

# WOMEN'S HEALTH

## Supplement

SEPTEMBER 27, 2014



## Why Your Health Matters

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**M**any people often underestimate the importance of good health. Those who take time out of their busy schedules and lifestyles to take care of themselves increase their chances for a long, healthy life—not only physically and mentally. For practical advice on ways to maintain your health, read on. ▶ *Read story on S4*

# Change The World: Pay It Forward With Good Deeds And A Simple Smile

**T**he world is so much faster, impersonal, and problematic.

From the death of actor Robin Williams to the wars across the globe in Syria and the Ukraine; from the culture of social media that breeds loneliness and separates us further from basic human contact to rising inflation that bottom-up our pant pockets much sooner than just a decade ago – when we think about it, there are so many things for us to burden our minds with.

What the world perhaps needs is to slow down a little and truly connect to each other in simple but meaningful ways.

## Pay It Forward

One idea comes to mind from a movie called Pay It Forward released in 2000. The idea is to do a good deed for

three people who then by way of payment each must do a good deed for three other people. These nine people then must pay it forward. In time, good deeds exponentially grow into a movement of sorts where the world ultimately is touched by good-doers.

The good deeds could be as simple as holding the elevator door open for someone who lives in your building to something life-changing like helping an addict to recover from drug or alcohol addiction.

## A Simple Smile Does Wonders

Another idea that helps us to better connect to each other and heals us in more ways than we realize is smiling more often.

Have you noticed how when someone gives a genuine smile in which there is eye contact, and when you do the same

for that person, both of you have made an instant connection? That smile could be directed at someone we know or even a complete stranger, but the end result is the same, for that brief moment we feel better and connected. While in a group setting, a contagious smile has the power to lighten up an entire room, or an entire stadium as we see at major sporting or concert events.

Research published in Psychological Science shows that smiling may play a part in lowering heart rate after doing something stressful which can help to improve one's health.

Sarah Pressman, a researcher at the University of Kansas, encourages people to do a simple experiment. "The next time you are stuck in traffic or are experiencing some other type of stress, try smiling for a moment. Not only will it help you 'bear it' psychologi-



cally, but it might actually help your heart health as well."

A Columbia University study says smiling reduces anxiety which also improves digestion, regulate blood sugar, and curb neurotic reactions brought on by prolonged stress.

Other studies say that smiling dramatically improves one's mood and increases happiness both in yourself and those around you. It also helps to make friends easier and helps to advance people's ca-

reers because people who smile often are better received by others.

In an experiment that measured the results of smiles in a business environment, it showed that restaurant workers who serve customers with a smile receive larger tips and repeat business.

Good deeds sprinkled with smiles can truly make a difference, and help to change the world around you to be a much happier, less stressful place. ♀

panic

calm

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# WHO: Someone Commits Suicide Every 40 Seconds

By Alixandra Caole Vila

**M**ANILA, Philippines – An alarming report by World Health Organization (WHO) says, somebody commits suicide every 40 seconds.

Psychology Today defines suicide as a tragic event with strong emotional repercussions for its survivors and for families of its victims. For the past years, suicide rates all over the world have risen, including in the Philippines. Data from the National Statistics Office noted that in the Philippines, the suicide rate from 1984 to 2005 went up from 0.46 to seven out of every 200,000 men; up from 0.24 to two for every 200,000 women. While the figures might seem insignificant com-

pared with those from neighboring countries that recorded the highest suicide rates, the increase in numbers is noticeably high.

It is a common misconception that suicides are a Western and developed country phenomena. The truth is, it is a major global health problem that occurs in every part of the world.

The WHO analyzed 10 years of research and data on suicide from around the world, involving 172 countries. It was found out that:

- Around 800,000 people kill themselves every year.
- Southeast Asia made up over a third of the annual rate.
- It was the 15th leading cause of death for 2012 all over the world; second among young people,



aged 15 to 29.

- Those over 70 were the most likely to take their own lives.
- Seventy five percent of global suicide occurred in low- and middle-income countries in 2012.
- In richer countries, three times as many men as women die by suicide.
- The most suicide-prone countries were Guyana

(44.2 per 100,000), followed by North and South Korea (38.5 and 28.9 respectively).

- The most frequently used methods globally are pesticide poisoning, hanging and firearms, but jumping from buildings is a common method in highly urbanized areas in Asia.

WHO claimed that the strongest risk factor for suicide are mental disorders such as alcoholism, depression, personality disorder or schizophrenia, and some physical illnesses, such as neurological disorders, cancer, and HIV infection. WHO also warned that media reporting of suicide is also a factor as the risk of viewers copying the behavior increases when suicide incidents are being sensational-

ized. A scientist in the WHO's Department of Mental Health and Substance Abuse, Alexandra Fleischmann, told that there is a link between the way in which suicides are reported in the media and acts that are committed thereafter.

The WHO aims to reduce the rate of suicide by at least 10 percent by 2020. Despite the staggering statistics, only 28 countries have policies that aim to reduce suicide rates. It is encouraged that all governments should set up national prevention plans such as encouraging early identification and management of people who abuse drugs and people with mental illness. Doing so is a major challenge especially in the case of low-income countries where budget is tight and people are more vulnerable to a string of pressures because of poverty.

In spite of the challenge, WHO Director of Mental Health and Substance Abuse Shekhar Saxena said there also is much more that communi-

(continued on page S5)

## Care Home Operator Pleads Guilty to Manslaughter

**W**aipahu caregiver Jennifer Polintan, 36, has pled guilty to manslaughter in a Honolulu Circuit Court for recklessly causing the death of 88-year old Nona Mosman last May 2013.

Mosman was a client in Polintan's care home which was licensed as a Community Care Foster Family Home (CCFFH). The State Department of Human Services (DHS) certifies care homes to allow individuals who need 24-hour care in an intermediate care facility or a skilled nursing facility to remain in a home setting as part of a family. The State's rules for a CCFFH require that during extended absences, the licensed caregiver must provide duly qualified individuals as substitutes. The rules also require licensed caregivers to follow a care plan as directed by the client's primary care physician and state contracted case management agency.

Mosman became non-ambula-

tory in late 2012 and was bed-bound in early 2013. The elderly patient was susceptible to bed sores and needed to be repositioned every two hours. Mosman was completely dependant on Polintan for daily activities such as eating, drinking, general hygiene and basic self-maintenance.

An investigation by Special Agent Derrick Kiyotoki of the Department of the Attorney General Medicaid Fraud Control Unit revealed that Polintan worked full-time at Schofield Barracks and was absent from home for 10 hours a day, Monday through Friday. During her absences, Mosman was left with individuals who were unduly qualified and incapable of carrying out the care plan. As a result, Mosman's health declined rapidly, culminating in her death in May 2013.

Acting Attorney General Taira acknowledges that providing care to elderly persons can be difficult and trying.

"When someone makes a con-

(continued on page S11)

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# FILIPINOS HIT HARD BY KIDNEY DISEASE

By Glenn Wakai

**E**fren Bacani blossomed as a child growing up in Baguio, Philippines. He played with friends, bonded with family and was a model student. The only sign of trouble was occasionally finding blood in his urine. "It was the Philippines, you know. The doctors really didn't do anything," says Bacani.

