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Portal Hypertension

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What is Portal Hypertension?

Portal hypertension is an increase in the blood pressure within a system of veins called the portal venous system. Veins coming from the stomach, intestine, spleen, and pancreas merge into the portal vein, which then branches into smaller vessels and travels through the liver. If the vessels in the liver are blocked due to liver damage, blood cannot flow properly through the liver. As a result, high pressure in the portal system develops. This increased pressure in the portal vein may lead to the development of large, swollen veins (varices) within the esophagus, stomach, rectum, or umbilical area (belly button). Varices can rupture and bleed, resulting in potentially life-threatening complications.

What Causes Portal Hypertension?

The most common cause of portal hypertension is cirrhosis of the liver. Cirrhosis is scarring which accompanies the healing of liver injury caused by hepatitis, alcohol, or other less common causes of liver damage. In cirrhosis, the scar tissue blocks the flow of blood through the liver.

Other causes of portal hypertension include blood clots in the portal vein, blockages of the veins that carry the blood from the liver to the heart, a parasitic infection called schistosomiasis, and focal nodular hyperplasia, a disease seen in people infected with HIV, the virus that may lead to AIDS. Sometimes the cause is unknown.

What Are the Symptoms of Portal Hypertension?

The onset of portal hypertension may not always be associated with specific symptoms that identify what is happening in the liver. But if you have liver disease that leads to cirrhosis, the chance of developing portal hypertension is high.

The main symptoms and complications of portal hypertension include:

- Gastrointestinal bleeding marked by black, tarry stools or blood in the stools, or vomiting of blood due to the spontaneous rupture and hemorrhage from varices
- Ascites (an accumulation of fluid in the abdomen)
- Encephalopathy or confusion and forgetfulness caused by poor liver function
- Reduced levels of platelets, blood cells that help form blood clots, or white blood cells, the cells that fight infection

How Is Portal Hypertension Diagnosed?

Usually, doctors make the diagnosis of portal hypertension based on the presence of ascites or dilated veins or varices as seen during a physical exam of the abdomen or the anus. Various lab tests, X-ray tests, and endoscopic exams may also be used.

How Is Portal Hypertension Treated?

Unfortunately, most causes of portal hypertension cannot be treated. Instead, treatment focuses on preventing or managing the complications, especially the bleeding from the varices. Diet, medications, endoscopic therapy, surgery, and radiology procedures all have a role in treating or preventing the complications. Other treatment depends on the severity of the symptoms and on how well your liver is functioning.

Treatment may include:

- **Endoscopic therapy.** This is usually the first line of treatment for variceal bleeding and consists of either banding or sclerotherapy. Banding is a procedure in which a gastroenterologist uses rubber bands to block off the blood vessel to stop bleeding. Sclerotherapy is occasionally used when banding cannot be used and is a procedure in which a blood-clotting solution is injected into the bleeding varices to stop bleeding.
- **Medications.** Nonselective beta-blockers (nadolol or propranolol) may be prescribed alone or in combination with endoscopic therapy to reduce the pressure in varices and further reduce the risk of bleeding. Nonselective beta blockers are also prescribed to prevent a first variceal hemorrhage in a patient with varices that are felt to be at risk for bleeding. Esophageal variceal banding has also been used for that purpose, especially in patients who can’t take beta blockers. The drug lactulose can help treat confusion and other mental changes associated with encephalopathy.

What Lifestyle Changes Should Be Made for Portal Hypertension?

Maintaining good nutritional habits and keeping a healthy lifestyle may help you avoid portal hypertension. Some of the things you can do to improve the function of your liver include the following:

- Do not use alcohol or street drugs.
- Do not take any over-the-counter or prescription drugs or herbal medicines without first consulting...
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- your doctor or nurse (Some medications may make liver disease worse).
- Follow the dietary guidelines given by your health care provider, including eating a low-sodium (salt) diet. You will probably be required to consume no more than 2 grams of sodium per day. Reduced protein intake may be required if confusion is a symptom. A dietitian can create a meal plan for you.

**Other Treatment Options for Portal Hypertension**

If endoscopic therapy, drug therapy, and/or dietary changes don't successfully control variceal bleeding, you may require one of the following procedures to reduce the pressure in these veins. Decompression procedures include:

- **Transjugular intrahepatic portosystemic shunt (TIPS):** This procedure involves placing a stent (a tubular device) in the middle of the liver. The stent connects the hepatic vein with the portal vein, which reroutes blood flow in the liver and helps relieve pressure in abnormal veins.
- **Distal splenorenal shunt (DSRS):** This procedure connects the vein from your spleen to the vein from the left kidney in order to reduce pressure in the varices and control bleeding.

**What Tests Might Be Performed Before the TIPS and DSRS Procedures?**

Before receiving either of these procedures for portal hypertension, the following tests may be performed to determine the extent and severity of your condition:

- Evaluation of your medical history
- A physical exam
- Blood tests
- Angiogram (an X-ray test that takes pictures of the blood flow within a particular artery)
- Ultrasound
- Endoscopy

Before either the TIPS or DSRS procedure, your doctor may ask you to have other tests, which may include an electrocardiogram (EKG) (a test that records the electrical activity of your heart), chest X-ray, or additional blood tests. If your doctor thinks you will need additional blood products (such as plasma), they will be ordered at this time.

**What Happens During the TIPS Procedure?**

During the TIPS procedure, a radiologist makes a tunnel through the liver with a needle, connecting the portal vein to one of the hepatic veins (veins connected to the liver). A metal stent is placed in this tunnel to keep it open.

The procedure reroutes blood flow in the liver and reduces pressure in abnormal veins, not only in the stomach and esophagus, but also in the bowel and the liver.

This is not surgery. The radiologist performs the procedure within the vessels under X-ray guidance. The process lasts one to three hours, but you should expect to stay in the hospital overnight after the procedure.

**How Successful Is the TIPS Procedure?**

The TIPS procedure controls bleeding immediately in more than 90% of patients with portal hypertension. However, in about 20% of patients, the shunt may narrow, causing varices to re-bleed at a later time.

