

IT'S YOUR HEALTH FALL 2014

the Advocacy
Alliance

Toll Free 1-877-315-6855
www.theadvocacyalliance.org

HEART DISEASE IN WOMEN

HEART DISEASE IS THE NUMBER ONE KILLER OF WOMEN.

Heart disease has always been thought of as a man's disease, but the fact is more women die of heart disease than men do each year. Over 8 million women die of cardiovascular disease, including heart disease and stroke, around the world each year. This represents one third of all deaths among women.

3.3 million women suffer from a heart attack every year in the world, with cardiovascular deaths at over 40% among American women.

With all the education out there about women and heart disease, women still worry more about getting breast cancer than dying from heart disease. The fact is heart disease kills six times as many women as breast cancer every year.



The World Heart Federation, along with the Center for Disease Control, and American Heart Association urges women to know their numbers:

- ✓ Blood pressure
- ✓ Cholesterol
- ✓ Glucose

- ✓ Waist size
- ✓ Weight

Have these levels checked on a regular basis is important because high levels can place women at a greater risk for this devastating disease.

TRAINING

Our Health Care Quality Unit is always available for trainings for groups large and small. In addition to group trainings, we offer web trainings 24 hours a day/7 days per week. If you are interested in scheduling a training, or have any questions about web trainings, please contact Tammy LaGraffe, R.N., C.C.M., Director, South Central PA Health Care Quality Unit at tl@theadvocacyalliance.org or toll-free at 1-877-315-6855.

For a list of our current web trainings please go to www.southcentralpa-hcqu.org/Trainings/trainings.htm.



GO RED FOR WOMEN

In 2004, the American Heart Association created Go Red for Women, an international awareness and control of cardiovascular health campaign.

WANTS WOMEN TO MANAGE THEIR HEALTH RISK BY UNDERSTANDING “LIFE’S SIMPLE 7”:

1. **Get active**
2. **Control cholesterol**
3. **Eat better**
4. **Manage blood pressure**
5. **Lose weight**
6. **Reduce blood glucose**
7. **Stop smoking**

ESTROGEN IS OUR FRIEND

Estrogen is linked to higher High Density Lipoprotein (HDL), known as “Good Cholesterol”, and lower levels of Low Density Lipoprotein (LDL), known as “Bad Cholesterol”. The decrease of estrogen during menopause may lead to lower “Good Cholesterol” and Higher “Bad Cholesterol” levels. Studies show menopausal women have a greater risk of developing heart disease due to decreasing amounts of the estrogen.

TYPICAL WARNING SIGNS OF A HEART FOR MEN ARE NOT THE SAME FOR WOMEN.

Women often fail to recognize and respond to symptoms of a heart attack. This may be part of the reason women die more often than men.

During a heart attack women typically experience symptoms such as:

- Shortness of breath
- Weakness
- Unusual Fatigue
- Cold Sweat
- Dizziness
- Nausea
- Arms feel weak/heavy
- Feeling “Flu-ish”, or sick to their stomach
- An ache in their left arm, neck, jaw, or chest going through to the back

Majority of women experience specifically new and different symptoms up to a month before their heart attacks:

- Unexplained or unusual fatigue
- Sleep disturbance
- Shortness of breath
- Indigestion
- Anxiety

It has been reported that women who go to the ER are less likely to receive lifesaving procedures, and or medications, than men do. As women, if we can better understand our risk for heart disease, we can empower ourselves to get the life-saving emergency care we need.

If you find yourself at risk for heart disease, prevention is your best bet. By maintaining a healthy weight, following a well balanced diet, staying active and quitting smoking, you can be on your way to a heart-healthy lifestyle you will feel better and prevent the disease from taking yet another life.

CONTACT YOUR PHYSICIAN TO GET SCREENED TODAY!

References:

World Heart Federation Women and Cardiovascular Disease: <http://www.worldheart.org/grfw>

CDC-Women and Heart Disease Fact Sheet: http://www.cdc.gov/data_statistics/fact_sheets/fs_women_heart.htm

Mayo Clinic Diseases and Conditions Heart Disease: <http://www.mayoclinic.org/disease-conditions/heart-disease/in-dept>.