In 1992, he moved to Hawaii at the age of 18 with his mother, father, and older brother. They all lived in Waipahu. Bacani enrolled at Leeward Community College and later got a degree in accounting from UH.

While going to school he was also working full time at a travel company. He got health benefits and sought a nephrologist for his childhood illness. "I was diagnosed with Alports Syndrome. It's a hereditary disease that affects the kidneys, hearing, and eyesight," says Bacani, "My mom and aunty are also suffering with kidney disease."

In 2006 his name was added to the organ donor waiting list and he began dialysis, a blood cleansing procedure, which consumes 12 hours a week. Dialysis was taking its toll on Bacani. He was down to 90 pounds. As he looked around the dialysis center it saddened him to see so many other chairs filled by Filipinos.

## Filipinos Hit Hard By Kidney Disease

The number of patients on dialysis in Hawaii has steadily increased from approximately 2,000 in 2003, to nearly 3,000 in 2012. The vast majority (88%) of local residents on dialysis are Japanese (26.7%), Filipino (24.7%) and Native Hawaiian (17.0%).

Nationally, the number of patients being treated for kidney failure has increased 10-fold over the past three decades. Locally more than 162,000 of our neighbors are battling chronic kidney disease.

"Our kidney failure rates are 30% higher than the rest of the nation," says Julian Lip-



NKFH CEO Glen Hayashida and (inset) Efren Bacani



sher with the Chronic Disease Management Branch at the State Department of Health, "We also estimate that 1 out of 3 American adults are at risk and it is closer to 1 out of 2 in Hawaii."

The economic cost of CKD is just as alarming. It costs about \$23,128 a year to address the medicare costs of someone stricken with kidney disease, compared to \$11,103 for the average Medicare patient. Based on an approximate 148,400 patients with CKD in Hawaii, the estimated treatment cost may be as high

as \$1.8 billion annually.

Patients with end-stage kidney disease accounted for a little more than 1% of the Medicare population, yet they represent more than 24% of Medicare costs. "We also know that each dialysis patient consumes about \$75,000 a year for treatment," says Lipscher, "In 2009, there were 2,513 kidney patients and in 2013 there were 3,104 kidney patients. So costs, have escalated in the last five years."

## Kidney Foundation Steps Up

The dramatic rise in chronic kidney disease in the islands is prompting the National Kidney Foundation of Hawaii (NKFH) to launch an ambitious capital campaign. Over the next two years the organization anticipates raising \$10 – 12 million to construct a facility in Kapolei.

The vision of the building includes an auditorium, teaching kitchen, office space, teaching/conference rooms, and a wellness center (fitness areas and equipment, and aqua therapy pool).

"With more people in Hawaii suffering from diabetes, high blood pressure, obesity, and a growing aging population, chronic kidney disease is going to become more prevalent," says NKFH CEO Glen Hayashida, "The keys to fighting this disease are awareness, prevention, and early detection. Our new

facility in West Oahu will allow us to tackle CKD effectively and efficiently."

## Need for Organ Donation

As of 2012, there were a total of 23 dialysis facilities in the state, and one transplant unit at Queen's Medical Center. There are approximately 400 people in Hawaii waiting for an organ donation – 90% of them are in need of a kidney.

"We see the strong need to help patients combat kidney disease with a variety of services and resources", says Hayashida, "We need to be more aggressive in meeting individual needs of patients throughout all stages of chronic kidney disease which includes expanding organ donation initiatives."

So many in our communities are dying while waiting for the Gift of Life. A study published in the Hawaii Journal of Medicine & Public Health in 2012, shows that Hawaii's median waiting time to transplant is more than 72 months, compared with 50 months nationally.

## Bacani's Message of Hope

By 2011, Bacani was on the organ donor waiting list for five years. St. Francis Hospital was just about to shut down its Liliha hospital, when Bacani got the call that would give him a second chance at

(continued on page S5)

## SIDEBAR

### The NKFH is waging war against chronic kidney disease (CKD) on many fronts:

- Screenings that range from general kidney screenings (informational protein checks) to more comprehensive Kidney Early Detection Screenings (KEDS) where participants complete a risk assessment form; have their weight, height, BMI and blood pressure measured; receive blood testing for blood sugar, cholesterol, & kidney function (GFR); have their urine checked for protein, and consult with a medical professional. After being screened, participants are offered follow-up services.
- Programs for individuals at-risk and at the earlier stages of kidney disease such as CKD support groups; CKD cooking and exercise programs; a DASH of Aloha cookbook; and Kidney Interactive Workshop and Information (KIWI) classes where participants are educated about CKD & self-management, learn about healthy eating at a cooking class, take part in physical activities, and go on a grocery store tour where they can make healthy choices.
- Support activities for kidney failure patients like Peer Mentoring where new patients are matched with more experienced patients (mentors) to help them cope with the disease, patient and family support groups, patient cooking programs, the Calabash cookbook, financial assistance funds, medical identification jewelry, and a kidney patient handbook. ♀



# MANAGE SLEEP ISSUES PREVENTING A GOOD NIGHT'S REST

By Dr. Shanon Makekai

## Sleep Apnea

**W**hile we don't fully understand why we sleep, it's one of the most important things we can do for our health. When my patients have trouble falling or staying asleep, it can affect their quality of life and wreak havoc on their bodies. Poor sleep is associated with many health conditions including obesity, diabetes and cardiovascular disease, as well as mind and mood disorders.

Diagnosing a sleep disorder can be tricky because some medical conditions and other health habits can also cause poor sleep. Here are some important sleep issues to consider, if you or a loved one is struggling to get enough shut-eye.

Most of us probably know someone who snores loudly, possibly the person with whom you share your bed! As a doctor, we become particularly concerned when snoring is a symptom of sleep apnea – a condition in which your breathing is partially or entirely blocked during sleep.

People with sleep apnea have trouble getting enough oxygen due to this blockage, and they'll normally experience other symptoms in addition to loud snoring, such as gasping or choking while asleep. Usually they'll feel tired, even after seemingly getting 7-8 hours of rest.

Some types of mild sleep apnea can be treated with weight loss or shifting your sleep position to sleeping on your side, not your back. But if you suspect sleep apnea is happening to you, it's impor-



tant to tell your doctor, who may order a sleep study (a test that records what happens to your body when you are asleep).

## Insomnia

People usually think of insomnia as difficulty falling asleep. But there are other types of insomnia as well. For example, some people may have trouble staying asleep, repeatedly waking up in the middle of the night.

Insomnia can last for several days or weeks, but it can

also become a chronic problem that goes on for much longer. Sometimes insomnia results from other medical conditions such as depression, so it's important to talk with your primary care doctor if your insomnia lasts for more than a few weeks.

Sleeping pills are rarely a long-term solution for insomnia. Fortunately there are many other ways to address the problem. Proper sleep hygiene, such as creating a regular bedtime routine, keeping your bedroom dark, and avoiding alcohol and caffeine at night, is an important part of managing insomnia.

## Restless Legs

Restless legs syndrome can make life very difficult for people who have the condition. The disorder causes an uncomfortable feeling while lying down that gives people a strong urge to move.

It's not clear what causes

RLS, but some women will get it while they're pregnant, and after falling asleep, their legs or arms may jerk or move. A great way to start managing RLS is to add moderate exercise to your day, just not in the 3-4 hours before you lie down for the night.

