

COMMUNITY HEALTH

Supplement

SEPTEMBER 19, 2015



Childhood Obesity Plagues Hawaii and the Nation

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Obesity used to affect adults only, but not any more. The rising tide of obesity is impacting teens, adolescents and even children as young as preschool. Childhood obesity rates in the U.S. have tripled over the past two decades and has reached a point where one in three children are now overweight.

It's simply up to parents to take charge of their children's health. If not, health experts say we could very well see an entire generation of children living shorter and less healthier lives than their parents.

Alarmed? Then read on and find what can be done to stem the rising tide of fat among our children.

► COVER STORY, S4

Short-sightedness and Misperceptions of Obamacare; It's A Work in Progress

Just a few months ago, Obamacare won a colossal victory with the U.S. Supreme Court finally placing a much needed constitutional green stamp of approval. Up until now, Obamacare since its passage had successfully survived one political cycle that includes a Congressional midterm election, President Barack Obama's re-election, and yet another Congressional midterm election.

Realistically, however, Obamacare is not deeply entrenched enough just yet in the minds of Americans that it perhaps could face one last political obstacle in the upcoming U.S. presidential election. Should a Republican president be elected, and if the right candidates in the GOP who want Obamacare repealed win, this fairly new law could in fact be upended with the current GOP majority in the U.S. House, U.S. Senate and presidency all at the helm of power.

Is Obamacare Worth Saving?

Clearly there are winners and losers in Obamacare. Generally speaking, people who are healthy and making an average to above average wage, must pay more for their healthcare prior to Obamacare. So this group would be considered losers of Obamacare.

On the other hand, people who are chronically sick or



impaired, or are making an income at or near or below the poverty line, pay less or no money for healthcare. Of course, this is the winning group in Obamacare.

Major point: But it is all too important to note that today's winners could be tomorrow's losers and vice versa as individuals and families' income and health change. It is a fluid process that really does not discriminate. So if a person who has been paying more suddenly loses his job or he or someone in his family gets really sick, that person suddenly will benefit from Obamacare. Inversely, should a person's income improve with a new job or is cured of a chronic illness, the person suddenly must pay more under Obamacare.

This built-in system is in theory designed to be as close to fair as possible. In other words, when you are at your most need for assistance, the government steps in to help

with your healthcare needs under Obamacare; when you are not as much in need, you must help the government subsidize others who are at the stage when they are in most need.

But the big problem here is most Americans are short-sighted and can only see how they are currently paying more or less and unfairly reject or praise Obamacare without considering the full picture, the full design of Obamacare.

An example of this short-sightedness is how some Americans, mostly Republicans, in their working years have been passionately against Social Security and Medicare, advocating for their privatization. In their younger years, they felt too much of their hard-earned money was taxed to support these programs. Now, as seniors, these same individuals rely on both these programs in addition to whatever retirement supplemental incomes they have to get by.

So their political will and position on these programs have changed as well, in support of Social Security and Medicare.

It should also be noted that there is a third group of millions of Americans who never purchased private insurance since

it became a requirement with Obamacare. One would think that these millions of people who previously had no health insurance would be grateful. Some of them are. But many of these individuals and families are not and complain about having to suddenly pay for insurance. For the most part, these Americans actually pay less in monthly health premiums than they would have to in the pre-Obamacare days, but they have never had to budget for healthcare insurance in the past. People in this group are finding that their previous practice of cash payment per visit was actually cheaper and consider Obamacare a failure and government intrusion. But their perspective is also short-sighted because they fail to realize that no amount of money that they could have saved in the pre-Obamacare days would be enough should they require short or long-term hospitalization that drove many Americans like them into bankruptcy. Their gripe is really naivety of a system they had never been a part of.

Reform is Needed

The current working model of Obamacare is as fair as it could be under a quasi-private sector driven market healthcare system. To detractors of Obamacare, the government is misperceived as the big bad bureaucracy driving up costs. This is partly true. But the reality is Obamacare as we know it is still market driven. The private sector determines the price of healthcare. Medicare or another government program will simply pay prices set by the private sector.

So back to stating who the winners are under Obamacare, the winners also include the private sector. They have millions of new customers and have been reporting record-breaking profits, particularly the hospitals, the pharmaceutical giants, and the medical

equipment makers and suppliers. Physicians also get to choose if they want to participate or not in certain insurance groups that the government works with under Obamacare.

In the long term, either Obamacare -- or the other option that some Republicans would want, which is the older version of private-driven healthcare system without any safeguards -- will fail if cost is not contained.

The Real Challenge

The big challenge to healthcare at this time should really be about how to contain cost. The rhetoric by politicians -- Republicans wanting to repeal Obamacare; or Democrats simply praising Obamacare -- will not change the fact that healthcare is still very unaffordable to many Americans. As price continues to rise, millions of Americans will go back to square one, elect not to get insured and pay the tax penalty, which ultimately defeats the whole premise of Obamacare in the first place of getting Americans universally insured.

As long as the private sector takes the lead in determining price for healthcare, the cost will continue to skyrocket to where even the government cannot afford to subsidize healthcare.

Obamacare is an introductory model for now. But ultimately, the U.S. will have no choice but to move to a universal "single-payer system," as in the United Kingdom, Japan, Canada, and other first world countries where their citizens pay far less than Americans for the same medical procedures and medications. This is inevitable unless the private healthcare giants curb their current profit margin and truly work at containing costs.

If Republicans think that repealing Obamacare and replacing it with the old model is going to be acceptable, the same political forces that made Obamacare a reality will come back with greater fervor and passion, but this time to demand a lot more, a completely universal single-payer system.

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By Alex Pisig, MD

RETINA DISEASES AND YOU!

Our gift of eye sight is such a wonderful and precious bodily sense. We use it daily in school or work activities, at home when we interact with our families, outdoors when we engage in sports, leisure, and in appreciating the beauty of nature and our surroundings. It is of utmost importance to take good care of our vision since we depend heavily on it.

Our eyes are very complex and special; so everyone should not take them for granted. A lot of diseases can actually affect and blur our vision making our daily function become quite difficult. But as a matter of fact, most of these conditions can be easily avoided just by observing proper care and precautions. Our retina, an inner structure in our eyes, benefits a lot from primary prevention. The retina is a very thin layer of light-sensitive tissue adhered to the inner lining of the eyeball, like a wallpaper glued inside our homes. Its function is usually compared to that of the film of cameras, in which clarity and cleanliness is essential so good quality photographs would be produced. Improper care of our retina may cause disastrous and irreversible blindness. There are hundreds of diseases that involve the retina but in this column, we will discuss common ones, and the ways on how to avoid, treat, or delay its progression.

