

WESTMORELAND COUNTY

AREA AGENCY ON AGING

INSIDE LINE

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DON'T SNORE YOUR LIFE AWAY

Do you wake up tired and grumpy? Does your partner shake you awake at night, begging you to roll over? Or is your partner the noisy one?

Almost everyone snores occasionally while sleeping. But chronic snoring can be a sign of sleep apnea, a potentially dangerous condition that causes your breathing to stop. Left untreated, it can result in daytime sleepiness, irritability, accidents and even serious health problems.

Snoring can result from a cold or allergies because blocked nasal passages make you breathe through your mouth. Extreme fatigue or alcohol consumption also can cause snoring by relaxing your throat muscles.

Snoring can occur at any age, but aging can make the pharynx, or throat, floppier. During sleep, air flowing past the floppy tissues and relaxed muscles at the back of your throat

can create a vibration, resulting in snoring. Being overweight can cause snoring because extra fat tissue around the neck can narrow your airway. Anatomical defects such as a deviated septum or large tonsils also can cause blockages.

During sleep apnea, your upper airway collapses, partially or completely. The oxygen level of your blood also drops, causing you to have a mini arrest. Your body responds by jumpstarting your breathing; pumping you with insulin, adrenaline, and other stimulants to literally save your life.

But these nightly interventions can lead to a host of serious medical problems; such as, diabetes, high blood pressure, plus inflammation of the arteries and high cholesterol.

Since it is hard to diagnose sleep apnea on your own, ask your bed partner about your sleep habits, or record yourself at night. The most common signs and symptoms are:

- Loud and chronic snoring
- Choking or gasping sounds
- Breathing stops for 10 to 15 seconds
- Daytime sleepiness no matter how much sleep you get

Less common signs and symptoms are:

- Restless sleep
- Nighttime awakenings
- Going to the bathroom frequently during the night
- Morning headaches
- Inability to concentrate
- Anxiety and depression

If you suspect sleep apnea, see a doctor right away. Fortunately, sleep apnea can be treated with special devices and surgical procedures. Home remedies and lifestyle changes also can help reduce symptoms.

- **Sleep on you side.** Gravity can make your tongue and soft tissues drop down, obstructing your airway.

- **Skip the nightcap.** Alcohol tends to relax the muscles and tissues in your throat. It's also a stimulant, leaving you wide awake a few hours later.
- **Wear nasal strips, use saline spray and a humidifier.** Opening your nasal passages allows air to pass through more easily.
- **Lose weight.** Even a little weight loss can help open up your throat.
- **Exercise regularly.** It promotes better, sounder sleep.
- **Avoid caffeine after 2 p.m.** Stimulants like coffee, chocolate, and soft drinks can interfere with your sleep.
- **Stick to a regular sleep schedule.** The body will take care of itself if we give ourselves eight hours of quality sleep.

FAT TUESDAY – FEBRUARY 21ST

The term "Mardi Gras" refers to the events of the Carnival celebrations, ending on the day before Ash Wednesday. From the French term "Mardi Gras" (literally "Fat Tuesday"); the season is often designated by the year, as in "Mardi Gras 2012."

The time varies from city to city, as some traditions consider Mardi

Gras as the Carnival period between Epiphany (or Twelfth Night) and Ash Wednesday. Others treat the final three-day period as being Mardi Gras. In Mobile, Alabama, Mardi Gras events begin in November, followed by mystic society balls on Thanksgiving, then New Year's Eve, with parades on New Year's Day, followed by more parades and balls throughout January and February, continuing up to midnight before Ash Wednesday. Other cities famous for their Mardi Gras celebrations include Rio de Janeiro in Brazil, Quebec City, Quebec in Canada, and New Orleans, Louisiana in the US.

Carnival is also an important celebration in most of Europe; except in Ireland and the UK, where the festival is called "Shrovetide", ending in Shrove Tuesday, with pancakes being the traditional fare.

GROUNDHOG DAY

Groundhog Day is an annual holiday celebrated on February 2nd in both the US and Canada. According to folklore, if a groundhog emerging from its burrow on this day fails to see its shadow, it will leave the burrow, thus signifying that winter will soon end. If on the other hand, the groundhog sees its shadow, it will supposedly retreat into its burrow and winter will continue for six more weeks.

