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SPRING / SUMMER
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NO 1

The HIPPOCRATIST

The Official Journal of the Ouachita Medical Society

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Editor / Executive Director
Krystle Medford

Design / Layout
Scribner Creative

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Society Officers:

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1811 Tower Drive, Suite C
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phone 318.512.6932
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The Ouachita Medical Society is a service organization of physicians dedicated to the ideal of a community that is mutually beneficial to physicians and patients.

The Society commits itself to these goals:

- 1 To pursue and maintain access to quality medical care
- 2 To promote public education on health issues
- 3 To provide value to members by the representation and assistance of member physicians in the practice of Medicine

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Can I Get An Amen Somebody?

By: David Barnes, MD

In this “season” of cataclysmic change in the House of Medicine the Hippocratist takes a little break in its intensity with our Spring/Summer addition on “How to Live to be 100”. This follows our two part series on What’s Killing Ouachita Parish.

As we physicians grapple with all the changes in medicine from Electronic Medical Records, the further implementation of the Affordable Care Act, and the pending move to ICD-10, many of us have grown depressed about the future of medicine. But if you grew up in church or have seen some preachers on television you may have heard the title of my article uttered when they have made an important statement or observation in their sermon. Well, I am going to make such a statement now. I am going to utter a seminal phrase. So stop for a moment, and scoot to the edge of your pew. This phrase is actually a name. Are you ready? Do I have your undivided attention? “Dr. Benjamin Carson.”

... Just when you

thought there was nobody out there who could articulate our message that government intervention is not the path to better quality, more affordable health care, his voice “cried out in the wilderness” (Washington, D.C.).



Hopefully, by the time you read this you will have heard his message. If you have not heard his story or listened to him speak, Google his name. Dr. Carson articulates better than anyone on the national level, what many of us already know. You cannot bring more cost effective, high quality health care to the working poor by placing many of them in the most dysfunctional medical system on the planet, namely Medicaid. You cannot bring more cost effective, high quality health care to those with private insurance without adding more patient responsibility and accountability. You cannot bring more cost effective, high quality health care to all the population by removing the freedom of the doctor and his patient to make decisions about their health and replace it with mandatory “permission slips”. You cannot bring more cost effective, high quality health care to all the population without malpractice reform.

I predict Dr. Carson will be immediately challenged by the politically correct crowd who think that government is the answer for everything. But if we are going to change the present trajectory of medicine we need to stay informed and be ready to answer the call. We must not let his voice stand alone. In the words of many a man of the cloth, “Can I get an amen, somebody?”

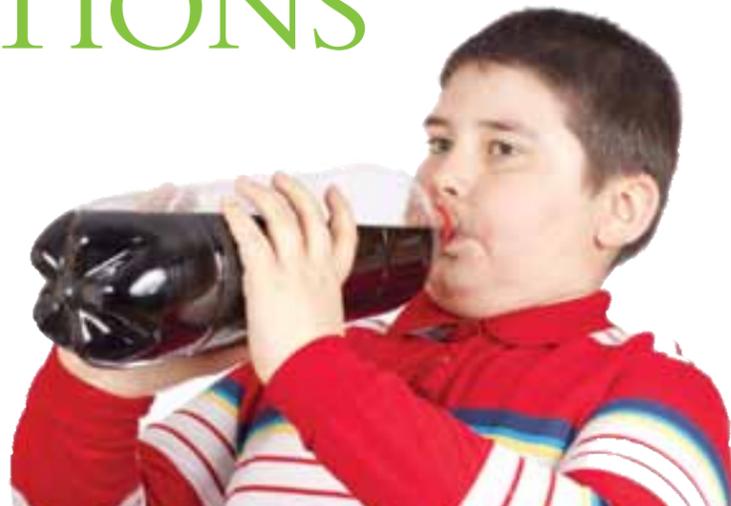
Now that I’ve gotten that off my chest, on with “How to live to be 100”.

I hope you enjoy this latest edition of the Hippocratist. 

OBESITY & IMMUNIZATIONS

CURRENT PEDIATRIC CONCERNS

By: Gary Stanley, MD



OBESITY

Our children are faced with several serious medical issues. Some of these problems are new and others are ongoing. Issues such as bacterial resistance to antibiotics, bullying, lack of new medicines in production, and access to healthcare for many children around the country. These are only a few of the many problems that our children face each and every day.

For the purpose of this editorial, I will try to focus on two problems that have received much attention in recent years. These problems are childhood obesity and the controversy surrounding immunizations. Both of these problems can have short-term and long-term health effects.

The Childhood weight problem is quite literally a growing problem. There have been recent studies showing that the rate of obesity has somewhat stabilized, but it is still affecting our children at alarming rates. At present, approximately 17% of American children, or 12.5 million, are obese.

That's 12,500,000 of our children who are OBESE! Of the 17%, approximately 2% are considered

extremely obese. Children from lower income families are especially affected.

