Health & Science

Creating mental cages

BY DR. CHARLES W. FAULKNER

• *"I cannot control my eating. Every time that I begin to worry, I become ravishingly hungry."*

• *"I will never be able to control my stress because I always get angry whenever I think about my boss."*

• *"These people make me lose control of myself every time that I am around them. I can't stand them. That's the way it is and tht's way it will always be."*

These statements indicate the psychological cages into which the people who make them have locked themselves. Not only do the statements describe the way that people fell in certain situations, but they indicate other equally important points:

1. They indicate the way that people expect to feel whenever the situations present themselves.

2. They indicate that the victim will take no conscious steps to stop his or her behavior from taking place because the behavior is considered to be natural and inevitable.

3. The victimized person would feel unusual if the particular behavior did not present itself.

4. The individual has resigned himself or herself to certain "uncontrollable" aspects of behavior.

5. The victim expects to observe his or her behavior, as if observing a movie in which he or she was the star, whenever certain stimuli occur.

People who perceive themselves as having a certian unavoidable behavior, in effect, regularly initiate their own behavior. They actually make it occur.

Raymond is an example. Raymond felt that he would become nervous whenever he was preparing to speak to a group of strangers. He had felt this way for years and could recall the torment of his nervousness during many previous speeches. He did his utmost to avoid participating in such activities, but the worse was to happen.

His boss scheduled Raymond to address a group of new employees. The very thought of this endeaver traumatized Raymond. When he was on the stage waiting to be introduced, Raymond began to observe his own behavior: "When will I begin to tremble? When will I stammer? When will I begin to forget my speech? When will the audience recognize my nervousness and begin to laugh at me? I know that it will happen soon--I can almost feel it beginning now. As soon as my name is mentioned, I will begin to shake. It always has happened and it will in a couple of seconds. There it goes...I can feel it happening."

The above statement is expression of a person who has given up. It represents the internal conversation that takes place within each of us whenever we expect to become nervous in an endeaver.

This conversation precedes a breakdown in behavior. The person speaking could be named Jane, Jack, Jean or Joseph. The cause of the nervousness could be walking up a steep flight of stairs, flying an airplane, meeting a stranger, being reprimanded or taking an examination.

Bess Kaiser site sell-off begins

After completing studies which looked at potential uses for the Bess Kaiser Medical Center property, Kaiser Permanente has decided to divide the site into two land parcels. It will keep one and sell the other.

The health maintenance organization (HMO) will retain the Administrative Office building, adjacent parking lot, and land to the north, which includes two houses owned by Kaiser Permanente.

Kaiser Permanente has identified several criteria which will help ensure that future use of the site will add value to the neighborhood. It will also require that transition to a new owner will not interfere will its plans to use Bess Kaiser for outpatient services once inpatient services are closed in late November 1996. "We estimate this interim use will last until the summer of 1998, which is when we expect to complete construction of a new medical services building at our North Interstate campus," said Barbara west, Kaiser Permanente's Regional Medical Services Administrator. The new building will provide 24-hour emergency care and after-hour urgent care, along with other services.

Kaiser Permanente is working with the Overlook Neighborhood Association throughout the process.

Kaiser Permanente's decision to close Bess Kaiser rather then undertake expensive upgrades and other needed improvements occurs at a time of rapid change within health care. Improved surgical and medical techniques mean many more surgeries are performed in medical offices. And patients who are still operated on in the hospital can leave sooner, resulting in shorter stays and more empty hospital beds.

In Portland, the average hospital occupancy rates have fallen more than 17 percent since 1989. On average, half (more than 1,500) of the licensed hospital beds of unused each day.

Stroke symptoms

Stroke symptoms require fast action.

Strokes are a loss of circulation to the brain caused by a closed artery or by a blood clot that has moved from the heart or large arteries in the neck.

Ruptured blood vessels in the brain can also be a cause, said Dr. James Killian, a neurologist at Baylor College of Medicine in Houston.

Any of these symptoms warrants an immediate trip to the emergency room:

• Loss of strength in an arm, leg or both.

• Loss of speech or slurred speech.

• Sudden, severe and unexplained headache.

Other possible stroke symptoms may not require emergency treatment but do not warrant an immediate call to a physician:

• Numbness or odd sensations on one side of the body or face.

• Temporary loss of vision or double vision.

• Dizziness or loss of balance.

Foot care for diabetics

For diabetics, there is no sidestepping foot care.

"Fifteen to 20 years into the disease, poor circulation and nerve damage can threaten the limbs, " said Dr. Glenn Cunningham of Baylor College of Medicine in Houston. "But preventive measures can help avoid infection, gangrene and amputation."

Cunningham urges diabetics to practice proper foot care, including:

• Wearing shoes with good arch support and proper fit.

• Wearing clean socks or hose.

• Avoiding walking barefoot.

• Checking inside shoes for pebbles, tacks or tears.

• Cutting toenails straight across to prevent ingrown nails.

• Buffing down corns or calluses with a pumice stone or emery board. Do not cut them or use a chemical corn remover.

Plan to fight H.I.V.

Have an opinion on services for people living with HIV? Want to make your voice heard?

Be a part of the 1996 Needs Assessment of HIV Services, and have an impact on how federal funds are being spent to provide services to people living with HIV/AIDS.

They want to hear from people living with HIV, their providers, caregivers, and family members to find out how service needs are being met in the six-county area of: Clackamas, Columbia, Multnomah, and Clark County in Washington.

