

Portland
Observer
Health

Allergy season on the way

ASSOCIATED PRESS

The sneezing season is here and Portland doctors say this could be an especially bad year for allergy sufferers in the Pacific Northwest. "We've had a reasonably mild winter and that could potentially set us up for an early pollen season" says Dr. Anthony Montanaro, an allergist with Oregon Health Sciences University. He and others say allergies are on the rise. In fact 20 percent of the U.S. population suffers from hay fever. And here in the Pacific Northwest allergies caused by grass are some of the worst in the world. "Trees and grass are actually my two worst enemies" says Carla Cochrane, an allergy sufferer.

For most of Carla's life she's battled to breath easier. "Usually I feel like I'm breathing in but I'm not breathing out adequately." But with a prescribed pill Carla keeps her allergies and asthma under control. Doctors say while allergy shots are still used, new pills and nasal sprays are just as effective. And now there's information that could help kids avoid allergies.

A Swedish study shows children exposed to pets during infancy may run a lower risk of developing allergies to animals later in life. Two year old Casey Fields has a dog, but never an allergy. "He's never had a problem. In fact we hardly ever go to the doctor except for his well baby check ups" says Casey's mom, Lesley Fields.

But doctors caution more research need to be done.

"I don't think we're there yet. I don't think we can tell patients that they should encourage exposure to cats and dogs in children who have an allergic background" says Montanaro. He adds that if you have allergies, seek help.

Allergy season is at its worst in the Pacific Northwest from May to July. In the meantime making changes at home, like washing bed linens, removing carpeting, and using window shades instead of blinds, can all help make a difference.

For more information contact the American Academy of Allergy, Asthma and Immunology website: <http://www.aaaai.org/>

Major renovation makes space for all

• Children's rehabilitation provides 600 treatments per week

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

Legacy Emanuel Children's Hospital now boasts a state-of-the-art treatment center thanks to a 1.5 million dollar investment in expansion and renovation of the Pediatric Development and Rehabilitation Department. The Emanuel Medical Center Foundation donated the funds. The evaluation team from the Commission on the Accreditation of Rehabilitation Facilities (CARF) recently cited the design as an important factor in awarding accreditation to the department.

The physicians and staff of Emanuel Children's fastest growing program provide 600 treatment sessions each week to children with physical and developmental problems. Half of those children are hospitalized at Emanuel Children's, clients of Oregon's only inpatient pediatric rehabilitation department.

All revolves around the kids, from newborns to teens, who visit the unit to overcome problems related to neurological, seizure, biochemical or genetic disabilities, cerebral palsy, communication disorders and feeding difficulties. Family members, physicians and therapists make up

the core of the treatment teams.

Each room in the department serves a specific purpose; an example is the casting room where therapists apply casts to limbs to help stretch and reshape muscles altered by such medical problems as spasticity. The space also includes 5 physician exam rooms, 15 treatment rooms, a school classroom, physical therapy gym, and spacious occupational therapy gym. There are even home-like bathrooms and a kitchen where children and their families can practice new skills. Everything is patient and therapy friendly, right down to the colorful tile floors, which therapists use to help patients count, name colors, follow directions and even play hopscotch.

Blacks respond better to laser treatment for glaucoma

• People of African descent are at greater risk for glaucoma

CONTRIBUTED STORY
FOR THE PORTLAND OBSERVER

Glaucoma, the devastating disease which can cause irreversible vision loss, develops earlier and more often, and progress more rapidly in blacks than in whites. Now researchers are discovering there also is a need for racial sensitivity as to how the disease is treated.

"We're finding that glaucoma may be different disease in people of African descent requiring more aggressive therapies," says Kevin C. Greenidge, MD, chairman of the Department of Ophthalmology at the SUNY Health Science Center at Brooklyn and a Board Member of The Glaucoma Foundation. "Our main aim is to lower the pressure buildup within the eye to slow progression of the disease and save sight."

Glaucoma is a classification of disease that can lead to damage of the eye's optic nerve and loss of vision. In many cases, glaucoma occurs when the normal fluid pressure in the eye increases. If glaucoma is not detected and treated, it can result in blindness.

According to The Glaucoma Foundation, at least 3 million Americans have glaucoma. About half don't even know they have the disease because usually there are no early symptoms.

People of African descent are especially at risk. 1 in 13 has glaucoma, blacks are 4 to 6 times more likely to develop glaucoma than are whites, and it occurs earlier in life, develops faster and more frequently results in blindness.

In its early stages, glaucoma is usually treated with daily eye drops to lower the intraocular pressure. In some patients, however, the beneficial effect of the drops lessens and surgery is required. Recent research from the National Institutes of Health provides evidence that black and white patients with advanced glaucoma

respond differently to two surgical treatments: blacks do better on a regimen that starts with laser surgery, while whites benefit more from an operation called a trabeculectomy.

In his own practice and in training student physicians at SUNY, Dr. Greenidge often uses a two-step approach - laser, then conventional surgery - to treat black patients with advanced disease. "Fortunately, studies suggest that a significant number of patients with advanced glaucoma can be stabilized if treatment is appropriately aggressive," he says. In addition, the glaucoma specialist also uses anti-metabolic medication at the time of surgery to prevent scar tissue from forming. Scarring is more prevalent in patients of African descent.