Obesity is determined by calculating the body mass index, or BMI. The BMI is determined by using a certain formula. The formula is simple to learn and use. If using pounds, first multiply their weight by 703 and divide this number by the square of their height in inches. If using kilograms, divide their weight in kilograms by the square of their height in meters. There are tables that can easily determine the BMI by simply knowing the height and weight. Apps for your smartphone are another easy way to quickly calculate the BMI. A BMI is considered normal if the number is between 18.5 - 24.9.

child consuming more calories than they burn. **The number one source of excess calories for our children is high sugar drinks.** Take a look at any school cafeteria and you will find vending machines filled with high calorie, high sugar drinks. These same types of drinks are being served to our smaller children in day-care, thereby establishing the pattern that continues into their later years.

Obviously, physical activity contributes to the epidemic of obesity, or rather the lack of physical activity. The recommended daily amount of physical activity (<http://www.health.gov/paguidelines/>) is 60 minutes. That's 60 minutes of aerobic activity. The current estimates are that

only 18% of students in grades 9 - 12 meet this recommendation. Quality physical education classes in our schools

have become a thing of the past. In 2009, only 33% of our high school students attended daily physical education classes.

Improve the quality of meals for our children by increasing visits to

Children are considered overweight if the BMI is 25 - 29.9 and BMI's greater than or equal to 30 is considered obese.

Several etiologies for these weight issues exist, all of which contribute to the

That's **12,500,000** of our children who are **OBESE!**

supermarkets as opposed to fast food restaurants. There are many studies revealing the association of reduced obesity rates when there is greater access to supermarkets. Fast food eateries are here to stay, so we as parents must lead by example and teach our children that if a meal comes in a bag or box, it's probably not healthy. Instead of family meals at a fast food restaurant, take the family to your local farmer's market or supermarket to choose a meal that results in some quality "table-time." Sadly, this has become somewhat of a lost tradition.

Breast-feeding has also been shown to protect children from being overweight. The rates of breast-feeding start out great at 75%, but only 13% of babies are exclusively breast fed for the first 6 months, as recommended.

A sedentary lifestyle usually associated with **too much time in front of a TV** or other form of electronic entertainment can greatly contribute to the current weight

crisis affecting our children. It is estimated that children between 8 - 18 years of age now spend as much as 7.5 hours each day using some form of electronic entertainment. That's just over 30% of each day in a child's life spent in front of some type of monitor. Of the above 7.5 hours, about 4.5 hours are spent in front of the TV. It is no surprise that so much of the advertising seen on TV today is about fast food restaurants, high sugar drinks, and snack foods.

The consequences of being overweight are no secret. We, as physicians, see the effects of childhood obesity everyday. Certain problems associated with being overweight are impaired **glucose tolerance and insulin resistance, Type 2 diabetes, hypertension, hypercholesterolemia, fatty liver disease, gallstones, sleep apnea, asthma, menstrual irregularities, and orthopedic**

problems just to mention a few of the physical problems. Psychological problems can also develop such as low self esteem

Certainly the treatment is widely known, but is nonetheless not simple. **Parents must lead by example.**

and depression. Children can also suffer from bullying and discrimination at school.

Certainly the treatment is widely known, but is nonetheless not simple. Parents must lead by example. Children are products of their environment. Their actions and behavior mimic what they see in their everyday surroundings. As parents, we must do the simple things in order to make a healthy impression on our children. Eat right, exercise, and limit the time we use our electronic devices.

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The effects of this controversy on young and impressionable parents has been devastating.



IMMUNIZATIONS

Another major health issue concerning our children is immunizations or rather the extreme importance of keeping them up to date on their vaccinations. Unfortunately, there has been much unwarranted and unfounded controversy concerning immunizations. The effects of this controversy on young and impressionable parents has been devastating. **Many parents have chosen to completely ignore the current guidelines and not immunize their children. Others choose to immunize by a schedule of their own.** These personalized schedules can leave their children susceptible to many illnesses that are preventable.

The controversy all began in 1998 when the prestigious British medical journal, Lancet, published an article that questioned the link of autism to the MMR vaccine. The study was later found to be completely fabricated and the lead author of the study was discredited. Most of the coauthors have since severed all ties with the original author and Lancet later retracted the article. The lead author eventually left the country in disgrace and without a license to practice medicine.

Several studies refuted the claims of the original article. By this time though, the damage was done. Several other so-called experts had jumped on the bandwagon

to spread their own propaganda. These “researchers” came forward claiming a link between a mercury preservative in some vaccines with the development of autism. This again was proven false by many well controlled studies published in respected peer reviewed journals. Essentially all vaccine manufacturers have now removed this preservative from vaccines to appease those making the false claims. According to those spreading the propaganda, the incidence of autism in the general population still rose even after the preservative was removed.

Still others came forward with their own claims that too many immunizations were being given resulting in an immunological disaster which, again, was touted as the cause of autism. Once again this was shot down by many very well controlled studies by reputable researchers.

The damage had been done by then and with the help of the internet, the unwarranted controversy surrounding vaccines had a large following. Damage

control by those truly concerned about children’s health had already begun and continues today. Progress is being made and children’s lives are being saved.

The damage had been done by then and with the help of the internet, the unwarranted controversy surrounding vaccines had a large following.