Life's Simple 7 Go Red for Women: <https://www.goredforwomen.org/live-healthy/>

Women's Heart Foundation Women and Heart Disease Facts: https://www.womensheart.org/content/heartdisease/heart_disease_fact

Texas heart Institute Women and Heart Disease: <http://www.texasheart.org/HIC/Topics/HSmart/women.cfm>

Forbes More Women Dying of Heart Disease, Yet men still get more treatment: <http://www.forbes.com/sites/marijkevroomendurning/2013/07/29/mo...>

The 5 W's of Heart Attacks in women: <http://www.unitypoint.org/desmoines/article.aspx?id=bfda077c-ce8...>



Check out these websites mentioned in this edition of "It's Your Health"

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BREAST CANCER IN WOMEN

If you are a woman, chances are, you have thought about the possibility of you, or another woman you know, having breast cancer. Excluding skin cancer, breast cancer is the most common cancer among U. S. women — accounting for 29% of newly diagnosed cancers. The incidence and death rates generally increase with age with 79% of new cases, and 88% of breast cancer deaths, occurring in women 50 years of age and older.

Cancer is a group of diseases that cause cells in the body to grow out of control. Most types of cancer cells eventually form a lump or mass called a **tumor**. Breast cancer begins in the breast tissue that is made up of glands for milk production, called lobules, and the ducts that connect the lobules to the nipple. The remainder of the breast is made up of fatty, connective and lymphatic tissues.

Breast cancer is typically detected either during a screening examination, before symptoms develop, or after symptoms have developed, when a woman feels a lump. The good news is, most masses seen on a mammogram and breast lumps turn out to be benign; that is, not cancerous, do not grow uncontrollably and are not life-threatening. Mammography is the first line of prevention along with monthly breast exams, (better performed after your period). Digital mammography and ultrasound are additional diagnostic tools for detection. Biopsies can be obtained either via a needle or surgically.

The prognosis and treatment of breast cancer is strongly influenced by the stage of the disease. Staging is determined as follows:

Stage 0 (non-invasive, carcinoma in situ) - there is no evidence of cancer cells breaking out of the part of the breast in which they started, or of getting through to, or invading, neighboring normal tissue.

Stage I (invasive) - the tumor measures up to two centimeters and no lymph nodes are involved.

Stage II (invasive) - the tumor measures between two to five centimeters, **or** the cancer has spread to the lymph nodes under the arm on the same side as the breast cancer.

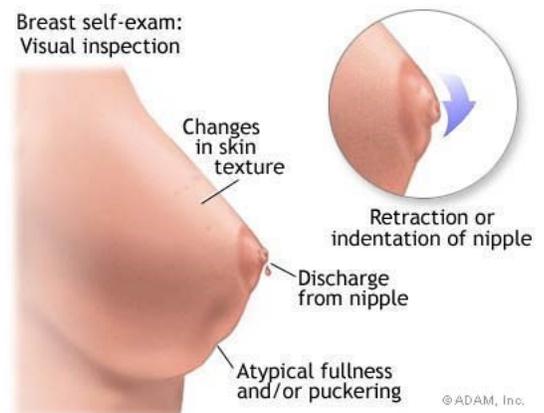
Stage III (locally advanced) - the tumor in the breast is more than two inches in diameter across and the cancer is extensive in the underarm lymph nodes, or has spread to other lymph nodes or tissues near the breast.

Stage IV (metastatic) - the cancer has spread beyond the breast, underarm and internal mammary lymph nodes to other parts of the body near to or distant from the breast.

Breast cancer typically produces no symptoms when the tumor is small and is easily cured. Therefore, it is very important for women to follow the recommended screening guidelines for detecting breast cancer at an early stage.

When the cancer has grown, the most common sign is a painless lump. Some less common signs and symptoms to look out for are:

- ✓ A lump or pain in the breast
- ✓ Persistent changes to the breast's skin
- ✓ Swelling and thickening or redness of the breast's skin
- ✓ Nipple abnormalities
- ✓ Nipple discharge (especially bloody)
- ✓ Inverted nipples
- ✓ A change in the size or shape of the breast
- ✓ Redness or flaky skin on the breast



RISK FACTORS YOU CANNOT CHANGE

Gender: Simply being a woman is the main risk factor for developing breast cancer. Men can develop breast cancer, but this disease is about 100 times more common among women than men.

