, enlarged pupils, vomiting, confusion, or lethargy
- Seizure(s) or passing out
- Severe pain in and around one eye
- Blurred or double vision
- Talking differently
- A headache started all of a sudden and is the worst one you have had.
- Feeling confused or acting like a different person
- A problem moving your arms or legs
- Fever, stiff neck, and nausea or vomiting





Headaches, Continued

- The headache came on suddenly and hurts much more than any other one you have ever had.
- Severe throbbing pain that occurred suddenly in one or both temples.
- You feel sick and/or your scalp is sensitive to the touch.



For Information on Headaches, Contact:

National Headache Foundation
1-888-NHF-5552 (643-5552)
www.headaches.org

Hepatitis

Hepatitis is an inflammation of the liver. With hepatitis, the liver has trouble screening poisons from the bloodstream and can't regulate bile, a liquid that helps digest fats.

Signs & Symptoms

Some persons have no symptoms. Common symptoms of hepatitis are:

- Jaundice (the whites of the eyes and the skin look yellow)
- Joint and muscle aches and pains
- Loss of appetite and fatigue

Causes & Care

- One or more types of viral hepatitis. (See “Viral Hepatitis Chart” on page 291.)
- Some immune system disorders. One example is Wilson’s disease. With this, too much copper is stored in the liver and other body organs.
- Chronic alcohol or drug use
- Reaction to certain medications. One example is long-term use or an overdose of acetaminophen. This is especially true for heavy drinkers.
- In some cases, the cause is not known.

Treatment will vary on the type of hepatitis and how severe it is.

- For viral forms, see the “Treatment” sections in “Viral Hepatitis Chart” on pages 291 to 293.
- For immune system disorders, treatment for the disorder is needed.
- For chronic alcohol or drug use, the use of the substance must be stopped. This may require a program of “detox” – to withdraw the substance slowly or to use an antidote for the substance.
- For chemical exposure and medication reactions, the use of the causative substance must be stopped.



Hepatitis, Continued

Viral Hepatitis Chart

Hepatitis A

How You Get It

Contact with food, water, or something contaminated by the feces of a person with this virus or eating contaminated oysters or clams. It takes about 2 weeks for you to actually get sick. You are contagious for 1 to 2 weeks before you feel sick and for the first week or so of the illness.

Prevention

Get Hepatitis A vaccine or immune globulin (IG) as advised by your doctor. Also, where the virus is widespread, wash your hands often. Drink boiled water.

Don't eat unpeeled or uncooked fruits or foods rinsed with water.

Treatment

Rest. Drink plenty of fluids. Don't drink alcohol or use any drugs or medicines that affect the liver, such as acetaminophen. One to 2 months of these self-care measures are enough to treat nearly everyone who gets this type.

Hepatitis B

How You Get It

From direct contact with infected blood or bodily fluids from a person with this virus. Examples are sharing drug needles, having unprotected sex with an infected person, and sharing straws for inhaling cocaine.

Prevention

Get 3 doses of Hepatitis B vaccine. These are currently given to children and teenagers. They are also recommended for adults at high risk: Health care workers who are exposed to blood and bodily fluids; IV drug users; persons with multiple sex partners; and persons living with someone who has the virus.

Viral Hepatitis Chart Continued on Next Page





Hepatitis, Continued

Hepatitis B, Continued

Treatment

Rest. Drink plenty of fluids. Don't drink alcohol or use any drugs or medicines that affect the liver, such as acetaminophen. For chronic cases, medication may be prescribed. Most people with this type recover, but up to 10% can become

chronic. (A person can spread the infection without having symptoms.) This type can lead to cirrhosis of the liver and liver failure. Practice safe sex. (See "Prevention" on pages 360 to 361.) Don't use IV drugs. Sexual partner(s) of infected persons should be tested for the virus even if they have no symptoms.

Hepatitis C

How You Get It

Blood-to-blood contact with an infected person through drug needles, sex, sharing razors, and from blood transfusions given before 1992, if the blood had the virus.

Prevention

There is no vaccine. Practice safe sex. (See "Prevention" on pages 360 to 361.) Don't use IV drugs or share razors or toothbrushes. Ask that sterile items be used for tattoos, ear piercing, etc.

Treatment

Rest. Drink plenty of fluids. Don't drink alcohol or use any drugs or medicines that affect the liver, such as acetaminophen. Several newer medications are very effective in treating hepatitis C. The virus may cause chronic liver damage, cirrhosis of the liver, and liver cancer. The CDC advises all persons born between 1945 and 1965 be tested for hepatitis C.

Hepatitis D

How You Get It

You can have this type if you are already infected with Type B and/or you share

drug needles or have sexual contact with an infected person. This type is not common in the U.S.



Hepatitis, Continued

Hepatitis D, Continued

Prevention

Hepatitis B vaccine for persons who do not already have Type B hepatitis. Practice safe sex. (See “Prevention” on pages 360 to 361). Don’t use IV drugs.

Treatment

Rest. Drink plenty of fluids. Don’t drink alcohol or use any drugs or medicines that affect the liver, such as acetaminophen. Medication helps some infected persons.

Hepatitis E

How You Get It

Contact with food, water, or something contaminated with feces of an infected person. Not common in the U.S; more common in Africa and India.

widespread, wash your hands often, drink boiled water, and don’t eat unpeeled or uncooked fruits or foods rinsed with water.

Prevention

No vaccine. If you are going to a foreign country where this virus is

Treatment

Rest. Drink plenty of fluids. Don’t drink alcohol or use any drugs or medicines that affect the liver, such as acetaminophen.



Self-Care:

- Rest.
- Avoid alcohol and any drugs or medicines that affect the liver, such as acetaminophen.

- Drink at least 8 glasses of fluids a day.
- Follow a healthy diet. Take vitamin and mineral supplements as advised by your doctor.





Hepatitis, Continued



Contact Doctor When:

- The whites of your eyes and/or your skin looks yellow.
- You have dark urine and pale stools.
- You have any signs or symptoms of hepatitis (see page 290), especially if you have been exposed to the illness.
- You have repeat symptoms of hepatitis and you have had it before.



Get Immediate Care When:

The person with hepatitis has confusion, excessive sleepiness, or can't be roused.

HIV/AIDS

HIV stands for human immunodeficiency virus. AIDS, acquired immune deficiency syndrome, is caused by HIV. The virus destroys the body's immune system. This leaves a person unable to fight off diseases. The virus also attacks the central nervous system causing mental problems.

Over 1 million people in the U.S. have HIV, but about 15% of them do not know they have it. This is one reason the Centers for Disease Control and Prevention (CDC) advise testing for HIV as a routine part of medical care.

Prevention

Some day a cure for AIDS may exist. For now, prevention is the only protection.

- See "Prevention" in "Basic Facts About STIs" on pages 360 to 361.
- Don't have sex with people who are at high risk for contracting HIV:
 - Persons with multiple sex partners or who inject illegal drugs
 - Partners of persons infected or exposed to HIV
 - Persons who have had multiple blood transfusions, especially before 1985, unless tested negative for HIV
- Don't share needles and/or "the works" with anyone. This includes illegal drugs, such as heroin, steroids, insulin, etc. Don't have sex with people who use or have used injected illegal drugs.
- Don't share personal items that have blood on them, such as razors.



HIV/AIDS, Continued

Signs & Symptoms

Symptoms of HIV Before the Onset of AIDS:

- Swollen glands
- Fatigue. Weight loss.
- Fever and sweating that occur often
- Skin rashes that persist. Flaky skin.
- Infections. These include herpes, shingles, and yeast infections.
- Short-term memory loss
- Getting sick often. Slow growth in children.

AIDS is the most advanced stage of HIV. With AIDS, a low level of cells in the blood called T4 cells occurs. Persons with AIDS get many illnesses. These include skin infections, pneumonia, and cancer. These “opportunistic” infections are what lead to death. When HIV invades the brain cells, it leads to forgetfulness, trembling, and seizures.

Causes & Care

HIV is spread when body fluids, such as semen and blood pass from an infected person to another person. For the most part, the virus is spread by sexual contact or by sharing drug needles and syringes.

In older people, sexual activity is the most common cause of HIV infection. The second one is blood transfusions given before 1985, if the blood contained HIV. Since 1985, blood screening tests are done on donated blood. This makes it highly unlikely that you’d get HIV from current blood transfusions.

Certain activities are likely to promote contracting HIV. High-risk activities include:

- Unprotected anal, oral, and/or vaginal sex except in a monogamous relationship in which neither partner is infected with HIV. “Unprotected” means without using condoms alone or with other latex or polyurethane barriers. When used correctly, every time and for every sex act, these provide protection from HIV. Though not 100% effective, they will reduce the risk. Male latex condoms are preferred. The Reality female condom may also offer protection. Particularly high-risk situations are having sex:
 - When drunk or high
 - With multiple or casual sex partners
 - With a partner who has had multiple or casual sex partners
 - With a partner who has used drugs by injection or who is bisexual



HIV/AIDS, Continued

- When you or your partner has signs and symptoms of a genital tract infection
- Sharing needles and/or “the works” when injecting any kind of drugs

You cannot get HIV from donating blood, touching, hugging, or social (dry) kissing with a person with HIV. You cannot get HIV from a cough, sneeze, tears, sweat, or using a hot tub, public telephone or restroom.

You can get screening tests for HIV at doctors’ offices, clinics, and health departments. You can also use a home collection test and counseling service called Home Access Health. Look for this test kit in drug stores, national retail stores, public health clinics, etc. You can also buy a Home Access HIV-1 Test System by phone. Call: 1-800-HIV-TEST (448-8378). Or, buy one from the www.homeaccess.com Web site.

Current treatments for HIV/AIDS include:

- Medications. These drugs are often used in multidrug combinations.
- Treating infections



Self-Care:

Medical care, not self-care alone, is needed to treat HIV/AIDS. Self-care measures include:

- Taking steps to reduce the risk of getting infections and diseases:
 - Get adequate rest
 - Get proper nutrition
 - Take vitamin supplements as suggested by your doctor
- Getting emotional support:
 - Join a support group for persons infected with HIV
 - Ask your family and friends for support. Let them know how they can help you.



Contact Doctor When:

- You test positive for HIV.
- You have “Symptoms of HIV before the Onset of AIDS” listed on page 295.
- You need screening tests for HIV. Do this when:
 - You have been told that a present or past sexual partner with whom you have had sexual relations, without using condoms, has HIV.



HIV/AIDS, Continued

- You engaged in high risk activities for getting infected with HIV (see “Causes and Care” on page 295).
- You want to get tested for HIV for “peace of mind.”



For Information on HIV/AIDS, Contact:

AIDSinfo
1-800-HIV-0440 (448-0440)
www.aidsinfo.nih.gov

Insomnia

In general, adults need 5 to 9 hours of sleep a day. You should get as many hours of sleep as you have normally needed to feel rested and refreshed the next day. As you age, the number of hours may be spread out over the day, but you still need just as much sleep.

Signs & Symptoms

- Having trouble falling asleep, waking up in the middle of the night, or waking up too early and not being able to get back to sleep
- Fatigue or feeling drowsy during the day because of lack of sleep

Causes & Care

- Too much caffeine or having it before bedtime
- Going to bed with a full bladder
- Too much noise when you fall asleep. This includes a snoring partner.
- A lack of physical exercise
- Lack of a sex partner
- Side effects of some medicines, such as stay-awake pills
- Emotional stress
- Posttraumatic stress disorder (PTSD)
- Depression or anxiety
- Sexual problems, such as impotence
- **Restless leg syndrome (RLS)**. This is a condition which results in involuntary jerking movement of the legs
- Any condition, illness, injury, or surgery that causes pain and/or discomfort which interrupts sleep. Examples are arthritis and hot flashes.
- Asthma, allergies, and early-morning wheezing
- An overactive thyroid gland
- Heart or lung conditions that cause shortness of breath when lying down
- Traumatic brain injury (TBI)





Insomnia, Continued

When the problem that causes insomnia is found and treated, the insomnia usually goes away. Self-care may be enough to help you get a good night's sleep. If needed, your doctor may refer you to a sleep disorders clinic.



Self-Care:

- Avoid caffeine in all forms after noon. Caffeine is in coffee, tea, chocolate, colas and some other soft drinks. Check labels for caffeine content in over-the-counter medicines.
- Avoid long naps during the day.
- Don't have more than 1 alcoholic drink at dinner time and during the evening. Check with your doctor about using any alcohol if you are taking medicines.
- Avoid using electronic devices, such as a laptop before going to bed and in the middle of the night. The type of light that emits from these devices makes it hard for some people to fall asleep.
- Get regular exercise, but not within a few hours of going to bed.
- Before bedtime take a warm bath or read a book or do some type of repetitive, calm activity. Avoid things that hold your attention, such as watching a suspense movie.
- Make your bedroom comfortable. Create a quiet, dark atmosphere. Use clean, fresh sheets and pillows and keep the room temperature neither too warm nor too cool.
- Ban worry from the bedroom. Don't rehash the mistakes of the day.
- Get into a regular bedtime routine. For example, lock or check doors and windows. Brush your teeth. Read.
- Count sheep! Picturing a repeated image may bore you to sleep.
- Listen to recordings or apps that help promote sleep.
- Ask your doctor about melatonin, an over-the-counter product. Take it as advised.



Bookstores have CDs that promote sleep.

Continued on Next Page



Insomnia, Continued

Self-Care, Continued

- If you've tried to fall asleep, but are still awake after 30 minutes, get up and sit quietly in another room. Do this for about 20 minutes. Then go back to bed. Repeat this as many times as you need to until you are able to fall asleep.
- Check with your doctor before you take an over-the-counter sleeping pill or pain reliever with added medicine for sleep, such as Tylenol PM. If your doctor does prescribe sleep medicine, make sure you take it as directed. Also, don't take anyone else's sleeping pills.



Contact Doctor When:

- You get side effects, like dizziness, hallucinations, confusion, etc., from prescribed sleeping pills.
- You have trouble falling or staying asleep due to pain or discomfort from an illness or injury, or the need to wake up to use the bathroom.
- Insomnia occurred after taking medication.
- You have had insomnia for 3 or more weeks, with or without using self-care.

Snoring

Snoring is the sound heard when the airway is blocked during sleep. Persons who sleep on their backs are more likely to snore because the tongue falls back toward the throat and partly closes the airway. Nine out of 10 snorers are men and most of them are age 40 or over.

Snoring can be a nuisance or a signal of a serious health problem, sleep apnea.

Signs & Symptoms

For Snoring:

Loud sounds and snorting sounds, usually while sleeping on the back

For Sleep Apnea:

- Loud snoring and snorting sounds while sleeping on the back
- Repeated periods when breathing stops 10 or more seconds during sleep. This usually happens for 20 to 30 seconds at a time. It can last up to 1 to 2 minutes at a time.
- Problems during waking hours due to lack of deep sleep, such as sleepiness, exhaustion, hard time concentrating, irritability, and depression or other mental changes.
- Morning headache





Snoring, Continued

Causes, Risk Factors & Care

- Enlarged tonsils and adenoids
- Obesity
- Neck size of 17 inches or greater
- Nasal allergies or deformities
- Smoking, heavy drinking, or any use of alcohol and/or sedatives
- Sleep apnea is more common in men than in women. It especially affects men who are middle-aged and older.
- An obstructed airway. This is more common as people age, especially those who are obese or who have smoked for many years.
- A chronic respiratory disease
- Hormonal changes from menopause, in women

Self-care treats most cases of snoring and some cases of sleep apnea. When this is not enough, treatment includes:

- Medications. Examples are certain antidepressants and hormones.
- A prescribed breathing device. A mask is worn over the mouth and nose. Air is forced through the mask to keep the airway open.

- Surgery to remove tissue in the throat that causes the airway to close up
- A dental device that holds the jaw in a forward position



Self-Care:

- Sleep on your side. Prop an extra pillow behind your back so you won't roll over. Try sleeping on a narrow sofa for a few nights to get used to staying on your side.
- Sew a large marble or tennis ball into a pocket on the back of your pajamas. The discomfort it causes may prompt you to sleep on your side.
- If you must sleep on your back, raise the head of the bed. Put bricks or blocks between the mattress and box springs. Or buy a wedge especially made to be placed between the mattress and box spring to elevate the head section.
- Lose weight, if overweight
- Don't drink alcohol within 3 hours of bedtime.
- If necessary, take an antihistamine or decongestant before you go to bed to relieve nasal congestion. **{Note: Older men should check with their doctor**

Continued on Next Page



Snoring, Continued

Self-Care, Continued

before taking these medicines. They can give older men urinary problems.}

- Get rid of allergens in the bedroom, such as dust, down-filled (feathered) pillows, and bed linen.
- Try over-the-counter “nasal strips.” These keep the nostrils open and lift them up, keeping nasal passages unobstructed.



Contact Doctor When:

- Signs and symptoms of sleep apnea occur during working hours:
 - Sleepiness or chronic daytime drowsiness
 - Irritability
 - Falling asleep while driving or working
 - Poor memory, lack of concentration
 - Loss of sex drive
 - Headaches
- Repeated periods of stopped breathing occur for 10 seconds or longer during sleep. (Someone else notices this.)
- Snoring persists despite using self-care.

Thyroid Problems

The thyroid is a small, butterfly-shaped gland located just in front of the windpipe (trachea) in your throat. Its normal function is to produce hormones needed to convert food to energy, regulate growth and fertility, and maintain body temperature.

Signs & Symptoms

Hypothyroidism occurs when the thyroid gland does not make enough thyroid hormone. Signs and symptoms are:

- Fatigue and excessive sleeping
- Dry, pale skin
- Deepening of the voice
- Dry hair that tends to fall out
- Unexplained weight gain
- Frequently feeling cold
- Puffy face (especially around the eyes)
- Heavy and/or irregular menstrual periods, if still menstruating
- Poor memory
- Constipation
- Enlarged thyroid gland





Thyroid Problems, Continued

Hyperthyroidism occurs when the thyroid produces too much thyroid hormone. Two common forms are Graves' disease and toxic multinodular goiter. Signs and symptoms are:

- Tremors, nervousness
- Mood swings
- Weakness, diarrhea
- Heat intolerance
- Shortened menstrual periods, if still menstruating
- Unexplained weight loss
- Fine hair (or hair loss)
- Rapid pulse, heart palpitations
- Bulging eye or eyes
- Enlarged thyroid gland

{**Note:** In elderly persons, symptoms for this can be more like ones for hypothyroidism.}

Causes, Risk Factors & Care

For Hypothyroidism:

- Autoimmune disorders
- Removal of the thyroid gland

- Treating the thyroid gland with radioactive iodine for hyperthyroidism
- Persons who are over 50 years old, very overweight, or female are at a greater risk for hypothyroidism.

For Hyperthyroidism:

- Autoimmune disorders
- Family traits
- Too much iodine in the diet

Medical care, not self-care, is needed to treat thyroid problems. Hypothyroidism is treated with iodine and/or medicine to supplement thyroid hormones.

Hyperthyroidism treatment varies. It includes surgical removal of the thyroid, radioactive iodine, and/or medicine to stop overproduction of thyroid hormones. Some treatments result in the need to take thyroid medicine from then on and follow-up care.



Contact Doctor When:

- You have signs and symptoms of hypothyroidism or hyperthyroidism listed on page 301 and this page.
- You may need to schedule thyroid testing. Ask your doctor about this, especially if you are a women over age 50.



Mental Health Conditions

Everyone, regardless of age, race, sex, or economic status, is subject to emotional upsets. You can feel down, angry, or anxious in response to a variety of things. Feelings like these can come and go quite often. When these feelings are disturbing, interfere with daily life, and/or linger for weeks or months, they may signal a problem that needs professional help.

Many people do not seek mental health services because of the stigma of having an “emotional” problem. Society tends to view mental health issues differently from physical health issues. When someone breaks a leg, has chest pains, etc., medical care is sought. When persons feel depressed or have a problem with alcohol, though, they may be embarrassed to seek help. Many people view these conditions as “weaknesses” that they should be able to handle themselves. Unfortunately, this view keeps them from getting the care that is needed.



Getting help is a sign of strength.
It is not a sign of weakness.

Anger

Anger is a natural reaction to frustration and/or events that cause displeasure. Too much pent up anger can make you mentally and physically sick. Chronic anger can lead to illnesses, drug and alcohol problems, headaches, domestic violence, etc. Anger turned inward can lead to depression. Anger can also be a symptom of depression (see page 312).

Studies have concluded that anger and depression can increase the risk for heart disease, high blood pressure, and stroke.

Angry outbursts can keep you from having good relationships with others and feeling good about yourself. On the other hand, learning to manage excessive anger and frustration can help you be happier and healthier.

Signs & Symptoms

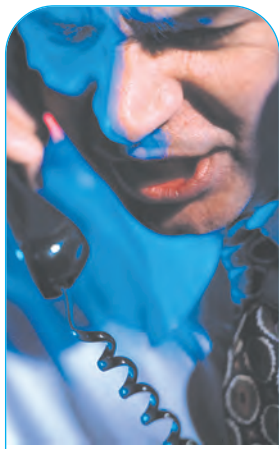
Anger can range from mild displeasure to outright rage. Symptoms of anger include:

- Feeling restless
- Gritting or grinding your teeth. Clenching your fists. Trembling of your lips or hands.



Anger, Continued

- Increased heart rate and blood pressure
- Yelling, slamming doors, etc.
- Reduced productivity
- Difficulty sleeping
- Violent outbursts
- Others don't want to be around you.



Yelling on the phone expresses anger.

Causes & Care

- Unable to do things you used to do
- Having a hard time or being unable to recall information
- Losing a loved one. No longer working.
- Depression
- Low blood sugar from an insulin reaction
- Having an illness or financial problems
- Having to give up your independence

Self-care measures can help you deal with anger. When these are not enough, an evaluation from a doctor or mental health care provider may be needed. Treatment will depend on the cause.



Self-Care:

These can help you or someone else deal with anger.

- Don't ignore anger. Express it in a healthy way:
 - Share your angry feelings with a person you trust and feel safe with, such as a friend, partner, etc.
 - Get the anger "off your chest." If it will help, scream or yell in a private place, but not at others. If expressing your anger out loud could bring unwanted consequences, write down your feelings.
- If you can do so without violence or cruelty, tell a person or persons the reason for your anger. You will likely start to feel better. {**Note:** This is not always possible. It may not be appropriate or could make things worse to express anger to a boss or other authority figure especially if you can't do it calmly and rationally. Tell someone else, though, so you can diffuse your anger in a healthy way.}
- Make a list of the situations in which you feel excessive anger. This includes work, social and personal situations/relationships. See if there are any patterns to your anger and if they can be changed.

Continued on Next Page



Anger, Continued

Self-Care, Continued

- Be assertive. Express your wants, needs, and feelings, but do this in ways that do not offend others. Doing so can keep you from getting into situations in which you feel taken advantage of and get angry as a result. Use “I” rather than “you” statements. For example, say “I get angry when I feel put down by your comments in front of our friends.” Don’t say, “You make me angry when you put me down in front of our friends.” This allows you to take responsibility for your feelings.
- Channel the energy anger brings into doing something creative or productive:
 - Clean out drawers.
 - Go to a driving range and practice your golf swing.
 - Take a short walk or do other exercises.
 - Paint, write poems, etc.
 - Help others.
 - Do volunteer work.
- Find humor in situations that result in anger.

- To lessen angry outbursts, think of what will happen as a result of your anger.
- Distract yourself. If you’re stuck in traffic, for example, try to accept the delay and recognize that it’s beyond your control. Instead of clenching the steering wheel, play pleasant music or listen to an interesting program on the radio. Or, listen to soothing music or a comedy routine on a CD, or on your smartphone, etc.
- Practice learning to lighten up.
- Use stress management techniques on a routine basis. (See “Self-Care” in “Stress” on page 323.)
- Stay mentally active.
- Eat healthy foods and eat at regular times.



Regular physical activity can help manage anger.



Contact Doctor or Counselor When:

- Your anger became a problem after a stroke, head injury, or head surgery.