Age-Related Macular Degeneration

As the name implies, Age-Related Macular Degeneration (AMD) affects the elderly population. It is a condition wherein the macula, the part of our retina responsible for central vision which involves ability to read, write, drive, or see faces, undergoes deterioration. The prevalence in the U.S. was estimated at 1.75

million in 2004, and by 2020, nearly 3 million people will have an AMD related visual loss. This disease is categorized into a wet and dry type; and while wet AMD is the more prevalent form, both types can be visually debilitating. AMD's cause has yet to be fully described, but it is widely believed that inflammation brought by oxidative damage from various insults to the retina plays a significant role. Identified modifiable risk factors include too much sun exposure, smoking, alcohol, hypertension, cardiovascular disease, and obesity; while non-modifiable risk factors include age, ethnicity, and genetics. Current treatment for wet AMD are mostly geared towards the delay of disease progression and preservation of remaining vision, which include laser treatments, intraocular injection of medications, and diet rich in antioxidants and vitamins (AREDS2 formula). There is currently no FDA-approved treatment yet for the dry type AMD but new medications are underway in various clinical research.

Diabetic, Hypertensive Retinopathy, and Retinal Vascular Disease

Our retina is rich in blood supply; and diseases that cause changes to our systemic circulation may bring adverse harm to our retina's blood vessels and subsequently worsen vision. Much like the consequences that can be seen in the heart, kidneys, and brain, uncontrolled diabetes and hypertension can cause bleeding, swelling, scarring, and/or detachment to the retina. Elevated HbA1c, an exam that reflects body sugar level for the preceding 3 months of blood extraction, is highly correlated with incidence and progression of diabetic retinopathy. A variety of treatment strategies can be applied to these conditions but oftentimes, irreversible visual loss remains once these complications ensue. Additionally, most patients remain asymptomatic until these diseases progress to

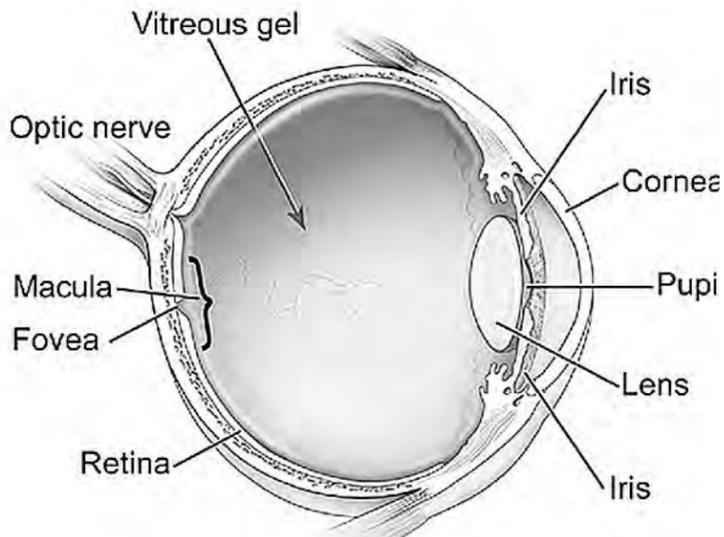


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an advanced stage, that is why regular exams to detect early presence of diabetes and hypertension, and vigilant control of sugar and blood pressure is essential to reduce the risk of vision loss. Conditions that increase viscosity or clotting tendency of blood, for example use of oral contraceptive pills or sickle-cell anemia, also pose danger of obstructing the retinal blood vessels.

Regular visits to ophthalmologists are warranted among these patients.

Macular Hole, Retinal Detachment

Retinal detachment happens when a hole or tear in the retina allows fluid from the vitreous gel inside the eyeball to seep in and consequently strips the retina off its adherence to the inner wall. Risk factors include trauma to the eye, high myopia, previous eye surgery, and family history among others. Macular hole involves a defect at the center of the retina which may or may not cause detachment but causes central vi-

sual disturbance. Both macular hole and detachment usually need surgery to prevent further visual loss. Important symptoms to watch out includes perceiving wavy and crooked lines instead of straight, noticing flashes of light, new-onset shower of visual floaters, and curtain of darkness in the visual field. Once any of these symptoms are noted, do not delay con-

sulting with an eye doctor at any cost.

Retinal diseases can cause catastrophic consequences to our vision. Lowering the chance of acquiring these diseases by avoiding risk factors will definitely help our retina and bodily health in general. Quitting smoking, eating a diet rich in antioxidants, vitamins and minerals (fish, fruits, and green leafy vegetables), avoiding too much sun exposure, proper control of weight, blood pressure and sugar levels, and of course a regular visit to your friendly neighborhood ophthalmologist are ideal measures that will certainly benefit your vision and retinal function.

DR. ALEX PISIG is a board-certified ophthalmologist from Cardinal Santos Medical Center in Greenhills, San Juan City, Philippines. He is in Hawaii for further studies as an International Retina Fellow at the University of Hawaii-Manoa John A. Burns School of Medicine and is training at the Retina Center of Pali Momi at Pali Momi Medical Center in Aiea.

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COMBATING CHILDHOOD OBESITY

By Dennis Galolo

On a Friday night at Zippy's Restaurant in Waipahu, seven-year-old Desmond hungrily digs in to his dinner order—a fried chicken and chili plate with two scoops of rice and two scoops of macaroni salad. He washes the meal down with a large *lilikoi* drink, glances over at his mom Cindy's cheeseburger meal and reaches for a few French fries.

"Mom," he says in-between nibbles. "Can we eat dessert?" She eventually relents, ordering him an Apple Napple, which he wolfs down greedily.

Young Desmond stands about 4 feet tall and already weighs a hefty 95 lbs. His body-mass index (BMI) is 29.0, placing him above the 99th percentile for boys his age. Desmond is considered obese and likely to have health-related problems because of his weight.

Medical experts say obese children like Desmond are more likely than normal weight children to become overweight or obese adults, who in turn are at higher risk for health complications related to obesity such as high blood pressure, diabetes, high cholesterol and arthritis.

Obesity is on the rise in the U.S., according to a 2015 Gallup poll. The state of Mississippi had

the highest incidence of obese adults in the nation for the second year in a row at 35.2 percent.

As for childhood obesity, approximately 17 percent of children and adolescents ages 2-19 are obese, statistics from The Center for Disease Control & Prevention (CDC) show. That's roughly 12.7 million youngsters nationwide.

The problem is especially worrisome in Hawaii. According to The Hawaii Initiative for Childhood Obesity Research and Education (HICORE), one in three children entering kindergarten in Hawaii is overweight or obese. The costs for treating obesity-related illnesses in Hawaii is also substantial—nearly \$470 million each year.

Pediatrician Dr. Elizabeth Abinsay, who has been in practice for over 20 years, has noticed more overweight children coming to her Kalihi clinic. She estimates that up to 15 percent of her youngest patients are overweight. The percentage of her adolescent and teen patients who are overweight is even higher.

"The children of this generation are less physically active and more likely to be overweight and suffer from high cholesterol, Type 2 Dia-

betes and low self-esteem," says Dr. Abinsay.

She estimates that about 70 percent of her obese patients who are children have at least one cardiovascular disease risk factor, such as high blood pressure, high cholesterol and diabetes. And about 30 percent have two or more cardiovascular disease risk factors.