There are also several types of medications that can be used to manage RLS. If your symptoms are severe, ask your primary care doctor for a referral to a sleep specialist, who can conduct an evaluation and if necessary, treat you with the proper medications. ♀

**DR. SHANON MAKEKAI** is the medical director of the Sleep Laboratory at Kaiser Permanente Hawaii. She earned her medical degree from the University of Hawaii, John A. Burns School of Medicine, and completed her pulmonology, critical care medicine, and sleep medicine fellowships at Stanford Hospital and Clinics. She is board certified in pulmonology, sleep medicine, and critical care medicine.

## WHO... (from page S3)

ties can do to provide support for vulnerable people. He said society can do more to provide support to them at a moment of great distress.

WHO chief Margaret Chan added in the landmark report that suicide is preventable and it is a problem that is needed to be addressed in every part of the world.

"This report encourages countries

to continue the good work where it is already ongoing and to place suicide prevention high on the agenda, regardless of where a country stands currently in terms of suicide rate or suicide prevention activities," she added.

The WHO statistics have been highlighted to coincide with World Suicide Prevention Day on September 10.

(www.philstar.com) ♀

## KIDNEY... (from page S4)

life. His kidney transplant surgery went extremely well and he did not suffer from any complications.

"I've always been Christian. Being an organ donor recipient brought me closer to God," says Bacani, "Organ donation is very important. I know what people go through. It is hard emotionally, physically and financially. Organ donation is something that people should be aware of and support."

He is extremely grateful for his new kidney and someday wants to meet his donor family. For now, the 40 year old man is making up for lost opportunities. This past February, he took part in his first Great Aloha Run. "I want to do what I didn't get a chance to do before," says Bacani, "Being given this second chance has opened up more doors for me. It's very freeing. It's

boosted my confidence."

Today Bacani handles accounting duties for the Hilton's timeshare division.

He is single and has no children. He looks forward to changing his status and eventually wants to open up his own information technology company.

The State and NKFH aggressively push initiatives to combat the growing prevalence of Kidney disease in Hawaii, so residents like Bacani can become ambassadors of kindness and spread the word about the importance of good health. "There's always hope," says Bacani, "There's a light at the end of the tunnel. It will come. Always be positive." ♀

**GLENN WAKAI** is a State Senator (Kalihi-Salt Lake-Foster Village) and former veteran television news reporter.

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# DIABETIC EYE CARE – DISEASES OF THE EYE

by Dr. Michael A. McMann

**Q:**

**What is Diabetic Retinopathy?**

**A:** Diabetes is a very common disease here in Hawai'i.

Diabetes is caused by high levels of sugar in the blood. Diabetes affects blood vessels throughout the body, particularly vessels in the kidneys and eyes. When the blood vessels in the eyes are affected, this is called diabetic retinopathy.

**Q: What affect can it have on my eyesight?**

**A:** The retina is a thin layer of cells that lines the back of the eye. It acts much like film in a camera. Blood vessels lie on the front portion of the retina. When these blood vessels are damaged due to diabetes, they may leak fluid or blood and grow scar tissue. This leads to retinal damage which may be perma-

nent and just like bad camera film can ruin a picture, a damaged retina can lead to severe vision loss and blindness.

When diabetic retinopathy becomes advanced, new blood vessels grow in the retina. These new blood vessels are the body's attempt to overcome and replace the blood vessels that have been damaged by diabetes. However, these new blood vessels are not normal. They may bleed and cause the vision to become hazy, occasionally resulting in a complete loss of vision.

**Q: What are the symptoms that I should be aware of?**

**A:** There are usually no symptoms in the early stages of diabetic retinopathy. Vision may not change until the disease becomes severe. An eye exam by an Ophthalmologist is often the only way to diagnose changes in the vessels of your eyes. An Ophthalmolo-



gist, unlike an Optometrist, is a Medical Doctor and Surgeon who receives advanced surgical and medical training in diseases of the eye such as diabetes. Regular annual eye examinations for people with diabetes are extremely important. People with diabetes should have an eye exam at least once a year and even more often as indicated by your Ophthalmologist.

**Q: What other eye diseases should someone with diabetes be aware of?**

**A:** The growth of abnormal blood vessels inside the eye can also lead to glaucoma.

Glaucoma results from high pressure in the eye which can cause damage to the optic nerve. The optic nerve is like the cable connection from the eye to the brain. Diabetes can also lead to the early development of cataracts. Cataracts are a clouding of the natural lens inside the eye which leads to a decrease in vision. Fortunately, cataracts are now easily treated with routine cataract surgery.

**Q: How can I reduce the risk of diabetic eye disease?**

**A:** Everyone who has diabetes is at risk for developing diabetic eye disease, but not everyone develops it. Having poorly controlled blood sugar levels increases the risk. Diabetic eye disease does not usually impair sight until the development of the abnormal new blood vessels that may bleed into the eye.

**Q: How can diabetic eye disease be prevented?**

**A:** You can reduce your

chances of developing diabetic eye disease by keeping your blood sugar under control, monitoring your blood pressure, maintaining a healthy diet, exercising regularly, and getting an eye exam at least once a year.

If you have diabetes, it's critical that you see your primary care physician regularly to help you manage this potentially very disabling and blinding disease. It's also critical that you get an eye exam at least once a year by an Ophthalmologist.

Call my office # 677-2733 to make an appointment to see me personally to discuss diabetic eye care treatment or any other vision related questions, or visit us online at [www.OahuLasik.com](http://www.OahuLasik.com).

**DR. MICHAELA A. MCMANN** is a Board-Certified Ophthalmologist and Fellowship-Trained Eye Surgeon specializing in Cornea, External Disease & Refractive Surgery. The McMann Eye Institute is located on the Queen's Medical Center – West, POB West hospital campus.

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## FEATURE

# Why You Cannot Get Rid of Your 'Belly Fat'

by Alixandra Caole Vila

**M**

ANILA, Philippines – Ever wonder why that annoying belly balloon is so hard to get rid of? More than just for vanity's sake, that belly bulge must be removed because this could lead to heart disease, diabetes, or worse, cancer. If exercises and healthy diet cannot remove it, these are probably the possible reasons why.

### You are getting older.

As you grow older, the metabolism of your body slows down, making it hard for your body to burn visceral fat. As you get older, your muscle mass decreases and your amount of fat tends to increase, decreasing your BMR and the amount of calories your body burns.

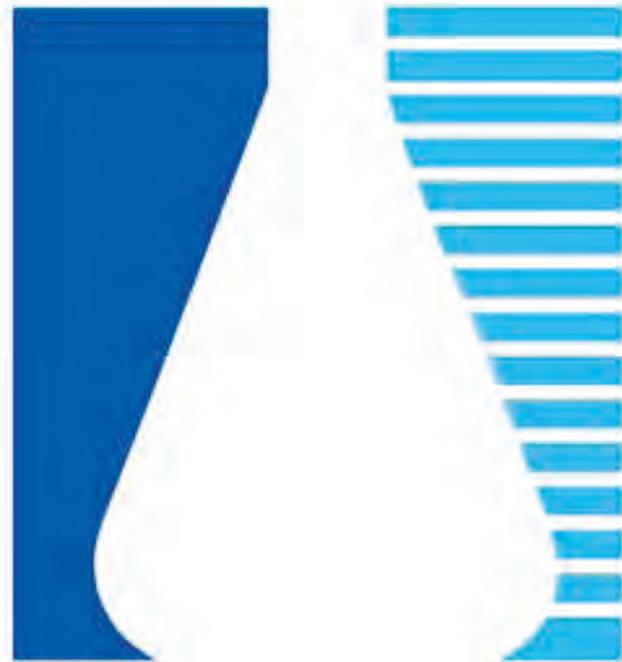
### You are doing the wrong exercises.