Aging: Your risk of developing breast cancer increases as you get older. About 1 out of 8 invasive breast cancers

are found in women younger than 45, while about 2 of 3 invasive breast cancers are found in women age 55 or older.

Genetic risk factors: About 5% to 10% of breast cancer cases are thought to be hereditary, meaning that they result directly from gene defects inherited from a parent. BRCA1 and BRCA2 are the most common cause of hereditary breast cancer.

Family history of breast cancer: Breast cancer risk is higher among women whose close blood relatives have this disease.

Personal history of breast cancer: A woman with cancer in one breast has a 3- to 4-fold increased risk of developing a new cancer in the other breast or in another part of the same breast.

Race and ethnicity: Overall, white women are slightly more likely to develop breast cancer than are African-American women, but African-American women are more likely to die of this cancer.

Dense breast tissue: Dense breast tissue is composed of more glandular and fibrous tissue and less fatty tissue. Women with dense breasts have a risk of breast cancer that is 1.2 to 2 times that of women with average breast density. Unfortunately, dense breast tissue can also make mammograms less accurate.

Menstrual periods: Women who started menstruating early (before age 12) and/or went through menopause later (after age 55) have a slightly higher risk of breast cancer.

Previous chest radiation: Women who, as children or young adults, had radiation therapy to the chest area as treatment for another cancer (such as lymphoma) have a significantly increased risk for breast cancer.

Diethylstilbestrol (DES) exposure: From the 1940s through the 1960s some pregnant women were given the drug diethylstilbestrol (DES) because it was thought to lower their chances of miscarriage.

It is important to note that less than 15% of women with breast cancer have a family member with this disease.

This means over 85% of women who get breast cancer do not have a family history of this disease.

LIFESTYLE-RELATED FACTORS AND BREAST CANCER RISK

Having children: Women who have had no children or who had their first child after age 30 have a slightly higher breast cancer risk overall.

Birth Control: Studies have found that women using birth control pills have a slightly greater risk of breast cancer than women who have never used them, but this risk seems to go back to normal over time once the pills are stopped.

Hormone therapy after menopause: This decision should be made by a woman and her doctor after weighing the possible risks and benefits, based on the severity of her menopausal symptoms and the woman's other risk factors for heart disease, breast cancer, and osteoporosis.

Breastfeeding: Some studies suggest that breastfeeding may slightly lower breast cancer risk.

Drinking alcohol: The use of alcohol is clearly linked to an increased risk of developing breast cancer, and the risk increases with the amount of alcohol consumed. Women who consume 1 alcoholic drink a day have a very small increase in risk, and those who have 2 to 5 drinks daily have about 1½ times the risk.

Weight: Being overweight or obese after menopause increases breast cancer risk, because after menopause, most of a woman's estrogen comes from fat tissue, not their ovaries.

Physical Activity: Evidence is growing that physical activity in the form of exercise reduces breast cancer risk. As little as 1.25 to 2.5 hours per week of brisk walking reduced a woman's risk by 18%. Walking 10 hours a week reduced the risk a little more.

Tobacco smoke: Studies have found that long-term heavy smoking is linked to a higher risk of breast cancer. Some studies have found that the risk is highest in certain groups, such as women who started smoking when they were young.

Unclear Factors: These include diet and vitamin intake, chemicals in the environment and night-shift work. Several studies have suggested that women who work at night, may have an increased risk of developing breast cancer.

TREATMENTS

There are several treatment options and it depends on the kind of breast cancer and far it has spread. People with breast cancer often receive more than one kind of treatment. Treatments fall into two categories, Local and Systemic therapies.

Local therapy is intended to treat a tumor at the site without affecting the rest of the body. Surgery and radiation therapy are examples of local therapies.

- **Surgery:** is often needed to remove a breast tumor. Options include breast-conserving surgery (lumpectomy) and mastectomy. Surgery is also used to check the lymph nodes under the arm for cancer spread, options are a sentinel lymph node biopsy or an axillary (armpit) lymph node dissection.
- **Radiation Therapy:** treatment with high-energy rays or particles that destroy cancer cells; often given after breast-conserving surgery to help lower the chance that the cancer will come back in the breast or nearby lymph nodes.