Fellow pediatrician Dr. Flora Medina-Manuel has also noticed an increasing trend of more obese and overweight children. She estimates at least 20 percent of her pediatric patients are obese.

The percentage of chubby patients is even higher for a third pediatrician, Dr. Benilda Luz-Llena.

"I would say that half of my young patients are overweight," she says.

All three pediatricians say that Filipino children are not immune when it comes to childhood obesity.

"Obesity is a problem for Filipino families because a lot of Filipino parents work several jobs and odd hours, leaving their kids with nobody to monitor what they eat," says Dr. Medina-Manuel.

Other factors for childhood obesity include fast foods and drinks with high sugar content; a dislike for healthy and fresh vegetables, and complete lack of physical activity.

"Today's kids are not ac-



tive or have no desire to exercise," she says.

"They are glued to their cell phones or computers."

Dr. Abinsay concurs that technology is a major culprit.

"The vast availability of entertainment such as television, computers and video games has contributed to decreased duration and frequency of physical activities," she says. "Children who watch more than two hours of television or play video games tend to be less physically active and at greater risk for obesity."

Defining Obesity

But just what is considered obese? And how is obesity determined? A common measurement is body mass index (BMI) which is calculated by dividing

a youngster's weight in kilograms by the square of height in meters.

Those with a BMI at or above the 85th percentile and below the 95th percentile for children and teens of the same age and sex are considered overweight. Obesity is defined as having a BMI at or above the 95th percentile for children and teens of the same age and sex.

For parents who want to know their child's BMI, the CDC has an easy-to-use BMI calculator online at: <http://nccd.cdc.gov/dnpabmi/Ccalculator.aspx>.

Overweight and obese children not only suffer from a

(continued on S5)

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COVER STORY

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COMBATING... (from page S4)

host of physical ailments like asthma, Type 2 Diabetes and high blood pressure, but are also negatively impacted emotionally and psychologically.

“Being overweight can have a serious impact on a child’s self-esteem,” says Dr. Charlie Sonido. “Obese children are also more prone to negative body image and depression.”

Obesity Task Force

To address the growing crisis of childhood obesity in Hawaii, former Gov. Neil Abercrombie signed Senate Bill 2778 into law last July 2012, creating the Childhood Obesity Prevention Task Force. Comprised of members representing the Legislature, state government, University of Hawaii, non-profit organizations and the private sector, the task force met five times from August 2012 to December 2012.

Members identified 11 priority recommendations for lawmakers, representing a multi-sectorial approach to create social change where healthy living is the norm, including:

- Assessing a \$1.28 per gallon fee for sugar-sweetened beverages
- Removing the general excise tax on fresh fruits and vegetables
- Including health as a priority in land use planning and transportation decisions (i.e. bicycle and pedestrian facilities on appropriate roads, streets and highways)
- Establishing nutrition standards for foods and beverages served in vending machines, stores, cafeterias and other operations in government facilities.

Eight of the policy recommendations were introduced during the 2013 Legislative session. According to the report: *“Continued partnerships and collaboration among stakeholders and commitment from leaders will be necessary to educate and advocate for these important policy changes to create this urgent social change.”*

Healthy Schools



The State Department of Education has also done its part to address childhood obesity and establish healthy eating habits for students. The DOE has promoted “Hawaii’s Wellness Guidelines”— a set of standards for foods and beverages that include goals for school-based wellness committees, health and physical education, and other practices that support student health. All 255 of the state’s public schools have been required to meet the guidelines since 2011.

“Our Wellness Guidelines help students stay healthy and ready to learn,” says DOE Superintendent Kathryn Matayoshi. “The importance of health and nutrition standards in our schools cannot be overstated.”

DOE officials have encouraged healthy food and beverage options for school lunches such as 1 percent and fat-free milk, hapa rice (part white, part brown), legumes, whole-grain pasta and breads. The “Fresh Fruit and Vegetable” program is another initiative that has yielded positive results. The program provides eligible elementary school children with the opportunity to consume fresh fruits and vegetables that they would normally not eat.

A survey released in October 2014 showed that Hawaii’s schools were at a consistently high level of achievement—meeting an average of 76 percent of the Wellness Guidelines.

“Healthy and physically active students are more likely to be academically motivated, alert and successful,” DOH director Dr. Linda M. Rosen told the media. “Schools that follow the Wellness Guidelines provide a healthy foundation for their students to thrive in school and life.”

5210 ‘Let’s Go!’

Launched in 2012, the Hawaii 5210 “Let’s Go!” is a related initiative that promotes healthy eating and active living in Hawaii through a coordinated, collaborative, locally relevant health education campaign. Partners include HMSA, Kaiser Permanente, UHA, AlohaCare, Hawaii Primary Care Association, YMCA of Honolulu, Kalihi-Palama Health Center, Kokua Kalihi Valley and a host of other organizations.

Specifically, 5210 calls for kids to eat 5 fruits or veggies daily, 2 hours of less or screen time, 1 hour or more of physical activity and 0 sugary beverages. Similar slogans have been used successfully by other states to promote healthy eating and active living.

The campaign also encourages children to eat a healthy breakfast and to get adequate rest. Parents are provided with useful advice on setting limits when it comes to food and knowing when to say “no.”

Tips On Reducing Obesity

Parents who play a greater role in their children’s health can do much to help them deal with being overweight and/or obese. Dr. Medina-Manuel encourages parents to closely monitor what their children eat and to enforce

healthier, well-balanced eating habits.

“Parents need to encourage their children to be physically-active and join sports in school,” she says. “They should also be a role model by eating healthier foods like more vegetables, fruits and fish, and less sugary drinks. There is nothing healthier than a glass of water.”

Other tips include:

- Limiting the amount of milk for younger children to about 16-24 ounces per day. Although a good source of calcium, too much milk can lead to your child becoming overweight.
- Avoiding fast food meals. If you do, don’t “super size” your child’s meals with portions that are too large.
- Not forcing younger children to “clean their plates” at lunch and dinner. Instead, they should stop eating when they feel full.
- Encouraging more daily physical activity such as going for walks, playing outside, riding a bike, or

participating in organized team sports.

- Setting strict limits on watching television and playing computer and video games.
- Not allowing your children to eat while watching TV. Instead, meals should be eaten at the dinner table.

Since weight loss is never easy, experts advise parents to seek medical attention if their child needs it. A pediatrician can monitor your child’s weight gain and loss every few months, or a registered dietitian can prepare healthier meal plans for your family. Lastly, seek out a child psychologist if your child’s mood or self esteem is affected by being overweight.

“Obesity is a problem for all children, not just Filipinos,” says Dr. Gary Dela Cruz. “My advice to parents is to eat meals with their kids and to turn off the TV while they are eating. If parents are more involved with their children’s meals, they can help provide them with better and healthier food choices.”

Kudos to the Organizers of 2015 Leeward Community Health Fair!