**What Complications Are Associated With TIPS?**

Shunt narrowing or blockage can occur within the first year after the TIPS procedure. Follow-up ultrasound exams are performed frequently after the TIPS procedure to detect these complications. The signs of a blockage include increased ascites (accumulation...
of fluid in the abdomen) and re-bleeding. This condition can be treated by a radiologist who re-expands the shunt with a balloon or repeats the procedure to place a new stent.

Encephalopathy, or abnormal functioning of the brain, can occur with severe liver disease. Hepatic encephalopathy can become worse when blood flow to the liver is reduced by TIPS, which may result in toxic substances reaching the brain without being metabolized first by the liver. This condition can be treated with medications, diet, or by making the shunt inaccessible.

**What Happens in the DSRS Procedure?**

The DSRS is a surgical procedure during which the vein from the spleen (called the splenic vein) is detached from the portal vein and attached to the left kidney (renal) vein. This surgery selectively reduces the pressure in the varices and controls the bleeding associated with portal hypertension. It is usually performed only in patients with good liver function.

A general anesthetic is given before the surgery, which lasts about four hours. You should expect to stay in the hospital from seven to 10 days following surgery.

**How Successful Is the DSRS Surgery?**

The DSRS procedure provides good long-term control of bleeding in many people with portal hypertension. DSRS controls bleeding in more than 90% of patients, with the highest risk of any re-bleeding occurring in the first month.

**What Complications Are Associated With DSRS Surgery?**

Ascites, an accumulation of fluid in the abdomen, can occur with DSRS surgery. This can be treated with diuretics and by restricting sodium in the diet.

**Follow-Up Care Following TIPS or DSRS Procedures**

Follow-up care for TIPS and DSRS can differ depending on where the procedures are performed. Here are basic guidelines:

- Ten days after hospital discharge, meet with your surgeon or hepatologist (liver specialist) to evaluate your progress. Lab work will likely be done at this time.
- Six weeks after the TIPS procedure (and again three months after the procedure), an ultrasound is often done so your doctor can check that the shunt is functioning properly. You may have an angiogram (an X-ray of blood vessels) if the ultrasound indicates that there is a problem. You will also likely have lab work done at these times.
- Six weeks after the DSRS procedure (and again three months after the procedure), the surgeon will evaluate your progress. Lab work may be done at these times.
- Six months after either the TIPS or DSRS procedure, an ultrasound may be done to make sure the shunt is working properly.
- Twelve months after either procedure, another ultrasound of the shunt is often done. Also, you may have an angiogram so that your doctor can check the pressure within the veins across the shunt.
- If the shunt is working well, every six months after the first year of follow-up appointments, you may have an ultrasound, lab work, and visit with your doctor.
- More frequent follow-up visits may be necessary, depending on your condition.

Attend all follow-up appointments as scheduled to ensure that the shunt is functioning properly. Be sure to follow the dietary recommendations that your health care providers give you.

Attend all follow-up appointments as scheduled to ensure that the shunt is functioning properly. Be sure to follow the dietary recommendations that your health care providers give you.

**Other Treatments for Portal Hypertension**

- **Liver transplant.** This is done in cases of end-stage liver disease.
- **Devascularization.** A surgical procedure that removes the bleeding varices; this procedure is done when a TIPS or a surgical shunt is not possible or is unsuccessful in controlling the bleeding.
- **Paracentesis.** This is a procedure in which the accumulation of fluid in the abdomen (ascites) is directly removed. The results are usually temporary and the procedure will need to be repeated as needed.

Sources: webmd.com (2017); The Merck Manual (2016)
Tips for Living With Chronic Fatigue Syndrome

Chronic fatigue syndrome will change your life in many ways. But you can adopt some strategies to make it easier.

You may go through bad phases, or relapses, followed by better ones (remission). Knowing to expect this pattern will help you understand how to manage your energy.

Daily Activities

When you’re in a relapse, it might be hard to get through even simple morning routines, like a shower. Plan to allow extra time for tasks that are hard for you.

When you feel well again, you may want to try to do as much as you can while you’ve got the energy. Don’t try it. If you push yourself, you may crash later. Repeating this cycle can drive you right back into a relapse.

You’ll need to learn to balance daily activities with rest, even when you’re in remission.

Exercise

It’s important to exercise -- it will keep you active and strong. Just remember to pace yourself.

When you add exercise to your routine, start out slow. Try several short bouts of low-impact activity each day. Start with stretching and strengthening exercises using only your own body weight. Shoot for one minute of activity followed by 3 minutes of rest. Break exercise into several brief sessions a day.

Try these types of exercises:

- Hand stretches
- Sitting and standing
- Wall push-ups
- Picking up and grasping objects

Start with two to four repetitions and work your way up to eight at the most.

As the exercise becomes manageable, gradually increase the time you do it. Aim for an increase of about 1 to 5 minutes per week. But continue to get 3 minutes of rest for every minute of exercise. If you reach a point where your exercise routine causes your symptoms to get worse, drop back down to the last level of exercise you could tolerate.

A physical therapist can introduce you to the “GET” method of exercise. The letters stand for "Graded Exercise Therapy," a type of physical therapy that slowly increases your exercise load over time without making your symptoms worse.

A physical therapist can modify your exercise plan if you can’t leave home or get out of bed.

Nutrition

Watching what you eat can help you manage your symptoms. Avoid any foods or chemicals you are sensitive to.

Eat several small meals throughout the day. For example, three meals and three snacks might help keep energy levels up.

Smaller meals might also help control nausea, which sometimes happens with chronic fatigue syndrome. To help control energy levels, it’s also a good idea to avoid these things:
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- Sugar
- Sweeteners
- Alcohol
- Caffeine

Help Your Memory

Some people with chronic fatigue syndrome have memory loss. Use a day-planner (a paper one or a smart phone app) to keep up with your schedule and remember the things you need to do.

Set reminders on your smartphone when it’s time to go somewhere or do something. Keep lists. Use “sticky notes.” Puzzles, word games, and card games – also available on your smartphone – can keep your mind active and might help your memory improve.