I am proud to take a stance for the safety of vaccines since I have seen the positive results in spite of what some may report. I also take this stance because of a personal friend who lost a child due to an illness that is preventable thanks to immunizations. This child contracted her illness at about 2 weeks of age. She was too young to receive her first set of vaccines at that time. By the time she was old enough to be immunized, it was too late. She had died. For those who spread these false claims about immunizations, I wonder what they would say to these grieving parents... “Well, at least she didn’t get autism.”



LEGISLATIVE UPDATE:

Here’s what the Legislative Advocacy Team with the LSMS did on your behalf in 2012

Introduced 12 bills during the legislative session, of which we moved 8 and all were passed.

Filed a lawsuit and injunction against the Louisiana Department of Insurance (LDI) and Insurance Commissioner Jim Donolen, who tried to take away a physician’s right to bill their patients for services rendered.

Successfully protected the profession as it was challenged by Advanced Practice Registered Nurses, who sought to remove the requirements of a collaborative agreement and practice independently without a physician oversight.

Formed a federal consortium with other like-minded state medical societies to fight the provisions of the Patient’s Protection and Affordable Care Act (PPACA)

Established a program with the Louisiana Department of Health and Hospitals (DHH) to identify and remove administrative hassles with the Medicaid program. Members can easily forward ideas and problems to fixmedicaidnow@lsms.org



For more information on these and other issues impacting your practice and profession

visit us at : www.lsms.org/advocacy

or contact:
Jennifer Marusak
Vice President,
Governmental Affairs
Jennifer@lsms.org

Greg Waddell
Vice President,
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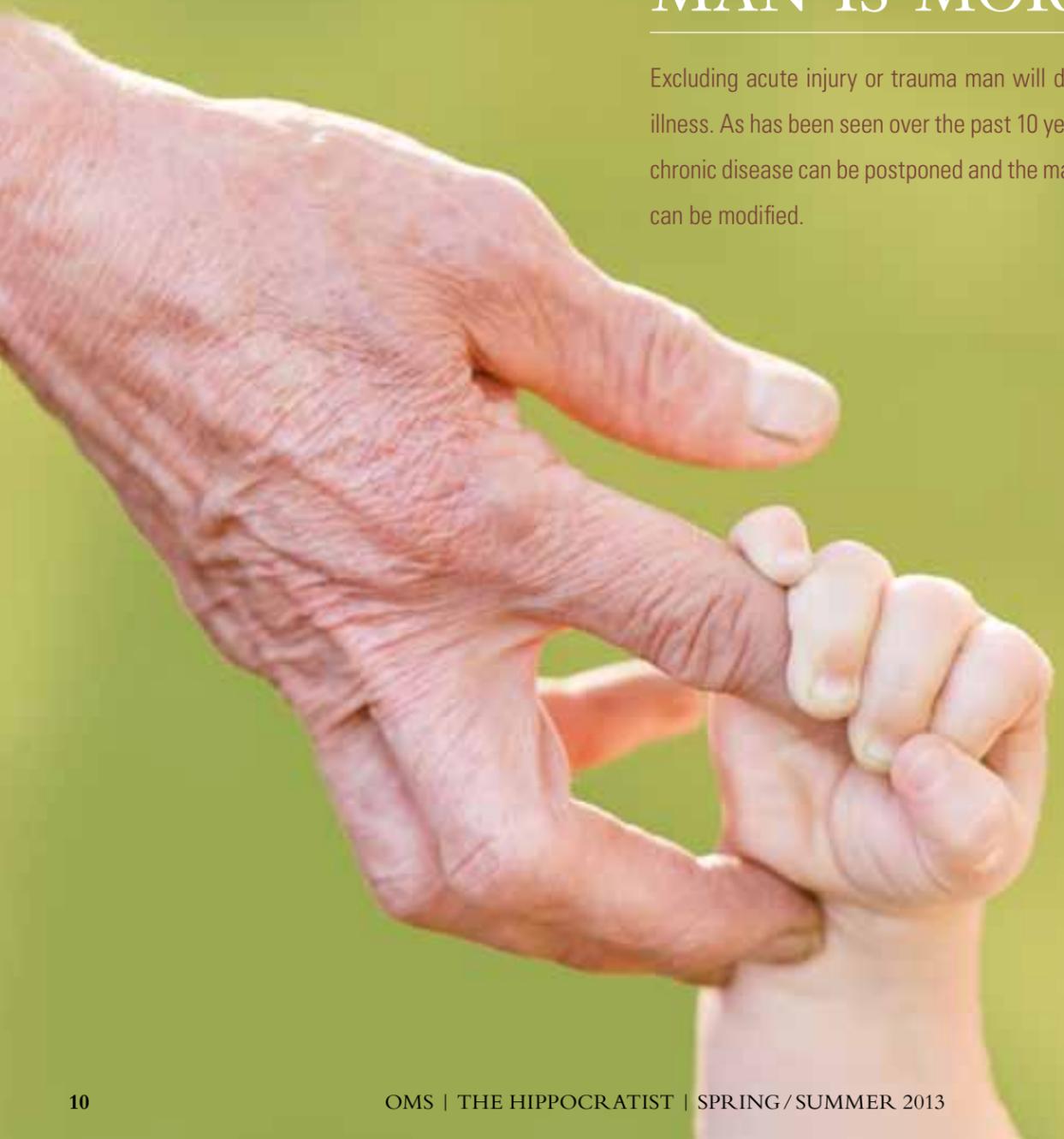
IN SEARCH OF PROLONGED SURVIVAL

By: Hershel Hartor, MD

The premise for human survival is based upon two facets:

LIFE IS FIXED AND MAN IS MORTAL.