Anger, Continued

- Outbursts of anger come with any of the following symptoms:
 - Memory loss
 - Confusion
 - Decreased ability to figure things out or remain attentive
 - Inability to perform routine tasks
- You or a loved one has one or more “Signs & Symptoms” for drug or alcohol abuse listed on pages 316 and 317.
- You or a loved one has started drinking again after quitting.
- Anger results in physical or emotional harm to someone else or to yourself or the anger results in destruction of property.
- You have uncontrollable outbursts of anger when you drink or take medication.
- You get irritable and have sudden fits of anger if you have diabetes, or if you haven’t eaten for several hours and this happens often, even though you try to eat regularly.

- If you are a woman, you experience anger, especially anger that leads to aggression prior to or with menopause.
- Your anger is the result of long term, excessive stress or a feeling of being powerless.
- Your anger or frustration keeps you from doing your daily tasks or interferes with relationships.

Anxiety

Anxiety is a feeling of dread, fear, or distress over a real or imagined threat to your mental or physical well-being. A certain amount of anxiety is normal. It can alert you to seek safety when you are in physical danger. Anxiety is not normal, though, when there is no apparent reason for it or when it overwhelms you and interferes with your day-to-day life.

Signs & Symptoms

- Rapid pulse and/or breathing rate
- Racing or pounding heart
- Dry mouth, shortness of breath
- Sweating, trembling
- Faintness
- Numbness/tingling of the hands, feet, or other body part



Anxiety, Continued

- Feeling a “lump in the throat”
- Stomach problems
- Insomnia

Causes & Care

Anxiety can result from a side effect of some medicines and a withdrawal from nicotine, alcohol, drugs, or medicines, such as sleeping pills.

Anxiety can be a symptom of a medical condition, such as a heart attack, an overactive thyroid gland, or low blood sugar (hypoglycemia).

Anxiety can also be a symptom of a number of illnesses known as anxiety disorders. These include:

- **Phobias.** These are irrational fears of specific situations, activities, or objects.
- **Panic disorder.** A person has repeated panic attacks, brief episodes of acute anxiety that come on all of a sudden when there is no real danger. A person having a panic attack may rush to an emergency room because they think they are having a heart attack or feel like they are going to die.

- **Obsessive-compulsive disorder.** The sufferer has persistent, involuntary thoughts (obsessions) and does repeated acts, such as washing his or her hands (compulsions).
- **Posttraumatic Stress Disorder.** A person re-experiences a traumatic past event, like a wartime event, robbery, or accident. Symptoms include nightmares, flashbacks of the event, excessive alertness, and emotional numbness to people and activities. (See “Stress & Posttraumatic Stress Disorder” on page 322.)

Self-care (see below) treats mild anxiety that does not interfere with daily living. When this is not enough, treatment includes medication, counseling, and treating any medical condition which causes the anxiety. Self-help groups can also be a part of treatment.



Self-Care:

- Look for the cause of the stress that results in anxiety. Deal with it using stress management. (See “Self-Care” in “Stress” on page 323.)
- Lessen your exposure to things that cause you distress.

Continued on Next Page





Anxiety, Continued

Self-Care, Continued

- Talk about your fears and anxieties with someone you trust, such as a friend, spouse, minister, etc.
- Eat healthy foods. Eat at regular times. Don't skip meals.
- If you are prone to low blood sugar episodes, eat 5 to 6 small meals per day instead of 3 larger ones. Avoid sweets on a regular basis, but carry a source of sugar, such as a small fruit juice box, with you at all times. This will give you a quick source of sugar in the event you do get a low blood sugar reaction.
- Get regular exercise.
- Limit or avoid caffeine.
- Avoid nicotine and alcohol.
- Avoid medicines that have a stimulating effect, such as over-the-counter diet pills and stay awake pills.
- Don't "bite off more than you can chew."
- Help others. This may help you overcome or forget about your anxiety.

- Do a relaxation exercise daily, such as biofeedback or meditation.



Picturing a calm scene can help with anxiety.

- Rehearse for events that are coming up about which you have felt anxious in the past or think will cause anxiety. Imagine yourself feeling calm and handling the situation well.



Contact Doctor When:

- With anxiety, you have excessive hair growth; round face and puffy eyes; skin changes (reddening, thinning, and stretch marks); and high blood pressure.
- With anxiety, you have a rapid heartbeat, hyperactivity, weight loss, muscle weakness, tremors, bulging eyes, and feeling hot or warm all the time.
- You have been through or seen a traumatic event and you suffer from any of these problems:
 - Nightmares, night terrors, and/or flashbacks of the event
 - Lack of concentration, poor memory, sleep problems



Anxiety, Continued

- Feelings of guilt for surviving the event
- Startled easily by loud noises or anything that reminds you of the event
- Lack of interest in the activities and people you once enjoyed
- Your anxiety occurs only when you don't eat or when you do too much physically, especially if you have diabetes.
- Your anxiety occurs only after taking an over-the-counter or prescribed medicine, or withdrawing from medication, nicotine, alcohol, or drugs.
- You have recurrent panic attacks that come when you don't expect them and have 1 or more of these problems:
 - Continued concern about having more attacks
 - Worry about what will happen as the result of a panic attack, such as losing control, or "going crazy"
 - A change in things you normally do because of past panic attacks
- You avoid situations or places that you think will provoke a panic attack.
- You use alcohol or drugs to help you deal with situations that provoke the thought of another panic attack.
- Anxiety is keeping you from doing the things you want to do every day.



Contact Doctor or Counselor When:

- Any of the following keep you from doing your daily activities:
 - Checking something over and over again, such as seeing if the door is locked
 - Repeated, unwanted thoughts, such as worrying you could harm someone
 - Repeated, senseless acts, such as washing your hands over and over again



Get Immediate Care When:

Any symptoms of a heart attack are present with the anxiety. (See "Heart Attack Warning Signs" on page 202.)



For Information on Anxiety, Contact:

Anxiety and Depression Association of America
1-240-485-1001 | www.adaa.org





Codependency

Codependency is when a person becomes the “caretaker” of an addicted or troubled individual. The individual can be addicted to alcohol, drugs, or gambling, or be troubled by a physical or emotional illness. Codependents can be this individual’s spouse, lover, child, parent, sibling, coworker, or friend.

Signs & Symptoms

The codependent:

- Enables or allows the person to continue his or her self-destructive or troubled behavior. The codependent denies that the person has a problem.
- Rescues or makes excuses for the person’s behavior
- Takes care of all household and financial chores
- Rationalizes that the person’s behavior is normal by simply letting it take place. The codependent may take part in the same behavior as the addicted or troubled individual.
- Acts like a hero, or becomes the “super person” to preserve the family image
- Blames the person and makes him or her the scapegoat for all problems

- Withdraws from the family and acts like he/she doesn’t care

Causes, Risk Factors & Care

A person is more likely to become codependent if he or she:

- Consistently puts other people’s wants and needs before his or her own
- Is afraid of being hurt and/or rejected by others or hurting others’ feelings
- Has low self-esteem or has a self-esteem tied to what is done for others
- Places too many expectations on himself or herself and others
- Feels overly responsible for others’ behaviors and feelings
- Does not think it is okay or normal to ask for help

Most codependents do not realize they have a codependency problem. They think they are actually helping the troubled person, but they are not.

Admitting to the problem is the first step in treatment. Self-care and counseling treat codependency. For many people, the self-care is not easy to do without the help of a counselor.



Codependency, Continued



Self-Care:

- Read books on codependency. You can find these in the library, online and bookstores. You may find you identify with what you read and gain understanding.
- Focus on these 3 **C**'s:
 - You did not **c**ause the other person's problem.
 - You can't **c**ontrol the other person.
 - You can't **c**ure the problem.
- Don't lie, make excuses, or cover up for the person's drinking, drug, or other problem. Admit that this way of living is not normal and that the abuser or troubled person has a real problem and needs professional help.
- Refuse to come to the person's aid. Every time you bail the abuser out of trouble, you reinforce their helplessness and your hopelessness.
- If you or your children are being physically, verbally, or sexually abused, do not allow it to go on. Get help. For information contact: National Domestic Violence Hotline 1-800-799-SAFE (799-7233) www.ndvh.org.
- Join a support group for codependents. Examples are self-help groups for family and friends of substance abusers, such as Al-Anon and Alateen. For information contact: AL-ANON / ALATEEN Family Groups Headquarters, Inc., 1-888-4AL-ANON (425-2666) www.al-anon.org.
- Continue with your normal family routines. For example, include the drinker when he/she is sober.
- Focus on your own feelings, desires, and needs. Vent negative thoughts in healthy ways. Begin to do what is good for your own well-being.
- Set limits on what you will and won't do. Be firm and stick to your limits.

Allow others to express their feelings openly.
- Engage in new experiences and interests. Find diversions from your loved one's problem.
- Take responsibility for yourself and others in the family to live a better life whether your loved one recovers or not.





Codependency, Continued



Contact Doctor or Counselor When:

You do 3 or more of the following:

- You think more about another person's behavior and problems than about your own life.
- You feel anxious about the addicted or troubled person's behavior and constantly check on them to try to catch them in their bad behavior.
- You worry that if you stop trying to control the other person, that he or she will fall apart.
- You blame yourself for this person's problems.
- You cover up or "rescue" this person when they are caught in a lie or other embarrassing situation related to their addiction or other problem.
- You deny that this person has a "real" problem with drugs, alcohol, etc. and become angry and/or defensive when others suggest there is an addiction or other substance abuse problem.

Depression

Depression is more than just the blues or the blahs. It is a medical illness. It is just as much an illness as diabetes and heart disease. Depression is not a sign of being weak. It is not the person's "fault."

Depression is not a normal part of aging, but is a common problem in older adults.

Depression makes a person less able to manage life. It affects a person's mood, mind, body, and behaviors.

Depression may worsen or even cause other medical problems.

Signs & Symptoms

A person who is depressed:

- Feels sad, hopeless and helpless
- Feels guilty and/or worthless
- Thinks negative thoughts
- Has lost interest in life, including sex

Other signs and symptoms are:

- Changes in eating or sleeping patterns
- Fatigue; loss of energy or enthusiasm
- A hard time concentrating or making decisions
- Ongoing physical symptoms, such as headaches



Depression, Continued

- Crying spells
- Thoughts of suicide or death

In older persons, these usual symptoms of depression may be replaced by dizziness, confusion, refusal to eat or drink, paranoia, and/or a loss of mental status.

As a person ages, the signs of depression are much more likely to be dismissed as moods of “old age.” The symptoms can mimic ones of other conditions, too.

Causes & Care

- Some types of depression run in families.
- Brain chemical imbalances
- Life changes, such as divorce, retirement, and the death of a loved one
- Hormonal changes, such as those which come with menopause
- Medical illness, surgery, or a disability
- Problems with others
- Worries about money
- Abuse of drugs. This includes alcohol and some medicines.
- **Seasonal Affective Disorder (SAD).** This is a lack of natural sunlight between late fall and spring.

- A side effect of medicines, such as a type to treat high blood pressure.
- Low self-esteem
- Holiday “blues”
- Isolation from others or being in a nursing home

Most likely, depression is caused by a mix of a family history of the disease; brain chemical imbalances; emotional issues; and other factors, such as a medical illness or alcohol abuse.

In some people, certain life events may bring on depression. Examples are extreme stress and grief. In others, depression occurs even when life is going well.

Treatment for depression includes medicine(s), especially antidepressants; counseling; or both.

A special kind of light therapy may be used for persons who have mild or moderate depression that comes in the fall and winter.

Self-care may be all that is needed for mild depression. Self-care measures are also helpful with medical treatment.

Persons who are depressed should not self-diagnose, though.





Depression, Continued



Self-Care:

- Discuss all medicines you take with your doctor or pharmacist. Ask if what you take could lead to depression. When prescribed medicine for depression, take it as advised. Let your doctor know about side effects.
- Ask your doctor about St. John's Wort, an over-the-counter herb. It may be useful for mild to moderate depression.
- Don't use drugs. Limit alcohol. Too much alcohol and the use of other drugs can cause or worsen depression. Drugs and alcohol can also make medicines for depression less effective. Harmful side effects can happen when alcohol and/or drugs are mixed with medicine.
- Eat healthy foods. Eat at regular times.
- Exercise regularly, especially outdoors.
- Relax. Listen to soft music. Take a warm bath or shower. Do relaxation exercises. Read a good book.
- Talk to someone who will let you express the tensions and frustrations you are feeling.

- Be with positive people.
- Help someone else. This will focus your attention away from yourself.
- Do something different. Join a social group. Take a class, etc.
- Take a vacation that you will enjoy.
- Take on a new project. Do something you enjoy.
- Laugh. Watch funny shows, etc.



Express yourself. Paint, write, sing, draw, etc.



Contact Doctor When:

- You have had a lot less interest or pleasure in almost all activities most of the day, nearly every day, for at least 2 weeks.
- You have been in a depressed mood most of the day, nearly every day and have had any of the symptoms that follow for at least 2 weeks:
 - You feel slowed down or restless.
 - You feel worthless or guilty.
 - You have changes in appetite. You lose or gain weight.
 - You have thoughts of death or suicide.



Depression, Continued

- You have problems concentrating or thinking. It is hard to remember things or make decisions.
- You have trouble sleeping or you sleep too much.
- You have a loss of energy or you feel tired all the time.
- You have headaches.
- You have aches and pains.
- You have stomach and/or bowel problems.
- You have sexual problems.
- You feel negative or hopeless.
- You are worried or anxious.
- Depression has hindered your daily activities for more than 2 weeks.
- You have withdrawn from normal activities for more than 2 weeks.
- The depression comes with dark, cloudy weather or winter months. It lifts when spring comes.
- You are feeling depressed now and one or more of these things apply:
 - You have been depressed before and did not get treatment.
 - You have been treated for depression in the past and it has come back.
- You have taken medicine for depression in the past.
- You have depression from a medical problem, taking over-the-counter or prescribed medicine, or alcohol or drug abuse.
- During holiday times you withdraw from family and friends or you dwell on past holidays to the point that it interferes with your present life.



Get Immediate Care When:

You just attempted suicide or are making plans for suicide.



For Information on Depression, Contact:

Mental Health America
1-800-969-6642

www.mentalhealthamerica.net/mental-health-screening-tools

(Has a screening test for depression)

Drug & Alcohol Problems

Drug and alcohol problems result from abusing or becoming dependent on one of these substances. Misuse of prescribed drugs is more common in seniors than using illegal drugs, such as cocaine and heroin.





Drug & Alcohol Problems, Continued

About 3 million older adults drink too much; and the number is growing. How much is too much? The National Institute on Alcohol Abuse (NIAA) recommends that adult women and men over the age of 65 drink no more than 1 drink per day; no more than 2 drinks a day for adult men younger than age 65. (See “Limit Alcohol” on page 21. It lists examples of 1 serving of different drinks.) Anything more than this is too much.

Prevention

To Prevent Problems with Prescribed Medicines:

- Use medicines only as prescribed.
- Ask your doctor about the risks of addiction when he or she prescribes sleeping pills, sedatives, strong pain relievers, etc. Find out how long you should take these medicines. Ask if there are ways to treat your problem without them.
- Find out how to gradually reduce the usage of a medicine to avoid harmful side effects.



Take medicines as prescribed.

To Prevent Problems with Alcohol and Illegal Drugs:

- Try to stay out of situations where drugs are available. If your friends insist that you take drugs in order to socialize with them, say NO!
- Learn as much as you can about the harmful effects of alcohol and drugs. Visit a self-help meeting for drug users, such as Alcoholics Anonymous (AA) or Cocaine Anonymous (CA). See first hand the problems that drugs have caused others.
- Contact your doctor or your Employee Assistance Person (EAP) at work. He or she can help evaluate your risk level and help you get treatment. Veterans can contact www.prevention.va.gov and My HealthVet at www.myhealth.va.gov.
- Seek help for a mental health problem, such as depression, before it leads to drug or alcohol problems.
- Learn how to relax without alcohol or drugs.

Signs & Symptoms

For Drug or Alcohol Abuse:

- Failure to fulfill work or home obligations
- Legal problems, such as getting arrested for disorderly conduct



Drug & Alcohol Problems, Continued

- Physical harm that results from car accidents, etc.
- Relationship problems, such as arguments or physical fights
- Drugs are found or items used to take drugs are found. Examples are:
 - Glass pipes used to smoke drugs
 - Straws used to sniff drugs
 - Needles used to inject drugs
- Cravings for the substance or the need for increased amounts of the substance to get the desired effect
- Withdrawal symptoms occur when the substance is stopped:
 - Tremors of the hand or face
 - Chills, sweating
 - Nausea, vomiting
 - Fatigue, depression
 - Anxiety, panic
 - Being very edgy
 - Insomnia
 - Blackouts
 - Acting “spaced out”
 - Hallucinations. Delirium
 - Withdrawal symptoms go away when the substance is taken.

- Behavior changes, such as an abrupt change in mood or attitude and temper flare-ups that are not usual
- Symptoms of drinking problems can be mistaken for other conditions common in the elderly, such as depression.

Causes, Risk Factors & Care

- Increased use and tolerance of alcohol or drugs
- Mental health problems, such as depression and anxiety
- Family history of alcohol abuse. You are about 4 times more likely to be an alcoholic if one of your parents is; and 10 times more likely if both parents are.
- Prolonged fatigue or stress
- Prolonged use of prescribed pain pills
- Ongoing financial or family problems
- “Situational” factors, such as retirement, lowered income, failing health, loneliness, or the death of friends or loved ones. At first, having a drink or taking a drug brings relief, but later it can turn into a problem.
- Being with a new group of people, especially with those who use drugs or drink a lot
- Having problems dealing with others
- Veterans have a higher rate of alcohol use than non-Veterans.





Drug & Alcohol Problems, Continued

Drinking problems in older adults are often neglected by families, doctors, and the public. Alcoholism is a serious condition that needs treatment. Treatment includes taking part in a self-help group, such as AA, or a “rehab” center, and/or counseling. Older persons tend to do better in counseling programs that focus on social relationships. Medications, such as Naltrexone, which blocks the craving for alcohol and the pleasure of getting high, may be prescribed.

{**Note:** Most alcoholics deny or don’t see that they have a disease. If you suspect a drinking problem in you, a family member, or a friend, seek advice.}

Treatment for drug problems varies and depends on the substance being used and the person’s needs. Types of treatment include:

- Emergency medical care for overdoses or for violent behaviors
- Medical treatment for physical problems due to the drug use and/or for proper care and supervision from drug withdrawal
- Counseling
- Support groups, such as Narcotics Anonymous (NA), Cocaine Anonymous (CA), and Alcoholics Anonymous (AA).



Self-Care:

For Wise Alcohol Use:

- Follow the tips in “Limit Alcohol” on page 21.

Other Tips:

- Some prescribed drugs and alcohol do not mix. Some mixtures can be fatal. Don’t have alcohol with prescribed drugs if the drug’s label or your doctor or pharmacist tells you not to. Ask your doctor how much, if any, alcohol you can have if you take any prescribed drugs.
- Eat when you drink. Food helps to slow alcohol absorption.
- Know your limit and stick to it. You may decide it is better not to drink at all.
- Don’t drink and drive. Designate a driver who will not be drinking.

For Drug Abuse:

- Follow treatment guidelines from your doctor.
- Take part in a support group, if needed.



Contact Doctor or Counselor When:

- You or a loved one has started drinking or using a drug again after quitting.



Drug & Alcohol Problems, Continued

- You or a loved one has answered “Yes” to any of these “**CAGE**” questions:
 - Have you ever felt you should **C**ut down on your drinking?
 - Have people **A**nnoyed you by criticizing your drinking?
 - Have you ever felt bad or **G**uilty about your drinking?
 - Have you ever had a drink to steady your nerves or to get rid of a hangover (**E**ye opener)

One “Yes” answer means there may be an alcohol problem; two or more means it is highly likely that you may have a problem.

{**Note:** Even if all 4 **CAGE** questions had “No” answers, there could still be a problem.}



Get Immediate Care When:

Any of these signs of a drug overdose occurs:

- The person is not breathing or is unconscious.
- The person’s personality is suddenly hostile, violent, and aggressive.
- The victim is hallucinating, confused, convulsing, breathing slow and shallow, and/or has a pulse rate of 40 or less or 140 or more beats per minute.



For Information on Drug & Alcohol Problems, Contact:

Alcoholics Anonymous (AA)
World Services, Inc.
1-212-870-3400 • www.aa.org

Al-Anon Family Groups Headquarters, Inc.
1-757-563-1600
www.al-anon.org

Substance Abuse & Mental Health
Services Administration
www.samhsa.gov

U.S. Department of Veterans Affairs
www.mentalhealth.va.gov/substanceabuse.asp

Grief/Bereavement

Grief is a deep sadness or sorrow that results from a loss. The loss can be from something big or small. It can be from something positive or negative.

Bereavement is grieving most often linked with the death of a loved one.

Signs & Symptoms

Stages of Grief

- Shock. The person feels dazed or numb.





Grief/Bereavement, Continued

- Denial and searching. The person:
 - Is in a state of disbelief
 - Asks questions such as, “Why did this happen?” or “Why didn’t I prevent this?”
 - Looks for ways to keep their loved one or loss with them
 - Thinks he or she sees or hears the deceased person
 - Begins to feel the reality of the event
- Suffering and disorganization. The person:
 - Has feelings, such as guilt, anxiety, depression, loneliness, fear, etc.
 - May place blame on everyone and everything
 - May get physical symptoms, such as headaches, stomach aches, constant fatigue, and/or shortness of breath
 - Withdraws from routine and social contacts
- Recovery and acceptance. The person:
 - Begins to look at the future instead of focusing on the past
 - Adjusts to the reality of the loss
 - Develops new relationships
 - Develops a positive attitude

The normal period of grieving the loss of a loved one lasts from 1 to 3 years, but could take longer.

Causes & Care

Examples of things that cause grief include:

- A new or lost job, a promotion, demotion or retirement
- Relationships, such as getting divorced or having a child leave home
- An illness, injury and/or disability
- The death of a family member or friend, loss of property, or moving to a new place

There are many factors that shape a person’s response to a loss, such as death. These factors include:

- Age and gender
- Health
- How sudden the loss was
- Cultural background
- Religious beliefs
- Financial security
- Social network
- History of other losses or traumatic events

Each of these factors can add to or reduce the pain of grieving.



Grief/Bereavement, Continued

Understanding the normal stages of grief, the passage of time, and self-care treat most cases of grief. When these are not enough, professional counseling can help.



Self-Care:

- Eat a healthy diet.
- Get regular physical exercise.
- Allow friends and family to assist you. Tell them how you really feel. Don't hold your feelings inside. Visit them, especially during the holidays, if you would otherwise be alone. Traveling during the holidays may also be helpful.
- Try not to make major life changes, such as moving, during the first year of grieving.
- Join a support group for the bereaved. People and places to contact include churches or synagogues, funeral homes, and hospice centers.



Get back in the “swing of things” with activity.



Contact Doctor When:

You have any of these problems after a reasonable amount of time has passed since the loss.

- You are thinking about suicide.
- You abuse medicines and/or alcohol to feel better or to “numb” your pain.
- You are not able to cope day-to-day.
- You are not taking care of your own health.
- You continue to have insomnia, excessive crying, depression, etc.
- You place extreme stress on your marriage, your children, and/or others.
- You have refused to sort through the deceased's belongings.



Get Immediate Care When:

You attempt suicide or make plans for suicide.



For Information on Grief / Bereavement, Contact:

AARP Grief Support
www.aarp.org/relationships/grief-loss

The Compassionate Friends
 1-877-969-0010
www.compassionatefriends.org





Stress & Posttraumatic Stress Disorder

Stress is the way you react to any changes (good, bad, real, or even imagined). Some stress is productive and gives you the edge needed to achieve things. Other stress can be harmful and can lead to or worsen some health problems, such as headaches, back or neck pain, and high blood pressure.

Posttraumatic stress disorders (PTSD) is a severe stress reaction from living through or seeing a life-threatening event. With PTSD, symptoms (see next column) usually begin within 6 weeks to 3 months of the event. Symptoms of PTSD can begin years later, though. When symptoms do occur, they must last for at least one month for a diagnosis of PTSD to be made. PTSD is a medical diagnosis made by a mental health professional.