Work

About half of those with chronic fatigue syndrome work. If you have problems, you might qualify for coverage under the Americans with Disabilities Act (ADA). This law requires some employers to provide “reasonable accommodations” to help people with disabilities do their jobs.

You might need a flexible schedule, a place to rest at work, and written job instructions for people with memory problems. The accommodations depend on your job, your symptoms, and how they affect your ability to do your job. If you can’t work because of your condition, you might qualify for Social Security benefits.

Relationships

It can be hard for co-workers, friends, family, and loved ones to understand chronic fatigue syndrome. They might not realize how much it affects your daily life. Or they might not believe that it’s real. Some people with chronic fatigue syndrome highly recommend that loved ones get educated about the condition.

Chronic fatigue can take a toll on your personal relationships, too. Loss of energy, pain, and potential side effects of medications can keep you from enjoying a healthy sex life.

Some couples manage to work through these issues when the talk openly about how the condition affects interest in sex. Some couples maintain a sex life by planning for sex, so that the partner with the condition can be well-rested.

Get Help

You may find you feel better when you talk to other people with your condition. Your doctor can give you information about support groups in your area.

About half of those with chronic fatigue syndrome develop depression at some point. Some symptoms of depression are similar to your condition, so it can be hard to tell the difference. “Red flags” for depression could include feelings of hopelessness, sadness, guilt or worthlessness, or thoughts of suicide and death.

If you think you are depressed, tell your doctor. Medications and talk therapy for depression can help with physical and emotional symptoms.

Churg-Strauss Syndrome

Churg-Strauss syndrome is a disorder marked by blood vessel inflammation. This inflammation can restrict blood flow to vital organs and tissues, sometimes permanently damaging them. This condition is also known as eosinophilic granulomatosis (gran-u-low-muh-TOE-sis) with polyangiitis (pol-e-an-jee-1-tis).

Asthma is the most common sign of Churg-Strauss syndrome. The disorder can also cause a variety of other problems, such as hay fever, rash, gastrointestinal bleeding, and pain and numbness in your hands and feet. Churg-Strauss syndrome is rare and has no cure. But your doctor can usually help you control symptoms with steroids and other powerful immunosuppressant drugs.

Symptoms

Churg-Strauss syndrome is a highly variable illness. Some people have only mild symptoms. Others experience severe or life-threatening complications.

Churg-Strauss syndrome has three stages, or phases, each with its own signs and symptoms. Not everyone develops all three phases. Nor do the phases always arise in the same order. This is especially true when the disease is caught and treated before the most serious damage occurs.

Allergic stage

This is usually the first stage of Churg-Strauss syndrome. It’s marked by a number of allergic reactions, including:

- **Asthma.** The primary sign of Churg-Strauss syndrome, asthma develops on average three to nine years before other signs and symptoms appear. In people with Churg-Strauss syndrome who already have asthma, symptoms usually become worse and may require steroids for control.

  Other people develop what is known as late-onset asthma. Developing asthma, even later in life, doesn’t necessarily mean that you have Churg-Strauss syndrome.

- **Hay fever (allergic rhinitis).** This affects the mucous membranes of your nose, causing a runny nose, sneezing and itching.

- **Sinus pain and inflammation (sinusitis).** You may experience facial pain and develop nasal polyps, which are soft, noncancerous (benign) growths that develop as a result of chronic inflammation.

Eosinophilic stage

An eosinophil is a type of white blood cell that helps your immune system fight certain infections. Normally, eosinophils make up only a small percentage of white blood cells. In people with Churg-Strauss syndrome, abnormally high numbers of these cells (hypereosinophilia) are found in the blood or tissues, where they can cause serious damage.

Signs and symptoms of hypereosinophilia depend on which part of your body is affected. Your lungs and digestive tract — including your stomach and esophagus — are involved most often. Signs and symptoms of the hypereosinophilia phase may include:

- Fever
- Loss of appetite and weight loss
- Night sweats
- Joint pain
- Asthma
- Fatigue
- Cough
- Abdominal pain and gastrointestinal bleeding
Vasculitic stage

The hallmark of this stage of Churg-Strauss syndrome is severe blood vessel inflammation (vasculitis). By narrowing blood vessels, inflammation reduces blood flow to vital organs and tissues throughout your body, including your skin, heart, peripheral nervous system, muscles, bones and digestive tract. Occasionally, your kidneys also may be affected.

Depending on which organs are affected, you may experience:

- Weakness, fatigue or a general feeling of being unwell
- Unintended weight loss
- Swollen lymph nodes
- Rash or skin sores
- Joint aches and swelling
- Severe pain, numbness and tingling in your hands and feet (peripheral neuropathy)
- Severe abdominal pain
- Diarrhea, nausea and vomiting
- Shortness of breath (dyspnea) from asthma or congestive heart failure
- Cough
- Chest pain
- Irregular heartbeat
- Blood in your urine (hematuria)

When to see a doctor

See your doctor anytime you develop signs and symptoms such as breathing difficulties or a runny nose that doesn’t go away, especially if it's accompanied by persistent facial pain. Also, see your doctor if you have asthma or hay fever that suddenly worsens.

Churg-Strauss syndrome is rare, and it's more likely that these symptoms have some other cause. But it's important that your doctor evaluate them. When the condition is diagnosed and treated early, it's more like that you'll have a good outcome and a reduced risk of complications from the disease and its treatment.

Causes

The exact cause of Churg-Strauss syndrome is unknown. It’s likely that an overactive immune system response is triggered by a combination of genes and environmental factors, such as allergens or certain medications. Instead of simply protecting against invading organisms such as bacteria and viruses, the immune system overreacts and targets healthy tissue, causing widespread inflammation.

Some people have developed Churg-Strauss syndrome after using an asthma and allergy medication called montelukast or after switching from low-dose oral systemic steroids to inhaled steroid medications. But no clear connection between Churg-Strauss syndrome and any medication has been proved.

Risk factors

Possible risk factors for Churg-Strauss syndrome include:

- **Age.** On average, people with Churg-Strauss syndrome are diagnosed between 30 and 50 years of age.