Excluding acute injury or trauma man will die from chronic illness. As has been seen over the past 10 years, death from chronic disease can be postponed and the markings of aging can be modified.



Man has been known to exist for over 3 to 3.5 million years, initially as a hominid and ultimately as a family oriented human being. The human race started in Ethiopia. At that time we were all black and ultimately, as we migrated north, some of us lost our color and became the predecessors for the white race.

To determine what would be an average age of the human race is difficult. If we review the book of Genesis and trace the family of Shem we find that Adam: was 130 years old when his son was born, that Noah was 600 years old at the time of the great flood and Abraham was 75 years old when he entered Canaan and

fathered a son. He ultimately died at the age of 97. This is likely the age that the best of us can expect to reach if these biblical years are correct, assuming the years of survival as stated were correct.

Hypertension

Hypertension is one of the most common debilitating diseases in America. There are approximately 35,000,000 Americans with significant hypertension and only 30 to 40% are optimally treated. Upwards of 5% of these patients develop malignant hypertension. Seventy percent of the patients have mild hypertension (diastolic BP of 90-104 mmHg). Remember, the recommended blood pressure is 120 to 130/80-90 mmHg, except under certain circumstances. The incidence of hypertension increases with age such that by our 50th year approximately 50% of black Americans and 30% of white Americans are hypertensive with diastolic blood pressures greater than 90 mmHg which is a medically treatable condition.

How should we treat this disease? A low salt, low fat, high potassium, carbohydrate restricted diet is the perfect place to start. Salt is everywhere. Most

of it is not needed and for some reason a disproportionate amount of salt ends up in Louisiana. It is clear that as salt intake increases, blood pressure rises. It is also clear that a high potassium diet is consistently associated with a lower blood pressure. The mechanism whereby potassium rules blood pressure is via vascular resistance and the activation of Na:K ATPase. Obviously, pharmaceutical measures may also control blood pressure. We do not have the space here to discuss these drugs in detail, but the preferred antihypertensive agents used today are ace inhibitors, arb agents, vasodilators, and diuretics, especially the thiazide diuretics.

Exercise

Exercise is also a major contributing factor to prolonged survival. Thirty minutes; 3 times a week at 50 to 70% of VO2 max is all that is necessary. Several years ago, Harvard University reviewed the exercise activity of their professors.

If they climbed five flights of stairs per day or more, they had a 25% reduction in heart attack rate. Those who did no exercise when adjusted for age had a 54% increased myocardial infarction risk.

What activities are recommended? The exercise program must utilize a large muscle mass inducing an adequate increase in heart rate for an adequate duration of time. To calculate your exercise performance use the Karvonen formula where X% is the change in heart rate: $X\% = \frac{HR_{max} - HR_{rate}}{HR_{max} - HR_{rest}}$

Exercise will have beneficial effect on cardiovascular function, carbohydrate metabolism, lipid metabolism, and have a great psychological affect. Exercise is also determined to reduce rates of several types of cancer, especially breast and prostate. It is important to remember that exercise need not be excessive.

WHY DO WE DIE?

1900

A young, and healthy adult has a high functional capacity, but organ reserve begins to fall after the age of 30 and after that the mortality rates double every 8 years.

The causes of death have varied over the last 100 years. In 1900 the major causes of death were:

- 1 Tuberculosis.
- 2 Acute rheumatic fever.
- 3 Small pox.
- 4 Diphtheria.
- 5 Tetanus.
- 6 Poliomyelitis.
- 7 Pneumococcal pneumonia.

1980

The major causes of death in 1980 subsequently changed drastically because infectious disease was controlled, but they have not changed since that time. These most recent causes of death are:

- 1 Atherosclerosis.
 - a Coronary artery disease.
 - b Cerebral vascular disease.
- 2 Arthritis and immobility.
- 3 Diabetes mellitus.
- 4 Chronic obstructive lung disease.
- 5 Cancer.
- 6 Cirrhosis.

Diet

HDL cholesterol (HDL2) is indirectly associated with cardiovascular events. Those individuals with the lowest HDL cholesterol and the highest risk of coronary disease are:

- 1 males, especially white
- 2 obese
- 3 those with a high carbohydrate diet
- 4 those with diabetes mellitus
- 5 those on Progesterone
- 6 cigarette smokers
- 7 those with uremia
- 8 those with liver disease
- 9 and the physical inactivity

Besides exercise and medications, diet plays an integral part in the production of HDL cholesterol. Low fat, high fiber and reduced polyunsaturated fat all contribute to an elevated HDL2 plasma level. Alcohol in restricted amounts also affects these levels of HDL2. Moderate alcohol consumption actually reduces the risk of coronary events. All forms of alcohol have a beneficial effect but red wine is preferable because of its content of tannin. Excessive alcohol intake

(greater than 4-8 oz per day) actually reverses these beneficial effects. Also, excessive alcohol intake increases the chances of acquiring several types of cancer including prostate and breast.