Signs & Symptoms

Physical symptoms of stress are: Increased heart rate and blood pressure, rapid breathing, and tense muscles.

Emotional reactions include irritability, anger, losing your temper, and lack of concentration.

Signs & Symptoms of PTSD

“Avoidance” Symptoms

- Avoiding people, places, and activities that recall the event. Avoiding thoughts, feelings, or mention of the event.
- Having much less interest in taking part in necessary activities
- Feeling detached or estranged from others
- Forgetting an important aspect of the event

“Increased Arousal” Symptoms

- Being very easily startled
- Having a hard time concentrating
- Having a hard time falling or staying asleep
- Being irritable

“Reexperiencing the Event” Symptoms

- Having recurring intrusive thoughts of the event that cause distress
- Having nightmares
- Having flashbacks

Other symptoms of PTSD are intense fear or horror; helplessness; and feeling emotionally numb, in a “daze,” detached, etc.



Stress & Posttraumatic Stress Disorder, Continued

{**Note:** A recent trauma (e.g., hurricane or other natural disaster) or a past unhealed trauma (e.g., combat exposure for a military veteran) increases the risk for PTSD. People with depression or other mental health conditions are also at greater risk.}

Care

Self-care measures deal with most cases of stress. When these are not enough, counseling and/or medical care may be needed.

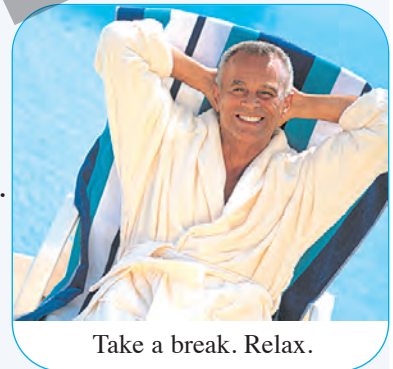
Get help from a mental health professional if you suffer from symptoms of PTSD. Left untreated, PTSD will not go away and can greatly affect your life.



Self-Care:

- Maintain a regular program of healthy eating, good health habits, and adequate sleep.
- Limit caffeine. It causes anxiety and increases the stress response.
- Drink 8 to 10 glasses of water each day.
- If you drink alcohol, do so wisely. (See “Limit Alcohol” on page 21.)
- Exercise regularly. This promotes physical fitness and emotional well-being.

- Check with your doctor about taking vitamin and mineral supplements. This is especially true for ones labeled “stress tablets” or “stress formulas.”
- Don’t let your emotions get “bottled up” inside. Share your feelings with others.
- Avoid unnecessary arguments.
- Do a “stress rehearsal.” Imagine yourself feeling calm and handling the stressful situation.
- Balance work and personal life.
- Take a warm shower or bath.
- Engage in activities you enjoy and look forward to.
- Surround yourself with cheerful people. Avoid stress carriers.
- Get rid of or manage your exposure to things that cause stress.
- Prioritize your daily tasks. Don’t overschedule or commit to doing too much.
- Escape for a little while. Watch a movie, visit a museum, etc.



Continued on Next Page





Stress & Posttraumatic Stress Disorder, Continued

Self-Care, Continued

- Studies show that having a pet, such as a dog or cat, appears to buffer the effects of stress on health.
- View changes as positive challenges.
- Laugh a lot. Keep a sense of humor.
- Take a warm shower or bath.
- Listen to music that is calming.
- Reward yourself with little things that make you feel good. Give yourself some “me” time.
- Help others.
- Count to 10 when you’re so upset you want to scream. This helps to calm you down.
- Have a warm cup of herbal tea.
- Practice deep breathing:
 - Sit in a chair, arms at your sides, legs uncrossed.
 - Note any tension in your muscles.
 - Put one hand on your chest and the other hand on your abdomen.



Enjoy a pet.

- Take in a breath slowly and deeply through your nose. Allow your abdomen to expand and push up your hand. After your abdomen is full of air, allow your chest to expand, pushing up your other hand. This is one long, steady breath.
- Hold the air in for 3 seconds.
- Purse your lips and exhale through your mouth. Make a relaxing, whooshing sound.
- Continue to take long, slow, deep inhales through your nose and let out long, slow exhales through your mouth.
- Focus on the sound and feeling of deep breathing. Continue for 3 to 5 minutes.



Contact Doctor or Counselor When:

- You often have anxiety, nervousness, crying spells, or confusion about how to handle a problem.
- You abuse alcohol and/or drugs (illegal or prescription) to deal with stress.
- You have been a part of a traumatic event in the past (e.g., wartime event, airplane crash, rape, or assault) and you have any signs or symptoms of PTSD listed on page 322.



Stress & Posttraumatic Stress Disorder, Continued

- You suffer from a medical illness that you are unable to cope with or that leads you to neglect proper treatment.
- You withdraw from others.



Get Immediate Care When:

- You are so distressed that you make plans for suicide or have recurrent thoughts of suicide or death.
- You have impulses or plans to commit violence.



For Information on Stress, Contact:

National Center for Posttraumatic Stress Disorder
www.ptsd.va.gov

Suicidal Thoughts

Suicidal threats and attempts are a person's way of letting others know that he or she needs help. These should never be taken lightly or taken only as a "bluff." Most people who threaten and/or attempt suicide more than once usually succeed if they are not stopped.

Here are some facts on suicide:

- It is the 10th leading cause of death in the U.S. White males age 45-54 years have the highest rate of suicide.
- It is more common in men than in women. Women attempt suicide 3 times more often than men, but men die from suicide 4 times more often than women. White men die from suicide more often than black men.
- More deaths occur from suicides than from homicides every year.
- Veterans account for about 18 percent of suicides in the U.S.

Prevention

- Know the warning signs for suicide. See "Contact Doctor or Counselor When:" section on page 327.
- Call the National Suicide Prevention Lifeline or Veterans Crisis Line to talk to a trained counselor
- Take courses that teach problem solving, coping skills, and suicide awareness at local hospitals, community centers, etc.
- Get help for emotional and/or physical problems that lead to thoughts of or attempted suicide, such as depression (see page 312).
- Keep firearms, drugs, etc., away from potential victims.





Suicidal Thoughts, Continued

Signs, Symptoms & Causes

Suicidal thoughts could be a signal for help if they:

- Don't go away or occur often
- Lead to suicidal threats, gestures, or attempts
- Increasing use of alcohol and/or drugs
- Sleeping much more or less than usual
- Isolating or withdrawing from others
- Showing rage or seeking revenge
- Behaving recklessly
- Talking about feeling trapped, hopeless, or in unbearable pain
- Are a symptom of a medical illness or mental health condition, such as:
 - Depression (see page 312). Up to 70% of persons who die from suicide suffered from depression right before their deaths. Also, some antidepressant medicines may increase the risk of suicide thoughts and behaviors. This risk may be higher the first days to a month after starting the medicine.
 - Bipolar disorder (manic depression). This is a mood disorder with mood swings from elation and/or euphoria to severe depression. Suicide can take place during either a manic or depressive episode.

- Posttraumatic Stress Disorder (see pages 322 to 325)
- Schizophrenia. This is a group of mental disorders in which there are severe disturbances in thinking, mood, and behavior. The sufferer has delusions, hallucinations, disordered thinking, and/or inappropriate emotions.
- Grief/Bereavement (see page 319). A person may find it hard to go on living without their loved one or may want to be with him or her in death.

Care

Emergency care and hospitalization is necessary after an attempted suicide. Persons with suicidal thoughts should seek medical treatment.



Self-Care:

If you are having thoughts of suicide:

- Call the Suicide Prevention Lifeline at 1-800-273-8255. {If you are a Veteran, press "1." You will be routed to the Veterans Crisis Line.}
- Let someone know. Talk to a trusted family member or friend. If it is hard for you to talk directly to someone, write your thoughts down. Let someone else read them.



Suicidal Thoughts, Continued



Contact Doctor or Counselor When:

- You have thoughts of suicide and any of these conditions:
 - Depression
 - Manic depression
 - Schizophrenia
 - Any other mental health or medical condition
- Thoughts of suicide came as a result of taking, stopping, or changing the dose of a prescribed medicine or using drugs and/or alcohol.
- You have thoughts of suicide with signs and symptoms of depression (see page 312).
- With thoughts of suicide, you have recently done any of the following:
 - Given away favorite things, cleaned the house, and gotten legal matters in order
 - Given repeated statements that indicate suicidal thoughts, such as, “I want to be dead,” “I don’t want to live anymore,” or, “How does a person leave their body to science?”

- Suicidal thoughts have come as a result of an upset in life, such as a separation; a divorce; death of a loved one or other loss, such as the loss of a job; rejection, or being ridiculed.
- You have thoughts of suicide and have a family history of death by suicide.



Get Immediate Care When:

- You attempt suicide. **Call 9-1-1!**
- You are making plans for suicide (e.g., you have purchased or gotten a weapon or pills that could be used for suicide).
- You have repeated thoughts of suicide or death.
- You have made suicidal gestures, (e.g., you stood on the edge of a bridge, cut your wrists with a dull instrument, or drove recklessly on purpose).



For Information on Suicide:

Mental Health America

1-800-969-6642

www.mentalhealthamerica.net

National Suicide Prevention Lifeline

1-800-273-8255

www.suicidepreventionlifeline.org

(Veterans press “1” to be routed to the Veterans Crisis Line.)

www.veteranscrisisline.net



Men's Health



Erectile Dysfunction (ED)

With **erectile dysfunction (ED)**, a man can't get or keep an erection firm enough for sex in 25% or more attempts. With ED, the penis does not get enough blood flow to keep it rigid enough for satisfying sex. Sometimes, ED is called impotence. Impotence can be ED, but can also mean a lack of sexual desire and problems with orgasm.

The chances for men to have ED increase as they get older, but ED is not a natural part of aging. Erectile dysfunction is a common problem, though. It is estimated that 15-30 million men in the U.S. have some form of failure to have or maintain an erection.

Signs & Symptoms

One or more of the following occur in 25% or more of attempts:

- Not being able to get an erection
- An erection is too brief, weak, or painful for satisfying sex.
- An erection loses strength upon penetration.

Causes & Care

Erectile dysfunction (ED) is a symptom of many other conditions.

Physical Conditions

One or more of these problems account for about 85% of cases:

- Diabetes
- Blood vessel diseases
- Spinal cord injuries or disorders
- Multiple sclerosis
- Some prostate or pelvic surgeries
- Kidney or liver disease
- Hormone deficiencies
- Smoking, alcohol, and/or drug abuse
- Side effect of some prescribed drugs. Examples are water pills, beta blockers, tricyclic antidepressants, and lipid-lowering drugs.

Psychological Causes

These account for about 10% of cases.

- Stress, including job stress
- Money or relationship problems
- Grief, depression or anxiety
- Low self-esteem



Erectile Dysfunction (ED), Continued

Not being able to perform adds to the problem. Suspect a psychological cause if you have erections during sleep or as you wake up from sleep.

Unknown Causes

These account for about 5% of cases.

Treatment includes:

- Treating any medical condition that results in ED
- Medicine for ED, as prescribed by your doctor. Let your doctor know if you are taking any other medicines, especially nitroglycerin and other heart medicines.
- Penile implant or injections
- A vacuum pump device



A doctor, often a urologist, can diagnose the cause and prescribe treatment.

- Check with your doctor before you take herbs, etc., sold for ED. These include Actra-Rx, ginko biloba, yohimbe, and Siberian ginseng.
- Don't have more than 1 to 2 alcoholic drinks a day.
- Get plenty of rest. Manage stress.
- Share your thoughts, fears, and needs with your partner.
- Don't focus on just performance. Find pleasure in hugging, kissing, and caressing your partner.
- If you have diabetes or other medical conditions, follow your treatment plan.



Contact Doctor When:

- You need a consult to rule out, diagnose, and/or treat medical conditions which may cause ED.
- ED began after taking prescribed medicine or after prostate or other surgery or trauma to the pelvis.
- You want information on medical ways to treat ED.



Prevention/Self-Care:

- Take medicine for ED, as prescribed.
- Don't smoke. Don't use street drugs.



For Information on Erectile Dysfunction (ED), Contact:

Urology Care Foundation
www.urologyhealth.org





Jock Itch

Jock itch gets its name because an athletic supporter worn, then stored in a locker, and then worn again without being washed, provides an environment in which fungi, which cause jock itch, thrive.

Prevention

- Don't wear garments that fit tightly. Wear boxers, not briefs.
- Put socks on before underwear. Fungus on the feet, such as from Athlete's foot can transfer to the groin.
- Change underwear after tasks that leave you hot and sweaty.
- Shower soon after a workout. Don't use antibacterial soap.
- Dry the groin area well. Apply talc or other powder to the groin area, too.
- Wash workout clothes after each wearing.
- Sleep in the nude or in a nightshirt.



Signs & Symptoms

Redness, itching, and scaly patches of skin occur on the skin of the groin, scrotum, and/or thigh areas.

Causes, Risk Factors & Care

Jock itch is usually caused by a fungal infection. It can also result from a bacterial infection or be a reaction to chemicals in clothing, irritating garments, or medicines that you take. Jock itch is more likely to occur after taking antibiotics or steroids, or in persons who have diabetes or a compromised immune system.

Self-care treats jock itch.



Self-Care:

- Follow prevention tips in this topic.
- Use an over-the-counter antifungal cream, powder, or lotion. Examples are: Ones with clotrimazole, such as Lotrimin; with miconazole, such as Micatin; and with tolnaftate, such as Tinactin. Follow package directions.



Contact Doctor When:

You have symptoms of jock itch that last more than 2 weeks despite using self-care.

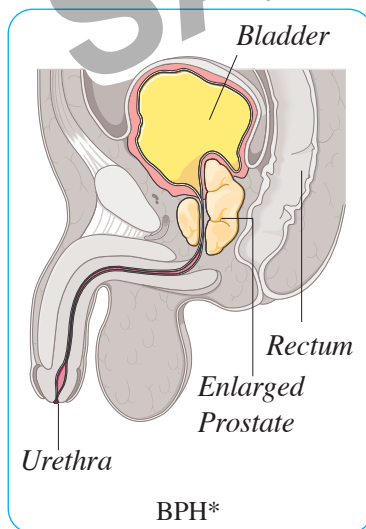


Prostate Problems

The prostate gland is a male sex gland. It makes a fluid that forms part of semen, the white fluid that contains sperm. The prostate is about the size of a walnut. It is located below the bladder and in front of the rectum. The prostate surrounds the upper part of the urethra, the tube that empties urine from the bladder.

Prostate problems are common in men 50 and older. Prostate problems include:

- Prostatitis. This is an infection or inflammation of the prostate. It can be an acute or chronic problem. With chronic prostatitis, an infection comes back again and again.
- Enlarged prostate. This is called benign prostatic hyperplasia (BPH). Most men get this with aging.
- Prostate cancer. This is the second most common form of cancer among American men. Skin cancer is first.



Signs & Symptoms

For Prostatitis:

- Pain and burning when you urinate
- Pain with orgasm
- Strong urge to urinate
- Urinating often, even during the night
- A hard time starting to urinate or emptying your bladder all the way
- Pain in the lower back and/or between the scrotum and anus
- May have blood in the urine, fever, chills

There is usually no fever with chronic prostatitis and other symptoms are usually milder than with an acute infection.

For an Enlarged Prostate:

- Increased urge to urinate
- Urinating often, especially during the night
- Delay in onset and/or slow stream of urine flow
- Not emptying the bladder all the way
- Not being able to urinate at all (rarely)

These symptoms indicate that the prostate gland has enlarged enough to obstruct the flow of urine. Sometimes BPH causes a urinary tract infection (UTI). Over time, a few men might have bladder or kidney problems or both.





Prostate Problems, Continued

For Prostate Cancer:

Prostate cancer may have no symptoms until it is advanced. When symptoms occur, they include:

- Symptoms of an enlarged prostate (see page 331)
- Blood in the urine
- Swollen lymph nodes in the groin area
- Erectile dysfunction
- Pain in the hips, pelvis, ribs, or spine

Causes & Risk Factors

For Prostatitis:

A bacterial infection. With the chronic form, the infection comes back again and again. Sometimes, urine tests may not show bacteria, but a prostate exam can confirm an infection.

For Enlarged Prostate:

- Normal aging. More than half of men in their 60s have BPH. Up to 80% of men in their 70s and 80s may have BPH.
- Prostate infections can increase the risk.

For Prostate Cancer:

- Aging. The chances increase rapidly after age 50. About 80% of all cases occur in men over age 65.
- Race. African American men are almost twice as likely to get prostate cancer as Caucasian American men.
- Family history of prostate cancer.
- Diet and obesity. A diet high in vegetables, fruits, and legumes; regular physical activity; and staying at a healthy weight may help lower the risk.

Care

Discuss prostate cancer screening with your doctor and at what age you should start talking about this. Ask about the benefits and harms of having prostate-specific antigen (PSA) blood tests.

Treatment depends on the prostate problem.

For Prostatitis:

Treatment includes antibiotics and self-care measures. (See pages 333 and 334.)



Prostate Problems, Continued

For an Enlarged Prostate:

Treatment varies. Options include:

- Watchful waiting. This is getting no treatment, but having regular exams to see if your BPH is causing problems or getting worse.
- Medications. One type helps relax the smooth muscle of the bladder neck and prostate. Another type causes the prostate to shrink.
- Surgery. There are many types and many new procedures. Check with your doctor for one(s) best suited for your needs.

Prostate surgery can result in problems, such as impotence and/or incontinence. It is important to discuss the benefits and risks of these operations with your doctor. Most men who undergo surgery have no major problems.

For Prostate Cancer:

Treatment depends on the man's age and health. It also depends on how slow the cancer is expected to grow or if it has spread beyond the prostate.

- Watchful waiting. This means getting no treatment, but having tests at certain times to check for changes that may need treatment.
- Surgery. There are many types.
- Radiation therapy
- Hormonal therapy

More than one type of treatment may be used.



Self-Care:

For an Enlarged Prostate:

- Stay sexually active.
- Avoid taking over-the-counter medicines with antihistamines.
- Avoid dampness and cold temperatures.

For Prostatitis:

- Take antibiotics as prescribed.
- Rest until fever and pain are gone.
- Take an over-the-counter medicine for pain and swelling, if needed. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)

Continued on Next Page





Prostate Problems, Continued

Self-Care, Continued

For Both an Enlarged Prostate and Prostatitis:

- Take warm baths.
- Don't let the bladder get too full. Urinate as soon as the urge arises. Relax when you urinate.
- When you take long car trips, stop often to urinate.
- Limit coffee, alcohol, and spicy foods.
- Don't drink liquids before going to bed.
- Reduce stress.
- Don't smoke. If you smoke, quit.



Drink 8 or more glasses of water every day.



Contact Doctor When:

- You have any signs or symptoms listed for: Prostatitis on page 331; an enlarged prostate on page 331; or prostate cancer on page 332.
- You have a diagnosis of a prostate cancer or an enlarged prostate, and your symptoms are getting worse.
- You have symptoms of prostatitis that: Don't improve after 3 days of treatment; get worse during treatment; or come back after treatment.
- You need to schedule screening or follow-up tests for an enlarged prostate or prostate cancer.



For Information on Prostate Problems, Contact:

Urology Care Foundation
www.urologyhealth.org

National Cancer Institute
1-800-4-CANCER (422-6237)
www.cancer.gov

Women's Health



Breast Lumps, Cancer, Self-Awareness & Self-Exam

Breast Lumps

Feeling a lump or lumps in your breast(s) can be scary. For a lot of women, the first thought is cancer. The good news is that 80 to 90% of breast lumps are not cancerous.

Signs, Symptoms & Causes

- Solid tumors. These include:
 - Lipomas. These are fatty tumors that can grow very large. They are usually benign.
 - Fibroadenomas. These lumps are round, solid, and movable and are usually benign.
 - Cancerous lumps. Often, these are firm to hard masses that do not move when felt. They are often an irregular shape.
- Cysts (sometimes called fibrocystic breast disease). These cysts:
 - Are fluid filled sacs
 - Are painful and feel lumpy or tender

- Can occur near the surface of the skin of the breast and/or be deep within the breast. This second type may need to be tested with a biopsy to make sure it is benign.

- Nipple-duct tumors. These tumors occur within the part of the nipple that milk flows through and cause a discharge from the nipple. These tumors should be surgically removed.

In rare instances, there can be a bloody discharge from the nipple which could indicate cancer.

Breast Cancer

Breast cancer is the most common form of cancer among women. Each year, about 255,200 women find out they have breast cancer. About 40,500 women die from it.

Men can also develop breast cancer. Yearly, about 460 men die from it. Men should look for and report a breast lump or other change to their doctors.

Signs & Symptoms

Breast cancer often develops without signs and symptoms. This is why age appropriate screening for breast cancer is important.





Breast Lumps, Cancer, Self-Awareness & Self-Exam, Continued

Causes & Risk Factors

Breast cancer results from malignant tumors that invade and destroy normal tissue. When these tumors break away and spread to other parts of the body, it is called metastasis. Breast cancer can spread to the lymph nodes, lungs, liver, bone, and brain.

- Being a woman is the main risk factor. The chances of getting breast cancer increase with age.

Current Age	Chances of Getting Breast Cancer in the Next 10 Yrs.
30	1 in 222
40	1 in 68
50	1 in 43
60	1 in 29
70	1 in 25
Lifetime risk	1 in 8

Source: National Cancer Institute, 2014

- Changes in BRCA1, BRCA2, and other cancer genes
- Personal history of breast cancer or a mother or sister has or had breast cancer
- Dense breast tissue (shown on mammograms)

- Certain abnormal breast changes that are not cancer. These changes are found during a breast biopsy.
- Radiation therapy to the chest before age 30
- Never giving birth or having a first full term pregnancy after age 30. Never breastfed a baby.
- Menstruation started before age 12. Menopause occurred before age 55.
- Being overweight or obese after menopause
- Alcohol. The more used, the greater the risk.
- Race. Caucasian women have a greater risk than Asian, African American, Hispanic, and Native American women.
- Eastern and Central European Jewish ancestry
- Hormone therapy (estrogen plus progestin) after menopause and/or recent use of birth control pills may be factors.
- Lack of physical activity throughout life

Ask your doctor about your risk for breast cancer. You can also call 800.4.CANCER (422.6237) or access www.cancer.gov/bcrisktool for the Breast Cancer Risk Assessment Tool.



Breast Lumps, Cancer, Self-Awareness & Self-Exam, Continued

Detection

- Have mammograms. (See “Get Recommended Screening Tests” on page 35.)
- Do breast self-exams (see page 339), if and as advised by your doctor.
- Get an ultrasound exam or magnetic resonance imaging (MRI) as advised.

If a lump or other problem is found, additional tests can check for cancer.

Care

Finding and treating the cancer early is vital. Treatment is based on the type, size, and location of the tumor. It also depends on the stage of the disease and individual factors you may have. One or more of these methods are used:

- Surgery. There are many options.
- Sentinel lymph node biopsy and surgery
- Chemotherapy
- Radiation therapy
- Hormonal therapy
- Targeted therapy. This kills cancer cells but not normal cells.
- Stem cell or bone marrow transplant
- Clinical trials

- Brachytherapy. This is the use of radioactive “seeds.” These are put into the breast at the site where the tumor was removed.



Self-Care/Prevention:

For Cystic Breasts:

- Do a breast self-exam as advised by your doctor. See “Breast Self-Awareness & Self-Exam (BSE)” on page 339.
- Get to and stay at a healthy body weight.
- Do regular exercise.
- Avoid caffeine in: Beverages (coffee, colas, and drinks with chocolate); foods (chocolate); and medicines (appetite suppressants, some pain relievers, such as Extra Strength Excedrin, etc.)
- Limit salt and sodium intake to prevent fluid buildup in the breasts.
- Don't smoke and don't use nicotine gum or patches. Limit alcohol use.
- Take an over-the-counter pain reliever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Wear a bra that provides good support.

Continued on Next Page





Breast Lumps, Cancer, Self-Awareness & Self-Exam, Continued

Self-Care, Continued

For Breast Pain:

- Apply warm heat (heating pad, set on low, or hot water bottle) for 30 minutes, then an ice pack for 10 minutes. Repeat as often as needed.
- If advised by your doctor, take vitamin supplements.

