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Health Bulletin

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Get the Better of GERD



Why Medications Sometimes Don't Treat the Problem.

(NAPSA)—Gastroesophageal reflux disease, or GERD, is abnormally frequent or chronic acid reflux. Acid reflux occurs when stomach fluid backs up, or refluxes, into the esophagus, exposing it to gastric acid and other contents. While occasional reflux is normal, for some, it can be frequent and severe enough to affect daily life.

In fact, it's estimated GERD causes pain for over 80 million Americans at least once a month.¹ Left untreated, GERD can lead to serious complications, such as changes to the esophageal structure, known as Barrett's esophagus, and even cancer. However, the good news is you don't have to put up with this burden.

What To Do
 Treatment varies depending on the severity of symptoms, and you should always consult a health care professional. GERD is a chronic condition, because the valve is not mechanically functioning—it needs a repair, not a temporary fix from an antacid or proton pump inhibitor (PPI) pills.

For mild GERD sufferers, simple dietary and lifestyle changes may be enough to provide some relief. These can include avoiding foods that trigger symptoms, such as coffee, tea and carbonated beverages; fatty, fried or spicy foods; and citrus fruits, tomatoes, garlic, onions, peppermint and chocolate. You may also eat smaller meals more often to avoid

pressure on the valve between the stomach and the esophagus. Recommended lifestyle changes include watching your weight and avoiding lying down within three hours of eating. When you do go to sleep, raise the head of your bed six to eight inches. Don't smoke. Don't drink alcohol and do wear loose clothes. More tips are available at www.GERD-help.com.

If that doesn't do the trick, you may have to turn to anti-reflux surgery to rebuild the barrier between the esophagus and the stomach. A gastroenterologist can see if you're a candidate for a minimally invasive, incisionless medical procedure that is not major stomach surgery. The Transoral Incisionless Fundoplication—TIF® procedure—treats the underlying anatomical cause of GERD by reconstructing the valve between the esophagus and the stomach to restore the body's natural protection against reflux. This eliminates both the acidic symptoms of reflux, such as heartburn and sore throat, and the non-acid, atypical symptoms, such as asthma, chronic cough and regurgitation.

"Due to its unique approach, most GERD patients who receive the TIF procedure are less likely to experience long-term side effects commonly associated with traditional anti-reflux surgery, such as trouble swallowing, bloating and gas, and are able to return to normal day activities within

a few days post-procedure," said Dr. Anthony Starpoli, associate director of esophageal endotherapy at Lenox Hill Hospital, New York City.

Since the TIF procedure is performed through the mouth with no abdominal incisions, patients typically return to work in less than one week. Recently published data showed that the three-year post-procedure check-up that:

- 71 percent of patients completely stopped taking their PPIs.
- 90 percent of patients experienced a reduction of troublesome regurgitation.
- And 88 percent of patients maintained elimination of all daily atypical symptoms.¹

"Most importantly, these positive outcomes are a strong indicator of the TIF procedure's safety and durability, providing patients who no longer benefit from PPI therapy an effective alternative treatment option from chronic GERD symptoms," adds Dr. Lauren Gerson, director of clinical research, Gastroenterology Fellowship Program at California Pacific Medical Center.

Learn More
 For further facts about GERD, as well as the TIF procedure, and to find a nearby physician who can help you, visit www.GERD-help.com.

1 Data on file at Endo-Gastric Solutions.

Childhood Trauma—It Happens More Than You Think

(NAPS)—Traumatic experiences happen—but when they happen to children, it can affect their view of the world, their sense of safety, their development, and even their longer-term physical and mental health.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), more than two-thirds of children reported at least one traumatic experience by age 16. While not every child will be traumatized from a difficult experience, some potentially traumatic events could include abuse, neglect, disaster, violence (physical, sexual and community), bullying or school violence, terrorism, war, serious illness or accident, military family-related stress, human trafficking or the sudden loss of a parent or loved one.

The numbers are staggering:
 * One in four high school students were in a physical fight.
 * One in five high school students experienced bullying at school, and one in six were cyberbullied.

* 54 percent of families in the United States have been affected by disaster.
 * 19 percent of injured and 12 percent of physically ill youth have post-traumatic stress disorder, a debilitating mental health disorder.

The effects of trauma, when left untreated, can have a profound impact on a child. Some of the common responses in the aftermath include difficulty sleeping, isolation, trouble focusing, and even angry and aggressive behavior. Imagine, then, a traumatized child trying to learn in a classroom—wanting to be alone, distracted by memories of the trauma, and possibly having intense responses to teachers and students. It is important to understand what may stem from the trauma so that behavior shifts can be linked with what happened and appropriate support can be in place. If that doesn't happen, school performance, friendships and healthy development can be jeopardized.

When Trauma Is Left Unaddressed

At times, signs that a mental health concern may be emerging go unrecognized. For some children and families, it can be difficult to reach out for help with mental health. In part, this could be because traumatic experiences can be viewed as something to get through and forget about and are not given the same level of attention as a physical injury. However, the seriousness of traumatic experiences is shifting as more and more people recognize that getting help for traumatic experiences is essential for living a healthy, productive and long life.

Between 1995 and 1997, the Adverse Childhood Experiences (ACE) Study (www.cdc.gov/violenceprevention/acestudy/index.html) was conducted by the Centers for Disease Control and Prevention and Kaiser Permanente. The study examined the effect of "adverse experiences," such as traumas, experienced in childhood, as reported by adult patients of a large health plan. The study revealed that for people who have five or more adverse childhood experiences, their life span



Prompt and proper intervention can help save children from some of the serious effects of childhood trauma.

was shortened by approximately 25 years. This is believed to be largely due to coping behaviors that are often used in adolescents and adult life to manage the emotional pain and social disconnection, but can compromise health.

The ACE Study is just one of many examples that demonstrate the importance of prevention and action. When prevention efforts fail, responding quickly to ensure safety and establish support is very important to the health and future of children.

What You Can Do

While every child is different, there are some things you can do to help in the aftermath of trauma. Assuring and reassuring the child of safety will help to reduce anxiety and stress. Make sure the child knows that whatever happened isn't his or her fault, as kids often blame themselves when something completely out of their control takes place. Being patient and listening without judgment will help the child to cope with what has happened, while giving you important insight into how the child is doing and managing what took place. And if you have concerns for your child's well-being or he/she is not improving over time, consider seeking help from a trained professional. When needed, a mental health professional trained in evidence-based trauma treatment can help children and families cope and move toward recovery. Ask your pediatrician, family physician, school counselor or clergy member for a referral.

SAMHSA offers some practical tools that can be helpful to parents, guardians, caregivers and teachers when a child may have been traumatized—and some that are specific to the kind of traumatic exposure (e.g., mass violence, disaster and bullying). They can be found at www.samhsa.gov/child-trauma/understanding-child-trauma. This page brings together useful information, from recognizing the signs of traumatic stress to where to find a mental health provider or other support.

Children exposed to trauma may have been a target of bullying or their behaviors may make them targets of bullying. Information specific to the trauma or distress associated with bullying can be found at www.StopBullying.gov. SAMHSA also developed a free app to help prevent bullying called KnowBullying, which can be found at http://store.samhsa.gov/apps/knowbullying.

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Saturday's Graphic International Clothesline Week, June 3-10

Good Luck SHIRLY HAMILTON found the National Doughnut (Donut) Day graphic on page 9B (Front wheel of 2004 Mercury Mountaineer). She won a gift certificate to Nature's Corner Cafe & Market.

Gift Certificates must be picked up within 2 weeks of winning
 Deadline for today's paper: Monday by 3:00 PM

Wednesday's Graphic