Aspirin

Recent studies have suggested that a low dose aspirin (81 mg/day) may have significant beneficial cardiac and cerebrovascular effects in all patients consuming this drug. Aspirin, when taken consistently over a period of 2-4 years, has recently been shown to reduce the occurrence of melanoma in women by 35%. This is especially true for Caucasian women born in the south who are at the highest risk. The dosage of aspirin is critical. Eighty-one milligrams of aspirin per day will inhibit platelet aggregation but 325 mg/day, while inhibiting platelet aggregation, will also inhibit vascular wall prostacyclin production thus cancelling some of aspirin's beneficial effects. There have been six major aspirin studies evaluating low dose aspirin post myocardial infarction. This dose of aspirin reduces recurrent

myocardial infarction from 11 to 30%. When combining all the available studies, aspirin reduces myocardial infarctions by 21%. Furthermore, low dose aspirin (81 mg) reduces death from all causes by 16% (p <.01).

It is important to remember that platelet thromboxane is exquisitely sensitive to aspirin. Forty milligrams of aspirin will inhibit thromboxane B2 by 70% including bone marrow platelets. On the other hand 81 mg of aspirin will not affect saphenous vein prostacyclin production, but 325 mg will totally inhibit this venous prostacyclin production which produces its antithrombotic and vasodilation function.

Cigarettes

The final major contributing factor to our early demise is cigarette use. Smoking (20 cigarettes/day) increases all cause mortality and morbidity by 50% after 20 years. These causes of mortality and morbidity include lung cancer, pulmonary disease, atherosclerotic heart disease, circulatory disease, and other neoplasms. Even after 20 years of abstinence, the effects of cigarettes can still be seen. 

CAN WE LIVE TO BE 100 YEARS OF AGE?

Since we all hope to live past 30 and approach 100 years of age, my recommendations for prolonged survival are as follows:

- 1 **Blood pressure**
pressure of 120/80 mmHg or less
- 2 **Dietary restrictions**
 - a A low cholesterol, poly unsaturated fat, low carbohydrate diet
 - b Low salt intake – less than 3-5 gram NaCl/day
 - c High potassium intake – 5-7 gm/day
- 3 **Moderate endurance exercise**
3-4 times per week, 30 minutes per session at 50 to 70% of VO2 max
- 4 **Mild alcohol intake**
2 to 4 oz of clear alcohol or red wine daily
- 5 **Aspirin**
81 mg daily
- 6 **No cigarettes**

In England, since 1837 the number of individuals living to be 100 has not changed. The oldest documented living human is 123 years old and he resides in Japan. In the USA, 1 out of every 10,000 people will live to be 100. Ultimately life is determined genetically by the number of cell doublings.

Life is great until the age of 30 and then all strength and endurance begin to fall.

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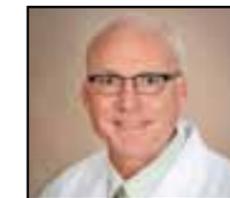
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Up Coming Events

April 12, 2013 | 7:30-8:30am
Business Over Breakfast

St. Francis North- Regency Room
Continuing Education for OMS Member/ Practice Managers
BCBS Rep. Jami Richard

May 9, 2013 | 6:30pm
General Meeting

Landry Vineyard
Legislative Update: Jeff Williams, CEO & Greg
Waddell, VP of Legal Affairs, with the LSMS

September 12, 2013 | 6:30pm
General Meeting

Bayou Desiard Country Club
Gerald Berenson, MD
Founder of the Bogalusa Heart Study
Featured on the HBO Documentary: "Weight of the Nation"

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“HE LIVED TO BE 100”

By: Robert Hendrick, MD

Since the theme of this issue is how to live to be 100, I thought it would be good to look at what it is like actually accomplishing that feat. Certainly having the right genetic makeup, but there is more to it than that. And it is hard to grasp all the changes one might see over such a period of time. I was lucky enough to have a great uncle who not only lived to be 100, but actually made it to 103. This is his story...

Uncle “Bo” was born in Farmerville, Louisiana in 1893.

This was a time when there was no electricity or internal combustion engines. He told me it took an entire day just to take a wagon ride to Ruston. When he was seven his father was appointed to state office and he moved to Baton Rouge. He and my grandmother used to play on the lions outside the old state capitol for entertainment while their father was at work. In 1908, the family moved to Shreveport where he spent the rest of his life. During World War I, Uncle Bo served in the infantry where he developed a lifelong love of horses. For the rest of his life he would arise almost every morning at 5:30 A.M. to ride. He did this until he was ninety-five years old when he said it just got to be too much for him. His sister only lived to be eighty-nine.

Uncle Bo entered into a career in insurance after marrying the daughter of missionaries. He was a devout Christian who, by the time he passed away, was the longest tenured member of his church—having been part of the congregation for 95 years. When asked, what the secret of his long productive life was, one of his answers was that he left his troubles in the “hands of the Lord”. And with Family, he would add that “sister” (my grandmother) did all the worrying.