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By Kevin Lo, MD

THE LATEST IN CHOLESTEROL LOWERING DRUG THERAPY

Q: *Can you tell us something briefly about cholesterol, "good and bad cholesterol etc.?"*

Cholesterol is a fat-like substance that is both produced by the body and can be obtained from the diet which is then used to regulate essential bodily functions. However, excess build up of cholesterol in the form of LDL or "bad cholesterol" may lead to deposits along the walls of the arteries, narrowing them and leading to decreased blood flow to vital organs such as the heart which may result in a heart attack, and to the brain which can lead to strokes. Meanwhile HDL is considered the "good cholesterol" because it helps to prevent the build up of cholesterol in the arteries. Therefore, it is better to have lower levels of LDL and in turn higher levels of HDL.

Q: *What's new about cholesterol lowering therapy today?*

The mainstay of cholesterol lowering therapy is the use of statins like simvastatin, atorvastatin and rosuvastatin which are orally ingested drugs that help reduce the body's own production of cholesterol allowing it to uti-

lize cholesterol from the diet more efficiently. These statin drugs were also found by studies to reduce the incidence of stroke, heart attack and the risk of death. These findings have made statins the ideal drugs to lower cholesterol even up to the present.

However, a recent study involving another oral drug called ezetimibe/zetia was released showing that zetia in addition to a statin drug also decreased the rates of heart attack, stroke and the risk of death. This effect also appears to be related to the degree of decrease in the LDL levels, meaning the lower the LDL levels achieved in patients, the better the outcomes. Zetia through its capability to inhibit absorption of dietary cholesterol seems to complement the action of statins making it effective in lowering LDL levels.

Another new class of drugs called PCSK9 inhibitors has emerged with the recently FDA approved Alirocumab/Praluent, and Evolocumab/Repatha. PCSK9 inhibitors are injectable drugs that through a different mechanism act similarly to statins in that they help the body utilize LDL cholesterol better. This new class of drugs has been shown to decrease LDL cholesterol levels very effectively. Although it has not been entirely proven that these drugs decrease heart attacks, strokes



Cooked oatmeal with banana

and death, large studies are underway to address this issue. The only major drawback so far is that with injections every 2-4 weeks, the cost amounts approximately up to \$15,000 annually per patient.

Q: *What are the side effects or adverse effects of these cholesterol lowering drugs?*

Statins are relatively safe drugs, but the most common side effects are muscle aches and elevated liver enzymes, although this elevation in liver enzymes is usually benign and disappears with continuous treatment or stopping the medication. Zetia is also safe and when used with statins, it can slightly increase liver enzymes with some muscle pains as well. PCSK9 inhibitors on the other hand are also very safe drugs with minor injection site reactions as side effects.

Q: *I've tried statins before and stopped because of the side effects. Are there any other options for me?*

You can be restarted on a lower dose or even a different type of statin such as pitavastatin, fluvastatin, pravastatin and rosuvastatin which are associated with a slightly better side effect profile. You can also be given zetia, and even PCSK9 inhibitors. What is important is that you work with your physician to determine which regimen works best for you.

Q: *When do I need to start taking medication for cholesterol?*

The American Heart Association (AHA) has explicitly identified groups that benefit most from treatment. This include individuals with cardiovascular disease including stroke and heart attacks, those with LDL levels of 190 mg/dL and above, patients aged 40-75 yrs with diabetes and LDL levels of 70-189 or if without diabetes but with 10 year risk of having a stroke or heart attack of 7.5 percent or greater. Keep in mind that in computing this risk, we take into consideration other factors such as blood pressure control and smoking, both of which are important to address as well. There are also other factors such as familial diseases that lead to elevated cholesterol levels, early cardiovascular death in the family and peripheral arterial disease.

Q: *My cholesterol levels went down. When do I stop taking my cholesterol pills?*

You don't usually stop taking cholesterol lowering medications especially statins. They are taken as maintenance medications like blood pressure pills. This is especially true among patients with heart disease, previous heart attack, stroke or who have high risk for such events. Therefore, in instances where there are side effects and or one wishes to stop cholesterol lowering therapy, one should consult first his/her physician to determine the best possible course of action.

Q: *If I do not want to start taking cholesterol lowering medications, is there anything I can do to help bring down my cholesterol levels?*

Generally if your doctor says you need cholesterol lowering drug therapy, it probably means that you most likely really need it. But there are other steps that you can take to help bring down your cholesterol levels. Watch your diet care-

fully and avoid fatty foods and saturated fats found in pastries and fast foods also known as hidden fat. A recent study showed that a Mediterranean diet consisting of high intake of olive oil, fruit, nuts, vegetables, and cereals with moderate intake of fish and poultry helped reduce the incidence of heart attack, stroke and cardiovascular death.

Q: *What about the use of natural food supplements to lower cholesterol levels?*

There are a number of food supplements shown to decrease cholesterol levels. The most widely studied are soluble fiber, plant sterols/stanols and omega3 fatty acids. Five to 10 grams or more of soluble fiber a day decreases your total and LDL cholesterol. According to the Mayo Clinic, eating 1 1/2 cups of cooked oatmeal provides 6 grams of fiber. If you add fruit, such as bananas, you'll add about 4 more grams of fiber. Meanwhile, plant stanols are naturally occurring substances found in many grains, vegetables, fruits, legumes, nuts, and seeds. It can be found incorporated in various foods or in supplement forms. Two grams of plant stanols per day could decrease LDL levels. Both plant stanols and soluble fiber help decrease the absorption of dietary cholesterol. Always consult your primary care physician prior to trying any food supplement because of potential drug interaction.

DR. KEVIN BRYAN LO graduated with a BS Nursing degree from the University of Santo Tomas in 2008 and was a board topnotcher in the June 2008 Philippine Nurse Licensure Examinations. He obtained his medical degree from the UST Faculty of Medicine and Surgery in 2013, finishing summa cum laude and was once again a board topnotcher in the Philippine Physician Licensure Examinations in August 2014. He currently assists in reviewing examinees for the Philippine Medical Boards and is a volunteer physician for the Philippine National Red Cross. Dr. Lo underwent intensive preceptorship in Hawaii under Dr. Charlie Sonido and is currently planning to pursue further medical training in the U.S.

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HEALTHNEWS

Observing National Suicide Prevention Week

Hawaii joined communities nationwide for National Suicide Prevention Week, September 7-13, in an effort to increase awareness about suicide prevention resources and support services available for families. World Prevention Suicide Day was observed



on September 10, 2015 and themed “Preventing Suicide: Reaching Out and Saving Lives.”

“As a society, we need to do more to prevent suicide,” says Larry Walter, chairman of the Prevent Suicide Hawaii Task Force. “Increasing public awareness of this health problem, including warning signs and risk factors, is one of the best prevention tools we have.”

On Oahu, Honolulu Mayor Kirk Caldwell signed a proclamation on September 4 and the “Out of the Darkness Walk” was held at Ala Moana Beach Park on September 12 in memory of loved ones who died by suicide. A Suicide Prevention Joint Service Health Fair was also held at Fort Shafter on September 13. Similar events were also held on the Big Island, Maui and Kauai.