To Reduce the Risk of Breast Cancer:

- If you are at a high risk for breast cancer, check with your doctor about taking a prescribed medicine, such as raloxifene.
- Eat a healthy diet, with a variety of fruits and vegetables, whole-grain breads and cereals, and less fat.
- Get to and stay at a healthy body weight.
- Be physically active. Do 30 or more minutes of moderate activity most days of the week; daily, if you can.
- Avoid unnecessary X-rays. Wear a lead apron when you get dental and other X-rays not of the chest.
- Limit your alcohol intake to 1 drink per day, if any.



Contact Doctor When:

- You see or feel any lumps, thickening, or changes of any kind or have breast pain or constant tenderness.
- You notice dimpling, puckering, retraction of the skin, or a change in the size, shape, or contour of the breast.
- Your nipples become drawn into the chest or inverted totally, change shape, or become crusty from a discharge.
- You have a nonmilky discharge when you squeeze the nipple of either breast.
- You have redness, swelling, and warmth in a breast. The skin on the breast may appear pink, reddish purple, or bruised.
- You normally have lumpy breasts (already diagnosed as being benign by your doctor), but now notice any new lumps or have any lumps that have changed in size or you are concerned about having “benign” lumps.
- You have a family history of breast cancer, especially in your mother or sister, even if you don’t notice any problems when you examine your breasts. Your doctor can counsel you about preventive and screening programs that suit your needs.



Breast Lumps, Cancer, Self-Awareness & Self-Exam, Continued

Breast Self-Awareness & Self-Exam (BSE)

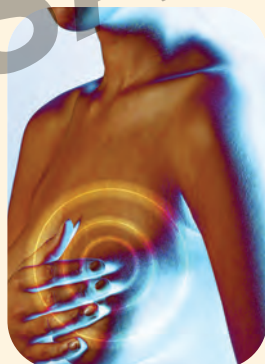
Breast self-awareness is knowing how your breasts normally look and feel and checking for changes. You can do this while you shower or get dressed. A breast self-exam (BSE) is a step-by-step method to examine your breasts. Ask your doctor if and how often you should do a BSE and about its benefits and limitations.

If you still menstruate, the best time to do a BSE is within 3 days after your period stops. After menopause, do a BSE the same day of each month.

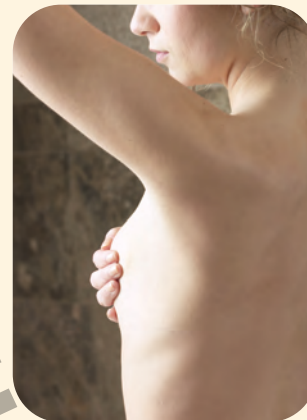
BSE Is a Three-Step Process:

1. In the shower:

Lather your breasts with soap. Raise one arm. Move the pads of your 3 middle fingers, held flat, along the collarbone, over the entire breast (the tissue around the nipple, too), and your underarm area. Use your right fingers for your left breast and your left fingers for your right breast. Check for changes, lumps, knots, etc.



2. In front of a mirror: Hold your arms at your sides. Look for changes in the shape of your breasts; dimpled, puckered, or scaly skin; or nipple changes or discharge. Raise your arms over your head. Look for the same thing.



3. Lying down: Place a pillow under your right shoulder. Put your right hand behind your head. Move the pads of your left hand's 3 middle fingers, held flat, along the collarbone and over the entire right breast and underarm area. Massage the colored tissue around the nipple. Squeeze the nipple gently. Check for a clear or bloody discharge. Repeat all of these steps for the left breast.

Some lumpiness or thickening in the breasts is normal. Your "job" isn't just to find lumps, but to notice if there are *any* changes. If you have questions, ask your doctor. Don't self-diagnose.





Breast Lumps, Cancer, Self-Awareness & Self-Exam, Continued



For Information on Breast Lumps, Cancer, Self-Awareness & Self-Exam, Contact:

National Cancer Institute
1-800-4-CANCER (422-6237)
www.cancer.gov

Cervical Cancer

The cervix is the lower, narrow part of the uterus. Cancer of the cervix is found most often in women over the age of 30. (Source: Centers for Disease Control and Prevention.) It is rare in women under age 20, but it can occur.

Signs & Symptoms

An abnormal Pap test can be an early sign of cervical cancer. Signs and symptoms are not often present in the early stages of the disease. Late stage symptoms include:

- Vaginal bleeding after sex, douching, or a pelvic exam. Vaginal bleeding that is not normal for you.
- Increased vaginal discharge.
- Pain in the pelvic area.
- Pain during sex.

Causes, Risk Factors & Care

- The main risk factor is being infected with human papillomavirus (HPV). This is passed from one person to another during sex. Only some, not all women who are infected with HPV, get cervical cancer. There are many types of HPV. Certain types cause most cervical cancers. Other types increase the risk for genital warts or other conditions that are not cancer. Any woman who has ever had sex is at risk for getting HPV infections. The risk increases for persons who:
 - Started having sex at an early age
 - Had or have sex with multiple partners. The more partners, the greater the risk.
 - Had or have sex with a partner who: Has HPV; began having sex at a young age; and/or has or had many sexual partners
- Had unprotected sex
- Not having routine cervical cancer screenings. Cervical cancer screenings screen for cells on the surface of the cervix that are abnormal and that can turn into cancer cells. It can take years for this to occur, but could happen in a short period of time, too. These changing cells can be treated so they don't turn into cancer.



Cervical Cancer, Continued

- Smoking
- Having a current or past sexually transmitted infection (STI), such as chlamydia. This increases the chance of getting HPV.
- Taking drugs or having HIV/AIDS or any other condition that lowers the immune system
- Being the daughter of a mother who took a drug known as DES during pregnancy. This drug was used from about 1940 to 1970, mostly to prevent miscarriages

Cervical cancer can be cured if it is treated early. To find it early, have regular cervical cancer screenings and pelvic exams. Screening for cervical cancer includes Pap tests or Pap tests and HPV testing. (See “Get Recommended Screening Tests” on page 35.) Also, get tested for other STIs, as advised by your doctor.

Treatment depends on the diagnosis. The precancerous form of cervical cancer (**dysplasia**) can be treated with laser therapy, conization (removal of a portion of the cervix), or cryotherapy (freezing). For cervical cancer, surgery, radiation therapy, and/or chemotherapy are needed.



Self-Care:

- Take measures to prevent getting HPV and other sexually transmitted infections (STIs). (See “Prevention” in “Basic Facts About STIs” on pages 360 and 361.) Tell your partner or partners to get tested, too.
- Avoid douching, unless directed by your health care provider.
- Don't smoke. If you smoke, quit.



Contact Doctor When:

- You have a leakage of urine and feces through the vagina; pain in the abdomen; signs of anemia, such as fatigue, dizziness; and poor appetite and weight loss.
- You have any of these problems:
 - Constant vaginal bleeding or vaginal bleeding after menopause
 - Spotting between periods or bleeding after intercourse
 - Pelvic pain
 - Thick or watery vaginal discharge
- You have 2 or more risk factors for cervical cancer listed on page 340 and you have not had recommended cervical cancer screenings. (See “Get Recommended Screening Tests” on page 35.)





Cervical Cancer, Continued



For Information on Cervical Cancer, Contact:

National Cancer Institute
1-800-4-CANCER (422-6237)
www.cancer.gov

Hormone Therapy (HT)

Hormone therapy (HT) was formerly known as hormone replacement therapy (HRT). It gives prescribed hormones - estrogen and progesterone or its synthetic form (e.g., progestin). Estrogen given alone is estrogen therapy (ET). This was commonly called estrogen replacement therapy (ERT).

Hormones can be given in many forms: Oral pills; estrogen patches and vaginal creams; and the vaginal ring, Estring.

According to the Food and Drug Administration (FDA), each woman should consult her doctor about the overall risks and benefits of hormone therapy. Each woman should also discuss non-estrogen treatments with her doctor, too.

Risks of Hormone Therapy

Combined estrogen and progestin therapy has been found to increase the risks for:

- Breast cancer
- Blood clots
- Gallbladder disease
- Heart attacks
- Stroke

There is no increased risk for uterine cancer if progesterone is given with estrogen. Estrogen without progesterone may increase the risk for uterine cancer.

Benefits of Hormone Therapy

- Increases bone mineral density and reduces the risk of fractures
- Relieves hot flashes and night sweats
- Reduces thinning of the vaginal lining and sagging of the pelvic muscles
- Improves bladder function. This can help with incontinence.
- May lower the risk of colon cancer and macular degeneration



HT improves spirits in someone with mild depression.



Hormone Therapy (HT), Continued

Side Effects of Hormone Therapy

- Weight gain or bloating
- Headaches
- Vaginal bleeding
- Breast tenderness
- Depression

Should You Take Hormone Therapy?

Discuss the possible benefits, risks, and side effects with your doctor. The decision should be based on:

- Your age and stage of menopause you are in
- Your personal health history and risk factors for heart disease, osteoporosis, breast cancer, etc.
- Your symptoms and how severe they are
- An understanding of the risks and benefits of HT

A major study concluded that the harmful effects of a specific combination of estrogen and progestin therapy are likely to exceed the chronic disease prevention benefits for most women. If you decide to use HT, use the **lowest dose** that helps and for the **shortest time** needed.

When you take HT, consult your doctor about its continued use. You should also have regular medical checkups, as advised. Checkups should include a blood pressure reading, pelvic and breast exams, and a mammogram.

If You Choose Not to Take Hormone Therapy or are Advised Against It

- Follow “Self-Care” measures in “Menopause” on page 345.
- Follow “Prevention” measures on page 260 and “Self-Care” measures on page 262 for osteoporosis.
- Have regular checkups with your doctor.
- Ask about medicine alternatives and other ways to reduce the risk of bone fractures and heart disease.

Menopause

Menopause (“the change of life”) is when a women’s menstrual periods have stopped for 1 whole year. In general, it occurs between the ages of 45 and 55. It can, though, occur as early as 35 or as late as 65 years of age. It can also result from the surgical removal of both ovaries.



Menopause, Continued

Signs & Symptoms

Most of the following signs and symptoms start many years before the last menstrual period. This time span is called perimenopause. Signs and symptoms vary from woman to woman.

Physical Signs and Symptoms

- Hot flashes and night sweats. These are sudden waves of heat that can start in the waist or chest and work their way to the neck and face and sometimes the rest of the body. They can occur as often as every 90 minutes. Each one can last from 15 seconds to 30 minutes; 5 minutes is average. Seventy-five to 80% of women going through menopause have hot flashes.
- Irregular periods. Bleeding can occur between periods. Periods can get shorter and lighter for 2 or more years. Periods can stop for a few months and then start up again and be more widely spaced. They can bring heavy bleeding and/or the passage of many small or large blood clots.
- Vaginal dryness. The vaginal wall also becomes thinner. These problems can make sexual intercourse painful or uncomfortable and can lead to irritation and increased risk for infection.

- Loss of bladder tone which can result in stress incontinence (leaking urine when you cough, sneeze, laugh, or exercise)
- Headaches, dizziness
- Skin and hair changes. The skin is more likely to wrinkle. {**Note:** Sun exposure and smoking cause skin changes more than menopause does.} Growth of facial hair, but thinning of hair in the temple region can occur.
- Muscles lose some strength and tone.
- Bones become more brittle, increasing the risk for osteoporosis.
- The risk for a heart attack may increase when estrogen levels drop.

Emotional Changes

- Irritability, mood changes
- Lack of concentration, difficulty with memory
- Tension, anxiety, depression
- Insomnia which may result from hot flashes that interrupt sleep

Causes & Care

Hormone changes that come with aging cause menopause. The body makes less estrogen and progesterone.



Menopause, Continued

Treatment for the symptoms of menopause varies from woman to woman. Self-care may be all that is needed. Hormone therapy can reduce many of the symptoms of menopause. Each woman should discuss the benefits and risks of hormone therapy and non-estrogen treatments with her doctor. (See “Hormone Therapy (HT)” on page 342.)

Medication to treat depression and/or anxiety may be prescribed for some women. Also, certain sedative medicines can help with hot flashes.



Self-Care:

For Hot Flashes and Night Sweats:

- Wear lightweight, cotton clothes. When you sleep: Have changes of nightwear ready; instead of blankets, use only a top sheet; keep the room cool.
- Limit or avoid beverages with caffeine or alcohol. Avoid rich and/or spicy foods.
- Don't eat a lot of food at one time.
- Drink cool water when you feel a hot flash coming on and before and after exercise. Avoid hot drinks.

- Have 1 to 2 servings per day of a food made with soy (soybeans, soy milk, tofu, miso, etc.).
- Keep cool: Open a window; lower the thermostat; use air conditioning and/or fans.
- Relax. Meditate, etc.

For Vaginal Dryness and Painful Intercourse:

- Don't use deodorant soaps or scented products in the vaginal area.
- Use a water soluble lubricant, such as K-Y Jelly, Replens, etc. Avoid oils or petroleum-based products.
- Ask your doctor about a prescribed estrogen cream, tablets, or estrogen ring that can be inserted in the vagina.
- Keep sexually active.
- Don't use antihistamines unless truly needed.

To Deal with Emotional Symptoms:

- Get regular exercise.
- Talk to women who have gone through menopause.
- Manage stress.
- Use massage therapy.

Continued on Next Page





Menopause, Continued

Self-Care, Continued

- Relax. Meditate, do yoga, etc.
- Eat healthy. Check with your doctor about taking vitamin/mineral supplements and herbal products, such as black cohosh.



Contact Doctor When:

- You have any of these problems:
 - Heavy bleeding with your periods
 - Bleeding between periods
 - Passing many small or large blood clots, which leave you pale and very tired
- You have symptoms that are severe or occur often enough to interfere with your normal activities.
- Menstrual periods have begun again after not having a period for 6 months.
- You want advice on HT, vitamins, and herbal products.
- You have side effects, if on HT.
- You no longer have regular menstrual periods and need advice to prevent getting pregnant.

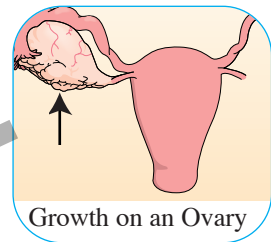


For Information on Menopause, Contact:

National Women's Health Information Center
1-800-994-9662
www.womenshealth.gov

Ovarian Cancer

The ovaries are two almond-sized organs on either side of the uterus. Growths can form in, on, or near the ovaries.



For the most part, tumors in the ovary are benign. Malignant tumors are ovarian cancer. This type of cancer occurs most often between the ages of 50 and 75, but can occur at any age.

Signs & Symptoms

In many cases, the cancer has spread by the time it is found. When symptoms appear, they are vague problems, so are often ignored. Symptoms, even in early-stage ovarian cancer are:

- Bloating
- Pain in the abdomen or pelvis
- Difficulty eating or feeling full quickly



Ovarian Cancer, Continued

- Urgent need to pass urine or passing urine often

These symptoms last almost daily for more than a few weeks.

Other symptoms can include:

- Back pain. Pain with intercourse.
- Constipation. Indigestion.
- Fatigue. Menstrual irregularities.

Causes, Risk Factors & Care

Ovarian cancer may result from constant activity in the ovaries that increases the possibility of genetic mutation. This is more apt to occur when regular ovulation is not interrupted by pregnancy, breastfeeding, or taking birth control pills. Risk factors for ovarian cancer are:

- Not having children or having had them at an older age
- Never taking birth control pills
- Going through menopause after age 55
- Family history of ovarian, colon, breast, prostate, or lung cancer or personal history of breast, uterine, colon, or rectal cancer
- Being Caucasian
- Increasing age

No completely reliable test exists for ovarian cancer. Ways to detect it include yearly pelvic and rectal exams and an ultrasound. A CA-125 blood test can be done, but is more useful in detecting the progression of ovarian cancer. It is not a reliable screening test for ovarian cancer.

When cancer is found, treatment includes:

- Surgery. The ovaries, uterus, and fallopian tubes are removed. If the cancer has spread, the surgeon removes as much of the cancer as possible.
- Chemotherapy
- Radiation therapy
- Clinical trials



Self-Care:

Note: Medical care, not self-care, is needed to treat ovarian cancer.



Contact Doctor When:

- You have 1 or more warning signs of ovarian cancer listed in this topic.
- You need to schedule yearly pelvic and rectal exams.
- You have a family history of ovarian, colon, breast, prostate, or lung cancer, especially if your mother, sister, or daughter has had ovarian cancer.





Ovarian Cancer, Continued

- You have a personal history of breast, uterine, or rectal cancer.



For Information on Ovarian Cancer, Contact:

National Cancer Institute
1-800-4-CANCER (422-6237)
www.cancer.gov

Uterine Cancer

The uterus (womb) is a hollow, pear-shaped organ in a female's lower abdomen between the bladder and the rectum. Cancer of the uterus most often affects the endometrium, the lining of the uterus, so is also called endometrial cancer. It is the most common reproductive cancer in women. Most women diagnosed with uterine cancer are between the ages of 50 and 70. When found and treated early, though, more than 90% of cases can be cured.

Signs & Symptoms

- Abnormal bleeding, spotting, or discharge from the vagina is the most common symptom.

- Any vaginal bleeding or spotting after menopause. The bleeding can begin as a watery, blood-streaked discharge. Later it can contain more blood.

{**Note:** Some cases of uterine cancer can be detected by a Pap test, but this is used to detect cervical cancer. Even if you have had a recent normal Pap test, see your doctor if you have post menopausal vaginal bleeding.}

Cancer of the uterus does not often occur before menopause. It can occur around the time menopause begins, though. When bleeding stops and starts up again, let your doctor know. If you are on hormone therapy, you may have regular cyclic bleeding.

Causes, Risk Factors & Care

The risk for uterine cancer is greater if you have had increased exposure to estrogen from one or more of the following:

- Late menopause or early menstruation
- Irregular periods or ovulation
- Polycystic ovarian disease. The ovaries become enlarged and contain many cysts due to hormone imbalances.
- Obesity. Women who are obese make more estrogen.



Uterine Cancer, Continued

- Estrogen therapy. (See “Hormone Therapy (HT)” on page 342.) {**Note:** Estrogen therapy increases the risk for uterine cancer. Giving progestin with estrogen can dramatically reduce the risk.}

Other risk factors include:

- A history of infertility
- A history of endometrial hyperplasia. This is abnormal thickening of the endometrium.
- A history of breast, colon, or ovarian cancer
- A history of pelvic radiation to treat another type of cancer.
- Diabetes

Treatment includes one or more of the following:

- Surgery. Most women have a total hysterectomy. This removes the uterus, cervix, fallopian tubes, and ovaries.
- Radiation therapy
- Chemotherapy
- Hormonal therapy
- Clinical trials



Self-Care:

Medical care, not self-care, is needed for uterine cancer.



Contact Doctor When:

- You have any “Signs & Symptoms” of uterine cancer listed on page 348.
- You need to schedule your yearly pelvic exam.



For Information on Uterine Cancer, Contact:

National Cancer Institute
1-800-4-CANCER (422-6237)
www.cancer.gov

Vaginal Problems

A number of vaginal problems occur in women over age 50. Often, the problems are due to changes in the vagina that come with menopause. These include:

- Vaginal dryness
- Thinning of the walls of the vagina
- Loss of elasticity in the muscles in the vagina
- Shrinkage of the labia (external genitals that cover and protect the opening of the vagina)





Vaginal Problems, Continued

These changes can lead to common vaginal problems, such as:

- Pain during and after intercourse
- Vaginitis – vaginal swelling, irritation, and/or infections. (See “Vaginal Problems Chart” below.)

Less common vaginal problems in women over 50 are:

- Sexually transmitted infections (STIs). (See “STI Chart” on pages 362 to 366.)
- Cancer of the vagina, which is rare.
- Abnormal vaginal bleeding (unless still menstruating or on hormone therapy (HT))

It is common for menstrual periods to be irregular for several years before menopause. You should discuss any changes in your cycle with your health care provider. For premenopausal women, the most common causes of abnormal vaginal bleeding, in this order, are: Not ovulating; malignancy; pregnancy; endometriosis; and benign tumors. The most common cause of abnormal vaginal bleeding after menopause is malignancy.

The chart below lists signs and symptoms of vaginal problems and what to do about them. {**Note:** All vaginal bleeding that occurs after menstruation has stopped should be evaluated by your doctor.}

Vaginal Problems Chart		
Signs & Symptoms	What It Could Be	What to Do
Vaginal bleeding with: <ul style="list-style-type: none"> ■ A known bleeding disorder and you also have blood in your urine or stool ■ Heavy vaginal bleeding after taking a clot dissolving drug for a heart attack or stroke 	Hemorrhage	Get immediate care.

Vaginal Problems Chart Continued on Next Page



Vaginal Problems, Continued

<i>Vaginal Problems Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
<p>Vaginal bleeding after trauma to the abdomen, pelvis, or vagina or vaginal bleeding with any of these problems:</p> <ul style="list-style-type: none"> ■ Dizziness and very heavy bleeding (you saturate more than 1 full sized pad in an hour's time) ■ Pale and moist skin and a decreased level of consciousness ■ Extreme shortness of breath or a very hard time breathing ■ Severe abdominal pain 	Internal injury	Get immediate care.
<p>Vaginal bleeding with 2 or more of these problems:</p> <ul style="list-style-type: none"> ■ Abdominal tenderness and/or bloating ■ Pain in the pelvis or back ■ Pain during intercourse ■ Skin on your abdomen feels sensitive ■ Vaginal discharge with abnormal color or odor ■ Change in menstrual flow, if still menstruating ■ Fever, chills 	Pelvic Inflammatory Disease (PID). This is an infection of the uterus, fallopian tubes, and/or ovaries.	Contact doctor.

Vaginal Problems Chart Continued on Next Page





Vaginal Problems, Continued

Vaginal Problems Chart, Continued

Signs & Symptoms	What It Could Be	What to Do
Vaginal bleeding after menopause, unless on estrogen therapy (ET)	Infection of the cervix, uterus, or vagina. Cervical, uterine, or vaginal cancer.	Contact doctor. Follow guidelines in “Cervical Cancer” on page 340 and “Uterine Cancer” on page 348.
Abnormal vaginal bleeding with: <ul style="list-style-type: none"> ■ Mild itching and burning around the vagina ■ Burning or pain when urinating or urinating more often ■ A vaginal discharge with abnormal color ■ Abdominal discomfort 	Gonorrhea or similar sexually transmitted infection (STI)	Contact doctor. See “Gonorrhea” on page 364.
Sores and/or painful blisters in the genital area and sometimes on the thighs or buttocks	Genital herpes	Contact doctor. See “Genital Herpes” on page 362.
<ul style="list-style-type: none"> ■ Vaginal itching, burning, and redness ■ Greenish-yellow vaginal discharge ■ Burning or pain when urinating 	Trichomoniasis	Contact doctor. See “Trichomoniasis” on page 366.

Vaginal Problems Chart Continued on Next Page



Vaginal Problems, Continued

<i>Vaginal Problems Chart, Continued</i>		
Signs & Symptoms	What It Could Be	What to Do
<ul style="list-style-type: none"> ■ Mild vaginal irritation or burning ■ A thin, gray, or milky white vaginal discharge. This has a fishy odor, which is noticed more after sex. (About half of females have no symptoms.) 	Bacterial vaginosis. This is an infection from one or more types of bacteria that may or may not be sexually transmitted.	Contact doctor.
Vaginal dryness, irritation, itching, and burning	Atrophic vaginitis. This is caused by a decrease in estrogen.	Contact doctor. See “Care” for “Atrophic Vaginitis” on page 354.
<ul style="list-style-type: none"> ■ Itching, irritation, and redness around the vagina ■ Thick, white vaginal discharge that looks like cottage cheese and may smell like yeast ■ Burning and/or pain when urinating or with sex 	Vaginal yeast infection	Use self-care. See “Care” and “Self-Care/Prevention” for “Vaginal Yeast Infection” on page 354.
Itching and redness in the outer genital area without other symptoms	Vaginitis from contact dermatitis	Use self-care. See “Care” and “Self-Care/Prevention” for “Contact Dermatitis in the Vaginal Area” on page 354 and page 355.





