

Health & Wellness Guide



Health & Wellness Guide

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Healthier lifestyle: You can get there with baby steps

RYAN ABELLA
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KINGMAN – The U.S. Department of Agriculture released its 2015-2020 Dietary Guidelines for Americans earlier this month, tweaking and changing what they recommend for a complete and nutritious diet. Many of their findings remain the same from previous guidelines: healthy eating helps prevent diabetes, heart disease and high

blood pressure. Exercise is critical to a healthy diet. Drink plenty of water.

Some changes are significant, however, and may sneak up on you while you're trying to start living a more healthy lifestyle.

Here are some of the more significant changes to those guidelines:

Limiting 'added sugars'

The USDA now recom-

mends less than 10 percent of your daily calories should come from added sugars, which is a significant problem in the United States due to how we advertise what's in our food.

"You look at a label, and you don't see what is added sugar and natural sugar," said Jennifer Hardy, a registered dietitian and certified diabetes educator at Kingman Regional Medical Center.

Hardy said that many

foods contain natural sugar, which are for the most part good for you. Added sugar is defined by the USDA as "sugars and syrups that are added to foods or beverages when they are processed or prepared."

Aside from the obvious culprits such as soda and candy, Hardy said consumers can find added sugar in foods such as ketchup and yogurt.

People should look at the labels and see what

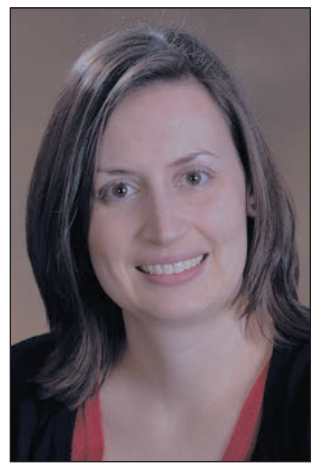
kinds of syrups and sugars appear in their food.

Lifestyle changes versus diets

New Year, new you ... but how long does it take to make a new you?

As far as weight loss and healthy eating is concerned, Hardy says it takes about 3-6 months, and that it needs to be a lifestyle change rather than a diet.

See DIET, 4



DIETITIAN
JENNIFER HARDY



MIKE BAIRD/Wikimedia
Two healthy female joggers on foggy Morro Strand State Beach, Morro Bay, Calif., in 2009.



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Pap smears: Women should have an exam every 3 years

RYAN ABELLA

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KINGMAN – According to the American Cancer Society, in 2015 just under 13,000 women were diagnosed with invasive cervical cancer, and 4,100 of those women will die from it.

More glaring is that, in most cases, the cancer is preventable when proper screening takes place.

“It’s preventative care doing its job,” said Dr. Brent Bedke, a pathologist and physician at Kingman Regional Medical Center.

“Cervical cancer cases, if you have a well-screened population, should theoretically be zero. The ones

that develop it usually haven’t had their pap smears done regularly,” said Bedke.

Pap smears are an effective screening technique for women in finding changes in the cervix before cancer develops. According to Bedke, it’s a mostly painless procedure that involves sweeping a brush along the walls of the cervix. That sweep will take cells off the surface, which can then be analyzed by a pathologist looking for possible cancer cells.

If it is caught early, the earliest stages of cervical cancer can be treated through surgery or radiation. Later stages may involve chemotherapy.

Pap smears are also used in testing for the human papillomavirus, or HPV.

HPV is the most common sexually transmitted infection in the United States. The Centers for Disease Control estimate that nearly all sexually active men and women will get it at some point.

In most cases, HPV does not cause health problems and will go away on its own. However, some subtypes are considered “high risk” and can cause cancer.

When do I get tested?

Dr. Bedke says that,

for pap smears, a healthy woman should start getting screened at age 21.

While most cervical cancers occur later in life, early detection is critical.