Bad exercise habits ruin your chances of getting that perfect bodacious physique. Cardio is not enough to get rid of your belly fat. You need to do a mix of exercises. Try doing some strenuous exercises which target your abdomen area.

(continued on page S13)

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# What You Need to Know About Cirrhosis

by HFC Staff

**C**irrhosis is scarring of the liver. Scar tissue forms because of injury or long-term disease. Scar tissue replaces healthy liver tissue and blocks the normal flow of blood through the liver.

A healthy liver makes proteins, helps fight infections, cleans the blood, helps digest food and stores a form of sugar that your body uses for energy.

A liver with too much scar tissue cannot work properly. You cannot live without a liver that works. But early treatment can control symptoms and keep cirrhosis from getting worse.

## What Causes Cirrhosis?

Causes of cirrhosis include:

- Heavy alcohol use
- Some drugs, medicines,

and harmful chemicals

- Infections
- Chronic hepatitis B, C, or D—viral infections that attack the liver
- Autoimmune hepatitis, which causes the body's immune system to destroy liver cells
- Non-alcoholic fatty liver disease, which is often caused by obesity
- Diseases that damage or destroy bile ducts—tubes that carry bile from the liver
- Some inherited diseases—diseases that are passed from parent to child—can cause cirrhosis:
- Hemochromatosis, a disease that causes iron to collect in the liver
- Wilson disease, a condition that causes copper to build up in the liver
- Porphyria, a disorder that affects the skin, bone marrow, and liver

## Symptoms of Cirrhosis?



You may have no symptoms in the early stages of cirrhosis. As cirrhosis gets worse you may start to feel tired or weak, lose your appetite, feel sick to your stomach, lose weight and notice red, spider-shaped blood vessels under your skin.

Cirrhosis can lead to other serious problems, including the following:

- You may bruise or bleed easily, or have nosebleeds.
- Bloating or swelling may occur as fluid builds up in your legs or abdomen—the

area between your chest and hips. Fluid buildup in your legs is called edema; buildup in your abdomen is called ascites.

- Medicines, including those you can buy over the counter such as vitamins and herbal supplements, may have a stronger effect on you. Your liver does not break medicines down as quickly as a healthy liver would.
- Waste materials from food may build up in your blood or brain and cause confu-

sion or difficulty thinking.

- Blood pressure may increase in the vein entering your liver, a condition called portal hypertension.
- Enlarged veins, called varices, may develop in your esophagus and stomach. Varices can bleed suddenly, causing you to throw up blood or pass blood in a bowel movement.
- Your kidneys may not work properly or may fail.
- Your skin and the whites of your eyes may turn yellow, a condition called jaundice.
- You may develop severe itching.
- You may develop gallstones.

In the early stages, cirrhosis causes your liver to swell. Then your liver starts to shrink as more scar tissue replaces healthy tissue. A small number of people with cirrhosis also get liver cancer.

(continued on page S11)

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# 7 Common Bad Exercise Habits You Should Stop Doing

by **Alixandra Caole Vila**

**M**ANILA, Philippines – You consistently go to the gym every week, making massive effort to keep your body in shape. But no matter how much sweat you shed, you are not really getting the results that you want. Chances are, you might have a bad habit when it comes to exercising. These bad habits ruin your chances of getting that perfect bodacious physique. But fret no more, here's a quick fix for workout no-nos. It is time to adjust your routine. These are the bad workout habits that you should drop to get the maximum benefits of your workout.

## Skipping stretches

Jillian Michaels, fitness instructor and host of NBC's *The Biggest Loser* says

stretches is important not just before doing your workout, but also after. Go through a full range of motion for every muscle group both before and after exercising. This will give your body the best chance for good health during the workout and good feeling after it.

## Resting Too Much

While catching your breath between sets is important, doing this a little too much is not really beneficial. Fit Day says that your heart rate sets back when you rest, preventing your body from refueling the muscles. Aim to rest anywhere from 30 to 90 seconds in between each of your sets.

## Unproductive wondering

By unproductive wondering, it means wondering what to do next after the first exercise. It is always important to plan ahead to maximize your

time while working out. On your plan, include the type of exercise and the time allotted to do it. Wouldn't be a waste if you spent two hours at the gym, but spent only 20 minutes of full exercise during those two hours?

## Slow and steady workout

Always remember that you have to step it up a notch when working out. Instead of working out for an hour on a slow and steady pace, challenge yourself to 20 to 30 minutes of nonstop, intense exercise. It is always the quality of exercise that you are doing, rather than the quantity.

## Too much cardio

While it is true that cardio burns a lot of calories, if you are aiming to achieve a lean body, strength training is what you really should be doing. This will not only get your heart rate up and burn your



calories, this will also contour your muscles the way you want them to be.

## Avoid repetitive routine

Your body gets used to the kind of training that you are doing, if you keep on doing it every day. One exercise may have been challenging at one point, but it becomes easier to do once your body gets familiar with the routine. This does not mean you have to stop entirely the exercise that you are doing. Mix up some exercises and intensify it a little bit. By doing this, your body will exert more effort, therefore

burn more calories.

## Energy drink

While Gatorade and other energy drinks give you that boost that you need when doing exercises, those products still contain artificial colors, sugars, and other chemicals. Water is always the best hydrating drink. Only on cases where you have been exercising intensely that you may need these kind of energy drinks. Eating a healthy snack 45 minutes before your workout can give you more energy, and allow you to skip the Gatorade. ([www.philstar.com](http://www.philstar.com)) ♀

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# Don't Wait for Crisis to Start Planning to Care for Aging Parents

by (Ret.) Major General Tony Taguba

**I**wish my siblings and I were better prepared for my parents' caregiving needs. I wish we had planned how to support my mother as she suffered from cancer and my dad from dementia during the last years of his life. I wish my brothers and sisters had not taken their health for granted until it was too late.

We knew my parents, who lived in Hawaii, needed help at home. My siblings and I were committed to caring for them but we lived in different

states. We traveled home every few weeks but it caused rifts between us as we juggled finances and started resenting each other. The anguish and arguments could have been avoided had we planned ahead as a family and paid closer attention to our parents' medical needs and financial conditions.

My friends and associates' parents are in the early stages of needing extended care. Most of them don't have a plan to provide for their parents' needs. Some think they can handle everything within their immediate family. A few

don't want to think their parents will need additional care because their health insurance will cover it. Many think caregiving is too expensive and don't have the additional funds to contribute to these expenses. Here is what I advise them to do before they are faced with a caregiving crisis like I was.

### 1. Begin the conversation now

Start talking with your parents and other family members about finances, health care coverage, medical needs, housing and other personal concerns. Your parents might be reluctant to discuss these sensitive topics because they fear losing their independence or being removed from their home, or they don't want to be a burden to you. Reassure them that their long term health care is not only important for them but for the entire family.



