All About Health

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In the News...

Increase in STD's, Especially For Teens

In a study released by the Centers for Disease Control and Prevention (CDC), it was reported that overall, an estimated 19 million sexually transmitted infections occur each year, almost half among 15- to 24-year-olds. Findings included:

- Nearly 337,000 cases of gonorrhea were reported
- Girls from 15-19 years old had the most Chlamydia and gonorrhea cases of any age group
- Blacks, who represent 12% of the U.S. population, accounted for about 71% of reported gonorrhea cases and almost half of all chlamydia and syphilis cases in 2008
- Black women 15-19 had the highest rates of chlamydia and gonorrhea
- 13,500 syphilis cases were reported in 2008, an increase of almost 18% from 2007
- 63% of syphilis cases were among men who have sex with men
- Syphilis rates among women increased 36% from 2007 to 2008
- The government estimates 56,000 new cases of HIV each year.

According to Dr. John M. Douglas Jr. of the CDC, better screening is most likely the reason for the increase of STD's reported. Also, the statistics for girls ages 15-19 may seem alarming; however, it is important to note that this age group is screened more than other people.

Tylenol and Vaccines

In the British medical journal *Lancet*, a study was published which discouraged the preventive use of Tylenol when a baby receives a vaccination. The results indicated that

lower rates of protective antibody levels from several vaccines were seen in the group that had been given the Tylenol, versus the group who had not been given preventative Tylenol. The rate of decrease in protective antibody levels was thought to be small, but significant enough to make "a compelling case against" routine use of fever-lowering medicines during immunization. The study did not discourage the use of Tylenol after a fever develops.

Mom's Obesity Effects Daughter's Entry Into Puberty

A study published in the journal *Epidemiology* reported that daughters of obese mothers were more likely to begin menstruation at a young age, even if they themselves were not overweight.

Pneumonia and Diarrhea Kill More Children Than HIV and Malaria

A recent report released by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) indicated that more children (in particular, children of the poor) die because of pneumonia or diarrhea than AIDS and malaria combined. The report stated that global spending on maternal, newborn and child health was about \$3.5 billion in 2006; that same year, nearly \$9 billion was devoted to HIV and AIDS. Pneumonia was identified as being responsible for 20% of all child deaths. In contrast, AIDS accounts for about 2%. If identified early, pneumonia can be treated with inexpensive antibiotics, but UNICEF and WHO estimate than less than 20% of those sickened receive the drugs. Rotavirus, a diarrheal disease, accounts for more than 500,000 child deaths a year. A vaccine, routinely given to children born in the United States, is not yet available in many developing countries. Death can often be prevented by giving children fluid replacement, yet 60% of children with diarrhea never receive this treatment. The study pointed out that very simple tools that are currently available to help prevent child deaths are not being utilized as they should be.

No Cell Phone, Brain Tumor Link

A very large, 30 year study showed no link between cell phone use and brain tumors. The study, published in the Journal of the National Cancer Institute, tracked nearly the entire adult population of Scandinavia (approximately 16 million people) from 1974-2003. Researchers found no significant increase in the number of brain tumors associated with cell phone usage. However, the research team stated, "Because of the high prevalence of mobile phone exposure in this population and worldwide, longer follow-up of time trends in brain tumor incidence rates are warranted."

Hidden Household Hazards

While most parents know to cover outlets and keep poisonous household cleaning products out of a child's reach, here are some other areas where children can get hurt or suffer a fatal injury:

Falls from windows Window treatment cords

Power cords Furniture tip-overs

Exercise equipment Tipping of flat-screen tv

Parents are also encouraged to keep tabs on toy and product recalls. However, more important, is for parents to be aware of their child's abilities and level of curiousity.

SPOTLIGHT ON

DEPRESSION

(National Institute of Mental Health)

Nearly everybody knows someone who has suffered from depression. Maybe you have suffered from, or are currently suffering from, depression. Either way, depression can be one of the most debilitating untreated illnesses. Depression is defined as a condition of general emotional dejection and withdrawal; sadness greater and more prolonged than that warranted by any objective reason. Everyone occasionally has a time when they feel sad or blue, but these feeling usually pass within a couple of days. When a person has a depressive disorder, it interferes with daily life, normal functioning, and causes pain for both the person with the disorder and those who care about him or her. Depression is a common but serious illness, and most that experience it need treatment to get better.