Through his retirement years Uncle Bo stayed very active. As I said he rode his horse daily and believed in staying active and fit. He was widowed at eighty-five but continued to live on his own until he was ninety-eight. He suffered a syncopal episode at that age. Immediately he gave up driving, moved into an assisted living center and sold his home and car. These were all arrangements he had made for the time he had to give up driving. On his 100th birthday a family celebration was held which was a joyous occasion. He was beaming. The news paper interviewed him, asking what he had for breakfast every day and he told them “Eggs and Bacon—everyday”. They also talked about how he rode his exercise bike daily. Finally, they asked him his secret to having lived such a long and blessed life. He said,

“Life will give us back whatever we put into it.

In a way, it’s like a bank – put joy into the world and it will return to you with compound interest. But you cannot expect to checkout money or happiness if you have made no deposits.”

It is almost incomprehensible to imagine the changes he saw in the 103 years he lived.

He went from the days of ...

The horse and buggy to seeing a man on the moon.

From the days of a one day trip to Ruston to a flight to Europe in the same amount of time.

From reading books by lantern light to 400+ cable channels.

From the Czars to a seemingly democratic Russia.

From growing your own food to buying it at Whole Foods.

I cannot imagine that the world would change that much for a child born today that would live to be 100.



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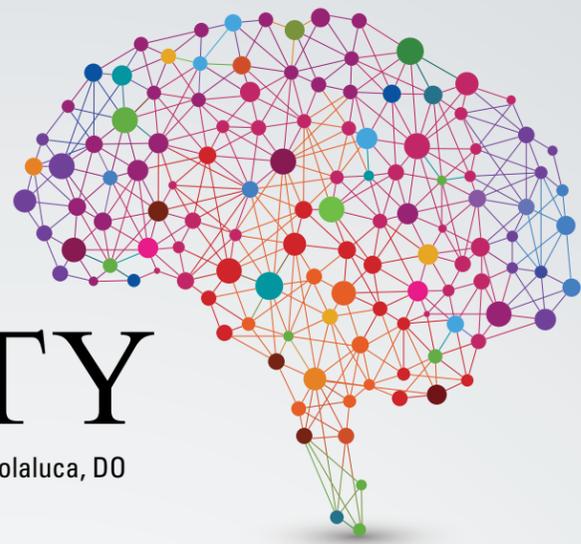
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LONGEVITY

By: John Colaluca, DO

Mental health affects longevity.

The National Institute on Aging's Baltimore Longitudinal Study of Aging found that although bodies change and can decline over time, the changes do not necessarily lead to disease or conditions such as dementia. An adult's personality changes little after age 30. Marked personality changes in the aged are often related to disease or dementia, not aging itself. This study also found that although everyone experiences a steady rate of decline in cognitive abilities, the rate of decline among people who developed Alzheimer's experience accelerated memory decline even before diagnosis.

France than living doctors. Anyone who consistently exceeds safe drinking limits will decrease his longevity and increase his risk of disease. A person with a health problem or taking certain medications may need to drink less or not drink at all. The body is less able to metabolize alcohol as we age. A person could maintain the same drinking habits, but because their body has changed the alcohol will have a far greater effect. Drinking too much alcohol over a long time can lead to cancer, liver damage, immune system disorders, and brain damage. It can worsen health conditions such as osteoporosis, diabetes, high blood pressure, and ulcers or cause forgetfulness and confusion which could be mistaken for dementia. Additionally, it can make some medical problems difficult for doctors to diagnose and treat. Doctors should be careful to take a drug and alcohol history when doing a patient's initial History and Physical to rule out drug and alcohol related problems.

DEPRESSION
Depression in older adults often coexists with excessive alcohol intake. Don't ignore the warning signs. If left untreated, serious depression can lead to suicide. Listen carefully if someone of any age complains about being depressed or says "people just don't care". That person may really be asking for help. Sometimes the symptoms of depression may seem to go away, but when someone is seriously depressed, the symptoms usually come back. Being depressed over a period of time is not a normal part of getting older. However, it is a common problem that medical intervention can help. According to the National Institute of Mental Health, most people treated for depression with drugs and therapy will improve. For most people, depression gets better with treatment. There are many reasons why depression in older people is often missed or untreated. As a person ages, the signs of depression are much more varied than at younger ages. It can appear as increased tiredness, or it can be seen as grumpiness or irritability. Confusion or attention problems caused by depression can sometimes look like

ANYONE WHO CONSISTENTLY EXCEEDS SAFE DRINKING LIMITS WILL DECREASE HIS LONGEVITY AND INCREASE HIS RISK OF DISEASE.

ALCOHOL
The National Institute on Alcohol Abuse and Alcoholism recommends that people over age 65 should have no more than one drink a day, seven drinks a week and no more than three drinks on any one day. For younger women the parameters of safe drinking are the same as for those over 65. Younger men should drink no more than two drinks per occasion, 14 drinks per week and no more than 4 drinks on any one occasion. It is said that there are more living wine drinkers in

PEOPLE OVER AGE 65 SHOULD HAVE NO MORE THAN ONE DRINK A DAY.