The holiday, which began as a Pennsylvania German custom in the 18th century, has its origins in ancient European weather lore, wherein a badger (or "sacred bear") is the prognosticator as opposed to the groundhog. The holiday also bears some similarities to the medieval Catholic holiday of Candlemas, as well as the Pagan festival of Imbolc, the seasonal turning point of the Celtic calendar, which was celebrated on February 1st and also involved weather prognostication.

In southeast Pennsylvania, Groundhog Lodges celebrate the holiday with special events in which food is served, speeches are made, and one or more skits are performed for entertainment. The Pennsylvania German dialect is the only language spoken at the event, and those who speak English pay a penalty, usually in the form of a nickel, dime or quarter per word spoken, put into a bowl in the center of the table.

TIPS FOR EATING OUT

The hardest part of staying on a healthy diet starts when you step outside your front door. Eating out is the downfall of many committed healthy eaters because most restaurant menus feature high-fat, supersized meals, and those eateries that do offer low-cal alternatives often are more expensive. Listed below are money-saving strategies for eating

healthy when you're away from home.

- **Before you go to lunch or dinner, eat a light snack.** A piece of fruit or some veggies will take the edge off any hunger pangs and give you the energy to make sensible choices when choosing where and what to eat. If you wait until you're ravenous, you're more likely to settle for fast food, order too much or gobble down breadsticks while you wait.
- **Avoid ordering anything with the title "supersize" or "value meal" or "combo".** Choose regular size sandwiches and spend any leftover cash on a piece of fruit for dessert.
- **Ask your waiter to hold the chips and salsa or bread until your meal is served.** Save your appetite for the main course.
- **Order vegetable soup or salad for starter.** Like the first strategy, you'll satisfy your hunger pangs and be filled up on something healthy before you get a chance to eat something else.
- **Have an appetizer as your entrée.** The portion sizes for

appetizers are often sufficient to fill you up, and you'll save some money.

- **Split an entrée with a friend.** In many restaurants, a main course with an extra side is plenty of food for two.
- **Plan to have leftovers.** Order with the intention of taking half home with you for another meal.
- **Ask your server to keep dressings, sauces and toppings on the side.** You can get the flavors you want without the extra fat and calories.
- **Share one dessert with everyone at the table.** Your sweet tooth can be satisfied with just a bite or two.
- **Don't feel compelled to clean your plate.** Your stomach should tell you how much to eat, not the cooks at the restaurant so listen carefully and stop eating when your stomach says FULL.

VALENTINE'S DAY AROUND THE GLOBE

Valentine's Day has regional traditions and listed below are just a few.

- **Norfolk** – a character called 'Jack' Valentine knocks on the rear door of houses leaving sweets and presents

for children. Although leaving treats, many children were afraid of this mystical person.

- **Wales** – many people celebrate St. Dwynwens' Day in January, instead of or in addition to St. Valentine's Day. The day commemorates St. Dwynwen, the patron saint of Welsh lovers.
- **Spain and France** – Valentine's Day is known as "San Valentin" and is celebrated the same way as in the UK. However, in Catalonia, the day is largely superseded by similar festivities of rose and/or book giving on Saint George's Day.
- **Portugal** – it is more commonly referred to as "Dia dos Namorados" (Boy/Girlfriend's Day).
- **Sweden** – it is called "All Hearts' Day" and was launched in the 1960s by the flower industry's commercial interests, and due to influence of American culture. It is not an official holiday, but its celebration is recognized, and sales of flowers for this holiday are only bested by those for Mother's Day.
- **Israel** – the 15th day of the month of Av – Tu B'Av (usually late August) is the festival

of love. In ancient times, girls would wear white dresses and dance in the vineyards, where the boys would be waiting for them. In modern Israeli culture, this is a popular day to pronounce love, propose marriage and give gifts like cards or flowers.

- **Brazil** – the Dia dos Namorados (“Day of the Enamored”) is celebrated on June 12, when couples exchange gifts, chocolates, cards and flower bouquets. It is the day before Saint Anthony’s Day, known as the marriage Saint, when many single women perform popular rituals in order to find a good husband or a boyfriend.
- **Colombia** – the Dia del Amor y la Amistad (“Love and Friendship Day”) is celebrated on the third Friday and Saturday in September. In this country, the “Secret Friend” tradition is quite popular, which consists of randomly assigning each participant a recipient who is to be given an anonymous gift; similar to the Christmas tradition of Secret Santa.