Vaginal Problems, Continued

Care

Medical treatment depends on the cause.

For Atrophic Vaginitis:

Use a prescribed estrogen cream or prescribed estrogen pills.

For Bacterial Vaginosis:

Use a prescribed antibiotic cream or gel or prescribed antibiotic pills.

For a Vaginal Yeast Infection:

It is important, though, to make sure that you have the right problem diagnosed. A burning sensation could be a symptom of a urinary tract infection caused by bacteria, which requires an antibiotic. Antibiotics will not help yeast infections. They make them worse. Trichomoniasis mimics yeast infections, too. (See “Trichomoniasis” on page 366.)

Chronic vaginal infections can be one of the first signs of diabetes, sexually transmitted diseases, or HIV in women.

Self-care measures treat most vaginal yeast infections. Your doctor can prescribe a vaginal cream or suppositories or an oral antifungal medicine, such as Diflucan.

For a Severe Case of Contact Dermatitis in the Vaginal Area:

Use an ointment prescribed by your doctor.

Other medical treatments are treating the specific cause, such as STIs (see page 362), cervical cancer (see page 340), and uterine cancer (see page 348).



Self-Care/Prevention:

For a Vaginal Yeast Infection or Bacterial Vaginosis:

- Bathe or shower often. Clean the inside folds of the vulva. Dry the vaginal area well.
- Wipe from front to back after using the toilet.
- Wear all-cotton underwear.
- Don't wear garments that are tight in the crotch.
- Change underwear and workout clothes right away after sweating.
- If you still menstruate, use unscented tampons or sanitary pads and change them often.
- Don't use bath oils, bubble baths, feminine hygiene sprays, or perfumed or deodorant soaps.
- Don't sit around in a wet bathing suit.

Continued on Next Page



Vaginal Problems, Continued

Self-Care/Prevention, Continued

- Shower after you swim in a pool to remove the chlorine from your skin. Dry the vaginal area well.
- Eat well. Include foods that contain live cultures of “lactobacillus acidophilus,” such as yogurt. If you can't tolerate yogurt, take an over-the-counter product that contains lactobacillus acidophilus.
- Let your doctor know if you tend to get yeast infections whenever you take an antibiotic. He or she may have you also take a vaginal antifungal agent.
- Use an over-the-counter product for vaginal yeast infections, such as Monistat, Gyne-Lotrimin, etc. if recommended by your health care provider.
- Avoid douching unless recommended by your health care provider.

For Vaginal Dryness and Painful Intercourse:

- Don't use deodorant soaps or scented products in the vaginal area.
- Use a water soluble lubricant, such as K-Y Jelly, Replens, etc. Avoid oils or petroleum-based products.
- Use an estrogen cream for the vagina. Your doctor needs to prescribe this.
- Maintain sexual health. (See chapter 19.)
- Don't use antihistamines unless truly needed.

For Contact Dermatitis in the Vaginal Area:

- Avoid products that cause the problem (scented items, douches, etc.).
- Apply an over-the-counter hydrocortisone cream to the affected area. Use this infrequently, though. Hydrocortisone can, itself, lead to thinning of the vaginal tissue. Follow package directions and contact your health care provider.
- Put a cool compress on the affected area.
- Wash your underwear in a gentle detergent. Rinse it twice. Use only plain water for the second rinse. Don't use a fabric softener.



Sexual Health



Sexual health is a part of overall health. Having sex on a regular basis helps maintain sexual function. Sexual health is not just safe sex. It is feeling close or intimate with a partner.

There are many ways to do this. Sex is one of them. This chapter covers changes in sexuality that come with aging and gives tips for sexual health. It also covers sexual assault and sexually transmitted infections (STIs).



Hugging, kissing, and touching are part of sexual health.

Sexual Changes with Aging

Physical Changes For Men:

- It may take longer to get an erection and to ejaculate.
- Erections may not be as hard or as large as in earlier years.
- The feeling that an ejaculation is about to happen may be shorter.
- After an ejaculation, more time needs to pass to get a second erection.

- Some males find they need more manual stimulation.
- The chances for erectile dysfunction (ED) increase.

Physical Changes For Women:

- The vagina is drier. The walls of the vagina get thinner and less elastic. These can make sex uncomfortable.
- It may take longer to feel aroused.
- Orgasms can be shorter or less intense than in years past.

Changes from Health Conditions:

Sexual health can be affected by many conditions. These include:

- Certain medicines. Ask your doctor if medicines you take affect your sexual response.
- Alcohol
- Heart attack
- Stroke
- Diabetes
- Arthritis
- HIV and STIs
- Multiple sclerosis
- Parkinson's disease
- Poor nutritional health
- Menopause
- Depression/mental health diagnosis
- History of sexual trauma/assault



Sexual Changes with Aging, Continued

- Cancer and side effects of cancer treatment
- Surgery that involves the sex organs, such as a hysterectomy



Emotional Changes:

How people feel can affect what they are able to do.

- As persons age, they may feel more anxious about their appearance or ability to perform. This can interfere with the ability to enjoy sex.
- Not having a partner through choice, divorce, or death may make it difficult to deal with sexual feelings. Masturbation can bring sexual pleasure, but persons who have been taught that it is wrong are reluctant to do it.
- A lack of sexual desire can result in having sex less often. This may be due to lower hormone levels or having an illness or a disability.

Some changes that come with aging can result in positive emotional changes:

- After menopause, both men and women may feel less anxious about having sex because they don't have to worry about a pregnancy.

- A woman may get more sexual pleasure due to having a drier, thinner, and smaller vagina which allows her to feel more friction and stimulation during sex.
- A couple may have more time and privacy for sex if their children are grown and spend less time at home.



Self-Care:

Tips for Sexual Health:

- Have sex often. Have sex when you are less tired, such as in the morning.
- Express your needs. Let your partner express his or her needs, too. Talk about your fears, fantasies, etc.
- Spend more time on foreplay. Let your partner know where and how you want to be touched.
- Take the pressure off your partner. Tell him or her that you know sex can take longer. Express your need for intimacy, not just performance.
- Avoid or limit alcohol. A little alcohol can act as an aphrodisiac. Too much can interfere with sex and lead to unsafe sex.
- Avoid illicit or illegal drug use. This can lead to unsafe sex.

Continued on Next Page





Sexual Changes with Aging, Continued

Self-Care, Continued

- Ask your doctor or pharmacist if any medicines you take can affect your sex life. Find out if another medicine can be used without this side effect.
- Stay as physically fit as you can. This allows more energy for sex.
- Plan time to be alone together and for sex. This promotes intimacy.
 - Make a point to spend at least 15 minutes of uninterrupted time with your partner each day.
 - Express your affection for each other every day.
 - Spend part of a day alone together at least once a week. Make a date to take a walk in the park, go out for dinner, or share other activities you both enjoy. Schedule time away together when you can.
 - Go to bed at the same time.
- To help prevent possible problems with sexual satisfaction, follow your doctor's advice for a chronic illness.
- Practice safe sex to prevent sexually transmitted infections. (See pages 360 to 361.)

- Give each other a massage or take a shower together.
- Keep the T.V. out of the bedroom.



Plan to spend time with each other.

Tips for Men:

- See “Causes” and “Prevention/Self-Care” for “Erectile Dysfunction (ED)” on pages 328 and 329.
- Talk to your doctor about your concerns. Be open and honest.

Tips for Women:

- Discuss hormone therapy with your health care provider (see pages 342 to 343). Estrogen can help with vaginal dryness. It can help thicken the walls of the vagina.
- Use a water-soluble lubricant, such as K-Y Jelly, Replens, etc. Don't use oil or petroleum-based products. These encourage infection.
- Remain sexually active. Having sex often may lessen the chance of having the vagina constrict, helps keep natural lubrication, and maintains pelvic muscle tone. This includes reaching orgasm with a partner or alone.

Continued on Next Page



Sexual Changes with Aging, Continued

Self-Care, Continued

- If you can, avoid using antihistamines. They dry mucus membranes in the body.
- Don't use deodorant soaps or scented products in the vaginal area.



Contact Doctor When:

- You have pain or bleeding during sex.
- You have signs and symptoms of an STI. (See “STIs Chart” on pages 362 to 366.)
- You have sexual problems due to an illness, surgery, injury, or erectile dysfunction (see page 328 to 329).
- You continue to have sexual problems after using self-care.

Sexual Assault

Sexual assault is any type of sexual activity that you do not freely give your consent to. This includes:

- Sexual harassment
- Improper touching or grabbing
- Vaginal, anal, or oral sex that you say no to. Rape or attempted rape.

{**Note:** The Department of Veterans Affairs uses the term military sexual trauma (MST) for sexual assault or repeated threatening sexual harassment to a Veteran while in the service.}

Sexual assault can be verbal, visual, or physical. It can happen to females and males. The attacker can be a current or former partner, a family member, a friend, a person you have met, a stranger, or a person in position of power or trust. Rape and sexual assault are never the victim's fault — no matter where or how it happens.

Sexual assault can affect your health in many ways and for many years after the assault. Problems include:

- Feeling depressed, numb, and/or isolated from others
- Trouble falling or staying asleep
- Disturbing thoughts or nightmares
- Problems with alcohol or other drugs
- Feeling angry or irritable all of the time
- Having a hard time paying attention, staying focused, or remembering things
- Physical problems, such as chronic pain, stomach and intestinal problems, and eating or weight problems
- Feeling easily startled, anxious, and/or nervous





Sexual Changes with Aging, Continued

Seek help if you have been assaulted.

- Get away from the attacker to a safe place. Then **call 9-1-1** or the police.
- Call a friend or family member you trust. Or, talk with a counselor at a crisis center or a hotline.
 - National Domestic Violence Hotline
1-800-799-SAFE (799-7233)
www.ndvh.org
(www.thehotline.org)
 - National Sexual Assault Hotline and Rape, Abuse and Incest National Network (RAINN)
1-800-656-4673 (HOPE)
www.rainn.org
- Get counseling from a trusted professional. Contact your doctor or health care provider for advice. **{Note:** Veterans can receive free treatment for military sexual trauma (MST) at all VA health care facilities.}



Let your health care provider know if you need help.

Basic Facts About STIs

Sexually transmitted infections (STIs) are infections that pass from one person to another through sexual contact. Sexual contact includes vaginal, anal, and oral sex. STIs are also called sexually transmitted diseases (STDs).

Learn about many common STIs in the “STI Chart” on pages 362 to 366. For information on Hepatitis B, see pages 291 and 292. For information on HIV/AIDS, see pages 294 to 297.

Who Gets STIs?

Men and women of all ages who are sexually active can get an STI. Women are at greater risk for an STI from male/female intercourse than are men. More than one STI can be present and transmitted at the same time.

Prevention

- There’s only one way to guarantee you’ll never get a sexually transmitted infection. Never have sex.
- Limiting your sexual activity to one person your entire life is a close second, if your partner is also monogamous and neither of you have an STI.



Basic Facts About STIs, Continued

- Avoid sexual contact with persons whose health status and practices are not known.
- Latex and polyurethane condoms can help reduce the risk of spreading HIV and other STIs (i.e., chlamydia, gonorrhea, and trichomoniasis). To do this, they must be used properly and carefully and for every sex act. They do not get rid of the risk entirely.
- Plan ahead for safer sex. Practice what you'll say.
- Unless they are in a monogamous relationship in which neither partner has an STI, both women and men should carry latex or polyurethane condoms and insist that they be used every time they have sex.
- Use water-based lubricants, such as K-Y Brand Jelly. Oil-based or "petroleum" ones, such as Vaseline, can damage latex condoms.



Discuss "safer sex" with a partner before having sex.

- Using latex condoms with spermicides, such as nonoxynol-9 (N-9) are no more effective than other lubricated condoms in protecting against the transmission of HIV and other STIs. Using spermicides with N-9 are not effective in preventing chlamydia, cervical gonorrhea, or HIV infection. Thus, spermicides alone are not recommended for STI/HIV prevention. Also, frequent use of spermicides with N-9 has been associated with genital lesions, which may be associated with an increased risk of HIV transmission. In addition, N-9 may increase the risk for HIV transmission during anal intercourse.
- Wash the genitals with soap and water before and after sexual intercourse.
- Don't have sex while under the influence of drugs or alcohol (except in a monogamous relationship in which neither partner has an STI).
- If you suspect you have an STI or know your partner is infected, see a doctor as soon as possible. Your sexual partner(s) should also be contacted and treated.
- Follow your doctor's advice to check for STIs.
- Once you've had an STI, you can get it again. You can't develop an immunity once you've been exposed.





STI Chart

{Note: See, also, Hepatitis B and C and HIV in Chapter 15.}

Chlamydia

Signs & Symptoms For Women

75% of women have few or no symptoms. When present, symptoms show up 2 to 4 weeks after infection and include:

- Slight yellowish-green vaginal discharge
- Vaginal irritation or pain
- Need to urinate often and pain or burning feeling when urinating
- Abdominal pain

Signs & Symptoms For Men

25% of men have few or no symptoms. When present, symptoms show up 2 to 4 weeks after infection and include:

- Watery, mucous discharge from the penis
- Burning or discomfort when urinating
- Pain in the scrotum

Causes

A specific bacterial infection

Treatment

- Oral antibiotics for the infected person and his or her partner(s)
- Avoiding sex until treatment is completed in the infected person and his or her partner(s)

Genital Herpes

Signs & Symptoms For Women and Men

- Painful sores and/or blisters on the genital area, anus, thighs, and/or buttocks
- Itching, irritation, and tingling in the genital area can occur 1 to 2 days before the outbreak of the blisters or sores.

- After a few days, the blisters break open and leave painful, shallow ulcers which can last from 5 days to 3 weeks.
- With the initial outbreaks, there may be flu-like symptoms (swollen glands, fever, body aches). Outbreaks that follow are usually milder and shorter.



STI Chart, Continued

Genital Herpes, Continued

- Outbreaks may be triggered by stress, fatigue, other illnesses, or vigorous sexual intercourse.

Causes

- Herpes simplex virus (HSV-1 or HSV-2). Either one can cause genital herpes, but HSV-2 is the common cause. HSV-1 most often affects the oral area, showing up as fever blisters or cold sores. Oral sex can spread herpes to the mouth, lips, and throat.
- Genital herpes can be transmitted when blisters are present and up to 2 weeks after they are gone, but can also be transmitted when sores are not present.

Treatment

- There is no cure. Once infected, the virus lives in nerve cells. New outbreaks can occur even without contact.
- Antiviral medicines (e.g., acyclovir, valacyclovir) can help prevent and shorten outbreaks.

Self-Care

- Take antiviral medications, as prescribed.

- Bathe the affected genital area twice a day with mild soap and water. Gently pat dry with a towel or use a hair dryer set on warm. Using a colloidal oatmeal soap or bath may also be soothing.
- Use sitz baths to soak the affected area. You can get a sitz bath basin from medical supply stores or drug stores.
- Apply ice packs on the affected genital area for 5 to 10 minutes to relieve itching and swelling.
- Wear loose fitting pants or skirts. Don't wear pantyhose. Wear cotton, not nylon underwear.
- Squirt tepid water over the genital area while urinating to help with pain.
- Take a mild pain reliever. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)
- Ask your doctor about using a local anesthetic ointment, such as Lidocaine during the most painful part of an outbreak.
- To avoid spreading the virus to your eyes, don't touch your eyes during an outbreak.





STI Chart, Continued

Genital Warts (Humanpapilloma Virus [HPV])

Signs & Symptoms

Often, there are no visible signs or symptoms. Genital warts can appear several weeks after being infected or may not show up for months or even years.

When present, genital warts:

- Can be soft or hard and pink, red, or yellow-gray in color
- Are inside the vagina, on the lips of the vagina or around the anus in women
- Are on the penis, inside the head of the penis, on the scrotum, or around the anus in men

Causes

HPV is spread by direct skin-to-skin contact during vaginal, anal, or (rarely) oral sex with an infected partner.

Treatment

- HPV vaccine can prevent cervical cancer and genital warts due to HPV. It is advised for girls and boys 11 to 12 years old, but can be given to females and males from age 9 to age 26.
- The warts can be removed medically.
- Women with a history of genital warts should get a Pap test as often as advised by their doctors.
- Sexual partner(s) should be evaluated and treated if needed

Gonorrhea

Signs & Symptoms For Women

Sixty to 80% have no symptoms. When present, they appear 2 to 10 days after infection and include:

- Mild vaginal itching and burning
- Thick, yellow-green vaginal discharge
- Burning when urinating
- Severe pain in the lower abdomen

Signs & Symptoms For Men

Men usually have no symptoms, but when present, symptoms include:

- Pain at the tip of the penis
- Pain and burning during urination
- Thick, yellow, cloudy, penile discharge that gradually increases



STI Chart, Continued

Gonorrhea, Continued

Causes

A specific bacterial infection, which can spread to joints, tendons, or the heart if not treated. In women, it can cause pelvic inflammatory disease (PID).

Treatment

- Antibiotics
- Pain relievers
- Treating sexual partner(s) to avoid re-infection
- Follow-up cultures to determine if the treatment was effective

Syphilis

Signs & Symptoms

Three stages of progression:

- *Primary stage.* A large, painless, ulcer-like sore known as a chancre occurs 2 to 6 weeks after infection and generally appears around the area of sexual contact.
- *Secondary stage.* Within a month after the end of the primary stage, a widespread skin rash appears on the palms of the hands, soles of the feet, and sometimes around the mouth and nose. The rash has small, red, scaly bumps that do not itch. Other types of rashes, swollen lymph nodes, fever, and flu-like symptoms may also occur.

Small patches of hair may fall out of the scalp, beard, eyelashes, and eyebrows.

- *Latent stage.* Once syphilis reaches this stage, it may go unnoticed for years, quietly damaging the heart, central nervous system, muscles, and various other organs and tissues. The resulting effects are often fatal.

Causes

A specific bacterial infection. Can lead to heart failure, blindness, dementia, or death, if not treated. {**Note:** An elderly person with signs of dementia should be evaluated for syphilis.}





STI Chart, Continued

Syphilis, Continued

Treatment

- Antibiotics (usually Penicillin-G, given by shot into the muscle). All persons who have syphilis should be tested for HIV as advised.
- After treatment, follow up blood tests are needed at 6 and 12 (and possibly 3) months to be sure the disease is completely cured.
- Once treatment is complete, you're no longer contagious, but you can get syphilis again if you have sexual contact with an infected partner.

Trichomoniasis

Signs & Symptoms For Women

Symptoms may not be present for years. If they do occur, typical symptoms include:

- Vaginal itching and burning
- A yellow-green or gray vaginal discharge with an odor
- Burning or pain when urinating
- Pain during sex

Signs & Symptoms For Men

Symptoms are not usually present. Men may infect their sexual partners and not know it. When present, symptoms include:

- Discomfort when urinating

- Pain during sex

- Irritation and itching of the penis

Causes

A protozoan

Treatment

- The oral medication metronidazole (Flagyl). {**Note:** Don't drink alcohol for 24 hours before, during, and after taking metronidazole. The combination causes vomiting, dizziness, and headaches.}
- Treating sexual partners to prevent re-infection and spreading the infection further.



Dental & Mouth Problems

Teeth & Mouth Changes with Aging

As you age, changes occur with your teeth and mouth. Common changes are:

- Fewer taste buds on your tongue, especially for sugary and salty foods, but not for bitter tasting foods.
- Drier mouth. The tissues in your mouth get thinner and tend to hold less moisture. This makes your mouth drier. Some medications can add to the problem. Examples are water pills, some antidepressants, and antihistamines.
- Gum problems. Your gums may recede. This exposes the roots of your teeth and can promote cavities.
- Loss of natural teeth. Proper care of your teeth can prevent this. In persons over age 40, the number one cause of tooth loss is periodontal (gum) disease.

More than half of persons over age 50 have at least one tooth replaced. A tooth or teeth can be replaced as crowns, bridges, partial or full dentures. Dental implants are another option.

Bad Breath (Halitosis)

Bad breath (halitosis) is a social concern. It can also be a health issue.

Prevention

- Practice good oral hygiene. (See “Self-Care/Prevention” on page 376.)
- If you wear dentures, clean and care for them as directed by your dentist.
- Don’t smoke. Limit or avoid alcohol.
- Drink plenty of water and other liquids to prevent dry mouth.

Signs & Symptoms

- A bad odor from the mouth. To detect this, wipe the back of your tongue with a piece of white, sterile gauze. After 5 minutes, smell the gauze for an odor.
- Unpleasant taste in the mouth
- You are told you have bad breath.

Causes, Risk Factors & Care

Common causes of bad breath are:

- Bacteria on the back of the tongue
- Tooth and mouth problems, such as tooth decay or abscesses, infected gums, canker sores, etc.





Bad Breath, Continued

- The strong odors of foods, like garlic, onions, hot peppers, anchovies, deli meats, such as salami, and cheeses, such as blue cheese
- Smoking, alcohol, and mouthwashes with a high alcohol content.
- Poor oral hygiene or ill-fitting dentures
- Dry mouth (see page 373) or conditions that lead to it. “Morning breath” can be due to a dry mouth when you wake up.

Less often, bad breath is due to another condition, such as an upper respiratory or sinus infection or indigestion.

Most cases of bad breath can be treated with “Prevention” and “Self-Care”, listed in this topic. If not, your dentist can prescribe special toothpastes, mouth rinses, brushes, tongue scrapers, and an antimicrobial solution.



Self-Care:

Follow tips under “Prevention” and:

- Use a baking soda toothpaste. Brush your teeth and tongue. Carry a toothbrush and toothpaste with you to use after eating when you are not at home.

- If you can’t brush after a meal, rinse your mouth with water.
- After eating, chew parsley, mint leaves, celery, or carrots.
- Try chlorophyll tablets.
- Don’t rely on mouthwash or mints. They mask bad breath and contribute to it because they dry out the mouth.
- Eat at regular times. Eat nutritious foods. Limit sugary foods.
- Chew sugarless gum, suck on a sugarless mint, or suck on lemon or other citrus drops. These stimulate saliva secretion. Saliva helps deal with bacteria on the teeth and washes away food particles.



Contact Doctor When:

- You have any of these problems with bad breath:
 - Bleeding, swelling, or pain in the mouth or throat
 - Indigestion; weight loss
 - Chronic cough
 - Digestion problems
 - Puffy, reddened gums
- You still have bad breath after using “Prevention” and “Self-Care” measures in this topic for 2 weeks.



Broken or Knocked-Out Tooth

Prevention

- Don't chew ice, pens, or pencils or use your teeth to pry things open.
- If you smoke a pipe, don't bite down on the stem.
- If you grind your teeth at night, ask your dentist if you should be fitted for a bite plate.
- If you play contact sports, wear a protective mouth guard.
- Wear a seat belt when riding in a car.
- Don't suck on lemons or chew aspirin or vitamin C tablets. Acids in these wear away tooth enamel.

Signs & Symptoms

- Loss of a tooth or part of a tooth
- Nicked or chipped tooth or teeth

Causes & Care

An injury or a strain on a tooth, such as from biting on a hard object, can cause a broken, knocked-out, or chipped tooth.

When a tooth gets knocked out, go to the dentist as soon as possible. Keep the tooth moist until you get to the dentist. Follow up treatment is also needed.



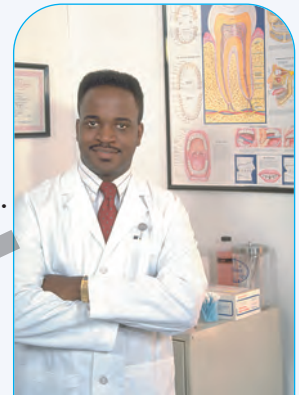
Self-Care/First Aid:

For a Broken Tooth:

- To reduce swelling, apply a cold compress to the area.
- Save any broken tooth fragments in a wet cloth or milk. Take them to the dentist.

For a Knocked-Out Tooth:

- Pick the tooth up by the crown. Don't touch the root.
- Rinse all but the root area with clear water.
- If possible, gently put it back in the socket or hold it under your tongue. Otherwise, put the tooth in a glass of milk or a wet cloth.
- If the gum is bleeding, hold a gauze pad, a clean handkerchief, or tissue tightly in place over the wound.