Suicide continues to be a significant public health problem in Hawaii, with one person dying by suicide every two days. Statistics also show that:

- Suicide is the second leading cause of death in Hawaii for those ages 15-34.
- Suicide was the most common cause of fatal injuries among Hawaii residents over a 5-year period from 2010-2014, accounting for over one-quarter of all fatal injuries.
- Suicide was the leading cause of injury-related deaths for most age groups—all but the very young and the very old—outpacing car crashes, homicide, unintentional poisoning and drowning.

Nationally, suicide is the 10th leading cause of death in the U.S., with one suicide occurring every 12.8 minutes.

- Suicide is the 3rd leading cause of death among 15- to 24-years-olds.
- A young person dies by suicide every 1 hour and 48 minutes.
- The elderly make up 12.6 percent of the population but comprise 15.7 percent of all suicides.
- Approximately 900,000 Americans attempt suicide each year.
- An estimated 4.6 million Americans are survivors of the suicide of a friend, family member, or loved one

For more information on preventing suicides, please contact Nancy Deeley at the Injury Prevention and Control Section of the State Department of Health at 733-9238 or via email at nancy.deeley@doh.hawaii.gov.

Other numbers to call are:

- Big Island: Jo Balberde-Kamalii (895-8271 or tiahonu@hawaii.rr.com) or Nancy Sallee (324-1815 or 333-8988 or orchid_isle_pschotherapy@yahoo.com).
- Maui: Jeny Bissell (984-2136 or jeny.bissell@doh.hawaii.gov).
- Kauai: Gina Kaulukukui (651-6637 or rkaulukukui@hawaii.rr.com).



By Myra Rodriguez
AlohaCare Staff Member

AlohaCare puts aloha back in health care.

Every day I have the chance to make a positive difference in the lives of families. When a health problem occurs, it can be hard to figure out what options are available to you or even to understand what a doctor is telling you. If Ilocano or Tagalog is your first language and English is your second language, that can make everything seem overwhelming. We at AlohaCare are here to help you understand your health care.

“Members feel secure and cared for. They trust that they can rely on me whenever they need help.”

AlohaCare is a health plan that helps individuals and families feel more comfortable at a time when they may feel a health condition is beyond their control. We take the time to help you look at options for your care. We want to make health care easy to understand.

AlohaCare believes it’s important to take the time to explain our health plan to you in your preferred language. I translate for my members and help them understand their plan materials, doctor’s bills, and more.

From October 1 to 16, families eligible for Medicaid have the chance to choose a plan that best fits their needs. Choose AlohaCare when your



Myra Rodriguez and Hyun Joo Lee discuss AlohaCare health plans.

packet comes in the mail. We will help pay for health services to keep your family healthy and

make sure everyone gets the proper care they need.

AlohaCare also offers the AlohaCare Advantage Plus Special Needs

To sign up for AlohaCare’s health plans or to find out if you qualify for extra health care benefits, call AlohaCare at 973-0712 or



Myra Rodriguez assists her AlohaCare plan member at the doctor.

Plan (HMO SNP) for those who qualify for Medicaid and who are blind, disabled, or 65 years or older. Members on our plan are given a card that allows them to buy vitamins, toothpaste, cold & flu medicines, and more from drugstores in their area.

AlohaCare also offers personalized staff members for people on our special needs plan. Staff can help you get to your doctor’s appointments in your community and make sure you are up to date on your health screenings. We help interpret for you. We are here to help you in any way we can.

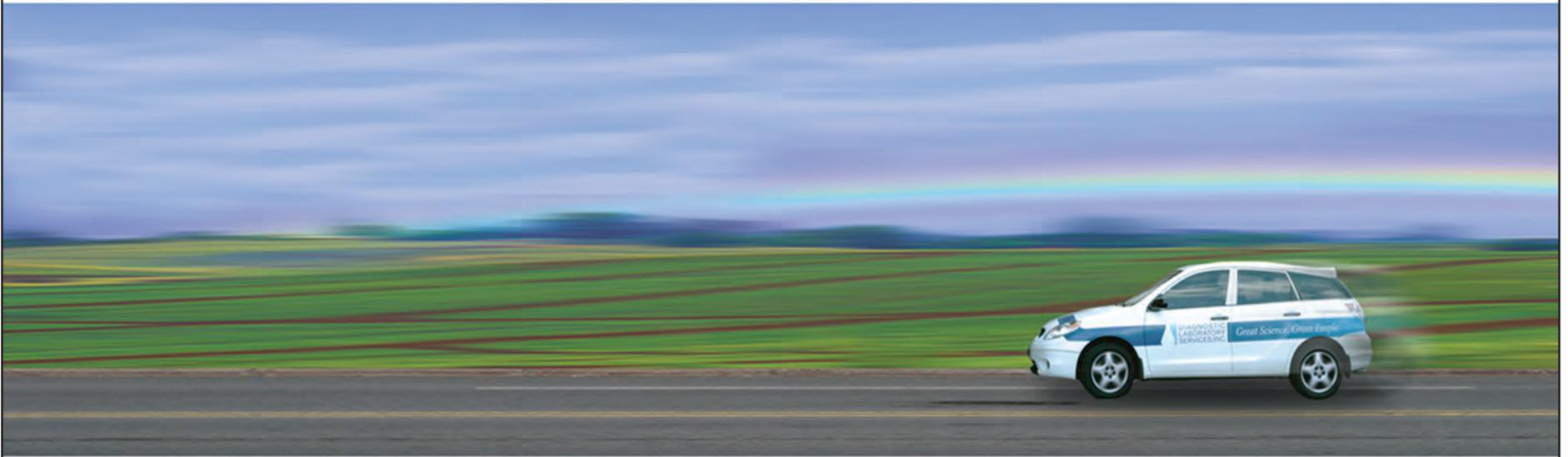
toll-free at 1-877-973-0712, TTY: 1-877-447-5990 or visit our website at www.AlohaCare.org.

We offer special services that make it easy for you and your family to stay healthy:

- Customer Service team to answer your questions.
- 24-hour Nurse Advice Line for your health questions.
- Interpreter services in your language.
- Personalized staff members to help with your special health care needs.

AlohaCare Advantage Plus is an HMO plan with a Medicare contract. This plan is available to anyone who has both Medical Assistance from the State and Medicare. Enrollment in AlohaCare Advantage Plus depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/co-insurance may change on January 1 of each year.

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ASK A DOCTOR

COMMUNITY HEALTH SUPPLEMENT 2015



By Eugene Lao, MD

ANSWERS TO COMMON QUESTIONS IN FAMILY MEDICINE

I have a sore throat. Can I start taking antibiotics before it worsens?

