

Chain-LINCSS...

Congregational Health And Information Newsletter

Linking Individuals with Non-medical Congregational Support Services

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LINCSS™ inspires health and healing by providing spiritual leadership and creative programming to assist faith-based communities in creating and sustaining meaningful health ministries.

LINCSS[™] top priority is to support religious congregations as they explore healing ministries for their communities. To achieve this goal, LINCSS is helping religious congregations, chaplains, hospitals, businesses and government agencies improve the health of people in our area.

LINCSS™ Membership information and registration for your congregation can be obtained by e-mailing our Training Director, Diane Smith, <u>dsmith2@psu.edu</u> or by calling our office at 717-531-8177.

LINCSSTM Website: www.lincss.org

offers valuable resources, medical information links, downloadable programs, Parish Nurse directory, Calendar of Events and more.

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Rev. Paul Derrickson Joseph Smith, PhD Suzanne Bruzga, RN Stephanie Sharp Kathleen Baker George Simms, MD Ruth Stoll, DNSc, RN Debbie Best, RN

Book Review



Love's Mystery Solved is where you will learn what true meaningful love is!

This insightful book was created with the desire to clear up the mystery of how all relationships (not just some but all relationships) work. It is then possible to understand real love and genuine relationships. The author grew tired of the destructive notions so often passed around about building relationships that at first seem so right but eventually do not hold up and those important relationships fail.

This book then is about the "qualities" of real relationships/bonding or love and what you need to know to enrich your personal life and the lives of others. This is quite frankly the only book that captures insights about the "roots" of relationships and love and clarifies them for understanding.

Love's Mystery Solved helps people find the supportive roots of all relationships/love. Then they can find good relationships, build on them and keep them growing. This book is a "must have" if you seek to avoid divorce and painful relationship breakups that come from following Hollywood's version of love. Real love is much richer at all levels.

In Love's Mystery Solved: Building Lasting Relationships you will find virtually the first useful, dependable, authentic clarification and support for developing your meaningful relationships. For thoughtful individuals this is a growth experience that will surpass your expectations and enrich your life. Buy this book now for improving your life

At least one marriage or life has been saved each year over the last several decades using the qualities of love provided. Those standing on the precipice thinking about jumping or those whose marriage has developed problems respond well to the feelings of genuine "love" and lives do change.

For more information on this book: http://www.lovesmysterysolved.com

Editorial

THE GRAYING OF AMERICA: IMPLICATIONS FOR THE CHURCH

George R. Simms, M.D.

Of all the crises facing the free world today, none is more critical than the crisis of a rapidly aging population. Seventy-five million American baby boomers began turning sixty in 2006, and by 2011 they will be sixty-five. At the present time individuals over the age of sixty-five comprise 12.5% of the U.S, population. From 2010 to 2030 the sixty-five plus population will spike by 75% to over 69 million and by 2050 will reach 79 million. The eighty-five plus population is the fastest growing segment of the elderly population. By 2050 this group will comprise about 5% of the general population (= approximate fifteen million).

One hundred years ago the average life span for an American male was forty-seven years. Today it is seventy-six years (seventy-nine years for a female). One hundred years ago the commonest causes of death were infection (e.g. tuberculosis), injury and malnutrition. Today the commonest causes of death are heart disease and cancer. The baby boomer generation is the healthiest generation in history and thus will enjoy a lifespan heretofore unknown. But they will not enjoy a lifespan free of poor health and misery. Heart disease, cancer and dementia are diseases of old age and will paradoxically plague the baby

boomers simply because they will live so long. The implication – for society and for the church – is that we will face an unprecedented number of men and women afflicted with these diseases.

The Old Testament promise of longevity as a blessing from God did not anticipate our present dilemma. Centuries ago when life was short, cultural mores were intact, and family units were still cohesive, growing old meant something completely different than it does today. Today in our society growing old carries with it an unsustainable burden on the health care system, increased numbers of vulnerable people living alone, an unacceptably high percentage of people living in poverty, and increased needs for nutrition, housing, transportation, recreation and education.

Society has not yet figured how to deal with these rapidly approaching problems. Neither has the church. In its commitment to reach out to the younger generation, the church has, more often than not, neglected its elderly brothers and sisters. Most grievously, there is a lack of understanding and appreciation for the biological, psychological, and theological changes that accompany aging. There is a pressing need for the church to take the lead in geriatric education and creative planning as more of our members reach retirement.