### 2. Gather important information

Collect all the vital information that you need about your parents, including their doctor and medical conditions, daily or weekly activities and routines, finances, wills and trusts, and whether or not they would like to include provisions and powers of attorney in case of serious illness.

It's also important to know the specifics of your parents' medical and health care coverage and premiums. Navigating and understanding Medicare and Medicaid can be mind boggling. For military families, Tricare and veterans' medical care provisions do not fully cover nurse care and caregiving requirements. Research the cost of nursing or assisted living facilities and other caregiving providers.

Gathering this information

now will not only give you time to evaluate and budget the most beneficial and affordable plan to pay for your parent's needs, it will also give everyone peace of mind.

### 3. Research resources

There are many caregiving resources available. If you don't live close to your parents, research the resources available in their communities like social service agencies, advocacy groups, nursing and assisted living facilities, hospice care, fitness centers and churches that your parents can frequent.

Online resources can also be helpful in planning. AARP's Caregiving Resource Center ([www.aarp.org/caregiving](http://www.aarp.org/caregiving)) provides information, tools and tips for caregivers. AARP's Long-term Care Calculator offers state-by-state comparisons of home health, hospice and as-

isted living costs. Use the AARP Care Provider Tool to find home health assisted living, nursing homes, hospice and adult care centers near you.

### 4. Get organized and create a caregiving plan

Organize the information you've collected, including contact names, phone numbers and addresses, and create a routine for your parents' caregiving with

(continued on page S11)

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WOMEN'S HEALTH 2014

**CARE HOME...** (from page S3)  
 conscious decision to bring a dependent adult into their home under the guise of providing care and is getting paid to provide that care, then it is inexcusable and can have tragic consequences when they fail to do so," Taira says.  
 While elderly neglect

cases are difficult to investigate and prosecute, Taira says that the department is committed to protecting the safety of vulnerable members of the community who are unable to look out for themselves.  
 Polintan is scheduled to be sentenced in January 2015 before First Circuit Judge

Richard K. Perkins. The plea agreement requires Polintan to serve a year in jail and pay \$8,980 in restitution to Mosman's family, \$4,888.00 in restitution to the State, a \$600 fine and court costs.  
 Deputy Attorney General Michael Parrish, who is prosecuting the case, says elderly

neglect cases can easily go undetected without the vigilance of medical professionals and oversight agencies.  
 "Thankfully an akamai hospice nurse and social workers with the DHS Adult Protective Services branch brought the matter to our attention, and we were able to

investigate and prosecute," he says.  
 Anyone who suspects that dependent adults are being abused or neglected are urged to call DHS Adult Protective Services at 832-5115 or the AG Medicaid Fraud Control Unit at 586-1058. ♀

**WHAT YOU...** (from page S8)  
**Diagnosing Cirrhosis**

Your doctor will examine you and may perform blood tests to see whether your liver is working properly; imaging tests, which may show the size of your liver and show swelling or shrinkage; and a liver biopsy, in which a doctor uses a needle to take a small piece of liver tissue to view with a microscope to look for scar tissue.  
 In a liver biopsy, a doctor uses a needle to take a small piece of liver tissue to view with a microscope.

**Treatment**

Once you have cirrhosis, nothing can make all the scar tissue go away. But treating the cause will keep cirrhosis from getting worse. For example, if cirrhosis is from heavy alcohol use, the treatment is to completely stop drinking alcohol. If cirrhosis is caused by hepatitis C, then the hepatitis C virus is treated with medicine.  
 Your doctor will suggest treatment based on the cause of your cirrhosis and your symptoms. Being diagnosed early and carefully following a treatment plan can help many people with cirrhosis. In the late stages of cirrhosis, certain treatments may not be effective. In that case, your doctor will work with you to prevent or manage the problems that

cirrhosis can cause.  
 For those with liver disease the following steps can be taken to prevent the onset of cirrhosis:

- See your doctor for treatment of your liver disease. Many of the causes of cirrhosis are treatable. Early treatment may prevent cirrhosis.
- Keep your weight in the normal range. Being overweight can make several liver diseases worse.
- Do not drink any alcohol, which can harm liver cells. Drinking large amounts of alcohol over many years is one of the major causes of cirrhosis.
- Do not use illegal drugs, which can increase your chances of getting hepatitis B or hepatitis C.
- See your doctor if you have hepatitis. Treatments for hepatitis B, C, and D are available. If you are on treatment, carefully follow your treatment directions.
- If you have autoimmune hepatitis, take your medicines and have regular checkups as recommended by your doctor or a liver specialist.

To keep cirrhosis from getting worse, do not drink any alcohol and talk with your doctor before taking any med-

icines, including those you can buy over the counter such as vitamins and herbal supplements. Cirrhosis makes your liver sensitive to certain medicines.  
 Also, get vaccinated against hepatitis A and hepatitis B. Although hepatitis A does not cause cirrhosis, it can damage your liver. Always ask your doctor about getting a flu shot and being vaccinated against pneumonia. Finally, avoid eating raw oysters or other raw shellfish. Raw shellfish can have bacteria that cause severe infections in people with cirrhosis.

**Points to Remember**

- Cirrhosis is scarring of the liver. Scar tissue replaces healthy liver tissue.
- Some common causes of cirrhosis include heavy alcohol use, hepatitis infections, and nonalcoholic fatty liver disease.
- In the early stages of cirrhosis, you may have no symptoms. As the disease gets worse, cirrhosis can cause serious problems.
- Once you have cirrhosis, nothing can make all the scar tissue go away. But treatment can prevent cirrhosis from getting worse.
- If too much scar tissue forms and your liver fails, you will need a liver transplant.

You can take steps to prevent cirrhosis or keep it from getting worse.  
 For more information on cirrhosis, visit the American Liver Foundation's website at: [www.liverfoundation.org](http://www.liverfoundation.org), or Hepatitis Foundation International at: [www.hepfi.org](http://www.hepfi.org). ♀

*The information obtained above is from the National Digestive Diseases Information Clearinghouse (NDDIC) which is a service of the National Institute of Diabetes and Digestive and Kidney Diseases. Established in 1980, the NDDIC Clearinghouse provides information about digestive diseases to people with digestive disorders and to their families, health care professionals and the public.*

**DON'T WAIT...** (from page S10)  
 checklists. Schedule medical appointments, arrange for transportation and synchronize other activities with the caregiver's calendar. Discuss the plan with your parents, siblings and trusted caregivers. Adjust the plan as your parents' physical and medical condition, financial, insurance or other circumstances change, and share the revised plan with everyone.

Developing a comprehensive plan is time consuming and cumbersome but it will be even more difficult and complicated without one if your parents suddenly fall ill. Making health and financial decisions during a crisis can be a highly emotional, chaotic and argument-laden time. The most important thing is to have a good framework in place that takes into consider-

ation your loved ones' needs and wants in order to make the process easier.  
 .....  
**(RET.) MAJOR GENERAL TONY TAGUBA** is an AARP Community Ambassador and Chairman of the Pan Pacific American Leaders and Mentors (PPALM), a non-profit organization committed to mentoring and professional development of military and civilian leaders. He served in the US Army for 34 years on active duty. ♀

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# The Benefits and Risks of Aspirin

**MIND YOUR BODY** by Willie T. Ong, M.D.

**Q**uestion from a reader: *I'm 38 years old and healthy. I exercise three times a week. I read about the benefits of aspirin on the Internet. I'm thinking if I should take it?*

**Answer:** Yes, aspirin is, indeed, a useful drug — it has been shown to prevent a heart attack and stroke. It's very effective. However, not every person will benefit as much from it. There's more to taking aspirin than meets the eye.