Systemic therapy refers to drugs which can be given by mouth or directly into the bloodstream to reach cancer cells anywhere in the body. Chemotherapy, hormone therapy, and targeted therapy are systemic therapies.

- **Chemotherapy:** is treatment with cancer-killing drugs that may be given intravenously or by mouth. The drugs travel through the bloodstream to reach cancer cells in most parts of the body. This may be given before or after surgery depending on need. Adjuvant therapy is used to kill any cancer cells that may have been left behind or spread but can't be seen, even on imaging tests.
- **Hormone Therapy:** most often used as an adjuvant therapy to help reduce the risk of the cancer coming back after surgery. It is also used to treat cancer that has come back after treatment or has spread.
- **Targeted Therapy:** As researchers have learned more about the gene changes in cells that cause cancer, they have been able to develop newer drugs that specifically target these changes. These targeted drugs work differently from standard chemotherapy drugs, and they often have different, and less severe, side effects.

Eating a healthy diet may decrease your risk of other types of cancer, as well as diabetes, heart disease and stroke. A healthy diet can also help you maintain a healthy weight—a key factor in prevention.

Be vigilant about breast cancer detection. If you notice changes in your breasts, consult your physician. And if you are 40 or over, schedule a mammogram.

It just may save your life!

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SPINA BIFIDA

Spina Bifida is the most common neural tube defect in the US, affecting around 1,500-2,000 babies each year. A neural tube defects occur when the neural tube (from which the brain and spinal cord develop) does not form properly during the first month of pregnancy. Spina bifida, meaning cleft or split spine, occurs when part of the spinal column does not completely close, and this may allow the spinal cord, spinal nerves and their covering, the meninges, to push through.

3 MAIN TYPES OF SPINA BIFIDA

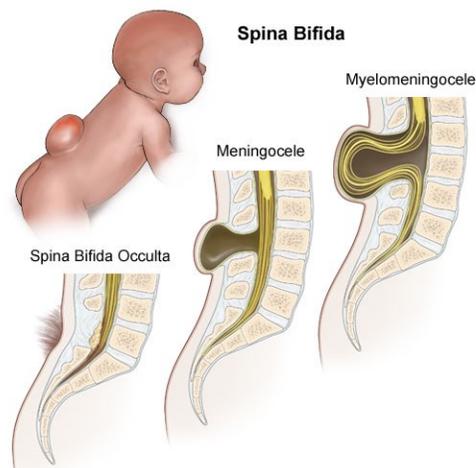
SPINA BIFIDA OCCULTA is the mildest form of spina bifida. The defect in the spine is very small and there is usually no involvement of the spinal cord, nerves or meninges. Treatment is not usually necessary and most people with this form of spina bifida don't know they have it unless it is discovered on an x-ray or other imaging test. In some people the only sign is a small tuft of hair, a dimple, or skin discoloration around the affected area of the spine.

MENINGOCELE occurs when a small sac of fluid and membranes protrudes through the spinal opening and may be seen on babies back. The spinal cord and nerves are not usually involved. Treatment involves putting the membranes back in place and closing the opening. There is usually little to no long term impairment.

MYELOMENINGOCELE is the most severe form of spina bifida, and what most people think of when they hear the term spina bifida. Just like with meningocele, a fluid fill sac protrudes through the opening in the spinal column onto the back.

However, in myelomeningocele, this sac also contains the spinal cord and spinal nerves, which are damaged. Sometimes the sac will be covered by skin, but if it isn't, the baby is at increased risk for developing meningitis, an infection of the tissue around the brain, which can be life threatening. Treatment for myelomeningocele involves surgery to put the spinal cord and nerves back into place and close the opening. This is usually done within the first 24-48 hours after the baby is born to help reduce the chance for infection and any additional damage to the spinal cord and nerves.

Spina bifida can usually be diagnosed before a baby is born. Mild forms may not be seen before birth or may never be diagnosed. Around 16-18 weeks of pregnancy doctors can perform a blood test looking for AFP (alpha-fetoprotein), which is made by the placenta and fetus. It is normal for a small amount of AFP to be found in the mother's bloodstream, but higher amounts may indicate a neural tube defect. This test is not always reliable so if higher levels are noted an ultrasound may be done to look for any openings in the babies spine. An amniocentesis (in which doctor's remove fluid directly from the womb) may also be done to test for levels of AFP.