The federal government has never been able to do what the church can do. What the church does best is reach out with love and compassion to the broken and wounded among its own. That is ultimately what the church is about. Federally funded programs are needed and are important. But they are no substitute for the church's ministry. What is lacking in the church today is a vision for this kind of outreach. What is needed is a clear, sober understanding of the statistical implications for the church, and a plan for how we can best manage this problem. It is a problem. And the problem will not disappear. It will only get worse over time.

Health care providers who work within congregations need to give serious thought as to how their specific denomination and specific congregations plan to meet this need. If we don't do it, who will?

Best Practices in Health Ministry

Prayer Shawl Ministry

by Suzanne Bruzga, Coordinator St Joseph Parish Care Ministry

Last Thursday I made a trip to the Hershey Ronald McDonald House with 2 "child-sized" prayer shawls. This wonderful organization provides the comforts of home to families as they are navigating the uncertainties of illness. Their loved ones are hospitalized at Hershey Medical Center.

As I was preparing to leave the facility, a young man on crutches with a large neck "brace" was looking at the Christmas village display in the lobby. I said hello, and being the "nosy" nurse that I am at times asked if he was going to therapy at the med center. This led to a conversation in which I was to learn this 18 year old was staying here with his girlfriend. Their infant son was admitted to the med center to "learn how to eat. Hayden was born with a severe cleft palate less than a week ago. The young man himself had just been discharged from the med center about 4 weeks prior...he had fallen asleep at the wheel and hit a tree traveling at 60mph. The injuries included a cracked neck vertebra, abdominal injuries and a broken right leg (multiple fractures).

As a mother of an 18-year-old son this conversation touched me in many ways. I also am a person who wants to "fix" and make things better and has come to understand that "fixes and cures" are not always possible. It was with great pleasure I offered a prayer shawl to Kyle to take to his new son. I wish I had a photo to share of this freckled face young man, with his brace-filled smile and the prayer shawl draped around his cervical collar (tough to hold with crutches). He did manage a quick wave as I got in my van to leave.

For more information about prayer shawl ministries, you may contact Suzanne at:

parishcare@stjosephmech.org or 766-8239



What's Your Story?

I would love to hear your story! Others would benefit from hearing it, too. Stories strengthen and encourage us. Jesus knew that. He told stories all the time. Please take a minute to send me an email about how God touched you in unsuspecting ways as you were living out your ministry.

Feel free to call me OR

Just click on this link and start chatting away...
dsmith2@psu.edu

Medication Information

Editor's Note

The following article is for use in the church newsletter or bulletin

Over- the-Counter Medication

Debbie Best, Program Coordinator Congregational Health Ministries and Family Life Services Diakon Lutheran Social Ministries

The Old Testament contains numerous stories of ordinary people who suffered as the result of a seemingly innocent act. Eve immediately comes to mind in the story of the fall of man (Gen. 3:1-7).

Lot's wife is turned to a pillar of salt because of a backward glance over her shoulder (Gen. 19:24-26). Uzzah dies because he reached out to steady the ark of God when the oxen shook the cart containing it (2 Sam. 6:3-6). On the surface, all seemingly innocent acts for which there were very painful consequences.

If you follow the news, there have been reports of the Food & Drug Administration's concern with usage of some seemingly innocent over-the-counter (OTC) medications. Probably no one would disagree that aspirin and other non-steroidal antiinflammatory drugs (NSAIDs) have been some of the most important scientific breakthroughs in medicine, however, because they are readily available to the general public, we sometimes forget how powerful and in some cases, dangerous these products can be. Lately, even the often recommended pain reliever, Tylenol has come under scrutiny.

Tylenol (acetaminophen) appears frequently as an active ingredient in many cold, sinus and flu medications. If taken for pain or fever, then compounded by a cold or flu remedy, or even Alka-Seltzer, one can easily exceed the recommended daily limit (Example: 2 Extra Strength tablets every four hours + cold/flu medication also containing acetaminophen), and add up to dire circumstances – liver damage or failure, making it the leading cause of sudden or acute liver failure in the US.

Were you aware that diphenhydramine, the active ingredient in the allergy medicine, Benadryl, is also a primary ingredient in sleep aids such as Sominex, Nytol, Advil PM and Tylenol PM? Taking Benadryl for allergies along with one of the sleep aids spells a-c-c-i-d-e-n-t, or worse!