An American doctor recently warned against the over-the-counter use of aspirin, saying there is great potential for abuse. And it is here that we must carefully weigh the benefits and risks of taking aspirin.

## Who will benefit from aspirin?

If you fall in the category of a middle-aged male with heart disease (blockage of the arteries), then you need to take aspirin. Those with stroke, diabetes, and high cholesterol may also benefit from aspirin. But for the healthy and the young, the risks may outweigh the benefits.

## Dangers of aspirin intake

First, aspirin or acetylsalicylic acid, is really an acid, so it can erode the lining of the stomach and cause serious bleeding. Dr. Virgilio Bañez, a fellow of the Philippine Society of Gastroenterology, believes that Filipinos are more prone to bleeding ulcers from aspirin intake as compared to

Caucasians. There has even been a report of a single aspirin tablet perforating the stomach.

Another potentially fatal side effect is brain hemorrhage or bleeding in the brain. Aspirin is a blood thinner and interferes with the normal clotting mechanisms of the body. It can cause bleeding and bruises. That is why doctors advise their patients to stop taking aspirin for seven days before a surgical or dental operation. And on rare occasions, there are those who are allergic to aspirin.

## Benefits of aspirin

Hopefully, I haven't scared you that much with the risks mentioned. Now, let's look at the health benefits. Aspirin has been proven time and time again to prevent heart attacks and strokes. Recently, studies suggest that aspirin may also prevent some cancers of the intestine. And its greatest advantage, of course, is its affordable cost.

## Final judgment

In a reputable combined analysis (called meta-analysis) of all the positive and negative aspirin data published in the last century, doctors



came up with the following conclusions:

1. Aspirin is beneficial for patients who have suffered a heart attack or a stroke.
2. Aspirin is beneficial for patients with diabetes, heart disease, high cholesterol levels, and those with controlled high blood pressure.
3. Aspirin is harmful for patients with peptic ulcer, gastritis, and aspirin allergy.

Now, if you fall somewhere in-between the above categories, the merits of aspirin intake are less certain. You should consult your doctor first before making a decision to take aspirin or not.

## What dose of aspirin to take?

Many years ago, aspirin was given at a dose as high as 1,600 mg per day while more recent studies suggest that a dose as low as 30 mg may already provide some heart protection. For Filipinos, 80-100 mg of aspirin is the usual dose. Your doctor may prescribe higher or lower doses depend-

ing on your risk factors.

## Alternatives to aspirin

Ginkgo biloba has a blood-thinning effect similar to aspirin. The ornamental tree Ginkgo biloba came from China thousands of years ago. It has been reported in scientific journals to enhance blood circulation and to increase oxygen supply to the brain and heart. A study in the Journal of the American Medical Association also showed that Ginkgo has some beneficial effect on dementia in people with Alzheimer's disease. However, Ginkgo and aspirin do not add up well because the combination of these drugs may cause internal bleeding.

Another alternative to aspirin is the drug clopidogrel. The reputation of this drug is quite good and it is less irritating to the stomach. However, it is several times more expensive than aspirin.

Lastly, in answer to our reader's question, I see no need for him to take aspirin for the moment. He should just continue with his healthy lifestyle. Consult his personal doctor for a routine checkup to be sure. ([www.philstar.com](http://www.philstar.com)) ♀

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# 5 Things You Could Do to Manage Stress

by **Alixandra Caole Vila**

**M**ANILA, Philippines - We wear our eye bags like a badge of honor, complaining but slightly bragging about how large the effort and how little sleep we got last night because we were up finishing a major report due the next day, about how busy we are juggling things racing here and there to meet deadlines, and about how little time we have to just spend a day lying in bed all day. This lifestyle nowadays seems to be very common, but we should not let this routine burst into unwanted proportions.

Stress stimulates hormones such as adrenaline and cortisol which get us pumped up and alert in critical situations. These hormones help our body and mind summon all the strength we needed to accomplish what is needed to be done. In some

way, this rush can really be helpful. But things begin to go off beam when these hormones linger for too long in our system.

Stress, if not managed properly, could turn into chronic stress, which may lead to long-term physical and mental problems, including depression, mental impairment, heart disease and weight gain.

So whether you're experiencing a minimal amount of perpetual stress or heightened levels of anxiety, these are some things you could do to keep your body and mind in control:

**Pay attention to your breathing**

Despite breathing as being one of the simplest thing and effortless task that we can do, many of us do not optimize it the way it should be, especially when we are overwhelmed with tasks.

Dr. John C. Reed, M.D., the director of inpatient inte-



grative medicine services at the University of Maryland School of Medicine, suggests placing your hand over your belly button and focusing on how your stomach rises and falls.

The focus that you draw in your breathing will calm yourself down. Furthermore, it would help you have relaxing deep breaths instead of fast and shallow breaths that may further increase the tension in your heart and chest area.

**Shift your attention to other things**

David Reiss, a psychiatrist in California said that to manage stress, it is advisable to take

your attention away from whatever is frustrating you. If you are being bombarded with texts and emails regarding the deadlines, why don't you turn off your phone for 30 minutes and listen to music to calm your nerves for a while? Take a break from that project you've been stewing over for the last few hours, and work on something else for a while.

**Seek for someone's comfort**

This does not limit to simply hearing someone verbalize words of encouragement but also extends to a simple pat on the shoulders and a warm comforting hug. These will pacify your strong emotions and will convert the tension to soothe and pleasure.

**Engage in physical activities**

Remember when you were so stressed you just want to throw things on the wall or even yell at someone else's

face? Reed says that physical activity can help release the stress building up in your body. According to him, even a simple walk can do so. Reed says through exercise we're able to shake off those stress-related chemicals in the body. So the next time you are feeling pissed about something, put on your running shoes and run shake the steam off by running around the block.

**Meditate and find your center**

Meditation does not always mean sitting alone on an empty quiet room. There are over 100 types of meditation practices, from dancing to singing to eating to sex, says Lorin Roche, Ph.D., a meditation instructor and author, and they can last from 30 seconds to an hour or longer. And don't worry about trying to "clear your mind," he says. "It's through welcoming tension that you release it." (www.philstar.com)

**WHY YOU CANNOT.. (from page S6)**

**You are eating the wrong food.**

Junk food and processed canned goods are contributors to those belly fat. Studies show that processed food is related to obesity. These kinds of food is usually high in sugar and fructose corn syrup which give calorie content that is more than what your body may need. Processed food are also engineered to make you consume more, therefore leads to over consumption, making you more fat.

show that stress causes both obesity and diabetes in a variety of ways. This is probably the reason why you cannot shake off the fat no matter how healthy your diet is. Stress raises your blood sugar, makes you hungry and crave more sugar, increases your belly fat and makes your liver fatty and increases the rate at which you store fat.

The hormone cortisol released when you are stressed produces a lot visceral fat.

**You are not getting enough sleep.**

Prevention.com suggests that (continued on page S16)

**You are way too stressed.**

Many studies over the past years

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# How to Recognize and Treat Depression

AN APPLE A DAY by Tyrone M. Reyes, M.D.