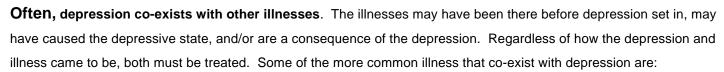
There are several different forms of depression:

- ∂ Major depressive disorder (a.k.a. Major depression)
 - Characterized by combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities.
 - o Disabling and prevents a person from functioning normally
 - o May occur only once in a person's life time but more often, recurs throughout a person's life
- Dysthymic disorder (a.k.a. Dysthymia)
 - Characterized by long-term (2 years or longer) but less severe symptoms
 - May not disable a person but can prevent one from functioning normally or feeling well
 - May also experience one or more episodes of major depression during their lifetimes
- ∂ Psychotic depression
 - Occurs when a severe depressive illness is accompanied by some form of psychosis, such as a break with reality, hallucination, and delusions
- ∂ Postpartum depression
 - o Diagnosed if a new mother develops a major depressive episode within one month after delivery
- ∂ Seasonal affective disorder (SAD)
 - Characterized by the onset of a depressive illness during the winter months, when there is less natural sunlight
 - Depression generally lifts during spring and summer

People with depressive illnesses do not all experience the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual and his particular illness.

Symptoms:

- Persistent sad, anxious or "empty" feelings
- > Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness and/or helplessness
- > Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Fatigue and decreased energy
- Difficulty concentrating, remembering details and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- > Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- > Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment



- Anxiety disorders
 - Post-traumatic stress disorder
 - Obsessive-compulsive disorder
 - o Panic disorder
 - Social phobia
 - Generalized anxiety disorder
- Alcohol and other substance abuse or dependence
- Serious medical illnesses
 - Heart disease
 - Stroke
 - o Cancer
 - o HIV/AIDS
 - Diabetes
 - o Parkinson's disease



There is no single known cause of depression. It is probably a result of a combination of genetic, biochemical, environmental, and psychological factors. Current research indicates that depressive illnesses are disorders of the brains. For depressed people, medical tests have shown that the area of the brain responsible for regulating mood, thinking, sleep, appetite and behavior appears to function abnormally. In addition, important neurotransmitters (chemicals that brain cells use to communicate) appear to be out of balance. However, the question as to why depression occurs still cannot be definitively answered.



Women and men tend to experience depression differently.

Women:

- More likely to admit to feelings of sadness, worthlessness and/or excessive guilt
- Depression is more common for women
 - Biological, life cycle, hormonal and psychosocial factors unique t6o women may be linked to their higher depression rate
- ♥ Hormones directly affect brain chemistry that controls emotions and mood
 - Baby Blues, Postpartum Depression
 - Some studies suggest that women who experience postpartum depression often have had prior depressive episodes
 - Premenstrual Dysphoric Disorder (PMDD)
 - Severe form of Premenstrual Syndrome (PMS)
 - Condition that results from hormonal changes that typically occur around ovulation and before menstruation begins
 - During the transition into menopause, some women experience an increased risk for depression
- Many women face the additional stresses of work and home responsibilities
 - o Caring for children and aging parents
 - o Abuse
 - Poverty
 - Relationship strains
- It is not clear why some women become depressed and others do not



Men:

- More likely to acknowledge having fatigue, irritability, loss of interest in once-pleasurable activities, and sleep disturbances
- Tend to cope differently with symptoms of depression
- More likely to turn to alcohol or drugs when depressed, or become frustrated, discouraged, irritable, angry and sometimes abuse
- ♣ Some throw themselves into their work or engage in reckless, risky behavior
 - May do this to avoid talking with family and friends
- Even though more women attempt suicide, many more men die by suicide in the United States

Depression is a highly treatable disorder. The first step one should take is to visit the doctor. Certain medications, and some medical conditions such as viruses or a thyroid disorder, can cause the same symptoms as depression. Once a medical condition is ruled out, an evaluation by a mental health professional should be done. If diagnosed with depression, there are a number of methods that can be used to treat it. The most common treatments are medication and psychotherapy.

There are several types of medications (antidepressants) commonly used to treat depression. These drugs improve symptoms of depression by increasing the availability of certain brain chemicals called neurotransmitters. It is believed that these brain chemicals can help improve emotions.

Major types of antidepressants include:

Tricyclic antidepressants (TCAs) are some of the first antidepressants used to treat depression. They primarily affect the levels of norepinephrine and serotonin in the brain. Although effective, these drugs have more side effects, so they usually aren't the first drugs used.

Monoamine oxidase inhibitors (MAOIs) are another early form of antidepressant. These drugs are most effective in people with depression who do not respond to other treatments. They are also effective for other mental illnesses. Because people who take MAOIs must adhere to strict dietary restrictions, these drugs also aren't usually the first ones used.