BEING DEPRESSED OVER A PERIOD OF TIME IS NOT A NORMAL PART OF GETTING OLDER.

Prognosis: Appreciation!



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Alzheimer's disease or other brain disorders. Mood changes and signs of depression can be caused by medicines older people may take for arthritis, high blood pressure, or heart disease.

SPIRITUALITY

BRAIN TRAINING

People, who engage in activities such as reading, board games, or fine arts, tend to be at lower risk for dementia. Compared to non-volunteers, people who do volunteer work report a greater sense of purpose and meaning in their lives, express greater happiness and express less stress and depression.

Physical activity has also been shown to improve mood and can enhance mental health by boosting energy and confidence. Aerobic exercise eg. brisk walking 20 minutes a day 4 days a week can decrease all causes of mortality by one-third. Regular exercise is a powerful life extending intervention and it's free. Balance exercise can help prevent falls. Strength exercises build muscle and reduce osteoporosis. Stretching exercises provide freedom of movement necessary for activities of daily living.

MENTAL ILLNESS

A study by Colton and Mandersheid found that most Americans with major mental illness die 14 to 32 years earlier than the general population. Mental disorders such as schizophrenia, major depression, and bipolar disorder are risk factors for suicide, but most people with these disorders do not die by suicide. Rather, they die of the same things that the rest of the population does. However, they are more likely to suffer chronic diseases associated with addiction and obesity, are more likely to live in poverty, and therefore may suffer adverse health consequences sooner.

MENTAL HEALTH HAS TWO DIMENSIONS

PRESENCE OF A WELL-ADJUSTED PERSONALITY THAT CONTRIBUTES EFFECTIVELY TO SOCIETY

The importance of spirituality in mental health is widely accepted. The American College of Graduate Medical Education mandates in its special requirements for residency training in Psychiatry, that all programs must provide training in religious and spiritual factors that can influence mental health. Spirituality involves the ways in which people fulfill what they hold to be the purpose of their lives, a search for the meaning of life and a sense of connectedness to the universe. Mental health has two dimensions—absence of mental illness and presence of a well-adjusted personality that contributes effectively to society. The psychiatric history should gather information about patient's religious background and experiences in the past and what role religion plays in coping with life stresses.

We should respect and support patients' religious beliefs if these help them to cope better or do not adversely affect

their mental health. Studies have shown that religious involvement and spirituality are associated with better health outcomes, including greater longevity, coping skills, health-related quality of life (even during terminal illness) as well as less anxiety, depression, and suicide. Numerous studies show a connection between religion, good mental health and a sense of greater well-being. People tend to have greater spiritual needs during illness and those not religious often become so in seeking comfort. Inquiring about a patient's spirituality is important in assessing the whole person. Simply treating a disease or condition without considering the whole person is unacceptable.

NUMEROUS STUDIES SHOW A CONNECTION BETWEEN RELIGION, GOOD MENTAL HEALTH AND A SENSE OF GREATER WELL-BEING.

The onset of disease, mental illness, depression, and dementia is not a natural part of aging. Exercising, staying physically and mentally active and practicing your religious or spiritual beliefs are things we all can do. People that exercise not only live longer but live better and have less physical impairment. If you drink be mindful of the limits of safe drinking. If you have a primary mental disorder such as major depression or Bipolar disorder don't drink and definitely seek psychiatric or psychological help. Although death is inevitable there are interventions we all can take which not only extend life but increase the quality of life.

ABSENCE OF MENTAL ILLNESS

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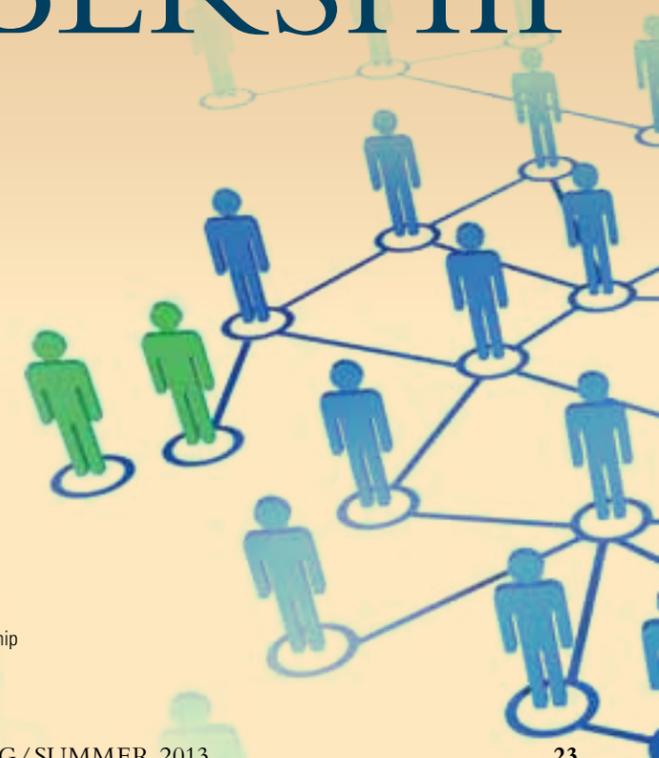


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The Secret of Life

By: Timothy Mickel, MD

"How old would you be if you didn't know how old you was?"