SYMPTOMS

Symptoms will vary depending on the location of the opening and which nerves are involved. Milder forms of spina bifida may have no long term symptoms. For more severe forms symptoms may include:

- Muscle weakness
- Difficulty walking
- Bladder and/or bowel problems
- Scoliosis (curved spine)
- Hydrocephalus (water on the brain requiring placement of a shunt to drain it)
- Paralysis
- Some children will have difficulty learning and concentrating and may have a latex allergy.

As the child grows, ongoing care of medical needs will be necessary. Often children will need braces, crutches or walkers to help them walk. Some children with hydrocephalus may need to have their shunt revised as they grow or if it becomes infected. Some children may experience a condition known as tethered cord. This occurs when the spinal cord adheres to something around it, like the scar tissue at the original spinal defect, causing it to stretch and preventing it from growing with the child. Releasing the spinal cord during surgery can help reduce further damage, especially to the child's legs, bladder and bowel function.

CAUSES AND PREVENTION

There is no definitive cause for spina bifida. Researchers believe a combination of genetics and our environment may contribute. Researchers do know that low levels of folic acid before and during the early stages of pregnancy increase a woman's risk of having a baby with a neural tube defect. Since these defects occur during the first month of pregnancy (when many woman may not know they are pregnant), doctor's suggest any woman who is of child-bearing age or planning on becoming pregnant take 400mcg of folic acid daily. Other ways to help reduce your risk:

- Talk to your doctor about any other medications you may be taking (especially medications for seizures and acne)
- Maintain a healthy weight before you become pregnant
- Avoid overheating your body (hot tubs, saunas, high fevers) during early pregnancy
- If you are diabetic, keep your glucose levels under control before and during pregnancy.

While there is no cure for spina bifida and the damage done to nerves cannot be reversed, most children are able to manage their symptoms and go on to live full and productive lives.

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Seasonal Affective Disorder

With Autumn upon us, and Winter right around the corner, this is the time of year when many begin to feel the effects of the seasons. Less exposure to sunlight and vitamin D, an increased need for sleep and modified blood pressure rates are common effects of the change in seasons, however, there is a significant portion of the population who feel these effects on a larger scale.

Seasonal affective disorder (SAD) is a type of depression that's related to changes in seasons — SAD begins and ends at about the same times every year. If you're like most people with SAD, your symptoms start in the fall and continue into the winter months, referred to as winter-onset SAD, sapping your energy and making you feel moody. Less often, summer-onset SAD causes depression in the spring or early summer.

Researchers at the National Institute of Mental Health (NIMH) first defined SAD as a response to decreased light, exposure to vitamin D. SAD continues to elicit controversy in scientific literature as to whether or not it is a type of major depressive disorder or its own distinct mental illness. Recordings of seasonal changes in mood date back to Hippocrates in 400 BC with special attention being brought to hypersomnia, fatigue, increased appetite, social withdrawal and carbohydrate cravings.

SAD CAUSES

The exact cause of SAD is unknown, and there have been no specific genes shown to cause SAD. However, there are some factors that may come into play, such as:

- **Biological clock/circadian rhythm:** The decrease in sunlight in fall and winter may cause SAD, and this may disrupt your body's internal clock and lead to feelings of depression.
- **Serotonin levels:** A drop in serotonin, a brain chemical that affects mood, might play a role in SAD. Reduced sunlight can cause a drop in serotonin that may trigger depression.
- **Melatonin levels:** The change in season can disrupt the balance of the body's level of melatonin, which plays a role in sleep patterns and mood.

FACTORS THAT MAY INCREASE YOUR RISK OF SAD INCLUDE:

- **Being female.** SAD is diagnosed more often in women than in men, but men may have more-severe symptoms.
- **Age.** Young people have a higher risk of winter SAD, and winter SAD is less likely to occur in older adults.
- **Family history.** People with SAD may be more likely to have blood relatives with SAD or another form of depression.
- **Having clinical depression or bipolar disorder.** Symptoms of depression may worsen seasonally if you have one of these conditions.
- **Living far from the equator.** SAD appears to be more common among people who live far north or south of the equator. This may be due to decreased sunlight during the winter and longer days during the summer months.