The soreness at the back of your throat is caused by irritation, usually by coughing. Most of the time it is not caused by an infection. If it is, most likely it is viral in nature. Antibiotics work against infections caused by bacterial infection and not viruses. Sore throat should improve by itself in 2-3 days with adequate rest. If not, it is best to seek medical attention for evaluation.

The back of my neck is starting to hurt, I feel like my blood pressure is high.

Experiencing pain at the back of your neck doesn't really say much about your

blood pressure. Measuring it with the BP cuff is still the most reliable way of knowing your blood pressure at home. Pain at the back of your neck could be due to muscle spasm or stress. When in doubt, seek medical attention.

My daughter loves taking multivitamin gummies because they're just like candies. Sometimes I let her take more than what is recommended in the bottle. Is that ok?

Vitamins are taken to supplement a deficiency that could not be corrected by normal diet alone. Certain healthy individuals, like kids and pregnant women, are encouraged to take them for their added benefit. Contrary to popular belief, multivitamins are not harmless at all. Taking more than the recommended dose could lead to certain health problems so be sure to follow what the doctor endorses.



I just had my pap smear last year and it was normal. I am anxious that something might have changed this year. Can I have one done again?

Repeating a normal pap smear depends on your current presentation when you visit your doctor. It is recommended that pap smears be repeated after 3 or 5 years depending on your age and the type of study that was done. If you had a previous abnormal finding, they might do another one at an earlier time.

My previous baby had jaundice. I'm afraid that my new infant might have one.

Newborns may turn yellow 24 hours after birth. This is normal. Some are more predisposed than others depending on their ethnicity, blood type or genetic makeup. Most of the time babies have excess blood that their body tends to breakdown. Some babies might turn more yellow than others. It is common practice for doctors and nurses to monitor your baby's skin color after birth to meas-

ure their bilirubin level. This is the stuff which makes your baby's skin yellow. Some babies may need a little help in clearing this from their body and be placed under a blue light. Your baby's doctor would explain this more to you when this event occurs.

DR. EUGENE LAO grew up in Tarlac, Philippines and is currently a University of Hawaii Family Medicine Resident. Before coming to the US, he had worked in rural areas in Southern Tagalog region and in the Visayas. He plans to stay and work in Hawaii after his residency.

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HEALTHLINE

COMMUNITY HEALTH SUPPLEMENT 2015

Mabuhay and Congratulations to Hawaii Filipino Chronicle and Bayanihan Clinic Without Walls for your service to the community.

Thank you for advancing health and wellness in the community!

"Our support for the Bayanihan Clinic Without Walls is consistent with our efforts to support viable organizations that operate in the Philippines. The provision of medical and health services in areas that have numerous unmet needs, and the offering of specialized treatment for those who would be subject to a lifetime of suffering, is a testament to this organization's compassion and commitment to a civil society."

Dr. Jon Matsuoka, President & CEO
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*"I would like us to renew hope for those who lost it or to give hope to those who never had it."
Consuelo Zobel Alger*



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Depression: The "Common Cold" of Mental Health

By Jay D. Valdez, Psy.D.

Why is depression the "common cold" of mental health? Because like the cold, depression is one of the most common emotional conditions. Depression can range from sadness resulting from a break-up or a loss. The most common symptoms include changes in normal sleep patterns, sleeping too much or too little, lost of motivation and pleasure in daily activities, moving slowly, feelings of hopelessness and helplessness, low energy, difficulty concentrating or focusing, poor appetite, and thoughts of suicide.

The term depression is actually not a diagnosable condition because it's a normal reaction to an undesirable event. Normally, the symptoms subside after a period of time. However, what makes depression into a more serious condition isn't so much the symptoms, but rather the length of time these symptoms persist. Just like for the common cold, if the symptoms last for more than several days, it could be diagnosed as something more serious.

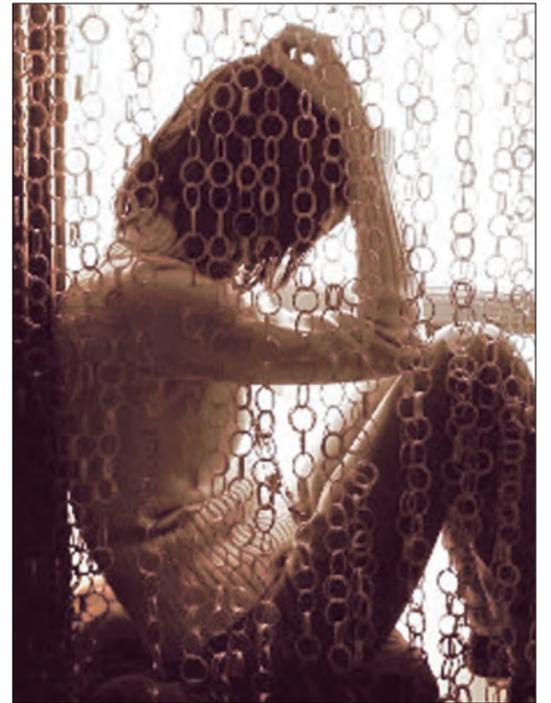
A person receives the diagnosis of a Major Depressive Disorder if symptoms, usually at least five, last continuously for more than two weeks. If symptoms come and go and last for a period of two weeks, it's diagnosed as a Major Depressive Episode. On the other hand, if symptoms have persisted for longer periods such as two years or more, it's diagnosed as a Persistent Depressive Disorder (formally known as Dysthymia).

Bio-Psychosocial Factors of Depression.

Two commonly accepted theories include the biological and psychosocial factors of depression. From the biological perspective, depression is related to imbalances of certain neurotransmitters in the brain due to either genetics, foreign chemicals introduced into the brain (i.e. drug use or abuse), or brain damage (i.e. stroke, Parkinson's). In terms of the psychosocial factors, they include persistent exposure to environmental stressors such as verbal, emotional, physical, and sexual abuse, lack of emotional support, poverty, major life changes, and chronic medical or mental conditions.

Treatments for Depression.

Medications are used to address the biological factors of depression and help



balance the chemicals in the brain. The most common types of medications are antidepressants, more specifically the serotonin reuptake inhibitors (SSRIs), which allow the brain to have more of the chemical serotonin, which is implicated in depression.

Psychotherapy or counseling is used to address the psychosocial factors contributing to depression. They assist with helping a person understand what might be causing his/her depression and gives him/her the tools necessary to address them.

Many studies have indicated that both medications and psychotherapy are equally effective in treating mild to moderate depression and combining the two resulted in the best results. But for more severe cases of depression, medication was more effective.

My Recommendations.

Unfortunately, there is still a negative stigma associated with mental illness and most people, especially in Asian culture may be too ashamed to seek help. Depression is a common and treatable disease and no one should suffer from its effects; but if you're not ready to seek professional help, you may be more open to talking to a trusted friend or family member, reading a self-help book on depression, or exercising. In either case, they may or may not help you, help may be very limited, and they don't replace the help you receive from a mental health professional. Help is just a quick phone call away. Most insurances do not require a referral to see a mental health professional such as a psychologist. Treatment is done in a safe, confidential environment where you and your therapist can discuss your issues and how to proceed with treatment.