Your dentist may be able to reinsert the tooth if you get treatment within hours.



Get Immediate Care When:

One or more teeth have been broken or knocked out. Try to get to a dentist within 30 minutes of the accident, if you can.





Cancer of the Mouth Area (Oral Cancer)

Warning Signs

See a doctor or dentist if you have any of these signs for 2 weeks or longer:

- A sore in the mouth that does not heal
- A lump or thickening in the cheek
- A white or red patch on the gums, tongue, or lining of the mouth
- Soreness or a feeling that something is caught in the throat
- A hard time chewing or swallowing or a hard time moving the jaw or tongue
- Numbness of the tongue or other area of the mouth; swelling of the jaw that causes dentures to fit poorly or become uncomfortable

Any of these signs may be caused by oral cancer or by other, less serious problems. Don't wait for something to hurt. Pain is not usually an early symptom of oral cancer.

Canker Sores

Canker sores are small, round mouth sores in the lining of the mouth or on the tongue, gums, or lips. You can have one canker sore or a group of them.

Prevention

- Avoid things that irritate the mouth, such as hot drinks and sharp objects.
- Use a toothbrush with soft bristles and a toothpaste without sodium lauryl sulfate. Don't brush too hard.
- Take a daily vitamin/mineral supplement as advised by your doctor.

Signs & Symptoms

- A burning or tingling feeling before the sore appears
- Red-rimmed, shallow sores in the mouth
- Discomfort when you eat and talk

Causes, Risk Factors & Care

Canker sores may be caused by any tear in the mouth's lining, from an uneven tooth, rough tooth brushing, a burn from a hot drink, etc. Vitamin/mineral deficiencies, food sensitivities, emotional stress, and family traits may also trigger canker sores.



Canker Sores, Continued

Canker sores heal within 1 to 2 weeks. Self-care can help with symptoms and speed up healing. If needed, a mouthwash with tetracycline and/or an oral paste (amelxanox) can be prescribed.



Self-Care:

To Relieve Pain:

- Mix $\frac{1}{2}$ cup salt in 1 cup of warm water. Rinse the mouth with an ounce of this mixture 4 times a day. Don't swallow the water.
- Put ice on the canker sore or suck on a frozen popsicle.
- Avoid spicy foods and acidic drinks, like citrus juices.
- Use over-the-counter products, like Anbesol, Blistex, and aloe vera gel.
- Swish Mylanta or milk of magnesia around the mouth to coat the sore. Then spit the medicine out.
- Take an over-the-counter pain medicine. (See "Pain relievers" in "Your Home Pharmacy" on page 44.)



Contact Doctor When:

- You have any of these problems with the canker sore:
 - Fever and/or swollen glands
 - Severe pain
 - A sore on the roof of the mouth or white spots in the mouth that do not heal in 1 to 2 weeks
- A canker sore disturbs your sleep or does not allow you to eat.
- A canker sore appears only after you start a new medicine.
- A canker sore has not healed after 3 weeks.

Cold Sores

Cold sores appear on or near the lips. They are painful and unpleasant. Nearly 1 in 3 people will have them. Cold sores are also called fever blisters.

Prevention

To avoid getting or spreading cold sores:

- Don't share drinking glasses, towels, or cooking utensils.
- Don't touch cold sores with your fingers. If you do touch the cold sores, do not touch your eyes. This could cause a serious eye infection.





Cold Sores, Continued

- Wash your hands often.
- Avoid kissing or direct skin contact with the sores. This includes oral sex. The virus that causes cold sores can cause genital herpes, too.
- When in the sun, wear a hat and use a sunblock with a sun-protective factor (SPF) of 30 or more on the lips.
- Use a lip balm on cold or windy days.
- Ask your doctor about a prescribed antiviral medicine to take or apply when you feel a cold sore coming on.
- Try to figure out what triggers the sores. Once you identify a trigger, do what you can to avoid it.
- Get regular exercise.

Signs & Symptoms

- Tingling feeling on or near the lips for 36 to 48 hours before the sore appears
- Itching at the site (early sign)
- Small, red blisters with pus-filled centers
- Blisters form a yellow crust that lasts about 10 days
- One sore or a cluster of sores

Causes, Risk Factors & Care

Cold sores are caused by the herpes simplex virus (HSV), either HSV-1 (this is most often the cause) or HSV-2 (the usual cause of genital herpes). The virus lies dormant in the body and can return. A fever, cold, stress, cold or windy weather, and strong sun exposure are triggers for outbreaks.

Cold sores are very contagious, especially when the blisters rupture and weep.

Cold sores are treated with self-care and antiviral medications, such as acyclovir and penciclovir. Prompt treatment may reduce the discomfort.



Self-Care:

- Keep the sore clean and dry.
- Apply antiviral medication, if prescribed, to the affected area at the first sign of a cold sore.
- Try an over-the-counter treatment, such as Abreva antiviral cream, Campho-Phenique, Blistex, or make a paste with cornstarch and water. Dab some on the sore with a cotton swab.
- Dab aloe vera or petroleum jelly on the sore. Use a cotton swab.

Continued on Next Page



Cold Sores, Continued

Self-Care, Continued

- Apply ice to the sore or suck on a frozen popsicle.
- Take an over-the-counter medicine for pain. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Learn to relax. Meditate, practice yoga, etc. Learn to deal with stress, too. (See “Manage Stress” on page 22.)
- Avoid foods that are sour, spicy, or acidic. These may irritate the sores.
- Take vitamin C and/or zinc supplements, as directed by your doctor.
- Apply cool compresses when the sores have crusted over.
- Try not to worry or be too self-conscious. This only makes the situation worse.



Contact Doctor When:

- You have eye pain with the cold sore.
- Pain from the sore limits normal activity.
- The cold sore has lasted longer than 2 weeks.
- Cold sores appear 4 or more times a year.

- Cold sores appeared after you started a new medicine or are present while taking steroid medicines.
- Eczema (see page 125) occurs with cold sores.

Dry Mouth

Dry mouth is an abnormal dryness of the mucus membranes in the mouth. This happens when there isn't enough saliva or the composition of the saliva changes. Dry mouth is common in the elderly.

Signs & Symptoms

- Dry, parched feeling in the mouth
- Lack of saliva
- Problems with talking and/or swallowing
- Lessened taste
- Bad breath
- Burning sensation in the mouth
- Dry mouth is worse after sleeping

Causes, Risk Factors & Care

Dry mouth can be due to a side effect of many medications. These include antidepressants, antihistamines, water pills, and medicines for high blood pressure.





Dry Mouth, Continued

Dry mouth can also result from many health conditions. These include nasal congestion, gum disease, diabetes, stroke, and Sjögren's syndrome, an autoimmune disorder.

Treatment is aimed at relief and/or treating the underlying cause. If not treated, dry mouth may lead to severe tooth decay, infection, and poor nutrition.



Self-Care:

- Try an over-the-counter artificial saliva, such as Xerolube.
- Avoid caffeine and alcohol.
- Have regular dental checkups.
- Drink at least 8 glasses of water each day. Avoid drinks with sugar.
- Avoid salty, spicy, or acidic foods.
- Don't use tobacco products.
- Take a multivitamin that your doctor recommends.
- Use a humidifier in the bedroom.



Chew sugarfree gum, suck on sugarfree candies and suckers.

- Keep your lips moist with lip balm.
- Breathe through your nose, not your mouth.
- Do not use mouthwashes with alcohol.
- Read about the side effects of medicines.



Contact Doctor When:

- You have any of these problems with dry mouth:
 - Dry, burning eyes
 - Chewing or swallowing problems
 - Sore throat
 - Signs of an infection, such as fever and/or redness, or pus in the mouth
- The dry mouth is a chronic problem or there are marked changes on the tongue.

Periodontal (Gum) Disease

Periodontal disease refers to conditions that affect structures that surround the teeth. This includes the gums, the ligaments, and the bones.



Periodontal Disease, Continued

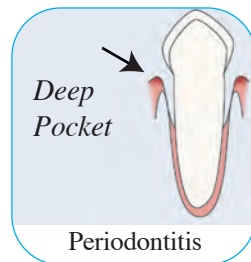
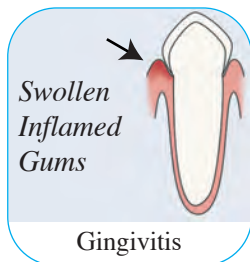
Sixty-five percent of persons over age 65 will lose one or more teeth due to periodontal disease. Aging itself is not the problem. Years of poor dental hygiene is.

Signs & Symptoms

- Swollen, red gums that bleed easily.
- Pockets between gums and teeth, which expose teeth at the gum line
- Permanent teeth that are loose or that separate from each other
- Bad breath; foul taste in the mouth
- Pus around the gums and teeth

Causes, Risk Factors & Care

The cause is a buildup of bacterial plaque at the gumline. With **gingivitis**, the plaque along the gumline infects the tissue. If left untreated, it progresses to **periodontitis**. With this, the plaque builds up in deposits above and below the gumline. This creates pockets between the gums and the teeth. Pus collects in the pockets.



When inflamed, these pockets expand and can hold more bacterial plaque. This breaks down the ligaments and bone that support the teeth.

Risk factors for periodontal disease include:

- Poor dental hygiene
- Smoking or chewing tobacco
- Crooked teeth or poorly-fitted dentures
- Vitamin C and folic acid deficiencies
- Family traits
- Diabetes
- Certain medicines, such as the anticonvulsant, Dilantin

Periodontal disease should be treated by a periodontist or a dentist who treats this problem. Material called tartar can form, even when normal brushing and flossing are done. The dentist or dental hygienist can remove tartar on a regular basis.

Treatment may also include:

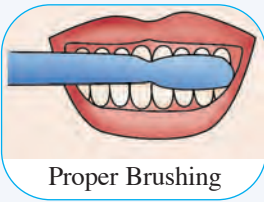
- Deep cleaning (scaling and root planning)
- Medications
- Surgical treatments. These include flap surgery and bone and tissue grafts.



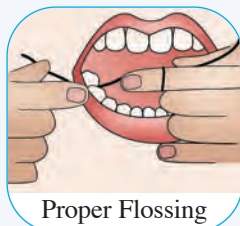
Periodontal Disease, Continued



Self-Care/Prevention:

- You can stop plaque buildup and prevent gum disease by brushing and flossing carefully every day.
 - Gently brush your teeth twice a day with a soft nylon brush with rounded ends on the bristles. Brush in small circles across all of the surface of both the upper and lower teeth.
 

Proper Brushing
 - Brush your gums gently. Keep the brush perpendicular to your teeth.
 - Gently brush your tongue which can trap germs.
 - Use a fluoride toothpaste to protect teeth from decay.
 - Floss or use an interdental cleaner once a day.
 - Use a piece of dental floss about 18 inches long. Using a gentle sawing motion, bring the floss through the tight spaces between the teeth. Do not snap the floss against the gums.



- Curve the floss around each tooth and gently scrape from below the gum to the top of the tooth.
- After flossing, rinse your mouth with water, mouthwash, or an antimicrobial mouthrinse.
- Check your work. Dental plaque is hard to see unless it is stained. Plaque can be stained by chewing red “disclosing tablets” sold at grocery stores and drug stores or by using a cotton swab to smear green food coloring on the teeth. The color left on the teeth shows where there is still plaque. Extra flossing and brushing will remove this plaque.
- Massage your gums as directed by your dentist. He or she may recommend an irrigating device, such as a Water Pik.
- Eat sugary foods infrequently. When you eat sweets, do so with meals, not in between meals.
- Finish a meal with cheese. This tends to neutralize acid formation.
- Include foods with good sources of vitamin A and vitamin C daily. Vitamin A is in cantaloupe, broccoli, spinach, winter squash, and dairy products fortified with vitamin A. Good vitamin C sources include oranges, grapefruit, tomatoes, potatoes, green peppers, and broccoli.



Periodontal Disease, Continued



Contact Doctor When:

- You have “Signs & Symptoms” of periodontal disease listed on page 375.
- You need to schedule dental visits.

Toothaches

Prevention

- Brush and floss your teeth daily.
- Eat healthy foods.
- Use fluoridated water and toothpaste with fluoride. Use a fluoride rinse and/or fluoride supplement (if prescribed).
- Ask your dentist about sealants (special bonded coatings that can help prevent cavities).



Get regular dental check-ups.

Signs & Symptoms

- Ache or pain in a tooth or in the area around the tooth
- Tooth pain after eating or drinking something hot or cold

- Bad breath
- Fever, earache, and/or swollen glands on the side of the face or in the neck. These occur with a tooth abscess, an inflammation and/or infection in the bone and/or tooth canal.

Causes & Care

Causes for toothaches include:

- A cavity or tooth abscess
- Periodontal (gum) disease (see page 374)
- Having corrective dental work. The pain is temporary.
- A food particle, such as a popcorn hull, stuck between the gum and a tooth
- Tooth grinding (bruxism). This can wear down your teeth and cause cracks in them.
- Sinus infection (see page 86)
- **Temporomandibular joint (TMJ) syndrome.** This is a medical condition that occurs when the muscles, joints, and ligaments of the jaw move out of alignment. Symptoms include earaches, headaches, pain in the jaw area that spreads to the face or the neck and shoulders, ringing in the ears, or pain when opening and closing the mouth.
- A symptom of angina (see page 192) or a heart attack (see page 202)





Toothaches, Continued

Treatment for a toothache depends on the cause. Self-care can help treat the pain until you see your dentist.



Self-Care:

- Take an over-the-counter pain reliever. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)
- Hold an ice pack on the jaw. Do this for 10 to 20 minutes at a time, 4 times a day.
- Never place a crushed aspirin on the tooth. Aspirin burns the gums and destroys tooth enamel.
- Don’t drink very hot or cold liquids.
- Don’t chew gum.
- Avoid sweets, soft drinks, and hot or spicy foods. These can irritate cavities and increase pain.
- Gargle with warm water or warm salt water every hour.
- For a cavity, pack it with a piece of sterile cotton soaked in oil of cloves (available at drug stores).



Contact Doctor When:

- You have signs and symptoms of an abscessed tooth:
 - Fever with redness, tenderness, and/or swelling of the gums or cheek or a red lump at the gum line
 - Pus or drainage from a tooth
 - Swollen glands on one side of the face where the tooth aches
- You have any of these problems:
 - Tooth pain and/or sensitivity to hot, cold, or sweet foods
 - Brown spots or little holes on a tooth
 - A change in your bite – the way your teeth fit together
 - Loose teeth
- You have a toothache only when eating or just after eating.



Get Immediate Care When:

With the tooth pain, you have signs of a heart attack. (See “Heart Attack Warning Signs” on page 202.)



For Information on Dental Health, Contact:

American Dental Association
www.ada.org
www.mouthhealthy.org

Emergencies

Introduction

Would you know what to do in a medical crisis? Can you tell:

- If a problem needs emergency care?
- When you should see or call your doctor?
- If you can do first aid measures to take care of the problem?

This section can help you answer these questions.

Chapter 21



Emergency Procedures

Chapter 22



Emergency Conditions

Recognizing Emergencies

A medical emergency means death or serious harm could result without prompt care. Warning signs of a medical emergency include:

- Any of the “Heart Attack Warning Signs” listed on page 202. Any of the “Stroke Warning Signs” listed on page 229.
- Difficulty breathing, shortness of breath
- Fainting. Loss of consciousness.
- Change in mental status, such as unusual behavior, confusion, or difficulty being roused
- Sudden, severe pain anywhere in the body
- Bleeding that won’t stop
- Severe or persistent vomiting
- Coughing up or vomiting blood
- Suicide attempts or gestures. Making plans for suicide. Repeated thoughts of suicide.

Ask your doctor if you should get emergency care for signs and symptoms other than the ones listed here.

Being Ready for Medical Emergencies

- Learn basic first aid skills. Take courses in CPR and first aid. These give hands-on practice in doing first aid the right way. Find out about them from your local:
 - Red Cross (www.redcross.org)
 - Hospital
 - Police and/or fire department
 - Community education department
- Find out what services your health plan covers and what procedures you have to follow to get emergency care covered.
- Carry the following information with you at all times:
 - Your name, address, phone number, and who to contact if you need emergency care
 - Your health insurance information
 - Important medical information. This could be on a medical alert tag, on a wallet card, or on the back of your driver’s license. Have a list of medications, their dosages, and things you are allergic to.
 - Emergency telephone numbers

Emergency Procedures



First Aid Precautions

1. **LOOK** around. Is it safe to help? If not, **call 9-1-1**, have someone else call, or seek medical help. If it is safe to help, stay calm and go to step 2.
2. **CHECK** for a response.
 - Gently tap the person. Ask, “Are you okay?” Ask loudly. Call the person by name if you know it.
 - If the person responds or moves, attend to the problem, as needed. If the person is injured or the problem is serious, call for emergency medical care. Give first aid as needed, until medical help arrives.
 - If the person does not respond or move, begin CPR. See pages 382-384.
3. **PROTECT** yourself from hepatitis B virus and HIV, the virus that causes AIDS.
 - Use plastic wrap or a plastic bag that you can throw away whenever you touch another person’s body fluids, blood, or other objects that may be soiled with his or her blood. If possible, have the person apply pressure to the wound with his or her own hand.
- Cover the person’s open wounds with dressings, extra gauze, or water proof material.
- Using a mouth-to-mouth barrier device when you give rescue breaths may or may not protect you from picking up an infection. If you are not willing to give mouth-to-mouth rescue breaths, during CPR, do “Hands-Only CPR.” (See page 382.)
- Within 1 to 2 hours, report every incident in which you are exposed to another person’s blood or other body fluids to your doctor, health department, or EMS personnel.
4. **FIND** out if the person has certain medical problems.
 - Ask if he or she has prescribed medicine, such as nitroglycerin, to take for a heart condition. Ask where the medicine is kept, if you can give it to him or her and how much to give. Or, read the directions on the medicine’s label, if there is one.
 - Look for a medical alert tag to find out about health problems the person has.
 - Find out if the person is allergic to any medicine.





CPR

CPR is **cardiopulmonary resuscitation**.

Hands-Only CPR

This is giving chest compressions with no rescue breaths. It can be used for adults and teens that suddenly collapse in places outside-the-hospital setting.

Hands Only CPR is not for:

- All infants and children.
- Adults and teens that have collapsed due to near-drowning, a drug overdose, or breathing problems.
- Adults and teens that are already unconscious and not breathing normally when found.

Hands-Only CPR — 2 Steps

1. **Call 9-1-1** or get someone else to call!
2. **Push hard and push fast in the center of the chest. Give 100-120 compressions per minute**, such as to the tune of “Staying Alive” by the Bee Gees. Keep this up, with minimal breaks, until an **automated external defibrillator (AED)** is used or EMS arrives.

See Hands-Only™ CPR demos and videos at www.heart.org/HEARTORG. Search for “Hands Only CPR.”

Conventional CPR — Chest Compressions and Rescue Breaths

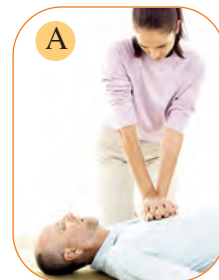
{**Note:** For adults and teens, Hands-Only CPR is advised for persons not trained in CPR. Take a training course in CPR to learn how to do it the right way. Find out about training from the American Heart Association at www.heart.org/HEARTORG.} Download a First Aid & CPR App on your smartphone.

CPR for Adults and Children Who Have Reached Puberty

Shout for help! Call or have someone else call **9-1-1** and get an automated external defibrillator (AED) if one is nearby. If another person is around, one of you stay with the person. The other one call **9-1-1** and get the AED. Follow the **9-1-1** dispatcher’s advice. Do CPR until the AED is used or EMS takes over.

1. Begin **Chest Compressions**.

- Kneel at the person’s side. Place the heel of one hand $\frac{1}{2}$ inch above where the ribs join the breastbone. Place your other hand on top of this one.



Using the heels of your hands, depress the middle of the chest between the nipples at least 2 inches. Keep your arms straight. **A**



CPR, Continued

- **Push hard and push fast. Give 30 chest compressions at a rate of 100-120 per minute**, such as to the tune of “Stayin’ Alive” by the Bee Gees.
2. Open the person’s airway. With one hand, tilt the person’s head back. With 2 fingers of your other hand, lift the chin up. **B** If the airway is blocked, tilt the person’s head gently and slowly until the airway is open.
 3. If the person is breathing, keep the airway open. Look for other problems.
 4. If the person is not breathing, take a normal (not deep) breath and give him or her **Rescue Breaths**.
 - Pinch the nose shut. Forming a tight seal, place your mouth over the person’s open mouth. **C**
 - Give 1 full breath for 1 second. If the chest doesn’t rise, repeat head tilt chin lift. **B** Give the 2nd full breath for 1 second. Look to see if the person’s chest rises.
 5. Give cycles of **30 chest compressions and 2 rescue breaths**, without a break, until the person starts to move, an AED is used, or EMS provides care.



CPR for Children Ages 1 to Puberty

Shout for help! **If you are alone, do CPR for 2 minutes before you call 9-1-1!** If the child does not appear to have a serious injury, carry the child to nearest phone and call **9-1-1!** Put the phone on speaker mode. Follow the dispatcher’s advice. If you are not alone, someone start CPR; someone else call **9-1-1** and get an AED, if one is nearby.

1. Place the child on his or her back.
2. Start **Chest Compressions**:

- Put one hand on the child’s breastbone right between his or her nipples.

- Using the heel of your hand, (or both hands like in **A** on page 382) push straight down about 2 inches (at least one-third of the depth of the child’s chest). **D** Let the chest rise back up after each push.



- **Push hard and push fast. Give 30 chest compressions at a rate of 100-120 per minute**, such as to the tune of “Stayin’ Alive” by the Bee Gees.





CPR, Continued

3. Follow steps 2, 3, 4, and 5 under **CPR For Adults and Children who Have Reached Puberty** on page 383.

{Note: Chest compressions are better than doing nothing, but it is best to give chest compressions plus rescue breaths. Why? Airway problems are the main cause of cardiac arrest in children.

CPR for Babies Up to 1 Year Old

1. **If you are alone, do CPR for 2 minutes before you call 9-1-1!** If the child does not appear to have a serious injury, carry the child to the nearest phone and call **9-1-1!** Put the phone on speaker mode. Follow the dispatcher's advice. If you are not alone, someone start CPR; someone else **call 9-1-1!**

2. Start **Chest Compressions:**

- Kneel or stand next to the baby after putting him or her on a flat surface.
- Put the tips of two fingers $\frac{1}{2}$ inch below and in between the nipples on the baby's chest. **E**



- Push straight down about $1\frac{1}{2}$ inches (at least one-third of the depth of the baby's chest). **Give 30 chest compressions at a rate of 100-120 per minute**, such as to the tune of "Stayin' Alive" by the Bee Gees. Let the chest rise back up after each push.

3. If the baby is not breathing, or you are not sure he or she is breathing, give **Rescue Breaths:**

- Cover the infant's mouth and nose with your mouth, forming a tight seal.
- Give 1 full breath for 1 second. Look to see if the chest rises. Give the 2nd full breath for 1 second and look to see if the chest rises.
- If the chest does not rise, go back to giving chest compressions. See step 2 listed on this page. After 30 more compressions, try rescue breaths again. **{Note:** If you can't give rescue breaths, just keep giving chest compressions.}

4. Give cycles of **30 chest compressions and 2 rescue breaths**, without a break. Do this until the baby starts to move or until EMS provides care.



First Aid for Choking (Heimlich Maneuver)

First Aid for Choking

The Heimlich maneuver can be used to clear an object blocking the airway in conscious adults and children ages 1 to 8. It lifts the diaphragm and forces air from the lungs to push the object that blocks the airway up and out.

For Persons Over 8 Years Old

1. Ask, “Are you choking?” The person may use the choking sign. Do not interfere if he or she can speak, cough, or breathe.
2. If not able to speak, cough, or breathe, reach around the person’s waist from behind. Make a fist. Place it above the navel, but below the rib cage. Grasp your fist with your other hand. Press your fist into person’s abdomen and give 5 quick, upward thrusts. **F**



3. Repeat upward thrusts until the object is forced out or the person becomes unconscious. If the object is removed with success, the person should see a doctor as soon as possible.