- **History of asthma or nasal problems.** Most people diagnosed with Churg-Strauss syndrome have a history of nasal allergies, chronic sinusitis or asthma, which is often severe or hard to control.
Asthma

Trachea

Right lung

Left lung

Right main bronchus (bronchial tube)

Bronchioles (small airways)

Normal Bronchiole: Muscles around the bronchiole have normal amount of tone.

Bronchiole in Asthma: Tightened muscles around the bronchiole and swelling of the bronchiole lining cause the airway to narrow during an asthma attack.
Complications

Churg-Strauss syndrome can affect many organs, including your lungs, skin, gastrointestinal system, kidneys, muscles, joints and heart. Without treatment, the disease may be fatal. Complications depend on the organs involved and may include:

- **Peripheral nerve damage.** Peripheral nerves extend throughout your body, connecting your organs, glands, muscles, and skin with your spinal cord and brain. Churg-Strauss syndrome can damage the nerves in your hands and feet (peripheral neuropathy), leading to numbness, burning and loss of function.

- **Skin scarring.** The inflammation may cause sores to develop that can leave scars.

- **Heart disease.** Heart-related complications of Churg-Strauss syndrome include inflammation of the membrane surrounding your heart (pericarditis), inflammation of the muscular layer of your heart wall (myocarditis), heart attack and heart failure.

- **Kidney (renal) damage.** If Churg-Strauss syndrome affects your kidneys, you may develop glomerulonephritis. This is a kidney disease that hampers your kidneys’ filtering ability, leading to a buildup of waste products in your bloodstream (uremia). Kidney failure is uncommon.

Diagnosis

No specific test can confirm Churg-Strauss syndrome. And signs and symptoms are similar to those of other diseases, so it can be difficult to diagnose. To help make diagnosis easier, the American College of Rheumatology has established criteria for identifying Churg-Strauss syndrome.

The 6 criteria

The disease is generally considered to be present if a person has four of the six criteria, but your doctor may feel confident diagnosing Churg-Strauss syndrome even if you meet only two or three of the criteria, which include:

- **Asthma.** Most people diagnosed with Churg-Strauss syndrome have chronic, often severe asthma.

- **Higher than normal count of a type of white blood cells called eosinophils (eosinophilia).** Eosinophils normally make up 1 to 3 percent of white blood cells. A count higher than 10 percent is considered abnormally high and a strong indicator of Churg-Strauss syndrome.

- **Damage to one or more nerve groups (mononeuropathy or polyneuropathy).** Most people with Churg-Strauss syndrome have a type of nerve damage called peripheral neuropathy, which causes numbness or pain in your hands and feet.

- **Migratory spots or lesions on a chest X-ray (pulmonary infiltrates).** These lesions typically move from one place to another or come and go. On chest X-rays, the lesions mimic pneumonia.

- **Sinus problems.** A history of acute or chronic sinusitis is common in people with Churg-Strauss syndrome.

- **White blood cells present outside your blood vessels (extravascular eosinophils).** Your doctor may order a tissue biopsy of either your skin or a removed nasal polyp. A biopsy of a person with Churg-Strauss syndrome may show the presence of eosinophils outside of a blood vessel.

To help determine whether you meet any of these criteria, your doctor is likely to request several tests, including:

- **Blood tests.** When your immune system attacks your body’s own cells, as happens in Churg-Strauss syndrome, it forms proteins called autoantibodies.
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A blood test can detect certain autoantibodies in your blood that can suggest, but not confirm, a diagnosis of Churg-Strauss syndrome. It can also measure the level of eosinophils, although an increased number of these cells may be caused by other diseases, including asthma.

- **Imaging tests.** X-rays, computerized tomography (CT) scans and magnetic resonance imaging (MRI) look for abnormalities in your lungs and sinuses.

- **Biopsy of affected tissue.** If other tests suggest Churg-Strauss syndrome, you may have a small sample of tissue (biopsy) removed for examination under a microscope. The doctor may remove tissue from your lungs or another organ, such as skin or muscle, to confirm or rule out the presence of vasculitis.

**Treatment**

No cure for Churg-Strauss syndrome exists. But certain medications may help manage your symptoms.

Medications used to treat Churg-Strauss syndrome include:

- **Corticosteroids.** Prednisone is the most commonly prescribed drug for Churg-Strauss syndrome. Your doctor may prescribe a high dose of corticosteroids or a boost in your current dose of corticosteroids to get your symptoms under control as soon as possible. But because high doses of corticosteroids can cause serious side effects, your doctor will decrease the dose gradually until you're taking the smallest amount that will keep your disease under control. Even lower doses taken for extended periods can cause side effects. Side effects of corticosteroids include bone loss, high blood sugar, weight gain, cataracts and hard-to-treat infections.

- **Other immunosuppressive drugs.** For people with mild symptoms, a corticosteroid alone may be enough. Other people may require another immunosuppressive drug, such as cyclophosphamide, azathioprine (Azasan, Imuran) or methotrexate (Trexall), to reduce the body's immune reaction still further.

Because these drugs impair your body's ability to fight off infection and can cause other serious side effects, your condition will be closely monitored while you're taking them.

- **Immune globulin.** Given as a monthly infusion, immune globulin is generally given to people who haven't responded to other treatments. The most common side effects are flu-like symptoms that usually last just a day or so. Immune globulin has two major drawbacks: It's very expensive, and it doesn't work for everyone.

- **Biologic medications.** Drugs such as rituximab (Rituxan) that alter the immune system's response seem to improve symptoms and decrease the number of eosinophils.

These medications have only been studied in small trials, and their long-term safety and efficacy is still unknown. They may be suggested for those who haven't responded to other treatments.

Because of the possible connection between montelukast and Churg-Strauss syndrome, your doctor may take you off this medication to see if your signs and symptoms improve. Drug therapy can relieve symptoms of Churg-Strauss syndrome and send the disease into remission. But relapses are common.

All that wheezes is not Asthma!!!
What is Exercise-Induced Asthma?

Like it sounds, exercise-induced asthma is asthma that is triggered by vigorous or prolonged exercise or physical exertion. Most people with chronic asthma experience symptoms of asthma during exercise. However, there are many people without chronic asthma who develop symptoms only during exercise.

Why Does Exercise Induce Asthma?