By Hazel L. Abinsay, MD

UNDERSTANDING ANEMIA



Anemia is the most common blood condition in the U.S. affecting about 3.5 million Americans. Women, young children and people with chronic diseases are at increased risk of anemia.

What is Anemia?

Anemia develops when you don't have enough robust, healthy red blood cells to carry oxygen throughout your body. Our blood is composed of three types of cells—Red blood cells, which carries oxygen to different parts of our body; white blood cells that fight infection, and platelets that stop bleeding. When the number of red cells is low in our body, this condition is called anemia.

What Causes Anemia?

There are many different causes of anemia, but the main cause in children is called iron-deficiency anemia. Our body uses iron to produce more red cells. The most common reason children tend to be iron deficient is because they are not eating enough iron-rich food. Some children who are at risk include infants who aren't drinking iron-fortified formula, children with poor eating habits and toddlers who drink too much milk and don't eat enough foods that are high in iron.

What are Symptoms of Anemia?

Symptoms of anemia are caused by different parts of the body not getting enough oxygen. These symptoms include:

- Weakness
- Dizziness
- Headaches
- Shortness of breath
- Looking pale
- Decreased exercise tolerance
- Passing out if they hold their breath for a long time

(breath-holding spells)
Most children with mild anemia won't have any symptoms. However, longstanding untreated anemia has been shown to affect their learning and behavior development. For example, they can be delayed in learning how to read or have difficulty paying attention in the future.

The American Academy of Pediatrics recommends that all children be checked for anemia at their 9- or 12-months and 2-years-old check-ups. This requires blood being drawn at the lab. The results are usually sent to your doctor within 1-2 days.

Your child's blood test will measure his or her hemoglobin level. Hemoglobin is a measurement of how many red cells there are in the blood. If the he-

moglobin is low, that means your child is anemic.

How Can Anemia be Treated?

If your child is diagnosed with anemia, there are several ways to treat this condition.

- 1) **Eat foods that have a lot of iron.** These foods include:
 - Iron-fortified formula and cereals (infants)
 - Meats: chicken and beef
 - Egg yolk
 - Cheerios
 - Pasta
 - Whole wheat bread
 - Beans: white beans, kidney beans, black beans, chick peas, lentils
 - Tofu
 - Vegetables: broccoli, spinach, green beans, kale, green peas
 - Fish

2. **Take extra iron as a medicine.** If the hemoglobin is low enough, your doctor will prescribe iron to take once or twice a day like a vitamin. Your child will take it for one month then a repeat blood test will be done to check if the anemia has improved.

How can Anemia Be Prevented?

The best way to prevent anemia is to make sure your child is eating foods that have a lot of iron and not drinking too much milk. Milk decreases iron absorption in the body—so don't give your child his or her iron with milk—and they may not want to eat regular foods because they feel full from the milk. Toddlers should drink less than 24 ounces of milk per day.

DR. HAZEL ABINSAY is board certified in Internal Medicine and Pediatrics. She formerly worked in the departments of internal medicine and pediatrics at the Los Angeles County + University of Southern California Medical Center, Keck School of Medicine, in Los Angeles.

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Hawaii Lags in Immunization Against HPV

A University of Hawaii Pediatric Infectious Disease Specialist expressed concerns that vaccination rates in the state to prevent the potentially deadly Human Papillomavirus (HPV) continue to be quite low.

“We’re not talking about a cold,” says Dr. Raul Rudoy, MD. “This is cancer that can be prevented.”

Only 34 percent of females and 15 percent of males have been fully immunized for HPV, according to data from the Centers for Disease Control. HPV is one of the most common cancer-causing viruses in the world. The virus will be harmless for most people who acquire it at some



point during their lifetime but it will cause cancer for some.

Rudoy is unsure of the reasons for Hawaii’s low immunization rate but says that the risks of the HPV vaccine are miniscule in comparison to the enormous benefits.

HPV vaccines are given to both boys and girls when they are 11 or 12 years old. Three shots are needed over a six-month period for full protection.

“The reason for giving the vaccine at that early age is that

it needs to be provided before the children have a risk of getting the disease,” says Dr. Rudoy.

HPV is also the most frequent sexually transmitted infectious disease in the U.S. with about 80 percent of sexually active women expected to contract HPV at some point in their lifetime. Every year, over 25,000 cancers induced by HPV occur in the U.S. Most are cervical cancer in females and throat cancer in males.

“A recent study found that sexually active female college students had a baseline HPV infection rate of 26 percent and that the rate went to 60 percent when rechecked three years later,” says Dr. Rudoy. “The HPV vaccine would

have prevented transmission in most of them.”

Annual Pediatric Infectious Disease Conference at JAB-SOM

Current recommendations and strategies to improve vaccine coverage and the need to increase public awareness about HPV vaccination among parents, caregivers and adolescents was discussed at the Seventh Aloha Pediatric Infectious Diseases Conference which was held September 12, 2015 at the UH John A. Burns School of Medicine (JAB-SOM) Medical Education Building.

For more information on preventing HPV, call your doctor or the Hawaii Immunization Program at 586-8332.

Changes in Health Insurance Support Breastfeeding Moms

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Hazel Abinsay, M.D.



Board Certified in Pediatrics and Internal Medicine

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Officials with the Women, Infants and Children (WIC) program are reminding new nursing mothers to take advantage of recent changes in health insurance coverage that now offer more support for breastfeeding moms.

Health care insurance providers in Hawaii, such as AlohaCare, Hawaii Medical Service Association (HMSA), Kaiser Permanente, Ohana Health Plan, TRICARE, United HealthCare Services and University Health Alliance (UHA) provide breast pumps, breast pump supplies and breastfeeding counseling at no cost for new mothers, including mothers who adopt an infant and plan to breastfeed.

This is a significant benefit change in providing additional support for breastfeeding and makes breast pumps more accessible and affordable. With the latest advancements in health insurance coverage, breastfeeding women are significantly more likely to achieve and maintain optimal breastfeeding practices.

According to WIC—the Special Supplemental Nutrition Program that safeguards the health of low-income pregnant, postpartum and breastfeeding women, infants and children up to age 5—breastfeeding is one of the most effective ways to ensure infant health. The composition of breastmilk changes to adapt to the specific nutritional needs of a growing child. As recognized by experts, breastfeeding provides many benefits not only to children but to mothers, families and society as well.

Thanks to the efforts of WIC and other breastfeeding advocacy groups, breastfeeding duration rates in Hawaii have improved. Hawaii’s 2014 Breastfeeding Report Card shows an increase from 20.7 percent in 2000 to 36.5 percent of infants who were breastfed at 12 months.

For more information on WIC programs and benefits for breastfeeding moms, call Rhoda Castillo at (808) 586-8368 or go to <http://health.hawaii.gov/wic/>.

How often do you attend free community health fairs and what do you like best about their services?

