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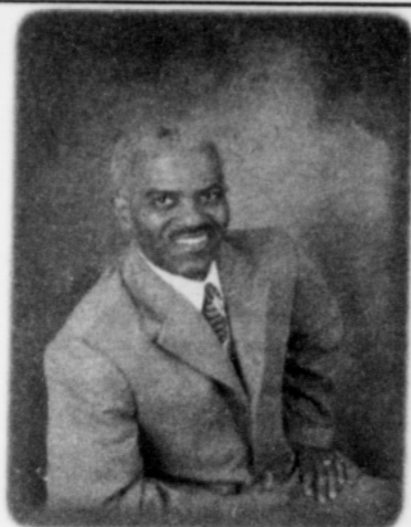
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HEALTH MATTERS

Facebook Use and Depression Linked

Social media may affect kids with poor self esteem



(AP) -- Add "Facebook depression" to potential harms linked with social media, an influential doctors' group warns, referring to a condition it says may affect troubled teens who obsess over the online site.

Researchers disagree on whether it's simply an extension of depression some kids feel in other circumstances, or a distinct condition linked with using the online site.

But there are unique aspects of Facebook that can make it a particularly tough social landscape to navigate for kids already dealing with poor self-esteem, said Dr. Gwenn O'Keeffe, a Boston-area pediatrician and lead author of new American Academy of Pediatrics social media guidelines.

With in-your-face friends' tallies,

status updates and photos of happy-looking people having great times, Facebook pages can make some kids feel even worse if they think they don't measure up.

It can be more painful than sitting alone in a crowded school cafeteria or other real-life encounters that can make kids feel down, O'Keeffe said, because Facebook provides a skewed view of what's really going on. Online, there's no way to see facial expressions or read body language that provide context.

The guidelines urge pediatricians to encourage parents to talk with their kids about online use and to be aware of Facebook depression, cyberbullying, sexting and other online risks. They were published online Monday in Pediatrics.

Abby Abolt, 16, a Chicago high

school sophomore and frequent Facebook user, says the site has never made her feel depressed, but that she can understand how it might affect some kids.

"If you really didn't have that many friends and weren't really doing much with your life, and saw other peoples' status updates and pictures and what they were doing with friends, I could see how that would make them upset," she said.

"It's like a big popularity contest — who can get the most friend requests or get the most pictures tagged," she said.

Also, it's common among some teens to post snotty or judgmental messages on the Facebook walls of people they don't like, said Gaby Navarro, 18, a senior from Grayslake, Ill. It's happened to her friends, and she said she could imagine how that could make some teens feel depressed.

"Parents should definitely know" about these practices," Navarro said. "It's good to raise awareness about it."

Hodge Comprehensive Counseling Service

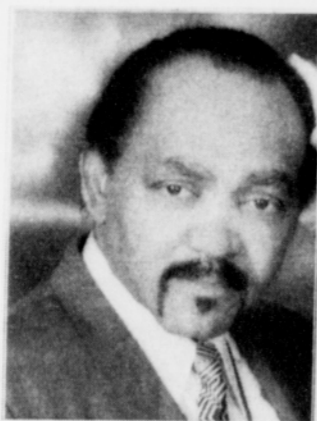
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For Your Health



Coping with Endometriosis

BY DR. RICHARD N. WALDMAN

Up to 50 percent of child-bearing-age women struggle with endometriosis, a condition that can cause mild to severe pelvic pain before and during menstruation and can lead to infertility in women. En-

dometriosis is most common among women in their 30s and 40s, but it can occur in menstruating women of any age. Women who have never had children and those who have a mother, sister, or daughter with endometriosis may be at increased risk.

In a normal menstrual cycle, endometrial cells thicken the lining of the uterus in preparation of supporting a fertilized egg. If no egg implants, the lining sheds off during menstruation. In most women, a small amount of endometrial cells flows back through the fallopian tubes and into the abdomen or travels through blood and lymph vessels. Endometriosis occurs when these cells attach to other places such as the ovaries, fallopian tubes, rectum, intestines, bladder, ureters, and the surface of the uterus. The misplaced cells behave just like the endometrial cells inside the uterus—they may bleed before and during menstruation and cause scar tissue to develop.

Women with endometriosis may experience pain during sex, urination, or bowel movements, before or during menstruation, or may have menstrual bleeding more than once a month. Some women do not have symptoms and may be first diagnosed when they have trouble getting pregnant.

Endometriosis can only be truly confirmed through surgery. Laparoscopy is the most common

surgical procedure used. A lighted scope is inserted through a small incision in the abdomen and allows your doctor to view your pelvic organs. If endometriosis is found during the procedure, it can often be removed at the time of the exam.

Endometriosis can also be treated with medication. Your doctor may prescribe ibuprofen, naproxen, or other pain-relief drugs. Birth control pills may be prescribed to control the menstrual cycle and shrink areas of endometriosis. Other hormonal methods such as progestin or gonadotropin-releasing hormones may be used, but they can cause side effects, such as hot flashes, loss of bone density, bloating, headaches, vaginal dryness, mood changes, sexual problems, and weight gain. Though hormonal medications can suppress endometriosis, they are not effective in treating infertility caused by the disorder.

Surgery to remove endometriosis and scar tissue may be necessary in severe cases. While surgery and treatment may help on a short-term basis, about half of women who have surgery will experience symptoms again within a year. Many women report improvement in their symptoms after menopause.

Dr. Richard N. Waldman is president of the American Congress of Obstetricians and Gynecologists.

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