He offers these timetables for pap smears:

- Ages 21-30 – a pap smear every three years, unless atypical cells are found.
- Ages 30-65 – both a pap smear and an HPV test every three years, unless atypical cells or HPV is found.
- Ages 65 and older – pap smears are no longer needed if the past three screenings have been negative.

Where do I get tested?

Under the Affordable Care Act, pap smears are covered automatically

under all insurances.

Most women can get screened at their primary care physician’s office, at a nurse practitioner’s office, or with a gynecologist.

Senior Activities Keeping Your Older Family Members Fit and Fulfilled

Felicity Dryer, CPI

Keeping your older family members fit and fulfilled requires specific diet and exercise protocols as well as loving, educated, and patient hands-on assistance. Whether you’re caring for someone alone or you employ help, combining habits and activities is essential for optimal, healthy longevity.

Keep ‘Em Moving

It’s no surprise that for seniors, movement is essential. Succumbing to the trials and tribulations age can wreak on the body makes for downhill results. Cognitive, emotional, and structural health are almost guaranteed to improve when exercise is implemented on a daily basis.

A three-year study conducted by researchers at Southern Connecticut State University and Yale School of Medicine on exercise and senior health concluded that seniors who participated in “a moderate physical activity program were more likely to stay mobile in later years, compared to

those who did not. Their overall health also improved.” Exercise physiologist Dr. Robert Axtell, co-principal investigator, comments on the simplicity of the results of maintaining movement, simply stating, “Exercise is a form of medicine.”

Create a Program

Pick a time of day that’s most optimal for your senior when it comes to energy and alertness. Dedicate a walk, swim, light weightlifting, bicycling, or any other activity that’s enjoyable and doable. When assisting, offer positive affirmations and balance guidance.

Caregivers should make sure that they encourage physical activity but do not push beyond the senior’s limits. This entails a keen eye as some seniors, especially military veterans, will attempt to go further than they are capable of going, opening up the possibility for injury. Patience is essential when working on maintaining physical activity for a senior, so great empathy is optimal. See SENIORS, 5B

Diet

Continued from 1

“I try to encourage healthy eating for sure. There’s good diets out there, but the best diet is the one that you will follow,” said Hardy.

The USDA calls them “healthy eating patterns,” which are combinations of foods and drinks you eat over time. They can vary by traditions and cultures, and can also fit most budgets and tastes.

They recommend that a healthy eating pattern should include:

- A variety of vegetables: dark green, red and orange, legumes (beans and peas), starchy foods and other vegetables.
- Fruits, especially whole fruit.
- Grains, at least half of which are whole grain.
- Fat-free or low-fat dairy, including milk,

yogurt, cheese, and/or fortified soy beverages

- A variety of protein foods, including seafood, lean meats and poultry, eggs, legumes (beans and peas), soy products, and nuts and seeds

- Oils, including those from plants: canola, corn, olive, peanut, safflower, soybean, and sunflower. Oils also are naturally present in nuts, seeds, seafood, olives, and avocados.

Move more

Physical activity is part of your diet, too! The recommendation is 150 minutes of moderate intensity physical activity every week, varied between cardio and muscle building. Younger children should be exercising at least 60 minutes a day.

Sitting in the office can be detrimental to getting that activity in. Hardy recommends that people should stand up and walk

around at least every 90 minutes, to break up those extended periods of sitting down.

Treat yourself!

Adults and children are not that different in that they respond to incentives for good work. Most of these recommendations should be done in steps rather than all at once.

“I try to set up people not to fail,” said Hardy. “Set yourself small, attain-

able goals. If you’re going to drop 50 pounds, that’s excessive. Five pounds in a month is attainable.”

Hardy also recommends that you set up non-food rewards for successfully obtaining healthy living goals, like buying yourself a massage or going out to the movies. Food rewards can negate the hard work you put in, but smaller incentives can give you a positive push toward living a healthier lifestyle.

