

Health & SCIENCE



New Stroke Drug Announced

Dr. Wayne Clark, director of the Oregon Stroke Center at Oregon Health Sciences University, announced an experimental drug that may save brain cells in stroke victims.

According to findings, the drug, citicoline, is superior to the only other emergency stroke treatments available because it can be given many hours after symptoms start. Tissue-

plasmalogen activator (TPA), the other emergency treatment, is effective only in the first three hours. The new drug has no serious side effects while TPA causes bleeding in the brain of some patients.

Clark is an investigator in the study that included about 250 stroke patients at 22 centers.

"It is so safe it can be given up to 24 hours after a stroke," Clark said.

"I think it will be an important breakthrough."

Patients tend to worsen after a stroke because of the breakdown of dying brain cells. Citicoline prevents toxic substances from accumulating and provides the nerve cells with the materials needed to repair themselves. Additional studies are planned at four Portland hospitals in about a month.

Kaiser Offers Health Education

Managing Stress and Anxiety a program that helps deal with the pressures of life is one of the spring health education programs offered through Kaiser Permanente. The class will be held Wednesdays from 6:30 to 8:30 p.m. April 24 through June 12 at Kaiser Permanente's Central Interstate Medical Office, 3600 N. Inter-

state.

The second, Overcoming Depression and Low Self-Esteem, teaches skills to reduce mild depression and improve self-image. It is scheduled on Thursdays from 6:30 to 8:30 p.m. April 25 through June 20 at the Central Interstate Medical Office.

Dealing with Anger is a program

that helps with the successful management of angry and aggressive feelings in positive ways. Sessions are Saturdays from 9 to 11 a.m. at Bess Kaiser Medical Center 5505 N. Greely Ave.

Participants must register 10 days before classes start. For more information call 286-6816.

New Findings On Heart Disease

Researchers Explore Why More Blacks Die

It has long been known that blacks are more likely to die from heart disease than whites, but a new study provides new insights into why.

Researchers from Duke University followed up on 12,402 patients -- 10 percent of them black -- at their hospital who had blockages in their heart arteries, the major underlying cause of heart disease.

After five years, 27 percent of the black patients had died compared to 20 percent of whites, a 35 percent difference in mortality.

"The effects of socioeconomic status can explain only a minor part of the difference," Dr. Eric Peterson said Wednesday.

Peterson's study explored three

possible reasons. Black people delay going to the doctor so their heart disease is likely to be worse. Blacks have more underlying diseases, and blacks are less likely to get bypass surgery or angioplasty.

The severity of the disease was not a reason. Blacks went to the doctor earlier when they began to get chest pains, and they have less extensive blockages than whites.

However, blacks were up to two times more likely to have high blood pressure or diabetes, which makes heart trouble tougher to treat.

These diseases accounted for about one-half to two-thirds of the increased mortality.

They also saw that blacks were 40 percent less likely to get angioplasty

or bypass surgery. This explained about 25 percent of the increased risk of death.

The procedures are expensive, but insurance is not the sole reason. Patients at veterans hospitals and those covered by Medicare are still less likely to have the treatments.

"Some feel that culturally blacks are less likely to accept such invasive procedures such as bypass surgery or angioplasty," said Charles Curry of Howard University. "Others feel that maybe the doctors are not good at communicating to many black patients the need for surgery. Some say most of the cardiologists are white and maybe blacks are less likely to trust them."

PSVMC Offers Men's Support Group For Grief And Loss

Men's Group for Dealing with Grief and Loss
6 to 7:30 p.m., Tuesdays
April 2 through May 7
Providence St. Vincent Medical Center
9205 S. W. Barnes Road (use main hospital entrance)

Details: A six-week support group for men dealing with grief and loss will meet weekly to explore the nature of grief and the experience of death in their lives. They will discuss key personal strengths that can be used during their personal journey back to wholeness after the death of a loved one. Preregistration is required. The cost is \$10. For registration or more information, call 291-2261.

Warming Up To Allergic Rhinitis This Spring

The trees are budding and the flowers are in full bloom -- unfortunately. Spring may also herald the return of your sneezing, runny nose and nasal congestion.

You're not alone -- more than 40 million Americans suffer from allergic rhinitis, more commonly known as hay fever.

"Allergic rhinitis is a very common, and easily treated condition, yet it often is mistaken for a common cold, or not treated at all," explains Michael Kaliner, M.D., Medical Director, Institute for Asthma and Allergy at Washington Hospital Center, Washington, DC. "Unlike the common cold, allergic rhinitis usually occurs at the same time each year, during peak pollen season. Early preparation for allergies and a proper treatment regimen are essential to overcoming allergic rhinitis."

To help you chart a course of relief this spring, here is a list of various treatments available.

Antihistamines: Antihistamines block the effects of histamine, which can cause symptoms of runny nose, sneezing and itchy, watery eyes. Antihistamines can be purchased over-the-counter or prescribed by a physician, and are available in sedating and non-sedating forms.

Decongestants: Decongestants relieve nasal congestion by shrinking the nasal blood vessels, which reduces swelling and promotes drainage. Many antihistamines allergy medications contain decongestants in combination with antihistamines and can be purchased over-the-counter.

Topical anti-allergy medications: Topical anti-allergy medications are administered intranasally and can be used prophylactically to prevent allergy symptoms before they occur.

Topical decongestants: Applied intranasally, topical decongestants reduce nasal congestion by constricting blood vessels. Topical decongestants should only be

used for a few days at a time, since extended use may result in irritation or rebound congestion.

Topical corticosteroids: Topical corticosteroids are powerful intranasal medications that reduce and prevent inflammation. Some physicians and patients hesitate to prescribe and

use topical corticosteroids for allergic rhinitis, and opt for less potent medications. However, a recent study, conducted at Georgetown University Medical Center, shows that dexamethasone sodium phosphate nasal aerosol (Dexacort Turbinaire), effectively treats allergic rhinitis, without adverse side effects, such as adrenocortical suppression.

"Since avoiding allergic rhinitis triggers -- tree and grass pollen -- is next to impossible during Spring, it is important for the allergy sufferers to take the necessary steps to prevent symptoms from interfering with sleep, work and other day-to-day activities," says Dr. Kaliner.

If allergic rhinitis is making your Spring the sneezin' season, see your physician, who can better determine the source of your discomfort and set a proper course of treatment.

The Portland Observer welcomes

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Alberta Street Market, 915 N.E. Alberta
281-6388

Boston Market, 726 N.E. Killingsworth
282-6776

Ainsworth Market, 5949 N.E. 30th
281-0479

Prescott Corner Market, 1460 N.E. Prescott
284-7418

King Food Mart, 3510 N.E. MLK Blvd.
281-0357

Dekum Food Market, 800 N.E. Dekum
Owner: Sonny Kim
283-1240

285-8006
KC2 Food Market, 1301 N.E. Dekum
289-7430
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