Selective serotonin reuptake inhibitors (SSRIs) are a newer form of antidepressant. These drugs work by altering a chemical in the brain called serotonin.

Serotonin and norepinephrine reuptake inhibitors (SNRIs) are also a newer form of antidepressant. They treat depression by increasing availability of the brain chemicals serotonin and norepinephrine.

In order to judge whether a medication is working, it must be taken regularly for at least 3-4 weeks, even if a person is feeling better. If the patient feels the medicine is not working, the mental health professional can adjust the dosage or even change the medication altogether. The patient should never just stop taking the antidepressant. Even though the antidepressants listed are not habit-forming or addictive, abruptly ending an antidepressant can cause withdrawal symptoms or lead to a relapse. Some individuals, such as those with chronic or recurrent depression, may need to stay on the medication indefinitely.



| Drug Name | Type of Medication | Potential Side Effects |
|---|--------------------|--|
| Anafranil, Adapin, Aventyl, Elavil, | Tricyclic | Dry mouth, blurred vision, increased fatigue and |
| Norpramin, Pamelor, Pertofrane, | antidepressants | sleepiness, weight gain, muscle twitching (tremors). |
| Sinequan, Surmontil, Tofranil, Vivactil | (TCAs) | |

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|--|-------------------------|---|
| Parnate, Nardil, Marplan | Monoamine oxidase | Must avoid certain foods and medications to avoid |
| | inhibitors (MAOIs) | dangerous interactions. |
| | | Serious side effects may include headache, heart |
| | | racing, chest pain, neck stiffness, nausea and |
| | | vomiting. |
| Celexa, Lexapro, Luvox, Paxil, Prozac, | Selective serotonin | Sexual problems including low sex drive or inability to |
| Zoloft | reuptake inhibitors | have an orgasm are common but reversible; |
| | (SSRIs) | dizziness, headaches, nausea right after a dose, |
| | | insomnia, feeling jittery. |
| Wellbutrin | Helps balance the | Weight loss, decreased appetite, restlessness, |
| | levels of | insomnia, anxiety, constipation, dry mouth, diarrhea, |
| | neurotransmitters | dizziness. |
| | called dopamine and | |
| | norepinephrine | |
| Effexor, Remeron, Cymbalta | These drugs increase | Drowsiness, blurred vision, lightheadedness, strange |
| | the levels of serotonin | dreams, constipation, fever/chills, headache, |
| | and norepinephrine in | increased or decreased appetite, tremor, dry mouth, |
| | the brain | nausea. |
| | | Remeron can be sedating. Cymbalta may increase |
| | | sweating and blood pressure and also cause fatigue |
| | | and reduced energy. |
| Desyrel (trazodone), Ludiomil | These drugs block | Desyrel may cause drowsiness, fatigue, tremor, |
| | various | headache, dry mouth, nausea and vomiting. |
| | neurotransmitter | Ludiomil may cause headache, dizziness, dry mouth, |
| | chemicals to some | fatigue, daytime sleepiness, sweating. |
| | degree | |

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Psychotherapy, a.k.a. "talk therapy," can help people with depression. Depending on the needs of the client, the regimen may be short-term (10-20 weeks) or long-term. Two main types of psychotherapies have been shown to be effective in treating depression. Cognitive-behavioral therapy (CBT) helps people change negative styles of thinking and behaving that may contribute to their depression by teaching new ways of thinking and behaving. Interpersonal therapy (IPT) helps people understand and work through troubled personal relationships that may cause their depression or make it worse.

For mild to moderate depression, psychotherapy alone may be the best treatment option. For major depression, or for certain people, a combination of psychotherapy and medication is the answer.

The National Institute of Mental Health website (<u>www.nimh.nih.gov</u>) provides a list of ways to help yourself if you are depressed:

- ♣ Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that was you once enjoyed. Participate in religious, social or other activities.
- ♣ Set realistic goals for yourself.
- ♣ Break up large tasks into small ones, set some priorities and do what you can as you can.
- ♣ Try to spend time with other people and confide in a trusted friend or relative.
 - o Try not to isolate yourself, and let others help you.
- - o Do not expect to suddenly "snap out of" your depression.
 - Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better.
 - o Discuss decisions with others who know you well and have a more objective view of your situation.
- ♣ Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

Nothing in this publication is intended to substitute for obtaining qualified medical advice.

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i www.dictionary.com (accessed 12/04/09)