MAJOR DEPRESSION AND SAD

SAD is a subtype of major depression that comes and goes based on seasons. So symptoms of major depression may be part of SAD, such as:

- Feeling depressed most of the day, nearly every day
- Feeling hopeless or worthless
- Having low energy
- Losing interest in activities you once enjoyed
- Having problems with sleeping
- Experiencing changes in your appetite or weight
- Feeling sluggish or agitated
- Having difficulty concentrating
- Having frequent thoughts of death or suicide



FALL-WINTER SAD SYMPTOMS (WINTER-ONSET SAD)

- ✓ Irritability
- ✓ Tiredness or low energy
- ✓ Problems getting along with other people
- ✓ Hypersensitivity to rejection
- ✓ Heavy, "leaden" feeling in the arms or legs
- ✓ Oversleeping
- ✓ Appetite changes, especially a craving for foods high in carbohydrates
- ✓ Weight gain

SPRING/SUMMER SAD SYMPTOMS (SUMMER-ONSET SAD)

- ✓ Depression
- ✓ Trouble sleeping (insomnia)
- ✓ Weight loss
- ✓ Poor appetite
- ✓ Agitation or anxiety

TREATMENT

Some treatments for SAD may include:

- Antidepressant medications (e.g., Prozac or Wellbutrin)
- Light therapy
- Anti-anxiety medications (e.g., Ativan)
- Cognitive Behavioral Therapy can be used in conjunction with other psycho-pharmaceutical interventions, especially in patients who do not respond to light therapy
- Psycho-pharmaceutical Interventions can be effective, especially in patients who do not respond to light therapy



SIDE EFFECTS OF TREATMENT

Side effects of light therapy may include irritability, nausea and headaches or fatigue. Side effects of anti-depressant medications are vast but can include adverse increase in depression, weight gain, increased fatigue and dry mouth.

IT CAN BE MUCH MORE DIFFICULT TO DIAGNOSE AND TREAT SAD IN INTELLECTUAL DEVELOPMENTAL DISABILITIES (ID/D) POPULATION.

In addition to the high rate of misdiagnosis within the general and intellectual/developmental disabilities (ID/D) population, an inability to appropriately assess symptoms in nonverbal and significantly impaired individuals can be detrimental to their care. Using light therapy as a treatment for individuals with SAD and ID/D found symptoms such as melancholy, depersonalization, typical daytime variation (mornings being worse than evenings) and appetite loss to be largely non-respondent. Although extensive research has addressed assessment and diagnosis of mood disorders in the ID/D population, further studies must be conducted to assess appropriate treatment as the degree of disability can vary so greatly. The evidence for the effectiveness of psychotropic medication, electroconvulsive therapy (ECT), psychotherapy and counseling, cognitive behavior therapy, and applied behavior analysis continues to mount. Remaining supportive and offering encouragement in a non-judgmental fashion is crucial to supporting these individuals.

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FALL'S NUTRITIOUS BOUNTY

Fall provides an abundance of fruits and vegetables, and there is no time like the present to expand dietary horizons. Why not try some of the unusual fruits and vegetables that are available locally in your store or by visiting farmers markets? It can be a fun experience and you may really enjoy trying something new!

Health Benefits

- Fruits and vegetables as part of an overall healthy diet can help to prevent heart attack and stroke, obesity, certain cancers and diabetes.
- Heart health can be aided by foods such as acorn squash, asparagus, blueberries, oranges and papaya.
- Foods rich in potassium, such as bananas, cantaloupe, honeydew, mangos, oranges, and pears, may help to reduce blood pressure and lower risk of kidney stones.
- Some high potassium vegetables are baked potatoes (white and sweet), tomatoes, mushrooms, Brussel sprouts, winter squash, zucchini, avocado, and broccoli, as well as vegetable juice.
- Cruciferous vegetables such as cabbage, horseradish and turnips may aid in cancer prevention.
- Green leafy vegetables may help to prevent diabetes and aid weight loss.
- A cup of cranberries, as well as other berries, is very high in antioxidants.

TRY SOMETHING NEW!

If you're not sure about the taste of a new fruit or vegetable, try adding it to a salad. The great thing about salads is that you can mix anything in them, plus they are pretty to look at and delicious to eat! Fruit can be enjoyed fresh, cooked, grilled or in smoothies. Many vegetables can be enjoyed in soups and stews, and may be frozen for use in nutritious meals over the winter months.