Non-steroidal antiinflammatory medications such as aspirin or ibuprofen have been known to cause stomach irritation, occasionally leading to ulcers, therefore they should not be taken for more than a few days without monitoring by your physician. If you have been prescribed a blood thinner, they should never be taken without consulting your doctor. Even something as simple as Pepto-Bismol should not be taken if you are using NSAIDs – it contains a form of salicylate, the primary ingredient in aspirin.

At the risk of sounding like a nagging mother, drugs are drugs — whether they are purchased over-the-counter, or by prescription.

Problems can occur at any point in time during their use, so the bottom line is this:

- Use OTC medications only when necessary; <u>read the</u> <u>label or package insert and</u> <u>follow directions exactly!</u>
- Always keep your doctor, surgeon, dentist, and pharmacist informed regarding medications you are taking especially important if you are pregnant or nursing, or if you have a long-term medical condition or are susceptible to allergies! Even OTC vitamins and herbs can have adverse effects.
- Do not medicate your child without checking with your doctor!

- Never take medication in the dark, and finally,
- Always, Keep medication in its original container, and away from children!

Medical and
Spiritual
Information for
Congregational
Health
Education

Editor's Note

Following are three articles written for use in your church or faith community newsletter.
Please feel free to use the article 'as is' or 'cut and paste' the article as you deem appropriate.

Hypertension

Hypertension and African Americans

By Stephanie Sharp American Heart Association

How can we as health professionals most effectively help those most at risk for health complications linked to hypertension? Know the stats and share the information, motivate individuals to practice smart medical management and offer gentle reminders to incorporate more healthful behaviors into each day. Just like our phone number, social security number and body weight, blood pressure is one of the numbers all adults need to know. This is especially true for the African American population. Why? High blood pressure develops earlier in life in blacks than in whites and is generally more severe. The longer it is left untreated, the more serious the complications. In fact, compared to white, blacks have a:

- ◆ 1.3 times greater rate of nonfatal stroke,
- **▼** 1.8 times greater rate of fatal stroke.
- ▼ 1.5 times greater rate of heart disease death, and,
- 4.2 times greater rate of endstage kidney disease.

Thankfully there is plenty of good news to pass along about this potential fatal disease including sharing news about the importance of early detection and treatment.

The cause of high blood pressure is unknown in most cases and it can't be cured. But it can be controlled. Certain risk factors increase one chance of developing high blood pressure. Some we can control. Others, we can't. Risk factors that can't be controlled are: Race. African Americans develop high blood pressure earlier in life and their average blood pressures are much higher than the blood pressure of Caucasians. Heredity. A tendency to have high blood pressure runs in families. Age. In general, the older you get, the greater your

chance of developing high blood pressure. Men tend to develop high blood pressure earlier in life than women. Risk factors which can be controlled include: Being overweight. People who are too heavy are more likely to have high blood pressure. Eating too much salt. This can increase blood pressure in some people. **Drinking** too much alcohol. Heavy and regular use of alcohol increases blood pressure dramatically. Lack of physical activity. An inactive lifestyle makes it easier for people to become overweight and increases the chance of high blood pressure. Having diabetes. This disease can't be completely controlled, but you can help manage it by watching your diet and weight and being physically more active. **Smoking.** It can make controlling high blood pressure more difficult and increases your risk for heart disease. Stress. This is often mentioned as a risk factor. But stress levels are hard to measure, and responses to stress vary from person to person.

Scripture

I Cor. 6:19 (The Message)

"...didn"t you realize that your body is a sacred place, the place of the Holy Spirit? Don't you see that you can't live however you please, squandering what God paid such a high price for? The physical part of you is not some piece of property belonging to the spiritual part of you. God owns the whole works. So let people see God in and through your body."

I Cor. 9:27 (The Message)

"A good athlete trains hard....I'm running hard for the finish line. I'm giving it everything I've got; No sloppy living for me! I'm staying alert and in top condition. I'm not going to get caught napping..."

I Cor. 10:13 (The Message)
"No test or temptation [food? 'couch' potato living] that comes your way isbeyond the course of what others have had to face. And you need to remember is that God will never let you down' he'll never let you be pushed past your limit; he'll always be there to help you come through it."