During normal breathing, the air we take in is first warmed and moistened by the nasal passages. Because people tend to breathe through their mouths when they exercise, they are inhaling colder and drier air.

In exercise-induced asthma, the muscle bands around the airways are sensitive to these changes in temperature and humidity and react by contracting, which narrows the airway. This results in symptoms of exercise-induced asthma, which include:

- Coughing with asthmatic breathing
- Tightening of the chest
- Wheezing
- Unusual fatigue while exercising
- Shortness of breath when exercising

The symptoms of exercise-induced asthma generally begin within 5 to 20 minutes after the start of exercise, or 5 to 10 minutes after brief exercise has stopped. If you are experiencing any of these symptoms with exercise, inform your doctor.

If I Have Asthma, Should I Avoid Exercise?

No. You shouldn’t avoid physical activity because of exercise-induced asthma. There are steps you can take for prevention of asthma symptoms that will allow you to maintain normal physical activity. In fact, many athletes -- even Olympic athletes -- compete with asthma.

Can My Exercise-Induced Asthma Be Prevented?

Yes. Asthma inhalers or bronchodilators used prior to exercise can control and prevent exercise-induced asthma symptoms. The preferred asthma medications are short-acting beta-2 agonists such as albuterol. Taken 10 minutes before exercise, these medications can prevent the airways from contracting and help control exercise-induced asthma.

Another asthma treatment that may be useful when taken before exercise is inhaled cromolyn sodium, such as Intal or Tilade, 15 to 20 minutes before exercise.

Having good control of asthma in general will also help prevent exercise-induced symptoms. Medications that may be part of routine asthma management include inhaled corticosteroids such as Qvar or Pulmicort. An inhaled long-acting beta-2 agonist combined with a corticosteroid, such as Advair or Symbicort, may be added to the treatment regimen.

In addition to taking medications, warming up prior to exercising and cooling down after exercise can help in asthma prevention. For those with allergies and asthma, exercise should be limited during high pollen days or when temperatures are extremely low and air pollution levels are high. Infections can cause asthma (colds, flu, sinusitis) and increase asthma symptoms, so it’s best to restrict your exercise when you’re sick.

What Are the Best Exercises for Someone With Asthma?

For people with exercise-induced asthma, some activities are better than others. Activities that involve short, intermittent periods of exertion, such as volleyball, gymnastics, baseball, walking, and wrestling, are generally well tolerated by people with exercise-induced asthma.
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Activities that involve long periods of exertion, like soccer, distance running, basketball, and field hockey, may be less well tolerated, as are cold weather sports like ice hockey, cross-country skiing, and ice skating. However, many people with asthma are able to fully participate in these activities.

Swimming, which is a strong endurance sport, is generally better tolerated by those with asthma because it is usually performed in a warm, moist air environment.

Maintaining an active lifestyle, even exercising with asthma, is important for both physical and mental health. You should be able to actively participate in sports and activities.

**Are There Some Tips to Prevent and Treat Exercise-Induced Asthma?**

- Always use your pre-exercise inhaled drugs before beginning exercise.
- Perform warm-up exercises and maintain an appropriate cool down period after exercise.
- If the weather is cold, exercise indoors or wear a mask or scarf over your nose and mouth.
- Avoid exercising outdoors when pollen counts are high (if you have allergies), and also avoid exercising outdoors when there is high air pollution.
- Restrict exercise when you have a viral infection.
- Exercise at a level that is appropriate for you.

Again, asthma should not be used as an excuse to avoid exercise. With proper diagnosis and treatment of asthma, you should be able to enjoy the benefits of an exercise program without experiencing asthma symptoms.

*Sources: American Academy of Allergy Asthma & Immunology: "Allergic Conditions: Exercise-Induced Asthma (EIA)." (2017); American Lung Association: "Search Lung USA." (2017); webmd.com (2017); The Mayo Clinic (2017)
11 Tips for Avoiding Holiday Depression Triggers

Coping with depression
It’s a myth that suicide is more common around the holidays (springtime is actually the peak). But holiday cheer isn’t a given either. High expectations, money woes, and other holiday hazards can spell trouble for anyone, but especially those prone to depression. With a bit of foresight and planning, however, holidays can leave you feeling up, not down. Follow these tips for a successful holiday.

Plan ahead
Spend some time figuring out how to take care of yourself during this time, says John Sharp, MD, a psychiatrist at Beth Israel Deaconess Medical Center, in Boston. Come up with restorative routines, such as reading a book or napping, and write them on a calendar. In between shopping and baking, make sure these routines don’t fall by the wayside. "Figure out what basics are going to help you get through the holidays and make them a priority," Dr. Sharp says.

Avoid family conflict
There are a couple ways to save your sanity at family gatherings, says Jeffrey Greeson, PhD, assistant professor of psychiatry and behavioral sciences at Duke University School of Medicine, in Durham, N.C. If you know there are going to be conflicts, prepare a neutral response, such as, "Let’s talk about that another time," or, "I can see how you would feel that way." Then escape to the restroom, offer to help in the kitchen, or go hang out with the kids. And it always helps to call a good friend if you need a sympathetic ear.

Forget perfection
Debbie Thurman, a 57-year-old from Monroe, Va., suffered from depression for years, and the holidays made it worse. From decorating to finding the perfect gifts, she felt overwhelmed. At a support group's suggestion, she listed the simple things that really made her family happy, and she began traditions that helped the less fortunate. "When you take your eyes off of yourself and focus on those who have far less than you do, you can’t be depressed," she says. "I learned to be grateful for the blessings I had, and I had a lot."

Learn to grieve
If you are mourning a loved one, it’s a good time to talk about your feelings or reach out to support groups. "There’s no one right way to feel," says Deborah Jonsson, public relations manager at Avow Hospice, in Collier County, Fla. It’s not uncommon to feel angry at the person for leaving you alone or feeling guilty if you do enjoy yourself during the holidays. "All feelings are a sign that you’re human and reflect where you are in your healing process," Jonsson says.

