

HEALTHWIRE NEWSLETTER

Healthwire

March 2010

Trainer's Corner ~ How To Get Over The Winter Blues

Do you feel irritable, cranky, tired, unmotivated, have difficulty concentrating, or have you noticed a change in your appetite? Well, don't go blaming it on your teachers at school or on your job -- blame it on the long, cold, dreary winter days.

Seasonal Affective Disorder (SAD) is commonly described as the "winter blues" or "cabin fever". Studies have shown that people respond positively to bright light, or sunlight (fluorescent lights are not a substitute for sunlight). When the sun is out, people feel better and are more motivated to do things. When the winter months arrive (typically from October--March), the days get shorter, the sun starts hiding behind more clouds, and people start to get depressed and lack the energy they would typically have.

Here are some things you can do to help cope with the "winter blues".

- ◆ Get 30-minutes of exercise, 3 or more times a week. When you become physically active, it boosts your energy and makes you feel better about yourself.
- ◆ Contact friends and get out of the house. Staring at the same walls all winter long gets boring, so go to your friend's house or meet them at a restaurant or at the movies!
- ◆ Find some sunshine. Even though it may be cold outside, go for a walk on a sunny day. Sunshine helps to increase your energy and makes you feel better.
- ◆ Finally, keep in mind that *spring is almost here.*

Traffic Alert

Drive defensively and try to spot trouble before it happens to avoid traffic crashes. Driving safely takes skill.

- ◆ Drive a safe vehicle.
- ◆ Check your own condition. Don't drive after drinking alcohol or some medicines.
- ◆ Stay alert. **DO NOT** drive and use a cell phone.
Important Note: The law makes it illegal for any person to use a hand-held cell phone, or text, while driving in the City of Harrisburg. If you get caught, the costs can add up. The first offense will run you a \$100. The second, \$250. The third, \$500 and then all violations from there forward will cost you \$1,000. You will also pay extra in a school or construction zone. The obvious goal, to make everyone as safe as possible. This ban is only on handheld phones. Wireless headsets or ear pieces, like Bluetooths, are still legal. Also, if your car is in park, or you are dialing 9-11, you will not face a penalty. The state is also considering such a ban. A strict law has been passed by the State House of Representatives and is under consideration by the State Senate.
- ◆ Buckle-up -- It's the law!
- ◆ Constantly scan the road ahead for hazards and stay AWARE at ALL times.
- ◆ Check blind spots by using your rear and side view mirrors before backing out or changing lanes.

Points of Interest

Calendar

SU	M	TU	W	TH	FRI	SA
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Central Pennsylvania Blood Bank's Thaddeus Stevens College Blood Drive

Tuesday, March 30, 2010

Mellor Auditorium-

8am to 4pm



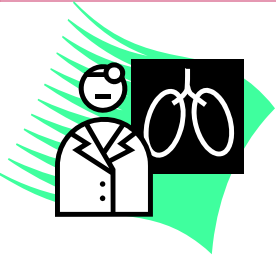
<http://www.cpbb.org/>



Sign-up at the
Student Health Office
Main Campus—Brenner Hall,
Room 107
or Branch Campus.
Attempt to donate and receive
a free t-shirt.

TB OR NOT TB- THAT IS THE QUESTION

By Donna Thourot



No, I'm not attempting to text 2b or not 2b. I'm referring to Tuberculosis. TB or Tuberculosis is an inflammatory, infectious disease caused by the mycobacterium tuberculosis. This infection is usually seen in the lungs, but can occur almost anywhere else in the body, including bone, kidney and brain. It is usually airborne, so just breathing the air particles around us can be a source of contamination, if it is shared by

someone having the disease, who coughs, sneezes, yells, sings or talks loudly, thus forcibly expelling the offending agent in droplet form. This rod shaped bacillus is a type of bacteria, which implants itself in a lung and proceeds to multiply. Our body reacts by walling it off, going on a mission to destroy or at least confine it to one area.

Factors that contribute to an increase in the incidence of TB cases include: social conditions such as poverty, residential crowding, prison crowding, inadequate nutrition, homelessness and drug use; deinstitutionalizing of the mentally ill; prevalence of HIV infections; immigration from countries with a high rate of TB and apathy on the part of those infected, who do not adhere to their drug regimen. If an infected person stops taking his relatively cheap medication before the prescribed time, the bacteria fight back and mutate to a tougher strain.

Symptoms of Tuberculosis include a productive cough, sometimes with blood streaked sputum, accompanied by fatigue, loss of appetite, weight loss, low grade fever, nighttime sweats, and dull chest pain or tightness. If the TB spreads, it would manifest itself differently, depending on the specific organ that it invades.