Resources

The American Heart Association has many resources to help educate and motivate others about high blood pressure ranging from comprehensive education programs to handouts. Many of the resources are free of charge.

Search Your Heart is a faith-based cardiovascular education program which includes information on risk factors, heart disease, stroke, diabetes, kidney disease, nutrition, physical fitness stress management and more.

Patient education sheets available for downloading at www.americanheart.org include: "What About African Americans and High Blood Pressure," "What is High Blood Pressure?", "How Can I Reduce High Blood Pressure?, "What is High Blood Pressure Medicine?" "Why Should I Limit Sodium?" and "How Can I Monitor My Cholesterol, Blood Pressure and Weight?" Once you've entered the

site simply search for "patient information sheets."

For more information on the Search Your Heart program or other available resources, please contact Stephanie Sharp at Stephanie.sharp@heart.org or by calling 717/975-4800, 1149.

National Heart, Lung and Blood

Email: nhlbiinfo@nhlbi.nih.gov http://www.nhlbi.nih.gov/ 301 592 8573

Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial

www.nhlbi.nih.gov/health/allhat/index.ht m

Hypertension guidelines: Seventh Report of the Joint National Committee on the Prevention, Detection, Evaluation and Treatment of High blood Pressure www.nhlbi.nih.gov/guidelines/hypertensi on/index.htm

Public and patient information: Your Guide to Lowering High Blood Pressure www.nhlbi.nih.gov/health/public/heart/hb p/dash/index.htm

Public health tools and information:

Prevent and Control High Blood Pressure: Mission Impossible www.hin.nhlbi.nih.govmission/

Your Guide to Lowering Your Blood Pressure

http://www.nhlbi.nih.gov/hbp/index.html

Hypertension Medication Terminology

http://www.centenarycardiology.com/Conditions/Hypertension.htm

New Hypertensive Medication

http://www.medicinenet.com/high_bl ood_pressure/page12.htm

Which medications are used to treat high blood pressure?

http://www.medicinenet.com/high_bl ood_pressure/page9.htm

New Treatment device: "Resperate" http://www.resperate.com/discover/close r_look_demo.aspx?src=hp.Button

<u>Bulletin Insert</u> <u>Suggestions</u>

High Blood Pressure Quiz

http://www.medicinenet.com/script/main/art .asp?articlekey=54942

One in four American adults has high blood/pressure (HBP, also called hypertension). Left untreated, HBP puts you at greater risk for stroke, <a href="heart disease, kidney failure and eye problems. What's your HBP I.Q.? Take the test:

- HBP means that blood is having a hard time reaching the heart.
 True or False
- You have HBP if you have these symptoms: blurry vision, chest pains or headache. True or False
- Cutting back on salty snacks and foods is all you need to do to lower HBP. True or False
- The only way to know if you have HBP is to have your blood pressure checked. True or False

Answers:

 False. HBP makes the heart work harder to pump blood to the body, which can damage the

- 2. blood vessels and organs if not treated. It also contributes to hardening of the arteries (atherosclerosis).
- False. HBP does not cause symptoms unless it is severely high. In fact, nearly one-third of people who have HBP don't know it.
- False. While reducing sodium can help, other lifestyle changes are usually necessary, such as losing weight, stopping smoking, eating healthful foods and getting enough exercise.
- True. Be sure to get your blood pressure checked regularly, especially if you have a close relative who has HBP.

Know Your Numbers

http://www.medicinenet.com/script/mai n/art.asp?articlekey=54942

Blood pressure is measured in millimeters of mercury (mm Hg), with an "upper" number called the systolic measurement, and a "lower" number called the diastolic measurement.

normal: Less than 120/80 prehypertension: 120-139/80-89

stage 1 hypertension: 140-159/90-99

stage 2 hypertension: 160+/100+

Warning Signs of a Heart Attack

Chest Discomfort

Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Other Upper Body Discomfort

Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

Shortness of breath

This feeling often comes along with chest discomfort. But it can occur before the chest discomfort or even alone.

Other signs

These may include breaking out in a cold sweat, nausea or lightheadedness.

Pandemic Flu

Are You Prepared

Diane Smith, R.N LINCSS, Director

There's been sporadic talk lately in the media around the topics of Avian Flu and subsequent Pandemic Flu. But what does this mean for those of us in the general population? *Is* this something we should be worried about? If so, why are we not hearing more about it? Or, if it *isn't* something we should be worried about, why are we hearing about it at all?!