WAKING UP TO ANESTHESIA

by The National Institutes of Health

When you face surgery, you might have many concerns. One common worry is about going under anesthesia. Will you lose consciousness? How will you feel afterward? Is it safe?

Every day about 60,000 people nationwide have surgery under general anesthesia. It’s a combination of drugs that’s made surgery more bearable for patients and doctors alike. General anesthesia dampens pain, knocks you unconscious and keeps you from moving during the operation.

“Prior to general anesthesia, the best ideas from killing pain during surgery were biting on a stick or taking a swig of whiskey,” says Dr. Emery Brown, an anesthesiologist at Massachusetts General Hospital in Boston. Things improved more than 150 years ago, when a dentist in Massachusetts publicly demonstrated that the anesthetic drug ether could block pain during surgery. Within just a few months, anesthesia was being used in Australia, Europe and then around the world.

“General anesthesia changed medicine practically overnight,” says Brown. Life-saving procedures like open-heart surgery, brain surgery or organ transplantation would be

impossible without general anesthesia.

General anesthesia affects your entire body. Other types of anesthesia affect specific regions. Local anesthesia, such as a shot of novocaine from the dentist, numbs only a small part of your body for a short period of time. Regional anesthesia numbs a larger area, such as everything below the waist, for a few hours. Most people are awake during operations with local or regional anesthesia. But general anesthesia is used for major surgery and when it’s important that you be unconscious during a procedure.

General anesthesia has three main stages: going under (induction), staying under (maintenance) and recovery (emergence). The drugs that help you go under are either breathed in as a gas or delivered directly into your blood-stream. Most of these drugs act quickly and disappear rapidly from your system, so they need to be given throughout the surgery. A specially trained anesthesiologist or nurse anesthetist gives you the proper doses and continuously monitors your vital signs; such as heart rate, body temperature, blood pressure and breathing.

“When patients are going under, they experience a series of deficits,” says Dr. Howard Nash, a scientist at NIH’s National Institute of Mental Health. “The first is

an inability to remember things. A patient may be able to repeat words you say, but can't recall them after waking up." Next, patients lose the ability to respond. "They won't squeeze your fingers or give their name when asked," Nash says. "Finally they go into deep sedation."

Although doctors often say that you'll be asleep during surgery, research has shown that going under anesthesia is nothing like sleep. "Even in the deepest stages of sleep, with prodding and poking we can wake you up," says Brown. "But that's not the case with general anesthesia. General anesthesia looks more like a coma; a reversible coma." You lose awareness and the ability to feel pain, form memories and move.

Once you've become unconscious, the anesthesiologist uses monitors and medications to keep you that way. In rare cases, though, something can go wrong. One in every 1,000 to 2,000 surgeries, patients may gain some awareness when they should be unconscious. They may hear the doctors talking and remember it afterward. Worse yet, they may feel pain but be unable to move or tell the doctors.

"It's a real problem, although it's quite rare," says Dr. Alex Evers, an anesthesiologist at Washington University in St. Louis. "Anesthesia

awareness can lead to post-traumatic stress disorder," a severe anxiety disorder that can arise after a terrifying ordeal.

Scientists have developed strategies to identify and prevent anesthesia awareness. Small studies suggested that brain monitors might help. But in 2008, Evers and his colleagues reported the results of the largest study to compare different techniques. Brain monitoring did no better than standard monitoring in preventing anesthesia awareness.

Addiction to alcohol or drugs increases the risk for anesthesia awareness, but doctors can't accurately predict who will be affected. A research team in Canada identified variations in a gene that may allow animals to form memories while under anesthesia. Ongoing studies are exploring whether this gene plays a role in anesthesia awareness in people.

Other researchers are searching for genes that may affect how anesthetic drugs are processed, or metabolized, by the body. Genetic differences might affect the proper dosage or the selection of drugs for each patient.

Nash and his colleagues have found that studies of the common fruit fly may offer clues to how genes affect anesthesia. When certain repeating segments, called copy number variations, are

snipped from the fly's genome, it affects the insect's response to anesthesia. Copy number variations are known to affect human responses to other drugs. Nash suspects that these gene segments may also affect how patients react to anesthesia. "As researchers learn more, I expect genetic screening will become more common in the clinic," says Nash.