4. If the person becomes unconscious, shout for help! **Call 9-1-1!** Tilt the head back and lift the chin to open and check the airway. **{Note:}** If you suspect the person has a head, neck, or spine injury, do not move him or her. Pull the lower jaw forward to open the airway.} Give 2 slow rescue breaths. If this doesn’t help, tilt the head further back (if no head, neck, or spine injury). Give 2 rescue breaths again. If the person does not respond or move, give 30 chest compressions. **G** Repeat rescue breaths and chest compressions. Each time you open the airway to give rescue breaths, check the person’s mouth for the object and remove it if you can. Do CPR as needed, until the object blocking the airway is forced out or until medical help takes over.



5. Even when the object is removed with success, the person should see a doctor as soon as possible.





First Aid for Choking (Heimlich Maneuver), Continued

For Children Ages 1 to 8

1. For a conscious child, give abdominal thrusts as for adults. Don't be too forceful.
2. For an unconscious child, give first aid for choking as for an adult.

For Babies Up to 1 Year Old

1. Do not interfere if the baby coughs strongly, cries, or breathes okay.
2. **If the baby is conscious**, hold the baby's head (face down) in one hand. Straddle the baby over your forearm. Rest your forearm on your leg for support. Keep the baby's head lower than the rest of his or her body.
3. With the heel of your free hand, hit the baby on the back between the shoulder blades 5 times.

H Use quick, forceful motions. Repeat this procedure 3 to 4 times. If the object still blocks the airway, go to step 4.



4. Turn the baby over (face up). Cradle the baby on your forearm. Support the head with one hand. Keep the baby's head lower than the rest of his or her body. Rest your arm on your leg for support. Place 2 fingers $\frac{1}{2}$ inch below and in between the nipples on the baby's chest. Give 5 quick downward thrusts. Depress the sternum $1\frac{1}{2}$ inches with each thrust.
5. Repeat steps 3 and 4 until the object is removed or the baby is unconscious.
6. **If the baby is unconscious**, shout for help. Have someone **call 9-1-1!** If no one calls **9-1-1**, give first aid for 1 minute, stop to **call 9-1-1**, then resume rescue efforts.
7. Put the baby on his or her back. Tilt the head back and give 30 chest compressions. Give 2 slow rescue breaths, each breath over 1 second long. If the object is ejected, stop. If not, continue CPR (giving cycles of 30 compressions and 2 slow rescue breaths) until help arrives.
8. Check for and remove the object in the airway, if visible. Repeat steps 7 and 8 as needed.
9. Don't give up! Give first aid until medical help takes over or until the object is removed. Even if it is, get medical care right away.



Recovery Position

The recovery position may need to be used in many conditions that need first aid, such as unconsciousness. It should not be used when a person: Is not breathing; has a head, neck, or spine injury; or has a serious injury.

To put a person in the recovery position:

1. Kneel at his or her side.

2. Turn the person's face toward you. Tilt the head back to open the airway. **I**



Check the mouth if the person is unconscious and remove false teeth or any foreign matter.



3. Place the person's arm nearest you by his or her side and tuck it under the victim's buttock. **J**

4. Lay the person's other arm across his or her chest. Cross the person's leg that is farthest from you over the one nearest you at the person's ankles.

5. Support the person's head with one hand and grasp his or her clothing at the hip



farthest from you. **K** Have him or her rest against your knees.

6. Bend the person's upper arm and leg until each forms a right angle to the body. Pull the other arm out from under the person's body. Ease it out toward the back from the shoulder down. Position it parallel to the person's back.



7. Make sure the head is tilted back to keep the airway open. **L**





Emergency Conditions

Bleeding

Bleeding can be external (visible or with a break in the skin) or internal (concealed without a break in the skin).

Signs, Symptoms & Causes

Cuts, scrapes, and punctures (see page 120), and knife, gunshot, or other wounds cause external bleeding.

Internal bleeding comes from bruises (see page 114) and blunt injuries that do not break the skin. A bleeding ulcer, an aneurysm, and bleeding disorders can also cause internal bleeding.

Taking blood-thinning drugs can result in both internal and external bleeding.



Get Immediate Care When:

- A body part has been amputated. (See “First Aid for Amputation” on page 390.)
- Shock occurs (see page 414).
- The bleeding is severe and/or blood spurts from the wound and is not controlled with direct pressure. (See “First Aid for Severe Bleeding” on page 389.)

- Bleeding comes from a deep wound (it appears to go down to the muscle or bone) and/or a bone is exposed.
- The skin on or around the wound site hangs open.
- With bleeding, there is a deformity at the site of the injury.
- The victim spits up true red blood.
- The victim has fractured ribs.
- Lethargy, fainting, dizziness, or mental status changes occur after a head trauma.
- Stools contain bright red blood or are maroon or black (not due to iron supplements).
- Bleeding from what appears to be a minor cut continues after 20 minutes of applied pressure.
- The victim has a bleeding disorder, such as hemophilia, or takes blood-thinning medicine and is having a hard time controlling bleeding.



Contact Doctor When:

- The person has a bleeding disorder or is taking blood-thinning medicine and has a minor wound.



Bleeding, Continued

- The cut or puncture that caused bleeding is from a dirty or contaminated object, such as a rusty nail or an object in the soil. Or, the puncture goes through a shoe, especially a rubber-soled one.
- A day or two after the injury, there are signs of infection (fever; redness, swelling, tenderness at the wound site; increased pain; general ill feeling; and/or swollen lymph nodes).
- The person has frequent nosebleeds; bruises easily; or has small red dots or clusters of small, pinpoint-sized red specks under the skin.
- In females, bleeding occurs after menopause.

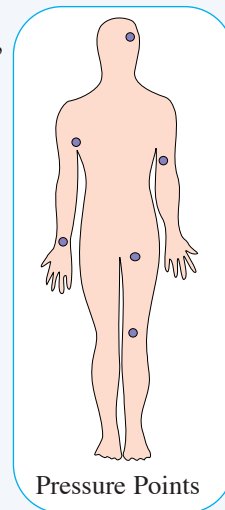


Self-Care/First Aid:

First Aid for Severe Bleeding:

- Without delay, apply direct pressure to the wound using a sterile dressing or clean cloths. {**Note:** If the cut is large and the edges gape open, pinch the edges of the wound while you apply pressure.}
- **Call 9-1-1** or take the person to the nearest hospital emergency department.

- Do not remove an object that is stuck in a wound. Pack it in place with padding. Put tape around the padding so it doesn't move.
- If bleeding continues before getting medical help, put extra cloths, etc. on top of existing ones. Keep putting pressure on the wound until the bleeding stops or until medical help takes over.
- The most important thing to do is to apply direct pressure on the bleeding site. Some health experts advise to do these things, too, if needed:
 - Elevate the wounded area higher than heart level while applying pressure (if no bone is broken).
 - Apply pressure to a “pressure point” if bleeding still continues after 15 to 20 minutes of direct pressure. Use the pressure point closest to the bleeding site that is between the wound and the heart.



Continued on Next Page





Bleeding, Continued

Self-Care/First Aid, Continued

- Keep applying pressure to the bleeding site. Use flat fingers to put pressure on the pressure point until the bleeding stops. Don't apply a tourniquet except to save a life.
- Continue to monitor for signs of shock.

First Aid for Amputation:

- Control bleeding. See "First Aid for Severe Bleeding" on page 389.
- Wrap the severed part in a clean, dry (not wet) cloth or sterile gauze. Place the wrapped part in a plastic bag or other waterproof container. Put these on a bed of ice. Do not submerge the severed part in cold water or ice.

First Aid for Bleeding from the Scalp:

- Use a ring pad to apply pressure around the edges of the wound, not on the wound. Make a ring pad (shaped like a doughnut) with a bandage of narrow, long strips of cloth. Start with one end of the narrow bandage and wrap it around all four fingers on one hand until you form a loop. Leave a long strip of the bandage material to weave in and around the loop so it doesn't unravel.

- Don't wash the wound or apply an antiseptic or any other fluid to it.
- If blood or pink-colored fluid is coming from the ear, nose, or mouth, let it drain.

See also "Self-Care" for the cause(s) of bleeding: "Animal/Insect Bites," "Broken Bones," "Colon & Rectal Cancers," "Cuts, Scrapes, & Punctures," "Dislocations," "Head Injuries," "Hemorrhoids," "Neck/Spine Injuries," "Nosebleeds," "Rectal Problems," "Shock," and "Varicose Veins."

Choking

Choking happens when the airway is partly or completely blocked. When the airway is completely blocked, the brain doesn't get oxygen. Without oxygen, the brain can begin to die in 4 to 6 minutes.

Prevention

- Chew all foods thoroughly before swallowing. Eat at a slow pace.
- Go easy on alcoholic beverages before you eat to lessen the chance of swallowing large pieces of food.
- Don't laugh and eat at the same time. This can draw food into the windpipe.
- If you wear dentures, make sure they fit.



Choking, Continued

Signs & Symptoms

When the airway is blocked completely, a choking victim can't talk, breathe, or cough. The victim may turn blue.

When the airway is partly blocked, a choking victim wheezes, coughs, and has fast and/or labored breathing and chest pain when breathing in.

Causes

- Food goes down the windpipe or small objects get stuck in the throat and airway.
- Fluids, such as mucus or liquids swallowed the wrong way, block the airway.
- Snoring. Choking can occur when the tongue blocks the airway.



Get Immediate Care When:

- The choking victim is unconscious or unable to breathe. Do “First Aid for Choking (Heimlich Maneuver).” See pages 385 to 386.
- The choking victim has fast and/or labored breathing, a hard time swallowing, or constant or unrelieved gagging.



Contact Doctor When:

- A choking victim has received “First Aid for Choking (Heimlich Maneuver).”
- Wheezing, a cough that doesn't go away, or chest pain when breathing in occurs after a choking incident.



Self-Care/First Aid:

- If you or someone else cannot breathe, cough, or speak, give “First Aid for Choking (Heimlich Maneuver).” See pages 385 to 386.
- If you or someone else is choking, but able to breathe and speak:
 - Cough to clear the airway.
 - Take a slow, deep breath to get a lot of air into the lungs.
 - Give a deep, forceful cough. Try to breathe in deeply enough to be able to cough out 2 or 3 times in a row before taking a second breath.

Dehydration

With dehydration, the body loses too much water and minerals (electrolytes) that it needs to function normally. This can result from:

- Not getting enough water or other fluids





Dehydration, Continued

- Losing too much water or other body fluids
- Loss of electrolytes, such as sodium and potassium

Prevention

- Drink plenty of fluids when you sweat, exercise, or are in a hot climate.
- Avoid alcohol and/or caffeine.
- If vomiting, follow “Self-Care” under “For Vomiting” on page 189. If you have diarrhea, follow “Self-Care” in “Diarrhea” on page 157.
- If you take water pills, weigh yourself daily. Let your doctor know if you lose more than 2 pounds in 1 day or more than 5 pounds in 1 week.

Signs & Symptoms

Signs and symptoms of severe dehydration are:

- Severe thirst (sometimes)
- Sunken and dry or tearless eyes
- Dry mouth, tongue, and lips
- No urine or a low amount of urine that is dark yellow
- Headache; lightheadedness, especially when getting up quickly

- Dry skin that doesn’t spring back after being pinched
- Dizziness, confusion, severe weakness
- Increase in breathing and heart rate

Causes & Care

Causes of dehydration include:

- Diarrhea (see page 157), vomiting (see page 189), and/or fever (see page 283)
- Heavy sweating
- Overuse of water pills
- Heat exhaustion or heat stroke (see page 405)
- Uncontrolled diabetes
- Severe injury that results in loss of blood or body fluids
- Fever

Fluids and electrolytes must be replaced. See “First Aid to Replace Water and Mineral Salts” on page 393. If this can’t be done by mouth, IV fluids need to be given.



Get Immediate Care When:

- “Signs & Symptoms” of severe dehydration (see left column) are present.
- After being in hot conditions, 2 or more signs of heat exhaustion are present. (See “Signs & Symptoms” under “For Heat Exhaustion” on page 406.)



Dehydration, Continued

- You have Type 2 diabetes with signs and symptoms of severe dehydration, listed on page 392. {**Note:** You may have high blood sugar without ketones in your urine. This is a serious condition that often comes after an illness, such as the flu, that has caused dehydration.}



Contact Doctor When:

Vomiting or severe diarrhea lasts longer than 2 days.



Self-Care/First Aid:

First Aid to Replace Water and Mineral Salts:

Drink about 2 cups of fluid per hour (if vomiting isn't present). Fluids include:

- Sports drinks, such as Gatorade, PowerAde, and All Sport
- Fruit juice diluted with water.



- Broths
- Ginger ale, 7-Up, or other clear sodas. Dilute these with water to make them less sweet.
- Popsicles
- Weak tea with sugar

{**Note:** If you have high blood pressure, heart disease, diabetes, or a history of stroke, find out what fluids your doctor prefers you take.}

See also “First Aid for Heat Exhaustion” on page 407; “Self-Care” in “Diarrhea” on page 157, “Self-Care” in “Fever” on page 285, and “Self-Care” in “Vomiting & Nausea” on page 189.

Electric Shock

Prevention

- Don't use an electrical appliance near water. Use hair dryers and curling irons that have built-in shock protectors.
- Install ground-fault circuit-interrupters (GFCIs) in wall outlets in bathrooms, kitchens, basements, garages, and outdoor boxes. With GFCIs, when an electrical appliance falls into water, the current is instantly cut off.





Electric Shock, Continued

- Don't turn electrical switches on or off or touch an electric appliance while your hands are wet, while standing in water, or when sitting in a bathtub.
- Replace worn cords and wiring.
- Cover all electric sockets with plastic safety caps.
- Remove the appropriate fuse or switch off the circuit breaker before doing electrical repairs. Turning off the appliance or light switch is not enough.
- To avoid being harmed by lightning:
 - Heed weather warnings.
 - Take shelter in a building, if you can. Stay away from windows, appliances, water pipes, and telephones with cords.
 - Stay in your car (if it is not a convertible) rather than out in the open.
 - If you are caught outside, avoid tall trees, open water, and high ground. Crawl in a ravine or other low-lying place. If you are out in the open, curl up on the ground, head to knees with your head touching the ground. Don't touch items that contain metal.

Signs & Symptoms

- Slight shocking sensations
- Muscle spasms or muscle and tissue damage under the skin's surface
- Seizures
- Interrupted breathing
- Third-degree burns (where the electricity enters and exits the body)
- Irregular heartbeats or cardiac arrest
- Unconsciousness
- Death

Causes

- Touching a low-voltage current source, such as an electric socket or worn cord
- Touching high-tension wires that fall during a storm or touching someone who is still touching a live current
- Mixing water and electricity
- Being struck by lightning



Get Immediate Care When:

- The person received a shock from a high voltage wire or was struck by lightning. **Call 9-1-1!**
- The person received a shock from a low-voltage current and his heart keeps skipping beats.



Electric Shock, Continued



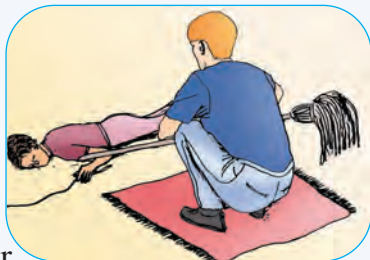
Contact Doctor When:

After being treated for an electric shock, the person has a fever or coughs up sputum.



Self-Care/First Aid:

- Do not touch the person until power is shut off. If the source is a high voltage wire, **call 9-1-1!** If the source is a low voltage current, do these things until emergency care arrives:
 - Switch off the current, if possible, by removing the fuse or switching off the circuit breaker.
 - Do not touch the person who is in contact with electricity.
 - If you can't turn off the current source, use a board, wooden stick, rope, or other non-conducting device to pull the person away from the source of the electric current. Make sure your hands and feet are dry and you are standing on a dry surface.



- If it is safe for you to touch the person:
 - First, check the person. If the person is unresponsive, **call 9-1-1** (or other emergency number).
 - Then follow “First Aid Precautions” on page 381.
 - Check for burns and treat as third-degree burns. (See “Burns” on page 115.)

Fainting & Unconsciousness

Signs & Symptoms

An unconscious person is hard to rouse, can't be made aware of his or her surroundings, and is unable to move on his own. Unconsciousness requires medical care.

Fainting is a brief loss of consciousness. It can last from seconds to minutes. One episode of fainting that lasts only a few seconds may not be a serious problem.

Fainting is due to a sudden drop in blood flow or glucose supply to the brain. This causes a temporary drop in blood pressure and pulse rate.





Fainting & Unconsciousness, Continued

Causes & Risk Factors

Causes of feeling faint or fainting include:

- Irregular, too fast, or too slow heartbeat
- A sudden change in body position, like standing up too quickly. This is called postural hypotension.
- Extreme pain; sudden emotional stress, fright, or anxiety
- Standing a long time in one place or being in hot, humid weather
- A side effect of some medicines, such as some that lower high blood pressure; tranquilizers; and antidepressants
- Drinking too much alcohol
- Very low or extremely high blood sugar
- Anemia or any condition in which there is a rapid loss of blood; shock
- Heart and circulatory problems, such as abnormal heart rhythm, stroke, etc.
- Heat stroke, heat exhaustion, or hypothermia
- Head or spinal injury; epilepsy
- Drug overdose
- Poisoning
- A severe allergic reaction



Get Immediate Care When:

- The person is not breathing. **Call 9-1-1!** (See “Rescue Breath” in “CPR” on page 382.)
- The person has signs of a heart attack (see “Heart Attack Warning Signs” on page 202) or a stroke (see “Stroke Warning Signs” on page 229).
Call 9-1-1!
- The person who fainted had sudden, severe back pain.
- With unconsciousness: The person is older than 40 years old and this is the first episode; the person has a known heart problem; or fainting or unconsciousness occurred for no apparent reason.
- The person had signs of a low or high blood sugar before unconsciousness. (See “Signs of Low Blood Sugar (Hypoglycemia)” and “Signs of High Blood Sugar (Hyperglycemia)” on page 280.)
- Fainting occurred with:
 - Severe pelvic or abdominal pain
 - Black, tarlike or maroon-colored stools
 - A fast or irregular heartbeat
 - Severe bleeding
 - A recent head injury
 - Slow, noisy, or unusual breathing



Fainting & Unconsciousness, Continued



Self-Care/First Aid:

For Unconsciousness:

- Check for breathing. If no breathing, call 9-1-1! Do CPR (see pages 382 to 384).
- Check for a medical alert tag or medical information. Call the emergency number if there is one. Follow instructions given.
- Don't give the person anything to eat or drink, not even water.

To Reduce the Risk of Fainting:

- Follow your doctor's advice to treat any medical condition which may lead to fainting. Take medicines as prescribed, but let your doctor know about any side effects.
- Get up slowly from bed or from a sitting position.
- Avoid turning your head suddenly.
- Don't wear tight-fitting clothing around your neck.
- Avoid excessive exercise in hot, humid conditions. Drink a lot of liquids when you do exercise.

- Avoid stuffy rooms and hot, humid places. When you can't do this, use a fan.
- Drink alcoholic beverages in moderation, if at all.

For Fainting:

- Catch the person before he falls.
- Have the person lie down with the head below the level of the heart. Raise the legs 8 to 12 inches. This promotes blood flow to the brain. If a person who is about to faint can lie down right away, he or she may not lose consciousness. If the person can't lie down, have him or her sit down, bend forward, and put the head between the knees.
- Loosen any tight clothing.
- Apply moist towels to the person's face and neck, but keep him or her warm, if the surroundings are chilly.
- Don't slap or shake anyone who's just fainted or give him or her anything to eat or drink.
- Don't allow the person who fainted to get up until the weakness passes.
- Check for a medical alert tag or medical information.

Continued on Next Page





Fainting & Unconsciousness, Continued



Get Immediate Care When:

A fishhook is stuck in an eye.

Self-Care/First Aid, Continued

For a Low Blood Sugar Reaction:

- Have a sugar source, such as: One half cup of fruit juice or regular (not diet) soda; 5 to 6 regular (not sugar-free) hard candies; 3 glucose tablets; or 6 to 8 ounces of milk.
- If, after 15 minutes, you don't feel better, take the same amount of sugar source again. If you don't feel better after the second dose, call your doctor.

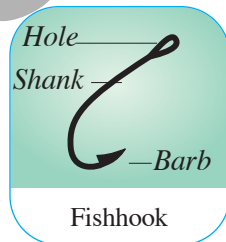


Contact Doctor When:

- You can't remove the fishhook.
- Twenty-four to 48 hours after the accident, signs of an infection (increased redness, pain, and/or swelling; red streaks that extend from the area; pus, and/or fever) occur at the wound site.
- You have not had a tetanus shot in the last 5 years.

Fishhook Accidents

Parts of a fishhook are the shank and the barb. The upper end of the shank connects the fishing line. The barb is the curved and sharp end that hooks the fish. It can also cut the skin.



Signs, Symptoms & Care

A fishhook can nick or cut the skin; get stuck in the skin near its surface; or become embedded in the skin.

First aid treats most fishhook accidents.



Self-Care/First Aid:

For Knicks or Surface Cuts to the Skin:

Treat for a cut. (See “First Aid for Minor Cuts and Scrapes” on page 121.)

For a Fishhook Stuck Near the Surface of the Skin:

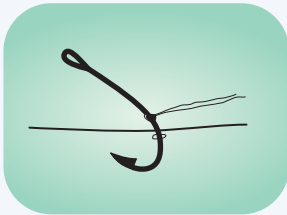
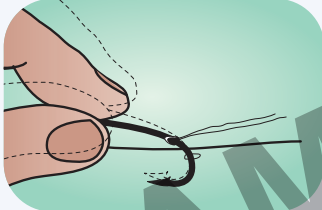
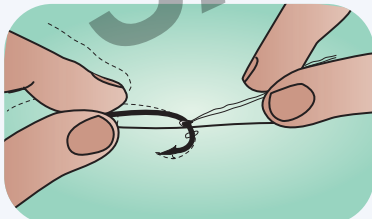
- Put ice or cold water on the wound area. This temporarily numbs it.

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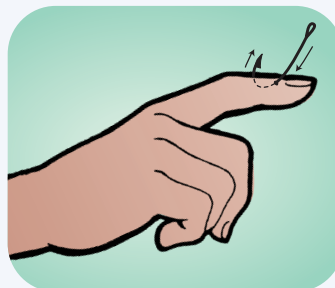
Fishhook Accidents, Continued

Self-Care/First Aid, Continued

- Take a piece of fishing line. Loop one end and tie it to the hook near the surface of the skin.
 
- Grasp the shaft end of the hook with one hand and press down about 1/8th inch to disengage the barb.
 
- Keep pressing the hook down and jerk the fishing line in a motion parallel to the skin's surface to make the shaft of the hook lead the barb out of the skin.
 
- Wash the wound area well with soap and water. Treat for a puncture wound. (See “First Aid for Punctures That Cause Minor Bleeding” on page 122.)

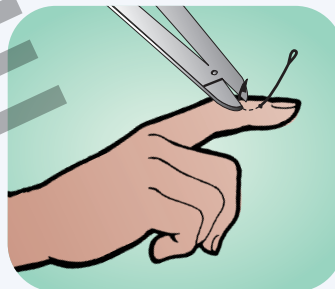
For a Fishhook Deeply Embedded:

- Put ice or cold water on the wound area. This temporarily numbs it.



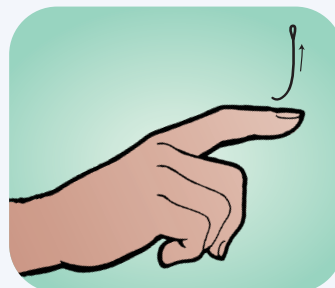
Push on the shaft of the hook until the barb protrudes.

- With wire cutters, snip the hook at either the shank or the barb.



- Pull the hook out.

- Wash the wound area well with soap and water. Treat for a puncture wound. (See “First Aid for Punctures That Cause Minor Bleeding” on page 122.)





Frostbite & Hypothermia

Frostbite freezes the skin. It can damage tissue below the skin, too. Most often, frostbite affects the toes, fingers, earlobes, chin, and tip of the nose.