Most of us have experienced having the flu and are well acquainted with the symptoms of sudden fever, chills, muscle aches, and fatigue. Cough, headache and chest discomfort can also be symptoms of the flu but may just be a cold. Your family physician can prescribe anti-viral medication for the flu but the basis of treatment comes back to rest and fluids.

One of the concerns related to a possible pandemic flu is the availability of medication. Reports indicate that 2% of the population of the U.S. will receive the medication. The difficulty will be in producing the volume needed to reach the masses. Then the question becomes "who should receive the antiviral drugs first?" Children, the frail and the elderly could be the most vulnerable populations for contracting the flu. Emergency, medical and support personnel will be needed to take care of the sick. And the list goes on. Even if you are able to be one of the 'lucky few,' the antiviral medication needs to be taken within hours of initial symptoms.

There are many steps you can take now to be prepared for an impending flu epidemic, whether or not you are able to get the needed medication. Social distancing, respiratory etiquette and proper hand washing hygiene go along way to slow the spread of disease.

Social distancing would mean staying home, closing schools, churches and businesses. Wearing a mask might be an option-or a necessity-when venturing into the community in an effort to decrease the spread of the virus through mucus droplets. Surgical masks and

N95 masks (N stands for NIOSH, the U.S. National Institute for Occupational Safety and Health. 95 is the filtering efficiency of the mask) would be the most economical types of masks. Surgical masks are easier to breathe through and more affordable. N95 masks have better filtration and wear longer. Both need to be disposed of properly.

Respiratory etiquette means covering your nose and mouth when coughing or sneezing. The best way is to cough or sneeze into the crook of your arm. If you do sneeze into your hand, wash your hands immediately or apply a sanitizing gel until you can wash your hands with soap and water. Proper hand washing means lathering with soap for 20-30 seconds, rinsing, and repeat the process. Don't forget to wash your thumbs, under the nails, between fingers, and any crevices or creases.

These are simple steps we can take now to keep ourselves healthy through a normal flu season and to decrease our vulnerability to a pandemic flu.

It is also prudent to begin thinking about how to prepare for the possibility of a flu epidemic in the future. First, be responsible for preparing you and your family for a possible crisis. This may mean stocking up on non-perishable food items, keeping prescription medications and fresh water on hand. Next, encourage those in your community to be aware of the possibility and to prepare their families.

For more suggestions on how to prepare your home and family for such an event, speak to your health professional or parish nurse.

Scripture

Proverbs 19: 20 (NIV)
"Listen to advice and accept instruction; and in the end you will be wise."

Proverbs 16:22 (NIV) "Understanding is a fountain of life to those who have it, but folly brings punishment to fools."

Proverbs 15:14 (The Message)
"An intelligent person is always
eager to take in more truth; fools
feed on fast-food fads and fancies."

Psalm 91

Resources

Pennsylvania Emergency Management Agency www.pema.state.pa.us

Pennsylvania Emergency Preparedness Guide (PDF)

http://www.health.state.pa.us/pdf/EmergencyPrepGuide/EmergencyPrepGuide-english.pdf

Pennsylvania Dept. of Health www.health.state/pa.us

Pennsylvania Homeland Security

www.homelandsecurity.stat.pa.us www.FEMA.gov

Ready

www.ready.gov http://www.ready.gov/kids/home.ht ml United States Dept of Health and Human Services-Substance Abuse and Mental Health Services Administration

www.mentalhealth.org

American Red Cross

www.redcross.org

<u>Bulletin Insert</u> <u>Suggestions</u>

Make a Winter Emergency Rite

- Blankets/sleeping bags
- Flashlight with extra batteries
- First-aid kit
- Utility knife
- High-calorie, nonperishable food
- Extra clothing to keep dry
- Shovel
- Windshield scraper and brush
- Tool kit
- Tow rope booster cables
- Water container
- Compass and road maps
- For more Emergency Preparedness Lists, please follow the link:

www.health.state.pa.us then click on Emergency Preparedness Guide (left column)

Are You Ready?