After surgery, when anesthesia wears off, you may feel some pain and discomfort. How quickly you recover will depend on the medications you received and other factors like your age. About 40% of elderly patients and up to one-third of children have lingering confusion and thinking problems for several days after surgery and anesthesia.

Right now, the best cure for these side effects is time. Brown and his colleagues are working to develop drugs to help patients more quickly emerge and recover from general anesthesia.

Anesthesia is generally considered quite safe for most patients. "Anesthetics have gotten much safer over the years in terms of the things we're most worried about, like the patient dying or having dangerously low blood pressure," Evers says. By some estimates, the death rate from general anesthesia is about 1 in 250,000 patients. Side effects have become less common and

are usually not as serious as they once were.

Don't delay important surgery because of fear of anesthesia. If you have concerns, talk with your doctor. It might help to meet in advance with the person who will give you anesthesia. Ask what kind of anesthesia you will have. Ask about possible risks and side effects. Knowing more might help you feel less concerned about going under.

WHEN HEARTBURN SPELLS TROUBLE

by The National Institutes of Health

Most of us get heartburn from time to time. It may come as a burning sensation in the chest, or a bitter taste in the back of the throat. Heartburn is one word people use to describe reflux. It happens when stomach contents come back upwards. Reflux is sometimes painless; you may have trouble swallowing or get dry coughs, perhaps some wheezing.

Occasional reflux episodes are normal. Like millions of Americans, you can manage reflux by avoiding foods that don't agree with you - things that are fatty, spicy or acidic - or by eating smaller meals. If reflux occurs less than once a week, you can usually cope by making lifestyle changes or using over-the-counter medications.

However, of the 20 million or more Americans

with reflux, about 5% have significant episodes 2 or 3 times per day. When severe events occur this often, it's not ordinary reflux. It may be gastro esophageal reflux disease (GERD). You may need prescription medications to control it.

GERD should be taken seriously. Stomach (gastric) contents contain acid needed to digest food. In reflux, these contents wash upward into the esophagus, a slender tube connecting the mouth and the stomach. Because the lining of the esophagus isn't meant to touch gastric acid, the acid can irritate the lining of the esophagus and lead to bleeding and scarring. In adults, GERD can raise the risk of cancer of the esophagus. And if you have asthma, GERD can make it worse.

People of any age can have GERD. Available medications, whether over-the-counter or prescription, can make the acid in the esophagus less intense. But medications don't prevent GERD. Surgery can be an option if symptoms are severe, and medicine and lifestyle changes don't seem to help.

Dr. Michael Raymond Ruggieri, Sr., of Temple University is researching the root causes of GERD. The problem isn't that the stomach makes too much acid. In GERD, the special set of muscles between the esophagus and the stomach is weakened.

"The stomach muscle fibers are not doing their job, and we're trying to understand why they're not," says Dr. Ruggieri. His team is among the first to look at how nerves receive and send messages to these muscle fibers. Their goal is to develop drugs that prevent GERD altogether.

If you have reflux twice or more per week, talk to your health care provider. It's best to start treatment early to prevent GERD from leading to more serious health problems.

WOMEN'S HEART WEEK

The first week of February is Women's Heart Week. It began as an effort to bring awareness to how heart disease affects women; heart disease accounts for a third of all deaths in women each year. The focus of the week is on prevention, education, symptom awareness and early intervention.

It is important to learn about the signs and symptoms of heart disease, which include chest pains, shortness of breath and nausea. The more you know of the symptoms, the more likely you'll be to recognize them. The following will lower your risks:

- **Stop smoking.** And encourage other women to stop smoking as well. Smoking is a high risk factor for heart disease. Speak with your doctor about sharing an exercise

program. Walking is an excellent choice; there are walks you can participate in to promote Women's Heart Week.

- **Review your diet.** High levels of saturated and hydrogenated or partially hydrogenated fats will greatly increase the risks of developing heart disease. These levels should be reduced where possible. Also, be aware of the salt content in the foods you eat, and strive to maintain a healthy weight. These are all risk factors that you can control.
- **Manage your stress levels.** While eliminating stress is not practical, steps can be taken to greatly reduce it. Suggestions include exercise and meditation. Controlling your stress levels is important in lowering risk.
- **Schedule your annual screening.** There are organizations that provide free women's heart screening during this week.

INSIDE LINE STAFF

Jean Healey, *Editor*

**Production Assistant:
Sharon Casario**

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