**N**EW YORK (AP) —A provocative new study suggests a connection between the BPA chemical used in food packaging and childhood obesity, but the researchers say their findings don't prove it's the cause.

Everyone feels "blue" or "low" once in a while. It's a normal healthy reaction to the disappointments, losses, and separations that occur in everyone's life. But it is one thing to be down in the dumps and quite another to be depressed. Sadness is normal, but depression is a major illness.

Depression prevents pleasure, saps energy, and interferes with daily life. It is a complex disorder that has many causes. Heredity ("blue genes"), imbalances in neurotransmitters (chemicals that brain cells use to communicate with one another, such as serotonin and norepinephrine), hormones, and life experiences are among the factors that play a role. Anyone can get depressed, and many of us do.

## Diagnosing Depression

Doctors have little trouble spotting full-blown depression. These people are withdrawn, lethargic, preoccupied with themselves, and plagued by thoughts of illness and death. They often neglect their appearance, hygiene, and nutrition. Physical symptoms are also common, including prob-

lems with sleep, appetite, and bowel function. Aches and pains are common, as is weight loss. But if symptoms are atypical, depression can be hard to diagnose. To help doctors recognize depression for what it is, the American Psychiatric Association (APA) has developed standards for the diagnosis.

At least one of these two symptoms should be present, according to the *Diagnosis and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*:

- Depressed mood.
- Severely diminished in, or pleasure from, activities that are usually pleasurable.

In addition, at least four of these seven symptoms should be present:

- 1) Substantial change in appetite or weight loss, or (less commonly) excessive sleep.
- 2) Fatigue or loss of energy.
- 3) Diminished physical activity or (less commonly) agitation.
- 4) Impaired ability to think, concentrate or make decisions.
- 5) Diminished self-esteem with feelings of worthlessness or inappropriate guilt.
- 6) Recurrent thought of death or suicide.

To find out if you're depressed, your doctor will ask about your symptoms and observe your mood, appearance,



and energy level. In fact, old-fashioned listening and looking are the best diagnostic tools, but it's also important for your doctor to evaluate your general health and medications. The following are some of the medical problems that can trigger depression.

- Medications. Older antihypertensives, steroids, tranquilizers and sleeping medications, antihistamines, stomach acid blockers, digitalis, drugs for abnormal heart rhythms, beta blockers, levodopa, pain relievers.
- Substance-related problems. Alcohol, cocaine, withdrawal from stimulants (including nicotine and caffeine).
- Endocrine and metabolic disorders. Thyroid disease, adrenal gland disease, diabetes, testosterone deficiency, high blood calcium, low blood sodium, lead toxicity.
- Neurologic disorders. Alzheimer's disease and other dementias, strokes, head injuries, Parkinson's

disease, brain tumors, multiple sclerosis, seizure disorders.

- Infections. Mononucleosis, HIV and other viral infections, Lyme Disease.
- Nutritional deficiencies. Vitamin B12 deficiency.
- Malignancies. Pancreatic cancer and other tumors.
- Cardiovascular disease. Heart failure.
- Other disorders. Chronic pain from any cause, lupus, polymyalgia, fibromyalgia, chronic fatigue syndrome, sleep apnea.

## Getting help

Depression has many faces. Shakespeare identified it as "the sad companion, dull-eyed melancholy." Sir Winston Churchill recognized his as a "black dog: that turned up unexpectedly." TV's Mike Wallace felt that his depression was an "endless darkness." But many people have a hard time recognizing their own depression. Robin Williams, however, was the opposite. Early on, he was very open about his addictions

(drugs and alcoholism) and his depression.

Depression is an illness and, like other illnesses, it can be treated. Because depression interferes with daily function and can lead to problems that range from heart disease to suicide, it should be treated. Unfortunately, the illness makes people withdrawn, worthless, and lethargic, so they are often slow to seek and accept help.

If you think you or your loved one may be sliding into depression, ask for help. Your doctor can diagnose depression and can successfully treat many patients with a combination of friendly support and modern medications. They can refer patients to psychiatrists for severe depression; more healthy lifestyles can also help. Your doctor will help you decide what's best for you.

## Treatment: Talk therapies

A variety of techniques are available. Here's a summary of two of the best:

- Interpersonal psychotherapy. The goal is to understand life stresses and personal relationships that may have triggered depression and to bolster the patient's ability to overcome these problems and resume normal, happy function.
- Cognitive behavioral therapy. The therapist teaches the patient to replace negative thoughts with positive ones and to overcome barriers to successful func-

(continued on page S15)

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## HOW TO RECOGNIZE... (from page S14)

tioning in social and interpersonal situations.

**Treatment: Medications**

Medications have revolutionized the treatment of depression, which sometimes allow primary care physicians to treat the illness. Since depression is so common, it's not surprising that many drugs are available. And since no two patients are alike, your doctor will decide which one is best for you. Although some effects begin much sooner, most patients won't notice improvement for two to four weeks. Doctors will often treat for about six months, and then taper the dose before stopping therapy. If symptoms recur, the drug is usually resumed for six to 12 months or, if necessary, longer. If one type of drug is ineffective or if troublesome side effects occur, the doctor will switch to another medication. As people with major depression begin to improve and gain energy on medication, the possibility for suicide may increase in pa-

tients who are at risk. Closed monitoring by relatives and mental health professionals is important, particularly for children and adolescents; the popular SSRI (selective serotonin uptake inhibitor) anti-depressants, such as Prozac and Zoloft, appear to reduce the risk of suicides in adults.

Even with modern therapy, depression is a chronic condition. According to a 2009 study, the average duration of a bout of major depression is 18 months; 35 percent of patients recover in less than a year, and 60 percent recover within two years. But it's time well spent; in addition to improving the quality of life, successful treatment of major depression appears to reduce the overall mortality rate in older adults. That's not surprising since depression is strongly linked to an increase in coronary artery disease.

The major anti-depressants are all effective, but they differ in how easy they are to use and in their side ef-

fects and drug interactions. A list of possible side effects will make any medicine scary. Remember, though, that depression is a serious illness and that these medications are both safe and effective when used with customary care.

**Treatment: Supplements and lifestyle**

Although many supplements are touted for depression, only St. John's Wort (*Hypericum perforatum*) has shown benefit. It may have a limited role in the initial treatment of mild depression, but it can produce side effects, and it should not be used for serious depression or in combination with prescription anti-depressants.

A healthy lifestyle can help many illnesses. Depression is no exception. Moderate exercise, supportive interpersonal interactions, positive life experiences, and even interactions with animals can all be helpful. Trouble is, people with major

depression can have a hard time getting started on any of these. But lifestyle adjustments can slow the slide into depression or help speed recovery. And a healthy body is always good for the mind.

**Depression in older people**

One of the biggest obstacles to successful treatments of depression in older adults is that the condition often goes unnoticed in seniors. Symptoms such as sadness, crying, and a lack of interest in activities the person previously enjoyed are some of the better-known signs of depression, but older people often do not have the classic melancholic presentation of depression seen in younger patients.

"Instead, depression in seniors may manifest in a more physical form, with symptoms including generalized pain, fatigue, headache, and gastric distress," says Dr. Daniel McGonigle of the Department of Psychiatry of the Mount Sinai School of Medicine in New York. "Other

symptoms include unexplained weight loss or gain, an increase or decrease in appetite or sleep, feelings of worthlessness or guilt, and difficulty concentrating.