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Cancer 'moonshot' aims to speed fight against No. 2 killer

LAURAN NEERGAARD
Associated Press

WASHINGTON — Harkening back to America's triumphant race into space, the Obama administration is launching what it calls a "moonshot" effort to cure cancer.

Don't expect miracles in the administration's last months in office.

"It probably won't be cured in my lifetime, but I think it'll be cured in yours," President Barack Obama told a 4th-grader in Baton Rouge recently.

There's been striking progress in recent years even though cancer remains the nation's No. 2 killer. Obama assigned Vice President Joe Biden to figure out how to speed that progress. Details are still to come but topping Biden's wish list is increased research funding and getting scientists to better share data to spur breakthroughs.

Here's a look at the state of cancer:

Current impact

The American Cancer Society predicts there will be nearly 1.7 million new cancer cases this year, and more than 595,000 deaths.

Yet the death rate is dropping — by 23 percent since its peak in 1991. That's mostly driven by improvements in detection and treatment of the four most common cancers — lung, breast, prostate and colorectal — and also, for lung cancer, fewer people smoking.

Survival varies

Five-year survival rates for most cancers are increasing. Today, it's 89 percent for breast cancer and more than 90 percent for prostate and thyroid cancers. More than two-thirds of patients survive at least five years with colorectal, cervical, uterine and kidney cancers and lymphoma.

Catching cancer before it spreads gives the patient the best survival chance, often even better than those numbers.

Consider colorectal cancer: A colonoscopy can prevent it by allowing doctors to spot and remove pre-cancerous polyps. Yet only about 6 in 10 people recommended for screening, using

colonoscopy or alternative tests, actually get it.

Far less progress has been made against pancreatic and ovarian cancers, harder to catch before they spread, or brain cancer, which killed Biden's son Beau.

What can Biden do in one year?

"Cancer will not be cured this year," says Dr. Otis Brawley, the American Cancer Society's chief medical officer.

Nor will there be a single cure — cancer isn't one disease but hundreds. But scientists now understand much more about how cancer forms and spreads and are developing new ways to tackle it.

"We are at a remarkable moment," says Dr. Francis Collins, director of the National Institutes of Health, ticking off areas where science is poised to pay off. "That's part of the motivation."

Beyond chemo

Chemotherapy is still a mainstay of cancer treatment. But the hottest frontier is immunotherapy — tapping the body's immune system to attack tumors, like the drug credited with helping treat former President Jimmy Carter's advanced melanoma.

The first immunotherapies essentially strip away some of the ways that tumors hide, without as many side effects as chemo. They've worked well enough in melanoma and lung cancer that they're now being explored for a wide variety of tumors.

An even newer form of immunotherapy is being developed to increase the amount of patients' cancer-attacking cells.

Know your tumor genes

Genetic differences inside tumors help explain why one person's cancer is more aggressive than another's, and why certain drugs work for one patient but not the next, especially newer "targeted therapies" that are designed to home in on certain characteristics.

Increasingly, patients at leading cancer centers

are getting their tumor genes mapped to help guide treatment. If hospitals pool that genetic information, researchers can more rapidly learn which drugs best match which patients, says Dr. Victor Velculescu of Johns Hopkins University and the American Association for Cancer Research.

AACR just began Project GENIE as a first step, a database run by seven hospitals from the U.S., Canada, France and the Netherlands that so far have shared tumor data from about 17,000 patients. Velculescu says Biden's efforts could spur larger collaborations.

Only a fraction of cancer patients get that kind of tumor testing today, in part because Medicare and other insurers don't routinely pay for it, Velculescu says. His group wants Medicare to change that.

What about research funding?

The federal government spends more than \$5 billion a year on cancer research. Biden already is credited with having helped push through Con-

gress a budget package last month that, among other things, increased the NIH's cancer funding by \$260 million this year.

More clinical trials needed

Most children and teens with cancer are enrolled in clinical trials that carefully guide their treatment, and that's credited with markedly improving survival of pediatric cancer over the past 30 years.