Schedule some sleep
Holiday activities easily can interfere with your sleep schedule. But studies have shown there is a link between sleep loss and depression, so you need to be extra careful about cutting back on sleep to get everything done. Try to get to bed and wake up at approximately the same time every day; avoid large meals and physical activity such as dancing within a few hours of bedtime; and make your bedroom a sleep sanctuary, free from TV or other distractions, according to the Centers for Disease Control and Prevention.

Get help
When Thurman’s children were young, she and her husband lived far away from their extended family. When she needed support during "black bouts of depression," she leaned on close friends. She and her husband had two couples in particular that helped them through difficult times. "These friends were godsends," she says. "I credit them with quite possibly helping to save my life," she says. "I also drew encouragement from a small support group of women who were dealing with depression."

Prioritize workouts
Exercise—one of the first activities to get lost in the holiday shuffle—should be placed high on your to-do list. "The more stress we are under, the less time we feel like we have, and the more irritated our mood, the more we need to continue exercising," Greeson says. "Get out and do something; it helps use those calories from
Lost
Confused
Unsure
Unclear
Perplexed
Disoriented
Bewildered
Nu Mu Lambda...

rich, fatty, sugary holiday foods." Exercise has been shown to improve mood. Taking a brisk walk for 35 minutes five days a week (or 60 minutes three times a week) can do the trick.

Consider your light exposure
If you are consistently tired, irritable, and down at this time of year, it may not be due to the holidays as much as to the lack of exposure to the sun, Dr. Sharp says. Seasonal affective disorder, or SAD, can be treated by long walks during daylight hours or exposure to a light box for about 30 minutes a day. If you think you may be suffering from SAD, talk to your doctor about treatment options.

Focus on what matters
The holidays shouldn't be all about the presents, but financial woes can make it easy to lose sight of that. Rein in the stress (and cost) by organizing a gift exchange with friends or family. You can also bake your gifts, or create traditions such as having a large potluck meal followed by a walk outside or board games by the fire.

"I think saying no is more of a relief instead of stretching and spending more than you have and still not doing enough," Dr. Sharp says.

Don’t binge on food or alcohol
For some, overindulgence is as much of a holiday tradition as opening gifts. Carmen Harra, PhD, an author and psychologist in Hollywood, Fla., recommends more restraint. "Have one piece of pie, not three," she says. "Apart from being unhealthy for your body, you will feel guilty afterward." Harra recommends preparing for holiday dinners by eating healthy meals the week prior. And don’t use alcohol to deal with holiday depression. Alcohol can intensify your emotions and leave you feeling worse when it wears off.

Cut back on commitments
If you feel like you just can’t get through one more holiday gathering, it's OK to sit them out. "One of the things about holiday stress we forget is that Thanksgiving and Christmas are both 24 hours and that's it," says Pauline Wallin, PhD, an author and clinical psychologist in Camp Hill, Penn. Wallin recommends figuring out what you need to get through those 24 hours, such as volunteering, going on vacation, or visiting a shelter or someone who is alone. Focusing on others can help alleviate depression.

Sources: health.com (2017); webmd.com (2017)
Hormone Therapy: Is it right for you?

Hormone replacement therapy — medications containing female hormones to replace the ones the body no longer makes after menopause — used to be a standard treatment for women with hot flashes and other menopause symptoms. Hormone therapy (as it's now called) was also thought to have the long-term benefits of preventing heart disease and possibly dementia.

Use of hormone therapy changed abruptly when a large clinical trial found that the treatment actually posed more health risks than benefits for one type of hormone therapy, particularly when given to older postmenopausal women. As the concern about health hazards attributed to hormone therapy grew, doctors became less likely to prescribe it.

Hormone therapy is no longer recommended for disease prevention, such as heart disease or memory loss. However, further review of clinical trials and new evidence show that hormone therapy may be a good choice for certain women, depending on their risk factors.

What are the benefits of hormone therapy?

The benefits of hormone therapy depend, in part, on whether you take systemic hormone therapy or low-dose vaginal preparations of estrogen.

- **Systemic hormone therapy.** Systemic estrogen — which comes in pill, skin patch, gel, cream or spray form — remains the most effective treatment for relief of troublesome menopausal hot flashes and night sweats. Estrogen can also ease vaginal symptoms of menopause, such as dryness, itching, burning and discomfort with intercourse.

  Although the Food and Drug Administration (FDA) still approves estrogen for the prevention of the bone-thinning disease called osteoporosis, doctors usually recommend medications called bisphosphonates to treat osteoporosis.

- **Low-dose vaginal products.** Low-dose vaginal preparations of estrogen — which come in cream, tablet or ring form — can effectively treat vaginal symptoms and some urinary symptoms, while minimizing absorption into the body. Low-dose vaginal preparations do not help with hot flashes, night sweats or protection against osteoporosis.

Long-term systemic hormone therapy for the prevention of postmenopausal conditions is no longer routinely recommended. But some data suggest that estrogen can decrease the risk of heart disease when taken early in postmenopausal years.

A recent, randomized, controlled clinical trial — the Kronos Early Estrogen Prevention Study (KEEPS) — explored estrogen use and heart disease in younger postmenopausal women. The study found no significant association between hormone therapy and heart disease. For women who haven't had their uterus removed, estrogen is typically prescribed along with progesterone or progestin (progesterone-like medication). This is because estrogen alone, when not balanced by progesterone, can stimulate growth of the lining of the uterus, increasing the risk of uterine cancer. Women who have had their uterus removed (hysterectomy) don't need to take progestin.

What are the risks of hormone therapy?

In the largest clinical trial to date, a combination estrogen-progestin pill (Prempro) increased the risk of certain serious conditions, including:

- Heart disease
- Stroke
- Blood clots
- Breast cancer

A related clinical trial evaluating estrogen alone (Premarin) in women who previously had a hysterectomy found no increased risk of breast cancer or heart disease. The risks of stroke and blood clots were similar to the combination therapy.
Hormone therapy, particularly estrogen combined with a progestin, can make your breasts look denser on mammograms, making breast cancer more difficult to detect. Also, especially when taken for more than a few years, hormone therapy increases the risk of breast cancer, a finding confirmed in multiple studies of different hormone therapy combinations, not just limited to a combination estrogen-progestin pill (Prempro). The risks of hormone therapy may vary depending on whether estrogen is given alone or with a progestin, and depending on your current age and age at menopause, the dose and type of estrogen, and other health risks such as your risks of heart and blood vessel (cardiovascular) disease, cancer risks and family medical history. All of these risks should be considered in deciding whether hormone therapy might be an option for you.