Early methods of treatment included collapsing the lung to allow it to rest and utilizing open air schools and sanatoriums, which isolated patients from the general public and assured that adequate rest, nutrition, hygiene, exercise and continued education could occur without interference or distraction. The first privately owned sanatorium was in New York State. A state run sanatorium was established in Massachusetts in 1895. Mt. Alto was our first Pennsylvania state sanatorium, having its start in 1902, with buildings sheltered in a dense forest. It was thought that the scent of pine and spruce was therapeutic. There was a sanatorium located here in Lancaster at Rossmere. Local residents still recall its presence. The problem lay in the fact that residents left sanatoriums before they were cured and still infective. In an effort to combat the spread of TB, some cities passed ordinances prohibiting spitting. This happened in 1905. A few years later in 1913, some states passed acts prohibiting the use of a common drinking cup in public places and dry sweeping of public buildings, except by vacuum cleaners.

Tuberculosis is such an ancient disease. Physical evidence of it has been found in Egyptian mummies. Did you happen to see the recent news article about King Tut? After two years of testing, this young man is now thought to have died of malaria. I'm sure that exhaustive studies were also done on his bone structure because as you recall, tuberculosis affects not just the lung, but also bones. Researchers also concluded that he had a cleft palate and a club foot. Stone Age skeletons also present suggestive data about the disease. TB was the cause of an epidemic in Europe during the 18th and 19th centuries, killing vast numbers of civilization on the continent. The disease was often referred to as Consumption. It was the second leading cause of death in the U.S. in 1907, being pushed out of first place by combined Pneumonia and Influenza.

The average age one aspired to live to in this country at that time was 47 years old. Yikes!

Today it is routine to have TB skin testing as a part of health screening for employment and other regulatory agencies (schools, hospitals) and if after testing, follow-up chest x-ray shows a problem, Tuberculosis can be treated with drug therapy. Effective drugs to fight TB came about in the 1940's. According to my 97 year old mother-in-law, my husband's grandmother and uncle both died from inadequate treatment of TB in the 1930's. During hard economic times, this widow took in a boarder, who unknowingly was infected with TB, and subsequently both she and her son were exposed, became ill and died. Today, there should be no excuse for not availing yourself of testing or treatment of TB, as the local State Health Department facilitates this, if insurance does not exist. This is all well and good, except for one fact: our first U.S. case of Drug Resistant TB was disclosed to the public just last month.

TB or not TB? This rare new strain of drug-resistant TB, according to news reports, is known as XXDR. We thought we had conquered the disease and now we are back at square one, trying to devise a cure once again. Overuse and misuse of the very drugs designed to cure and control are our downfall and we are in the grips of a precarious future of unknowns. Most of us are already aware of increasing cases of drug resistant staph infections and how malingering they are as well as difficult to treat. Confirmations are being received from all over the world, of the emergence of other drug-resistant diseases such as malaria, HIV, and now TB.

Vigilance and adherence will both be keys to this global challenge. After Christmas, I happened to read some relevant coverage in a Delaware newspaper. At that time, it was reported that an infected Peruvian man, visiting this country to study English, was housed in Florida at a quarantine hospital, once the nation's last existing sanitarium, in an attempt to manage this new and virulent Tuberculosis. Apparently refugees and immigrants are checked for TB before setting foot on our soil, but people just visiting, are not always screened in their own country before coming here. Welcome to yet another Global problem. Was there ever a simpler time in which to live? I suspect each time period presented its own calamities and predicaments. A "constant" in today's society seems to be CHANGE. It's something we can surely always count on. I suppose this means we weigh, measure and adapt or look for another solution. This element of fluidity is not always embraced easily. The saying "it's a difficult pill to swallow" comes to mind.

Now is the time to sit back and reflect on what we have, that is truly essential. Looking at the whole picture, rather than bits and pieces, helps to clear a path through what can be a murky, cloudy examination of your thought process. I hope you placed good health and hygiene on one of the top rungs on the ladder of importance. By trial and error, we often find that wants and desires do not always make us happy. To re-define what is success in our lives, to re-arrange our priorities, to hold fast to our principles and dreams, to resolve to be more self-reliant, and to give thanks for our blessings, discarding past regrets, would lead to a more hopeful mood and spirit in this country. Blaming is always easy, but looking for a solution takes true grit. It is so important that we give way to a generation, filled with ethically inspired, courageous, problem solving leaders in all avenues of life, who want only what is good for its country and its people. I hope that XXDR is tackled "head on" by just such a medical research team of hopefuls. Knowledge and wisdom once again to the rescue!