- Satchel Paige

Aging is a problem we humans brought on ourselves. We had it made in the Garden of Eden - food, shelter and permission to eat from the Tree of Life. But perfect wasn't good enough. We were deceived by a serpent, ate the forbidden fruit, got kicked out of paradise and the rest is history.

It was bad enough that we had to hunt and gather and grow our own food, but the real tragedy is that we realized we were naked.



After a few years, Eve began to notice that Adam was a little chubbier and had some hair in his ears. Adam noticed that Eve's velvety skin had become rougher and there seemed to be a lot more of it. Gone were the days when his nubile companion wore just two or three fig leaves - and looked damn good in them. Now he had to gather loads of leaves so she could make the roomier less revealing clothes she now desired. Ah, the knowledge of good and evil was not all it was cracked up to be. In fact, when we insisted on trying to act like gods, it was so vexatious to the real God that he finally threw up His hands and said, "My Spirit will not contend with man forever for he is mortal, and his days will be a hundred and twenty years." Gen 6:3 So this, my

friends, is our life span - the maximum number of years that a human body can live. While our average life expectancy has steadily increased, from about age 25 in ancient Rome, to age 49 in 1900, to about age 77 today, our life span has remained unchanged for millennia at about 125 years. God wasn't kidding.

Of course feral animals (and most lawyers) don't have to worry about becoming old and decrepit because none of them live long enough to experience it. Predation, disease, accidents, etc. cull out most of them once they have lived past the age of reproductive success and physiologic processes start to fail. But humans are unique in the animal kingdom. Our opposing thumbs, our ability to reason and our innate inquisitiveness have allowed us to explore and manipulate our bodies and our environment so that we now live well beyond the age of courting, sparking and mating - resulting in the unintended evolutionary consequence of a huge number of aged individuals who are no longer essential for the survival of the species.

Since there are now a whole bunch of old people and we are competitive by nature, we have created the artificially desirable goal of living to be 100.

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As Dr. Harter pointed out, the major killers at the beginning of the last century were infectious diseases like TB, diphtheria, parasites, pneumonia and influenza. As sanitation, antibiotics and immunization conquered these ills, life expectancy steadily increased. So we live longer not because we have altered the way we age but because we have improved the way we live.

Now we live long enough to succumb to a new set of illnesses – cardiovascular disease, stroke and cancer. Yippee!!

But even if we could somehow eliminate heart disease, stroke and cancer by leading dull lives of quiet desperation – eating bland, tasteless food, going to bed early, limiting ourselves to one drink and eschewing tobacco – we would still succumb to apoptosis, programmed cell death, the natural aging process. You see, atoms, electrons and quarks are faithful servants forever and don't age, but molecules and therefore the cells, tissues and organs made up of these molecules do age. So no matter what we do, we are eventually going to be cheated by our molecules and this "molecular infidelity" is going to cause us to wear out, usually well before our warranty expires at 125. This is confirmed by studies of people who live to be 100 – they usually can't see, can't hear and are immobilized. Like Jerry Seinfeld said, "Sometimes the road less traveled is less traveled for a reason."

Imagine a country full of centenarians. Restaurants would be packed at 5:30 and all the daily specials would be gone by 7:00. There would be nationwide shortages of Polygrip, Preparation H and magnifying eyeglasses.

Bingo halls would pop up everywhere and cars would only need first and second gear. News headlines would be dominated by bowel function. Robert Wagner and Senator Fred Thompson would become national pariahs as thousands would outlive their reverse mortgages and be thrown out of their own homes – hardly a utopian vision of ripe old age.

So what's the answer? In earlier times, older men thought that sleeping with young virgins (non-molecular infidelity) would turn back the hands of time.

Others thought that testicular grafts from goats would make them look and act younger. These "horny old goats" never became youthful and virile, but they did have a tendency to root through the garbage.

Yet even though they were misguided, they were on to the fundamental issue of aging – that it is the quality of our golden years that matters most. I had a physiology instructor in medical school who told us that if forced by necessity, you could live off your urine for a while. I said, "yeah, but it wouldn't be a very good life." The issue is quality not quantity.

We should be more like dogs. They're not hung up on bowel and bladder function, are into free love, and pack seven years into every twelve months. Maybe that's the answer! Pack 100 years of living into

however many we are given. Live life to the fullest and lie about your age. Just remember that once you're over the hill you begin to pick up speed. So when you're 65, say you are 80. If you make it to 80, let that be the new 100 – even if it makes you older than your parents and therefore illegitimate. And if you're lucky enough to make it to 100, in the words of George Burns, "you've got it made...because very few people die past that age."

I'm about to turn 57. That's 399 in dog years – a veritable Methuselah. For my birthday, I'm dreaming of a big filet topped with blue cheese and crab meat, a bottle of cab, bananas foster, some port, a big cigar and not enough sleep.

Because like someone once said, "a man is not old until his regrets take the place of his dreams."

Because like someone once said, "a man is not old until his regrets take the place of his dreams."



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