Sometimes people know that they are depressed but fail to address it with their doctors. "Older patients may simply be more reluctant to report a low mood, possibly for cultural and generational reasons," says Dr. McGonigle. "They may adopt a 'grin and bear' attitude — however, depression is a chronic medical illness in the same way that hypertension and diabetes are, and it should be treated just as aggressively." If you suspect that you may be suffering from depression, inform your doctor so that you can be evaluated. As the case of Robin Williams clearly demonstrated, it is vital to recognize and treat depression. ([www.philstar.com](http://www.philstar.com)) ♀

Sources: Mount Sinai School of Medicine, *Healthy Aging*, March 2013 and [www.health.harvard.edu](http://www.health.harvard.edu).

# Hawaii Filipino Chronicle

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# E-MOM ASKS ABOUT QUITTING JOB FOR BABY

**RAISING CHILDREN WITH HIGH FQ**  
by Rose Fres Fausto

**Q** *uestion: Hi Rose, I just got married and we're now expecting our first child. My husband and I both work but we're open to the idea of me becoming a stay-at-home mom after I give birth. Before the coming of our baby, what can we do to find out if we will be okay with a single income? – E Mom (as in Expectant Mom) via email*

**Answer:** Hi E-Mom, congratulations to you and E-Dad on the coming of your bundle of joy. Exciting times await you and it's good that this early you're already planning on how you would like to raise your child. Now to help you make that decision whether you should quit your job after you give birth, I've outlined five key points for you and your husband to ponder upon and practice as early as now.

**1. Discuss all possible implications of quitting your job.**

I always say that the decision to be a full-time housewife should be "owned" by the wife and not dictated upon by the husband (no matter how able he is in providing for the family), the mother-in-law or society. However, you can only

come up with a wise decision after in-depth discussions with your husband.

Lay down all your fears and feelings about quitting your job. With double income families being the norm and as we see more and more women break the glass ceiling, will you be okay giving up your career? When I decided to bid my promising investment banking career goodbye, one client said, "You will give up your career to be a housewife lang?" That's one question that you will have to figure out but I tell you being a housewife is by no means a lang job!

Discuss your expectations with your Honey. Whether the wife is a working mom or stay-at-home mom, the father has a big role to play in child rearing and should not be exempt from attending Parent-Teacher Conferences, Awarding of Honors, Guidance matters, parent and child camp, one-on-one conversations with children, etc. This is what I noticed. It was when I became a full-time homemaker that I became more conscious of making sure that my husband performed his fatherly duties as well. You see, when both mom and dad work, it's a simple see-saw (my turn, your turn) but when one parent is focused, he or she can see



more clearly when the role of the other parent is needed.

**2. The money aspect.** This could probably be the most convenient reason/excuse for not leaving a job to care for children. I hear this all the time from mothers who say that they want to be stay-at-home moms but they don't have a choice and that they're doing it for their children. They need the double income for their children. Although this may be true for some families who are hardly making both ends meet just to feed their children, there are a lot of cases when it's not.

And I don't say that not giving up your job to care for your children is being a bad parent. I just want to shift the paradigm of reasoning used. It's not your children who dictate the standard of living that you should have, it's you. And it's not a bad idea to say, "I still want to earn my own income and I need my own career to feel good about myself." This way you don't fool yourself and your family about having no choice. Bear in mind that just as the decision to become a stay-at-home mom should be "owned" by the mother, so should the decision to be a working mom.

In your case, since you both want to have you as a stay-at-home mom, you should be clear on money issues. Openly discuss how you will go about handling money. I suggest you two read the Family Code and understand the Absolute Community Property so both of you are aware of property and income ownership that you got into when you signed your marriage contract in the Philippines. There are a lot of cases when wives (or husbands) hesitate to give up

their jobs just because they don't want zero income or they cringe at the thought of being at the mercy of the earning spouse. The reality is your spouse's income is yours too. (Read Are you and your partner financially compatible?)

Monitor your expenses now. Record every single expense that you make and make Monthly Statements so you have a clearer grasp. See where you can cut back on. Then list down all the expenses that you will regularly have when the baby comes. May I suggest that you keep a monthly savings and treat it as a utility expense (i.e. consider it as something that should always be paid; otherwise, the line will be cut).

Of course, it's good for you to know your other goals that involve money like building a house, travel, etc. But I will not overburden you because I don't want to unnecessarily scare you this early. One at a time might be the best way.

**3. Observe your interests and passion now.** I ask you to do this because you may be able to put up something that is home-based which will not only add to the family income but will also help you keep your sanity while you take care of your child at home. I must warn you that despite all the heroism and romanticism we attach to being a full-time mom, there are mundane aspects about it that could drive a normal person nuts! Watch out for that. I suggest you always have a project, be it a source of extra income, a family affair, a self-development activity so you will not regret your decision later on. Continue to reinvent yourself. Read. Read. Read and avoid too much teleseryes! Remember that being a

stay-at-home mom is not an excuse to be losyang. It should be taken as an opportunity to look younger and better because you've taken out the big source of stress that takes away your focus from your main goal at hand – i.e. to raise your child well. If you start feeling ugly and inadequate just because you're always at home, then you might end up being a worse parent to your child and lover to your husband. You may want to read Chapter 9: A Mother's Dilemma: To Work or Not To Work of Raising Pinoy Boys to find out how I went through my own journey.

**4. Go back to work after you give birth.** This is just my personal take on it. It's better for you to see and feel again what excites you in your job, what makes you feel alive and great and capable. Immerse yourself in it so you know what you're giving up. Maybe I also want you to miss your baby while in the office before you decide so that you will feel it more in your gut how it is to be away from your child. What is it that you can't do if you continue with your job? Why do you really want to be with your child now that he's helpless? Remember all these so that when you're by your lonesome taking care of your baby and starting to be doubtful about your decision, you can recall all these feelings and remember why you made that decision.

**5. Pray and take that leap of faith!** No matter how well you prepare for this, you can never be 100% sure where you will be better off until you take the action. Pray together as husband and wife and commit to support each other, then just do it!

Again congratulations to the two of you on your first bundle of joy (and sorrow and pride and challenges). I believe that raising your child well is your greatest contribution to society so give it your best shot!

Cheers to happy and purposeful parenting!  
(www.philstar.com) ♻

**WHY YOU CANNOT.. (from page S13)**

when you sleep less, you burn less, eat more, crave more, hang on to fat more, and have more time to eat. According to Men's Fitness, sleep deprivation can change how your cells respond to insulin and even how your genes affect your weight. A study published in journal Sleep, found out that lack of sleep in men lead to increased levels of a hormone that stimulates appetite while women had less of a hormone that signals fullness.

*You have polycystic ovary*

**syndrome (PCOS)**

A study defined polycystic ovary syndrome as a condition characterized by hyperandrogenism and chronic oligoanovulation. It makes it more difficult for the body to use the hormone insulin, which normally helps convert sugars and starches from foods into energy, therefore causing a buildup of glucose on the blood stream. Having an 'apple shape' body is an indicator of this disease. If you're an apple shape and overweight, it's a good idea to see your doctor. (www.philstar.com) ♻