During August and September, you may be asked to:

• *fill out a survey, and/or*

• *be a part of a focus group, or*

• *participate in a provider/caregiver forum.*

To complete a survey; be included on list of possible participants for focus groups or the provider/caregiver forum; or receive a summary of the results (available November, 1996), please call the HIV Services Planning Council office at (503) 306-5730 for information.

Melanoma: Where Are We Now?

Ten years ago, doctors predicted that by the year 2000 the average American would have a 1 in 150 risk of developing skin cancer. That predicted risk was ten times the incidence rate in 1930 when one in 1500 American developed skin cancer.

Today, despite years of public education campaigns about the importance of sun protection for skin, the predictions are worse, not better. By the year 2000, dermatologists now say, the average American will have a 1 in 75 chance of developing a skin cancer, twice as high as was thought ten years ago. In 1996, alone, more than one million people will be diagnosed with all types of skin cancer, and more than 7,300 will die of their skin cancer. In fact, the most deadly form of skin cancer, malignant melanoma, is in creasing in incidence faster than any other type of cancer in the world.

What's behind the rising rates of skin cancer? Doctors point to many potential causes. On the bright side, doctors and patients are more adept now at recognizing skin cancers, so detection of skin cancers have improved, and with better detection come higher incidence rates. However, improved detection alone does not explain the rapid rise in the rate of development of skin cancers. "Most of the incidence records are based on data collected on patients seen in hospital outpatient clinics, and most skin cancers are cared for in private doctors' offices where they usually do not get into the reporting system," says Howard Koh, M.D., Professor of Dermatology at Boston University School of Medicine who spoke on this subject at a recent meeting of the American Academy of Dermatology. "There-fore, although detection has improved and this will contribute to a higher skin cancer rate, underreporting of skin cancer more than offsets the improved detection. We are, in fact, facing a melanoma epidemic."

a more likely explanation for the rise in the incidence of skin cancers and particularly melanoma, is that time is finally catching up with us. Skin cancers can take decades to develop. As today's "Baby Boomer" generation ages into their forties and fifties, they are heading into the peak years for skin cancers to arise. "It's quite possible that people being diagnosed with skin cancer in their forties and fifties are paying for the sunbathing they did in their teens and twenties," says Nicholas Lowe, M.D., Clinical Professor of Dermatology at UCLA School of Medicine.

Key to Survival: Early Detection

In addition to your personal sun exposure history, having a family history of melanoma also increases your own risks for the disease, as does a personal history of moles, particularly large, irregularly shaped moles called "Dysplastic Nevi." Your chances of surviving melanoma are greatest if you spot the lesion early in its development. The best ways to do this are with regular skin exams by your dermatologist, and monthly self examination of the skin using two mirrors (one of them hand held) to view all parts of your skin. Examination is obviously easier if you have a partner examine your skin, too. What are you looking for? Changes in existing moles or new lesions with characteristics best summed up by the well-know acronym, the ABCDs of melanoma...

A. is for Asymmetry. In ordinary moles, an imaginary line drawn down the middle of the lesion will produce two equal halves. In malignant melanoma the two halves are likely to be uneven.

B. is for Border irregularity. Moles have rounded, well-defined borders; melanomas are irregularly shaped with poorly defined borders.

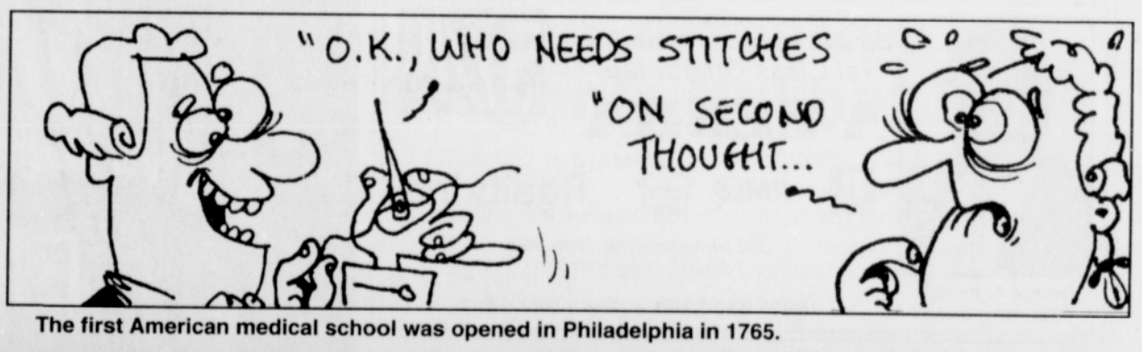
C. is for color. The color of moles is usually uniformly brown. Melanomas tend to have more than one color-tans and browns mixed with black, red, pink, white or blue.

D. is for Diameter. Most moles are no bigger than the size of a pencil eraser. Melanoma moles tend to be much larger, usually more than 5 millimeters in diameter.

Also pay attention to the elevation of pigmented lesions. Increased thickness and a lesion that looks more raised than it once did can be signs of malignant changes in a mole. Ulceration and crusting of a lesion are signs of advanced stages of melanoma that require immediate medical attention.

Current and Future Treatments

When caught early, melanomas are relatively easy to treat and have a high cure rate. So-called "in situ" melanomas, that are less than 4 mm in size and that have not spread beyond the skin, can usually simply be excised, although the patient should be closely monitored for recurrence of the tumor. However, melanomas that are greater in size or that have spread to regional lymph nodes or beyond carry a much higher relapse rate and risk of death from the malignancy. The treatment of advanced melanomas involves not only removal of the tumor and regional lymph nodes, but also potentially treatment with chemotherapy drugs or immunological agents such as interleukin-2, or combinations of different skin in the skill of application.



The first American medical school was opened in Philadelphia in 1765.