In contrast, just 5 percent of adults with cancer enroll in clinical trials, a number that would have to increase to speed new approaches for cancer control.

What's next?

Look for newer ways to detect cancer early using so-called liquid biopsies, blood tests that capture fragments of DNA that tumors shed into the bloodstream. Already doctors are studying these tests in cancer patients to see if treatments are working or need a change.

And why call it breast cancer if the part of the body is less important than the gene mutation it shares with a tumor

found in the lung or the liver? As so-called precision medicine arrives, people increasingly will be treated for their tumor's molecular signature.

Continued from SENIORS, 4B

Always check with your doctor to determine if your choice of physical activity for your senior is acceptable.

Stay on Point

One of the most common causes of physical decline for an elderly person is falling. Caregivers should be astutely aware of how quickly this can happen. One glance away when a senior is attempting mobility could result in serious repercussions.

The Centers for Disease Control and Prevention states that "Twenty to thirty percent of people who fall suffer moderate to severe injuries such as lacerations, hip fractures, and head traumas. These injuries can make it hard to get around or live independently, and increase the risk of early death."

Fall Prevention

Here are some tips on how to prevent falls and enable a senior to remain fit and independent as long as possible:

- Exercise Daily. As previously mentioned, exercise is essential. Focusing on leg strength is recommended for maintaining strong balance.


ture.

"The treatments won't pay a whole lot of attention to what part of the body it arose in," says NIH's Collins.

- Review Medications. Check with the senior and their doctor to determine if medication side effects may be impeding quality of life. These can include dizziness, fatigue, and depression.
- Consider Eye Health. Struggling with vision can discourage physical activity. Have your loved one's eyes checked at least once a year and ask their eye doctor if single distance vision lenses are an option. These can help when doing activities outdoors.
- Shore Up Their Living Space. To keep seniors healthy, active, and fit, it's important to make their living space easy to get around. Wall bars, toilet risers, and shower slip-resistant additions can all help maintain a safe environment.





These are some of the ways to keep your older family members stay fit and fulfilled. It's important to understand how the world looks through their eyes so that caring for them can be less frustrating. This is a time when fear, vulnerability, and the complete unknown are more prevalent than ever. Stay affectionate and positive to create a safe, sympathetic world around them.

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Task force: Mammograms an option at 40, do more good at 50

LAURAN NEERGAARD
Associated Press

WASHINGTON — Mammograms do the most good later in life, a government task force declared recently in recommending that women get one every other year starting at age 50. It said 40-somethings should make their own choice after weighing the pros and cons.

When to start routine mammograms and how frequently to get them has long been controversial. The latest guidelines from the U.S. Preventive Services Task Force stick with its advice that women should get one every two years between ages 50 and 74. But they also make clear that it's an option for younger women even though they're less likely to benefit.

Some health groups urge mammograms every year starting at 40 — although last year the American Cancer Society upped its starting age to 45.

There is some common ground emerging, that mammography advice shouldn't always be one-size-fits all. "Age 50 isn't magic," said task force past chairman Dr. Michael LeFevre of the University of Missouri.

Here are some things to know about mammograms.

What the task force says

Women in their 60s are the most likely to avoid dying from breast cancer thanks to mammograms, but there's clearly enough benefit for the average woman to start at 50, the task force found.

The advisory group wants younger women to understand the trade-offs before deciding: Among every 1,000 women screened, one additional death could be prevented by starting mammograms at 40 instead of 50. But there would be 576 more false alarms and 58 additional unneeded biopsies. Also, two extra women would be overdiagnosed, treated for cancer that never would have become life-threatening.

The update, published in Annals of Internal Medicine, is largely a rewording of guidelines originally issued in 2009 and

"We're moving away from paternalistic medicine where doctor organizations used to tell women, 'You must do this.'"

Dr. Otis Brawley
American Cancer Society

reconsidered in draft form last spring. This time, the task force stresses that "we think the science supports a range of options" for 40-somethings, LeFevre said.