**Who should consider hormone therapy?**

Despite the health risks, systemic estrogen is still the most effective treatment for menopausal symptoms. The benefits of hormone therapy may outweigh the risks if you’re healthy and:

- Experience moderate to severe hot flashes or other menopausal symptoms
- Have lost bone mass and either can’t tolerate or aren’t benefitting from other treatments
- Stopped having periods before age 40 (premature menopause) or lost normal function of your ovaries before age 40 (premature ovarian insufficiency)

Women who experience an early menopause, particularly those who had their ovaries removed and don’t take estrogen therapy until at least age 45, have a higher risk of:

- Osteoporosis
- Coronary heart disease
- Earlier death
- Parkinsonism (Parkinson's-like symptoms)
- Anxiety or depression

Early menopause typically lowers the risk of most types of breast cancer. For women who reach menopause prematurely, the protective benefits of hormone therapy usually outweigh the risks. Your age, type of menopause and time since menopause play a significant role in the risks associated with hormone therapy. Talk with your doctor about your personal risks.

**Who should avoid hormone therapy?**

Women with current or a past history of breast cancer, ovarian cancer, endometrial cancer, blood clots to the legs or lungs, or stroke should usually not take hormone therapy. Women taking hormone therapy should not smoke.

Women who aren’t bothered by menopause symptoms and started menopause after age 45 do not need hormone therapy to stay healthy. Instead, talk to your doctor about strategies to reduce the risk of conditions such as osteoporosis and heart disease, which might include lifestyle changes and medications other than hormone therapy for long-term protection.

**If you take hormone therapy, how can you reduce risk?**

Talk to your doctor about these strategies:

- **Find the best product and delivery method for you.** You can take estrogen in the form of a pill, patch, gel, vaginal cream, or slow-releasing suppository or ring that you place in your vagina. If you experience only vaginal symptoms related to menopause, estrogen in a low-dose vaginal cream, tablet or ring is usually a better choice than an oral pill or a skin patch.

- **Minimize the amount of medication you take.** Use the lowest effective dose for the shortest amount of time needed to treat symptoms, unless you’re younger than age 45, in which case you need enough estrogen to provide protection against long-term health effects of estrogen deficiency. If you have lasting menopausal symptoms that significantly impair your quality of life, your doctor may recommend longer-term treatment.
• Seek regular follow-up care. See your health care provider regularly to ensure that the benefits of hormone therapy continue to outweigh the risks, and for screenings such as mammograms and pelvic exams.

• Make healthy lifestyle choices. Include physical activity and exercise in your daily routine, eat a healthy diet, maintain a healthy weight, don’t smoke, limit alcohol, manage stress, and manage chronic health conditions such as high cholesterol or high blood pressure.

If you haven’t had a hysterectomy and are using systemic estrogen therapy, you’ll also need a progestin. Your doctor can help you find the delivery method that offers the most benefits and convenience with the least risks and cost.

**What can you do if you can’t take hormone therapy?**

You may be able to manage menopausal hot flashes with healthy lifestyle approaches, such as keeping cool, limiting caffeinated beverages and alcohol, and by practicing paced relaxed breathing or other relaxation techniques. For vaginal concerns, such as vaginal dryness or painful intercourse, a vaginal moisturizer or lubricant may provide relief. You might also ask your doctor about the prescription medication ospemifene (Osphena), which may help with episodes of painful intercourse.

There are also alternative medicine approaches — such as tai chi, yoga and acupuncture — that you can try. Work with your doctor to find a healthy, effective approach that works for you.

**The bottom line: Hormone therapy isn’t all good or all bad**

To determine if hormone therapy is a good treatment option for you, talk to your doctor about your individual symptoms and health risks. Be sure to keep the conversation going throughout your menopausal years.

As researchers learn more about hormone therapy and other menopausal treatments, recommendations may change. If you continue to have bothersome menopausal symptoms, review treatment options with your doctor on a regular basis.

Impingement Syndrome

If you have noticed shoulder pain when raising your arm, you may have Impingement Syndrome. Impingement syndrome is pinching within the shoulder. This common problem afflicts both the young athlete, and the older population alike. Impingement syndrome is a condition of the shoulder caused by repetitive forceful motion. This variably may lead to inflammation and swelling, resulting in pinching of the tendons and shoulder pain.

Many bones, muscles, and tendons in your shoulder allow you to reach, swing, and lift. There is a group of muscles and tendons (Rotator Cuff) that allows all the parts to work together. As you raise your arm, the narrow space between the humeral head and the acromion naturally compresses. Over time, this may cause irritation of the tendons leading to inflammation (Tendonitis), excess fluid and swelling (Bursitis), and ultimately, an impingement syndrome of the shoulder.

Pain, pinching, and stiffness when raising your arm are common symptoms. Many individuals will complain of pain in the upper arm which may radiate into the forearm, hands, and fingers. Pain is typically worse at night, making sleeping a painful and difficult event.

Individuals with impingement syndrome are people who engage in repeated overhead movements. These movements can result in a Repetitive Motion Injury (RMI).
An RMI occurs when a forceful action is repeated day after day without resting. Some recreational activities which may lead to an RMI include tennis, swimming, softball and other throwing and racquet sports. In the workplace, painting, carpentry, and construction work may be the cause. Finally, after years of just normal use, the older individual may develop an impingement syndrome.

The diagnosis of impingement syndrome will begin with your doctor taking a history and performing a physical examination. Pain to touch, and pain with motion and against resistance are some typical findings.

A neck evaluation and neurologic exam of the upper extremity may also be performed. This will be followed by X-rays, and if appropriate, you may be sent for magnetic resonance imaging (MRI) of the shoulder.