Research and education are the focal points of Dr. Greenidge's work, and he is committed to educating both fellow professionals and the public about the high prevalence of glaucoma and the need for early detection and timely treatment. Says Dr. Greenidge; "the best weapon we have against glaucoma is public awareness."

Urging everyone to get a comprehensive eye exam on a regular basis to detect this "sneak thief of sight" early, Dr. Greenidge says everyone should get their eyes tested every two years. "If you are over 45 and of African descent, or if you have any of these risk factors - family history of glaucoma, nearsightedness, diabetes, a previous eye injury or regular use of cortisone/steroid products - get your eyes tested every year," he said.

In a painless, comprehensive exam, the eye care professional will check the fluid pressure in the eyes, determine how well you see at various distances dilate your pupil with drops to inspect your optic nerve for signs of damage and, if needed, measure your visual field to see if you've lost side vision.

For free information about glaucoma, including personal answers to questions, call The Glaucoma Foundation toll-free at 1-800-GLAUCOMA (1-800-452-8266) or visit the website at www.glaucoma-foundation.org.

Kids' Nutrition Q & A

Q: My son says vegetarian diets are healthier, Is this true?

A: Not necessarily, says Dr. Debby Demory-Luce, a research dietitian with the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine. A diet consisting of french fries and bananas is vegetarian, but few people would consider such a diet very healthy. On the other hand, a diet that includes plenty of whole grains, fruits, vegetables, and a good source of calcium like low-fat dairy products is healthy whether it features moderate portions of lean meat or legumes, seeds and soy-based meat substitutes as the main protein source.

It is true, however, that well-planned vegetarian diets tend to be higher in fiber and protective phytonutrients and lower in saturated fat than the typical American diet. This healthier diet helps explain why vegetarians tend to have less cardiovascular disease, type 2 diabetes, hypertension and fewer weight problems than their meat-loving counterparts.

Although vegetarian diets can be very healthy, nutritional awareness is still important. Vegetarian teens, like their meat-eating friends, often fall short on calcium, iron and zinc. Also, those who eliminate all animal-based foods and dairy products from their diets need to get a daily dose of vitamin B12. Fortified ready-to-eat cereals or a daily multivitamin supplement with B12 can help prevent pernicious anemia, a serious form of anemia that can lead to permanent nerve damage.

Q: My 5-month-old son keeps grabbing for foods, but my sister insists that all he needs is breast milk. What should I do?

A: Follow your son's lead, said Dr. Judy Hopkinson, a lactation specialist with the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine in Houston. He's telling you he's ready to expand his culinary horizons.

Although experts might say that only breast milk is needed for the first 6 months of life, it's important to realize that this is meant to be a general guideline, not a hard-and-fast rule. Some babies might be "ready" for baby foods a month or so earlier, and others a month or so later. The key is to know the signals babies give that

indicate the time is right.

Introducing solids when your infant is ready is an important nutritional, as well as a social and developmental, issue. Breastfed babies whose "readiness" cues are ignored not only miss the excitement of new tastes, but could run into nutritional shortfalls that slow growth. This is because the mineral content of a mother's milk gradually decreases over time. It's one of nature's miracles that most breastfed infants begin to show readiness for solids just when their bodies could benefit from additional sources of nutrients.

Breastfed babies who are at least 4 months of age are ready for solids when they show an active interest in food and have lost the "extrusion" reflex, which causes their tongue to automatically push food out of their mouths. They should also have good head control and sit well when supported. Other cues include being able to open the mouth for food, close the lips around a spoon, control the position of food in the mouth and use the thumb and index fingers as "pinchers."

Although solid foods will gradually become a significant source of nutrients in your son's diet, it's also important that you keep his nursing frequency high, offer to nurse before offering solid foods and continue to nurse him throughout his first year.

Q: How can I get more iron from foods?

A: There are two ways to get more iron out of your diet, says Dr. Debby Demory-Luce, a registered dietitian with the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine in Houston. First, you could eat more iron-rich foods, such as beef liver, lean meats, salmon, iron-fortified breakfast cereals, tofu, soybeans, dried beans, oatmeal, pumpkin and sesame seeds, spinach and enriched breads, rice and pasta. In addition, you could adopt a few of the following dietary "tricks" that give iron absorption a boost:

- Eat a little meat when dining on iron-rich vegetables. Although the form of iron in plants isn't easily absorbed by humans, adding a bit of meat, such as a piece of grilled chicken to bean burritos or a slice of marinated beef to a spinach salad, can significantly boost the iron "yield."
- Add a good source of vitamin C to each meal. Top oatmeal with sliced strawberries, drink orange juice with iron-fortified cereal, toss red pepper strips into a whole-grain pasta dish or eat broccoli salad with a peanut-butter sandwich to pump up iron absorption.
- Don't overdo tea and coffee beverages. Compounds called tannins found in tea and coffee tie up iron, reducing how much is absorbed.



Just think: Your son is bright, healthy and headed for college one day. You love the direction your career has taken. You're doing a lot of the things you planned and even a few you didn't. Living life to the fullest is easy when you have family behind you. American Family Mutual Insurance. Call and talk to one of our helpful, friendly agents. You'll find out why we're consistently rated A+ (Superior) by A.M. Best, the insurance rating authority. Then, go on. Dream. Plan. What you do next is up to you and we'll be here to help you.

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