Differing guidelines

Mammograms aren't perfect, and different health organizations weigh the trade-offs differently. So do women and their physicians.

The American Cancer Society says to begin annual mammograms at 45 but switch to every other year at 55. After menopause, tumors tend to grow more slowly and women's breast tissue becomes less dense and easier for mammograms to penetrate, says chief medical officer Dr. Otis Brawley. Between ages 40 and 44, when breast cancer is especially uncommon, the society also says women should make their own choice.

"We're moving away from paternalistic medicine where doctor organizations used to tell women, 'You must do this,'" Brawley said. "We're saying, 'This woman is at higher risk, therefore maybe she should get screened at 40. This woman is at lower risk, maybe she can wait a little later.'"

The American College of Obstetricians and Gynecologists stands by annual mammograms starting at 40, while urging patient education and shared decision-making.

Things to Consider

More than 200,000 women are diagnosed with breast cancer each year, and about 40,000 die from it. It is most frequently diagnosed among women ages 55 to 64, and the median age of death from breast cancer is 68.

Screening guidelines are only for women at average risk of breast cancer. Women with a mother, sister or daughter with breast cancer have a higher risk than the average 40-year-old. Other fac-

tors can play a role, too, including genetics, breast density and menstrual and pregnancy history.

Personalized screening

Dueling guidelines mean "some people get so confused they don't get screened at all. Some are too anxious or afraid not to do more, and it may not be better for them," said breast cancer specialist Dr. Laura Esserman of the University of California, San Francisco. "Maybe we should be screening in a new way."

Esserman leads the first-of-its-kind WISDOM study that soon will begin enrolling 100,000 women to test whether tailoring screening to someone's individual risk is better than age-based mammograms. Women given annual mammograms starting at 40 will be compared with others assigned more or fewer frequent screenings, starting at different ages, based on in-depth

risk assessments.

Insurance Coverage

Insurance usually pays for mammograms. Because of concern about how the task force recommendations might be implemented, Congress recently extended for two years legislation preserving access to routine mammograms without copays starting at age 40.

When to stop

The task force says more research is needed to know whether to continue mammograms at 75 and beyond. The cancer society says to keep screening as long as women are in good health and have a life expectancy of at least 10 years.

What's next

The task force said more research is needed to tell if newer 3-D mammograms should be used for routine screening

and if women with dense breasts benefit from extra testing, such as with ultrasounds or MRIs.

The cancer society's Brawley said the mammo-

gram age argument has distracted from a bigger urgency: "We ought to say this more: We need a better screening test for younger women."

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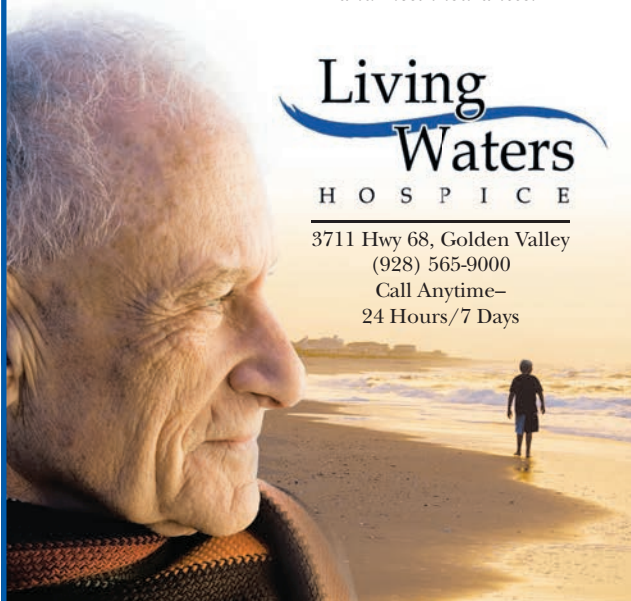
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