Treatment is aimed at controlling pain, reducing swelling and restoring normal pain-free motion. Rest is the initial treatment of impingement syndrome. Avoid activities which result in pain. Your doctor may suggest non-steroidal anti-inflammatory medication, a cortisone injection, or both. Pain medication (analgesics) and ice applications will get you over the acute phase, but for long term relief, physical therapy will also be prescribed. If conservative treatment should fail, your doctor may discuss surgical options, such as arthroscopic surgery.

Sources: webmd.com (2017); apta.org/PTinMotion (2017); ortho-md.com (2017)
Effectively performing exercise ball activities requires careful selection of the right exercise ball size. Because personal consultations are not always possible, physical therapists, exercise trainers, and other professionals have constructed several guidelines to use when selecting the proper exercise ball size.

When sitting upright on an exercise ball:

- Feet should be flat on the floor - with an even weight distribution.
- Knees should be level or slightly lower than the pelvis - creating an angle of 90 degrees or slightly greater at the hips and knees (thighs parallel to ground or pointing down slightly).
- Pelvis, shoulders, and ears should be in a vertical line - the body should not be leaning in any direction as a counterbalance. Bouncing up and down lightly will usually produce this alignment.
- Exercise balls generally come in five different diametrical sizes. Each of these sizes is accordingly used for people of differing body compositions.

It is important to note that height alone is not the only factor in determining ball size. Because the exercise balls are flexible and offer resistance, weight is also an important factor.

A general guideline for height correspondence to diameter of exercise ball is as follows (this is assuming average body weight is proportional to height):

<table>
<thead>
<tr>
<th>Exercise ball diameter</th>
<th>Person's height</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 cm</td>
<td>5' and under</td>
</tr>
<tr>
<td>55 cm</td>
<td>5'1&quot;— 5'8&quot;</td>
</tr>
<tr>
<td>65 cm</td>
<td>5'9&quot;— 6'2&quot;</td>
</tr>
<tr>
<td>75 cm</td>
<td>6'3&quot;— 6'7&quot;</td>
</tr>
</tbody>
</table>

If body weight to height is larger than the average proportion, sitting on the exercise ball will compress it down more, so individuals usually should try using the next larger exercise ball size in order to maintain the 90-degree rule. Another factor to keep in mind is that most exercise ball sizes have some adjustability to them. If the angles at the hips and knees are much greater than 90 degrees, some air can be released to compensate and vice versa.
As with many types of back exercises, there are some people who are not good candidates for working with an exercise ball. The ball introduces a significant amount of instability and randomness into what may be familiar floor exercises. While this can be good for working different muscles, it may not be advised in a number of situations, including:

- During the acute (beginning) phase of a low back pain episode
- Patients with specific unstable spine injuries or spinal disease that can be exacerbated by the movements
- Cases where the patient’s pain increases when using the ball
- For people who are fearful of falling or who do not feel comfortable on the ball

Precautions

As always, an important precaution is to seek the assistance of an appropriately trained and licensed health professional before starting any exercise program. It is also very important for the patient to consult a physician if his or her low back pain lasts for more than a few weeks or a month, or if there are any symptoms that cause concern, as the continued pain and/or symptoms may signify a serious medical condition.

- Exercises should be done in a controlled manner and speed; starting slowly and building confidence.
- The constant use of muscle groups to maintain balance on an exercise ball may lead to quicker than expected fatigue, and patients may find that at least at first they need to do shorter exercise routines than expected.
- A physician should always be consulted about conditions that can be aggravated by this form of exercise before proceeding.
- As with any piece of exercise equipment, the manufacturer's instructions for care and use should always be followed.
With the annual Alpha Derby Day Party on the horizon, consider these hats to complete your look when preparing and dressing for the event...

**Bowler** - a close-fitting, low-crowned felt hat

**Ivy Cap** - a rounded cap with a small, stiff brim in the front; usually made with leather, linen or corduroy and lined for warmth

**Fedora** - a felt hat with a soft, wide brim and intended crown

**Boater** - a kind of summer hat regarded as somewhat formal

**Trilby** - a soft felt hat with a narrow brim and intended crown

**Cowboy** - a high-crowned, wide-brimmed hat best known as the defining piece of attire for the North American cowboy
**12 Hat Styles**

Find the style that suits you

- **bwalker**
- **ivy cap**
- **fedora**
- **boater**
- **trilby**
- **cowboy**
- **top hat**
- **porkpie**
- **homburg**
- **ascot**
- **panama**
- **newsboy**

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**Top Hat** - a tall, flat-crowned, broad-brimmed hat worn in specific instances, usually formal.

**Porkpie** - has a broader brim with a definitive round, flat, creased crown; said to be popular in the African American music culture.

**Homburg** - a formal felt hat characterized by a single dent running down the center of the crown, a stiff brim shaped in a “Kettle Curl” and a bound edge trim.

**Ascot** - a hard men's cap distinguished by its hardness and rounded shape, usually matched to the color of a suit but not typically lined for warmth.

**Panama** - a traditional brimmed straw hat, light color, lightweight, and breathable, and often worn as accessories to summer-weight suits, such as those made of linen or silk.

**Newsboy** - a casual-wear cap similar in style to the ivy cap, which has the same overall shape and stiff peak, but the body of the cap is rounder, fuller, and paneled with a button on top, and often with a button attaching the front to the brim (as the flat cap sometimes has).
Clean Eating
Improving your life one meal at a time.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.
Health & Wellness

Importance of Drinking Water

- Keeps Mucosal Membranes From Drying Out (Eyes, Mouth, etc.)
- Comprises At Least 3/4 of Total Body Mass & Substance
- Maintains Optimal Digestive Function & Elimination
- Permits the Absorption of Life-Essential Nutrients & Energy
- Maintains Optimal And Stable Heating & Cooling
- Facilitates Blood Flow, Cellular Reproduction, Movement & Life Itself
- Supports The Efficient Removal of Toxins & Waste From Internal Organs
- Primary Conduit For Delivering All Body Fluids, Molecular Messages And Especially Oxygen Delivery
- The Body Can Survive For Weeks Without Food, But Only A Few Days Without Water
- Without Water, Cells Cannot Grow, Reproduce or Survive, and the Entire Organism Dies