Hypothermia is when body temperature drops below 96°F. The body loses more heat than it can make. This is usually brought on by staying in a cold place for a long time.

Prevention

To Prevent Frostbite and Outdoor Hypothermia:

- Stay indoors as much as possible when it is very cold and windy.
- Wear clothing made of wool or polypropylene. These fabrics stay warm even when wet. Layer your clothing. Wear 2 or 3 pairs of socks instead of 1 heavy pair and wear roomy shoes. Do not wear items that constrict the hands, wrists, or feet. Wear outerwear that is windproof and waterproof.
- Wear a hat or a hood to keep your head and ears warm.
- Don't drink alcohol or smoke cigarettes.

- Shield your face, etc. from the wind.
- Be aware of the "Wind-Chill Factor." Listen to weather reports which give the adjusted temperature with the wind's speed.
- Change wet clothing when exposed to cold temperatures.
- If you walk or climb in cold weather for sport, take survival bags that are lined with space blankets.

To Prevent Indoor Hypothermia:

- Keep your indoor thermostat set at 65°F or higher. Also keep a supply of warm clothing, blankets, etc. on hand in the event of a power outage. If you are elderly and live alone, have someone check on you regularly to see that you are kept warm enough.
- If your home is below 65°F, dress warmly and wear a hat.

Signs & Symptoms

For Frostbite:

- Cold, numb skin that swells and feels hard and solid
- Loss of function and absence of pain
- Skin color changing from white to red to purple. Blisters occur.
- Slurred speech. Confusion.



Frostbite & Hypothermia, Continued

Frostnip is a less serious problem. The skin turns white or pale and feels cold, but the skin does not feel hard and solid.

For Hypothermia:

With mild hypothermia, symptoms include: Shivering, slurred speech; memory lapses; and the abdomen and back feel cold.

With moderate hypothermia, shivering stops but the skin feels ice cold and looks blue. The person may act confused, drowsy, irritable, and/or stuporous. Muscles may be rigid and stiff and pulse rate and breathing slow down.

With severe hypothermia, the person has dilated pupils, no response to pain, and loss of consciousness. The person appears to be dead. Death occurs in half or more of persons with severe hypothermia.

Causes & Risk Factors

For Frostbite and Frostnip:

Frostbite and frostnip can occur when temperatures drop below freezing. Both can set in very slowly or very quickly. This will depend on how long the skin is exposed to the cold and how cold and windy it is.

For Hypothermia:

- Exposure to cold temperatures (wet or dry). Many factors increase the risk. Examples are: Wet clothing or lying on a cold surface; circulation problems, diabetes, and stroke; and old age. The elderly are more prone to hypothermia if they live in a poorly heated home and are not clothed warmly enough.
- Immersion. This can be from 6 hours or less of exposure to cold water immersion. It can also be from water immersion, or exposure on land to cold, wet weather near freezing, for up to 24 hours.
- Shock (see page 414)



Get Immediate Care When:

- Any of these problems are present:
 - No breathing. **Call 9-1-1!** (See “Rescue Breaths” in CPR on page 383.)
 - Pale or blue colored skin, lips, and/or nailbeds
 - Decreased level or loss of consciousness; fainting
 - Body temperature less than 95°F
 - Rigid and stiff muscles
 - Mental confusion. Drowsiness.
 - Slow pulse rate
 - Breathing problems
 - Stumbling. Lack of coordination.





Frostbite & Hypothermia, Continued

- Signs and symptoms of “Frostbite” (see page 400)
- With a low body temperature, the person had a recent infection and now has signs of sepsis (lethargy, chills, vomiting, looks sick, and delirium).



Contact Doctor When:

- Any of these persons have had prolonged exposure to the cold:
 - Elderly persons
 - Persons with a history of alcoholism or drug abuse
 - Persons whose immune systems are depressed due to disease and/or medication, such as chemotherapy
 - The person has continued and persistent shivering after being warmed or his body temperature is not rising to normal after 4 hours of warming.
- {**Note:** Reassess symptoms. The damage from exposure to the cold may not be completely noted for 72 hours.}
- After being exposed to the cold, symptoms (shivering, cold skin, and body temperature) have not improved after first aid.



Self-Care/First Aid:

First Aid For Frostbite Before Emergency Care:

- Get the person out of the cold and into a warm place.
- Loosen or remove wet and/or tight clothing. Remove jewelry.
- Don't rub the area with snow or soak it in cold water.
- Warm the affected area by soaking it in a tub of warm water (101°F to 104°F).
- Stop when the affected area becomes red, not when sensation returns. (This should take about 45 minutes. If done too fast, thawing can be painful and blisters may develop.)
- If warm water is not available, cover the person with blankets, coats, sweaters, etc., or place the frostbitten body part in a warm body area, such as the armpit or on the abdomen.
- Keep the exposed area elevated, but protected.
- Don't massage a frostbitten area.
- Protect the exposed area from the cold. It is more sensitive to reinjury.
- Don't break blisters.

Continued on Next Page



Frostbite & Hypothermia, Continued

Self-Care/First Aid, Continued

First Aid for Frostnip:

- Warm the affected area. Put the affected area in warm water (101°F to 104°F). Or, place cold fingers in armpits; cold feet onto another person's warm stomach.
- After warming the area, the skin may be red and tingling. If not treated, frostnip can lead to frostbite.
- Protect the exposed area from the cold. It is more sensitive to reinjury.

For Moderate to Severe Hypothermia:

- **Call 9-1-1!**

First Aid Before Emergency Care:

- Handle the person gently.
- Get the person out of the cold and into a warm place, if possible.
- Remove wet and/or cold clothing. Remove jewelry.
- Change to warm and dry garments.
- Place the person on dry blankets. Put covers, coats, etc. on and around the person. Cover the top of his or her head.
- Keep the person in a flat position.

- If available, place hot packs on the person's body areas of high heat loss, such as the groin, armpits, and neck.

For Mild Hypothermia:

- Move the person from a cold to a warm place, if possible. If indoors, raise the temperature in the room.
- Change to warm and dry garments.
- Give warm, non-alcoholic drinks.
- Place the person in a tub of hot water (106°F or less), but leave the arms and legs out and keep them elevated.
- Take and recheck temperature to see if first aid measures are raising body temperature back to normal.

Head Injuries

Any blow to the head can result in a head injury. Head injuries can cause damage to the scalp, the skull, or the brain itself. A **traumatic brain injury (TBI)** is a blow to the head or a penetrating head injury that disrupts the function of the brain.

Common causes of TBIs are:

- Assaults
- Bullets, fragments, or blasts, such as ones received by military personnel in deployment
- Traffic accidents or falls





Head Injuries, Continued

Symptoms of a traumatic brain injury (TBI) can range from mild to severe.

Signs & Symptoms

For a Serious Traumatic Brain Injury (TBI) or Other Serious Head Injury:

- Loss of consciousness. This can last an extended period of time.
- Severe bleeding or blood or fluid drains from the mouth, nose, and/or ear.
- It is difficult to rouse the person. Convulsions.
- Slurred speech. Confusion. Drowsiness. Personality change.
- Amnesia. This can last an extended period of time.
- Inability to move any part of the body or numbness, tingling, or weakness in a limb.
- Loss of vision, blurred or double vision, pupils of unequal size
- Severe headache or a headache that worsens with time
- Stiff neck. Vomiting.

Symptoms can occur during the first 24 hours or may not be evident for as long as several weeks.

For a Mild TBI, Concussion, or Other Mild Head Injury:

- Brief change in consciousness or mental status (at the time of the injury)
- Nausea or dry heaves
- Headaches. Dizziness. Irritability.
- Extreme fatigue
- Problems with concentration, memory, balance and/or sleep
- Ringing in the ears. Vision changes. Eyes are sensitive to light.

Symptoms of a mild TBI or concussion often resolve within hours or days and usually improve over 1 to 3 months. Symptoms may be subtle, though, and may not be problematic for weeks, months, or years after the injury.



Get Immediate Care When:

- The person with the head injury is not responsive. **Call 9-1-1!** {**Note:** See Self-Care/First Aid: For a Severe Head Injury on page 405.}
- The person has signs and symptoms under “For a Serious Traumatic Brain Injury (TBI) or Other Serious Head Injury” listed on this page. {**Note:** For any signs or symptoms in the first 3 bullets, **call 9-1-1!**}



Head Injuries, Continued



Contact Doctor When:

- The person with the head injury sees starts or feels unusual in any way.
- Signs and symptoms under “For a Mild TBI, Concussion, or Other Mild Head Injury,” listed on page 404, have not been evaluated or treated; are getting worse; and/or are not improving with treatment.



Self-Care/First Aid:

For a Serious Head Injury:

- Do not move the person unless his or her life is in danger. If so, log roll the person, place tape across the forehead, and secure the person to a board to keep the head, neck, and back areas from moving at all. **Call 9-1-1!**
- Check for a response. (See Step 2 on page 381.) If giving rescue breaths, do not tilt the head backward. Pull the lower jaw open instead. Follow “Self-Care/First Aid: To Immobilize the Neck and/or Spine” on pages 409 and 410.
- If the person is bleeding from the scalp, see “First Aid for Bleeding from the Scalp” on page 390.

First Aid for Minor Head Injuries:

- Apply an ice pack to the injured area to reduce swelling or bruising. Change it every 15 to 20 minutes for 1 to 2 hours. Do not put ice directly on the skin.
- Cover an open, small cut with gauze and first aid tape or a bandage.
- Take an over-the-counter medicine for pain. (See “Pain relievers” in “Your Home Pharmacy” on page 44.)



For Information on Head Injuries, Contact:

Brain Trauma Foundation
www.braintrauma.org

DVBIC Information & Referral Defense Centers of Excellence (DCoE)
 Outreach Center
 1-866-966-1020
www.dvbic.org

Heat Exhaustion & Heat Stroke

Heat exhaustion is a warning that the body is getting too hot. Heat stroke is a medical emergency! Many people die of heat stroke each year; most are over 50 years of age.





Heat Exhaustion & Heat Stroke, Continued

Prevention

- Drink lots of liquids. Drink water and sport drinks, such as Gatorade, etc. Avoid drinks with alcohol or caffeine.
- Do not stay in or leave anyone in closed, parked cars during hot weather.
- At the first signs of heat exhaustion, get out of the sun. Avoid midday heat. Do not do vigorous activity during the hottest part of the day. This is from 10 a.m. to 4 p.m. standard time or 11 a.m. to 5 p.m. daylight saving time.
- Wear light, loose-fitting clothing, such as cotton. Wear a wide-brimmed hat with vents. Use an umbrella for shade.
- If you feel very hot, cool off. Use air conditioning, a fan, etc.
- Check with your doctor about sun exposure if you take water pills, mood-altering or antispasmodic medicines, and some antibiotics, such as tetracycline.
- Limit hot tub or whirlpool use to 15 minutes. Don't use these if you are alone.

Signs & Symptoms

For a Heat Stroke:

- Hot, dry, red skin, but no sweating. Temperature of 104°F or higher.

- Deep breathing and fast pulse; then shallow breathing and weak pulse
- Dilated pupils
- Confusion, delirium, hallucinations
- Convulsions. Loss of consciousness

These signs and symptoms can occur suddenly, with little warning.

For Heat Exhaustion:

- Normal, low, or only slightly elevated body temperature
- Sweating. Dry mouth and thirst.
- Cool, clammy, pale skin
- Fatigue. Weakness. Dizziness.
- Headache. Muscle cramps.
- Nausea, sometimes vomiting
- Weak or rapid pulse

Causes & Risk Factors

In hot weather or during vigorous activity, the body sweats. As sweat evaporates from the skin, the body is cooled. If this cooling system fails, heat exhaustion or a heat stroke can occur. Factors that increase the risk include:

- Changes in the skin caused by the normal aging process
- Poor circulation. Heart, lung, and kidney diseases.



Heat Exhaustion & Heat Stroke, Continued

- The inability to perspire due to medicines, such as water pills
- Any illness that causes weakness, fever, vomiting, or diarrhea
- Being outdoors or in places without fans or air conditioners during hot, humid weather



Get Immediate Care When:

- Signs and symptoms of a heat stroke (see page 406) are present. **Call 9-1-1!** See “First Aid Before Emergency Care” in the next column.
- The person is too dizzy or weak to stand, has nonstop vomiting, or has pale, cool, and clammy skin.
- Signs and symptoms of heat exhaustion (see page 406) are present.



Contact Doctor When:

Any of these signs are present:

- Headache
- Nausea
- Excessive perspiration



Self-Care/First Aid:

First Aid Before Emergency Care:

- Lower the body temperature.
 - Move the person to a cool place indoors or under a shady tree. Place the feet higher than the head.
 - Remove the person’s clothing. Wrap the person in a cold, wet sheet, sponge the person with towels soaked in cold water, or spray the person with cool water. Fan the person. If using an electric fan, keep the person with wet items far enough away from the fan so as not to cause electric shock.
 - Put ice packs or cold compresses on the neck, under the armpits, and on the groin area.
- Place the person in the recovery position (see page 387) once his or her temperature reaches 101°F. Do not lower the temperature further. Don’t give fever reducing medicine. Don’t use rubbing alcohol.

First Aid for Heat Exhaustion:

- Move the person to a cool place indoors or in the shade.
- Loosen clothing.

Continued on Next Page





Heat Exhaustion & Heat Stroke, Continued

Self-Care/First Aid, Continued

- Give fluids, such as cool or cold water. Drink sport drinks, such as Gatorade.
- Have salty foods, such as saltine crackers, if tolerated.
- Lie down in a cool, breezy place.
- Massage and stretch cramped muscles.

Neck/Spine Injuries

Anything that puts too much pressure or force on the neck or back can result in a neck and/or spinal injury. Suspect a neck injury, too, if a head injury has occurred.

Prevention

- Prevent falls and accidents. See “Prevent Falls Checklist” on page 23 and “Drive Safely Checklist” on page 24.
- Use padded head rests in your car to help prevent whiplash.
- Check the water’s depth before diving into it. Do not dive into water that is less than 9 feet deep. Never dive into an above-ground pool.

Signs & Symptoms

For a Whiplash Injury:

- Neck pain and stiffness
- Having a hard time raising the head off of a pillow

For a Serious Injury:

- Severe pain in the back and/or neck or immediate neck pain
- Headache or abdominal pain
- Inability to open and close the fingers or move the toes
- New feelings of numbness in the legs, arms, shoulders, or any body area
- Difficulty walking
- Appearance that the head, neck, or back is in an odd position
- New loss of bladder or bowel control
- Blood or other discharge from the nose or ears after the injury
- Paralysis
- Unconsciousness

Causes

Neck and spinal injuries are usually due to falls, accidents, and hard blows.



Neck/Spine Injuries, Continued



Get Immediate Care When:

- The injured person is not breathing. **Call 9-1-1!** Do “CPR” (see pages 382-384). {**Note:** If giving rescue breaths, do not tilt the head backward. Pull the lower jaw open instead. To do this, place your thumb(s) or fingers on the jawbones, just in front of and below the earlobes.} Until medical help arrives, hold the head, neck, and shoulders perfectly still. Use both of your hands, one on each side of the head. (See “To Immobilize the Neck and/or Spine” in the next column.) Do not move someone with a suspected neck or spine injury unless his or her life is in danger.
- The injured person has one or more “Signs & Symptoms” under “For a Serious Traumatic Brain Injury (TBI) or other Injury” on page 404.
- Any of these problems occur after a recent injury to the neck and/or spine that did not get medically treated at the time of the injury:
 - Severe pain
 - Numbness, tingling, or weakness in the face, arms, or legs
 - Loss of bladder control



Contact Doctor When:

A whiplash injury is suspected or pain from any injury to the neck or back lasts longer than 1 week.



Self-Care/First Aid:

Before emergency care arrives:

To Immobilize the Neck and/or Spine:

- Tell the person to lie still and not move his or her head, neck, back, etc.
- Place rolled towels, articles of clothing, etc., on both sides of the neck and/or body. Tie and wrap in place, but don’t interfere with the person’s breathing. If necessary, use both of your hands, one on each side of the person’s head, to keep the head from moving.



To Move Someone With a Suspected Neck or Spinal Injury:

Immobilize the neck and spine and:

- Find a door or other rigid board.

Continued on Next Page





Neck/Spine Injuries, Continued

Self-Care/First Aid, Continued

- Several people should carefully lift and move the person onto the board, being very careful to keep the head and neck in a straight line with the spine. The head should not rotate from side to side or forward to backward.
- Follow tips under “To Immobilize the Neck and/or Spine” on page 409.

To Move Someone With a Suspected Neck Injury from a Diving or Other Water Accident:

- Protect the neck and/or spine from bending or twisting. Place your hands on both sides of the neck and keep it in place until help arrives.
- If the person is still in the water, help the person float until a rigid board can be slipped under the head and body, at least as far down as the buttocks.
- If no board is available, several people should take the person out of the water. Support the head and body as one unit. Make sure the head does not bend in any direction.

For Non-Emergency Injuries:

If You Suspect a Whiplash Injury:

- See your doctor as soon as you can so the extent of injury can be assessed.
- For the first 24 hours, apply ice packs to the injured area for up to 20 minutes every hour.



Apply an ice pack to relieve neck pain.

- After 24 hours, use ice packs to relieve the pain. After 2-3 days of icing you can also use heat:
 - Take a hot shower for 20 minutes a few times a day.
 - Use a hot-water bottle, heating pad (set on low), or heat lamp directed to the neck for 10 minutes several times a day. (Use caution not to burn the skin.)
- Use a cervical pillow or a small rolled towel placed behind the neck.
- Wrap a folded towel around the neck to help hold the head in one position during the night.
- Take an over-the-counter medicine for pain. {**Note:** See “Pain relievers” in “Your Home Pharmacy” on page 44.}



Neck/Spine Injuries, Continued

Self-Management after a Spinal Cord Injury or Disorder

Follow the advice of your doctor and other health care providers.

- To help prevent urinary tract infections:
 - Empty your bladder using a catheter, as directed.
 - Use proper cleaning technique for cleaning your skin and urinary supplies.
 - Drink plenty of water a day. Follow your provider’s advice for the amount per day that meets your needs.
 - Strictly limit beverages with caffeine, alcohol, and sugar.
- To help prevent pressure sores:
 - Use support surfaces for your bed and wheelchair that reduce pressure on your skin.
 - Change positions on a regular basis, as directed.
 - Keep your skin clean and dry. Check or have someone else check your skin at least twice a day for pressure sores.
 - Wear loose-fitting clothing made of cotton, not nylon or wool. Avoid wearing items that put friction on your skin.
- Do regular exercise. Control your weight.
- Eat healthy foods.
- To help prevent respiratory infections:
 - Do deep breathing and coughing exercises.
 - Use a spirometer, as directed.
 - Follow tips under “Prevention” in “Common Cold” topic on pages 95 to 96.
 - Get a yearly flu vaccine. Get a pneumococcal vaccine as advised.
- To help prevent constipation, follow “Prevention/Self-Care” tips for “Constipation” on page 156.
- Take medications, as advised.
- If you smoke, quit. Smoking increases the risk for:
 - Lung congestion and infection, as well as lung cancer
 - Pressure sores and a slower healing time for them
 - Bladder cancer
- Let your health care provider know if you have:
 - “Signs & Symptoms of Depression” listed on pages 312 to 313
 - Concerns on sexual issues
 - Problems coping with your spinal cord injury or disorder





Poisoning

Poisons are harmful substances that are swallowed, inhaled, or that come in contact with the skin.

Prevention

- Take medicines, vitamins, minerals, and herbal products, as advised.
- Buy household products, vitamins, and medicines in child-resistant packaging. Keep these in their original containers locked up and out of children's reach.
- Wear protective clothing, masks, etc., when using harmful chemicals.
- Use volatile substances, such as wood stain, in well ventilated areas.
- Install carbon monoxide detectors in your home and garage.
- Have your furnace, chimney, and flue checked by a qualified person every year. Do not run cars and lawn mowers in the garage. Do not use gas ranges for heat.
- Use space heaters, coal burning stoves, and portable generators, as directed. Do not use generators indoors.

Signs & Symptoms

Signs and symptoms depend on the substance. They include a skin rash, upset stomach, and more severe problems. Some poisons can cause death.

Causes

Common causes include:

- Household cleaners, such as ammonia, bleach, drain cleaner, and lye
- Toxic amounts of prescribed and over-the-counter medicines, alcohol, drugs, and supplements, such as vitamins with iron
- Lighter fluid and paint thinner
- Rubbing alcohol, iodine, hair dye, mouthwash, and mothballs
- Some indoor and outdoor plants
- Carbon monoxide. This has no color, odor, or taste.



Get Immediate Care When:

- The person is not breathing. **Call 9-1-1!** (See “CPR” on pages 382 to 384.)
- The person is unconscious or is having convulsions. **Call 9-1-1!**
- A substance with a “harmful or fatal if swallowed” warning on the label has been swallowed.



Poisoning, Continued

- After being in a closed space with a heater or furnace on, signs of carbon monoxide poisoning occur:
 - Loss of consciousness or seizure
 - Sudden shortness of breath, chest pain, or irregular heartbeat
 - Severe headache
 - Lethargy, confusion, or agitation
 - Signs of shock (see page 414)



Self-Care/First Aid:

Follow measures under “Prevention” on page 412. In addition:

For Swallowed Poisons:

1. If the person is unconscious, shout for help. **Call 9-1-1!** Do “CPR” as needed. (See pages 382 to 384.)
2. Once conscious, place the person in the recovery position (see page 387).
3. Call the Poison Control Center at 1-800-222-1222. Follow instructions. Do this step first if the above 2 steps do not apply.

Be ready to give this information to the Poison Control Center:

- The name and amount of the substance and when it was taken
 - A list of ingredients on the label
 - The person’s age, gender, and weight; how he or she is feeling and acting; and any medical problems the person has
4. Lay the person on the left side to keep the windpipe clear, especially if he or she has vomited.
 5. Keep a sample of the vomit and the poison container.

For Inhaled Poisons:

1. Move the person to fresh air (outdoors if possible) right away. Try not to breathe the fumes yourself.
2. Follow steps 1 to 3 under “For Swallowed Poisons,” listed in the left column on this page, as needed.
3. Get medical attention.

For Chemical Poisons on the Skin:

1. Flood the skin with water for 10 to 15 or more minutes and remove contaminated clothing.
2. Gently wash the skin with soap and water. Rinse well.
3. Get medical attention.





Shock

Shock occurs when the circulation system fails to send blood to all parts of the body. With shock, areas of the body are deprived of oxygen because blood flow or blood volume is too low to meet the body's needs. The result is damage to the limbs, lungs, heart, and brain.

Signs & Symptoms

- Weakness. Trembling. Confusion.
- Pale or blue-colored lips, skin, and/or fingernails. Cool and moist skin.
- Weak, but fast pulse. Rapid, shallow breathing.
- Nausea, vomiting. Extreme thirst.
- Enlarged pupils. Loss of consciousness.

Causes & Care

Causes include: A heart attack; severe or sudden blood loss from an injury or serious illness; and a large drop in body fluids, such as following a severe burn. Shock needs emergency medical care.



Get Immediate Care When:

“Signs & Symptoms” of shock, listed on this page, occur. **Call 9-1-1!**



Self-Care/First Aid:

First Aid for Shock Until Emergency Care Arrives

- Check for a response (see step 2 on page 381).
- Give rescue breaths or CPR, as needed. (See “CPR” on pages 382 to 384.)
- Lay the person flat, face-up, but do not move him or her if you suspect a head, back, or neck injury.
- If the person vomits or has trouble breathing, raise him or her to a half-sitting position (if no head, back, or neck injury). Or, turn the person on his or her side so the vomit does not back up into the windpipe and lungs.
- Raise the person's feet 12 inches. Use a box, etc. Do not raise the feet or move the legs if hip or leg bones are broken. Keep the person lying flat.
- Loosen tight clothing. Keep the person warm using a coat, etc. Place insulation between the person and the ground.
- Monitor for a response (see step 2 on page 381). Repeat as needed.
- Do not give food or liquids. If the person wants water, moisten the lips.
- Reassure the person. Make him or her as comfortable as you can.