Prepare your family for an emergency by creating a family disaster plan. You can begin this process by gathering family members and discuss with them what to do if family members are not home when a warning is issued. Additionally, your family plan should address the following:

- Escape routes.
- Family communications.
- Utility shut-off and safety.
- Insurance and vital records.
- · Special needs.
- Caring for animals.
- Safety Skills

For more information on each of these areas, follow the link: http://www.fema.gov/areyouready/emergency_planning.shtm

Brain Awareness

Neurosciences: The New Frontier

Kathy Baker MBA, BSN, RN, CCRN, CNRN

Nurse Manager NSICU/NSIMCU Penn State Milton S. Hershey Medical Center

Neurosciences are the new frontier, similar to the evolution of Cardiac Disease in the 1980's. We are able to help the "movers & shakers" stand still, the sedentary to walk and the quiet to speak. All of this is achieved through new technologies and years of research and exploration. The neuro patients of today are in all venues of daily life, from the Intensive Care units to their own living rooms. They are all cared for by you and me, as caregivers. Many have an extended family and support system, while

some less fortunate have no one and are going it alone. We as the caregivers have room in our hearts to support them through education as well as an ear to listen and direct them to needed help. There are many websites as well as printed material available to us and to them which may assist us in their care. There are many new technologies that can be obtained for the folks at home at little or no cost. Many of the materials can be obtained as a patient or a caregiver and give wonderful information to how you are feeling as well as what to expect in the future. You must always remember you are not alone and there is always someone who can help, even if it is just to listen. Most of the websites (see 'Resources' following this article) & materials will give you contact information both long distance and local to assist you in your goal to provide the best care to your neuroscience patient.

Scripture

Psalm 139: 14-15 (The Message) "Oh yes, you shaped me first inside, then out; you formed me in my mothers' womb. I thank you, High God – you're breathtaking. Body and soul, I am marvelously made. I worship in adoration – what a creation! You know me inside and out, you know every bone [and my brain] in my body; you know exactly how I was made, bit by bit, how I was sculpted from nothing into something."

Resources

MedlinePlus

http://www.nlm.nih.gov/medlineplus/domesticviolence.html

American Association of Neuroscience Nurses http://www.aann.org/

Dana Alliance for Brain Initiatives www.dana.org

Birth Defects Research for Children

www.birthdefects.org

Brain Trauma Foundation www.braintrauma.org

Think First Foundation www.thinkfirst.org

American Brain Tumor Association <u>www.abta.org</u>

National Brain Tumor Foundation www.braintumor.org

The ALS Association www.alsa.org

Alzheimer's Association www.alz.org

Epilepsy Foundation www.efa.org

Guillian-Barre Syndrome Foundation International www.gbsi.com

National Headache Foundation www.headache.org

Huntington's Disease Society of America www.hdsa.org

National Hydrocephalus Foundation www.nhfonline.org

Multiple Sclerosis Foundation www.msfacts.org

Myasthenia Gravis Foundation of America www.myasthenia.org

National Neurofibromatosis Foundation www.nf.org

American Parkinson's Disease Association www.apdaparkinson.com

The Parkinson's Foundation www.pdf.org

Children's Brain Tumor Foundation www.cbtf.org

Spina Bifida Association of America www.sbaa.org

National Spinal Cord Injury Association www.spinalcord.org

American Stroke Association www.strokeassociation.org

National Stroke Association www.stroke.org

<u>Bulletin Insert</u> <u>Suggestions</u>

The difference between Alzheimer's and normal age-related memory changes

Someone with Alzheimer's disease symptoms

Someone with normal age-related memory changes

	3110111900
Forgets entire experiences	Forgets part of an experience
Rarely remembers later	Often remembers later
Is gradually unable to follow written/spoke n directions	Is usually able to follow written/spoke n directions
Is gradually unable to use notes as reminders	Is usually able to use notes as reminders
Is gradually unable to care for self	Is usually able to care for self

http://www.alz.org/alzheimers_dis ease_symptoms_of_alzheimers.asp

Migraine Headaches

http://migrainesolutions.com/

Common symptoms of migraine include:

- Moderate to severe throbbing pain (typically) on one side of the head
- Nausea (with or without vomiting)
- Sensitivity to light, noise, or odors
- Visual disturbance (called "aura"— see migraine glossary)
- Frequent attacks (typically one to three a month)

Other symptoms of migraine include:

- Loss of appetite
- Sensations of being very warm or cold
- Paleness
- Fatigue
- Dizziness
- Diarrhea
- Fever (rare)