Some new things to try this fall include:

- Edamame—you may believe these soy beans are the best tasting lima beans!
- Chicory—a plant whose roots and leaves have various uses, and tend to have a bitter flavor. Some examples of chicories are endive, escarole, dandelion and radicchio.
- Broccoli rabe—somewhat more bitter than broccoli
- Kohlrabi—is sometimes referred to as a turnip cabbage. You eat both the bulb and the leaves but be sure to peel both top layers.
- Okra—may be sautéed, fried or combined with an acidic food such as tomatoes.
- Pumpkins & Squash—A large, colorful variety for eating or decorating!
- Fiddleheads—are a New England delicacy, and taste similar to okra or asparagus.
- Purple sweet potatoes—grown in the United States but not typically found in local markets. The flesh is purple too!
- Kumquats—the peel of this citrus fruit is actually sweeter than the flesh.
- Lloquat—is similar to an apricot, but has seeds instead of a pit.
- Mangosteens—once illegal in our country because of a specific fruit fly that is associated with them. They are now a rare find and have a very sweet inner layer.
- Quinces—available in fall and early winter; used to make jelly.
- Starfruit—when cut, slices are star-shaped.



BE AWARE OF SUGAR CONTENT AND SERVING SIZES

Five to eleven servings of fruits and vegetables daily is a good guide for most, but remember that individuals who have Diabetes should eat smaller amounts of fruit. Keeping in mind, a serving of fruit contains 15 grams of carbohydrates, some examples of serving sizes would be one-half of a mango, 15 grapes or a cup of berries. Limes, lemons, blackberries and raspberries are low in sugar, and dried fruits, peaches and pears are very high in sugar. You can add a dash of cinnamon to papaya or apples — it can be delicious and the cinnamon may help stabilize blood sugar levels. When drinking fruit juice look for ones that are 100% juice. Also, be aware that juice doesn't provide the fiber benefit of actual fruit and can be high in calories, so read the label and watch your serving size. For more information, you can find charts at www.ChooseMyPlate.gov.

SHOULD I BUY ORGANIC?

The answer may depend on what you are buying. The foods most susceptible to pesticide residue are peaches, apples, sweet bell peppers, celery, nectarines, strawberries, cherries, pears, imported grapes, spinach, lettuce and potatoes. Fewest pesticide residues are likely to be found in papaya, broccoli, cabbage, bananas, kiwi, frozen sweet peas, asparagus, mangos, pineapples, frozen sweet corn, and onions.

Organic labeling:

Products that are labeled 100% organic and organic (95-100% organic) may display the USDA Organic seal. If the label says "Made with organic ingredients", 70-94% must be organic, but no seal can be displayed. Those containing less than 70% may list the ingredients on the information panel, but no seal is permitted.

How much is your health worth to you?

Cost is always a consideration when food shopping, but when you compare the cost of buying organic what you may spend on junk food, it is not so bad. Try totaling what you spend on junk food during a shopping trip, and strive to spend half that amount on organic food instead.



TEST YOUR HEALTHY EATING IQ

1. Strawberries are not actually a berry. True False
2. Besides dried fruits, mangos and tangerines, name two other fruits that are very high in sugar.

3. You can identify fruits high in sugar by their color. True False
4. Name two health benefits found in fruit. _____
5. Name a type of fruit that can also be a fish. _____
6. This vegetable is the best tasting lima bean ever. _____
7. The Chicory plant produces a very sweet tasting leaf. True False
8. Frozen vegetables are a healthy alternative to fresh. True False
9. Produce should be washed before refrigerating. True False
10. All organic items are 100% organic. True False

Answer key: 1. True. It's actually an accessory fruit with about 200 seeds on the outside. An accessory fruit consists of tissue not derived from the ripened ovary. Did you remember that a tomato is actually a fruit? 2. Cherries, grapes, pomegranates and of course bananas. You may also find lists that include peaches and pears. 3. False. 4. Vitamins, minerals, antioxidants, phytochemicals and fiber. 5. Starfish, starfruit. 6. Fiddleheads. 7. False. 8. True. 9. False. Wet produce may spoil faster. 10. False

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Ideas for Our Newsletter?

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