CRISTINA AGLIBOT



I enjoy going to these community health fairs because I get to mingle with friends, meet fellow Filipinos and also make new friends. I enjoy the festive atmosphere as well as the free consultations, screenings and other medical tests.

TESS BERNALES



I try to attend these community health fairs as often as possible. They offer a lot of services all in a one-stop location. You can get a wide variety of free medical services such as blood pressure check, diabetes screening, eye exams, bone density check, adult and pediatric consultations and free vaccinations—to name just a few. You also get to talk directly with medical experts and be referred to a specialist if need be. And there are a lot of giveaways like vitamins and useful items from pharmaceutical companies. The people who make these health fairs possible do a tremendous job of giving back to the community year after year. We appreciate very much their efforts to promote health and wellness.

JO FARINA



Free services provided by community health fairs are a welcomed treat for those who cannot afford their own medical insurance. With or without insurance, all attendees receive various screenings and tests that identify any potential risks to their health. These tests help to detect abnormalities that may lead to heart attack, stroke, aneurysm or cancer. Thanks to community health fairs, people can enjoy a healthier lifestyle, especially knowing that the sooner a health risk is detected, the higher the success of treatment and the lower the risk for any complications. As the saying goes, *“An ounce of prevention is worth a pound of cure.”*

MILDRED CHERYLL D.L. VALENCIA



Community health fairs are not only fun but also give us a better understanding of our personal health. There is nothing like a good community health fair, where you can see people receiving medical help, hear the sound of blaring music in the background, enjoy delectable foods and meet people young and old from all walks of life.

What I like most aside from the door prizes and free promotional products are the many opportunities to talk informally and openly with my doctor about various health issues.

LORETO VILORIA



I try to attend and support community health fairs every time one is held. I like how they set-up the booths with a variety of health information for diabetes, osteoporosis, high blood pressure and more. The services are also excellent. Volunteers provide on site bone screening, massage therapy, eye check up, blood pressure and blood tests. We get personal assistance from nurses and doctors in various medical specialties. All of the free services that are provided really help us to be more aware of our health needs.

**We salute
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THE AGING SKIN: WHAT TO DO WITH IT

UNDER YOUR SKIN By Grace Carole Beltran, MD

Aging is a natural part of life for both men and women, but for most of us, it can really be a big concern, not only physically but also mentally. Looking young has always been important for many of us, especially if one's daily routine requires meeting or mingling with a lot of people. During reunions or gatherings with former classmates, radical changes in one's physical appearance are a major cause of distress. Of course, nobody wants to look like the mother of a classmate who looks younger.

All of us feel the effects of aging, but that doesn't mean we cannot add youth and vigor to our looks. To look 10 years younger, one can work on maintaining a lifestyle that can keep one looking fresh as the morning dew. Nowadays, surgical and non-surgical procedures are available that one can avail of anytime. The most important thing to remember is that you are still beautiful, no matter how old you are; in fact, many people look their best later in life after they have developed their confidence and grown into their looks.

But if you're worried about losing your youthful looks and demeanor, you're not alone. And there are plenty of things you can do to knock years off your image.

Let us concentrate on the face. Facial aesthetics, as one

article puts it, begins with the marriage of the hard (bone) and soft tissue (skin, fats, muscles etc...) structures. It is, however, the changing balance of these elements that is the hallmark of the aging process. The major forces responsible for facial aging include gravity, soft tissue maturation, skeletal remodeling, muscular facial activity, and solar changes. Honestly, the appearance of a person's skin is how many of us judge a person's age.

So, what are the elements that affect the aging face?

- Primary changes in a person's three-dimensional skeletal contour can lead to secondary changes in the overlying soft tissue and skin because it is actually this particular set of skeletal proportions that's ideal for the soft tissue envelope that's important for having a youthful face.

Solution: Implants for facial irregularities, autologous fat transfer (getting fat from where it is abundant and injecting it to the problematic site), filler injections for not-so-big areas.

- Wrinkles originate from a wide variety of sources which include chronologic skin aging (the aging skin genes you inherited over which you have little control, these are hereditary patterns in one's family lineage that predetermine how one's face and body



respond to the aging process), environmental factors, photoaging, hyperdynamic facial expressions, and skin folding secondary to loss of underlying skeletal and soft tissue support.

Solution: Antiaging creams, injectable antioxidants, chemical peels, laser ablation/radiofrequency treatment, Botulinum toxin injection, eight-point system filler injections (hyaluronic acid), lift and contour using a fibroblast activator and collagen creation enhancer, suture suspension thread lifts (short-term improvement), facelift or rhytidectomy procedure (longer improvement).

- Chronic solar exposure is the major environmental assault that contributes to the clinical changes attributed to the aging skin. This is termed photoaging and is distinct from intrinsic or chronologic aging.

The notion that photoaging alone accelerates chronologic aging is too simplistic as it is a multifactorial occurrence. Signs of skin photoaging include changes in color (discolorations or blemishes, progressive sallow yellow pallor, loss of normal translucency or pink glow, gradual appearance of spider veins and uneven purplish color), surface texture (loss of palpable smoothness progressing to the appearance of brownish scaly spots that can be a precancerous rash). Atrophy of the second layer of the skin makes the blood vessels more visible and thus prone to bruising. Microscopically, chronically aged dermis has diminished amount of eosinophilic (reddish) material just beneath the epidermis, with the fibroblasts (cells that produce collagen and elastin) appearing shrunken and

small.

Solution: Topical antiaging creams, injectable antioxidants, chemical peels, microdermabrasion, laser systems (fractional, profractional, erbium weekend peel/arctic peel, microlaser peels, wrinkle injections using soft tissue dermal fillers (Juvederm, Voluma, Restylane, Perlane, Radiesse, Belotero, etc.) to improve the appearance of facial wrinkles by injections under the skin to plump up the skin where the wrinkles were and give one a more youthful appearance. Botox can be applied in certain areas to relax the muscle under the skin that is causing the wrinkle. Tissue can be tightened using safe, radiofrequency volumetric heating to cause the collagen in the skin's dermis to contract and tighten. Loose and sagging skin can be tightened; fine lines and wrinkles can be softened without downtime. These procedures have less predictability and intensity than does the gold standard of fractional/ profractional laser skin resurfacing. These lasers produce tiny microthermal zones, penetrating the mid-to-deeper dermis and leaving the surrounding skin unaffected and intact. The skin heals much faster because the stem cells that surround each treated hole are left untouched. Therefore, healing is much faster.

(www.philstar.com)

HEALTHNEWS

DOH Touts Success of Drug Treatment Program

Over the past five years, more than half of the adults and adolescents who participated in a substance abuse treatment program and completed a six-month follow-up survey remained clean and reported no substance use in 30 days prior to the follow-up, according to the State Department of Health's

2015 Alcohol and Drug Treatment Services Report.

The majority of participants also avoided arrests, hospitalizations and emergency room visits since being discharged from the treatment program. In a six-month follow-up study in 2014, almost all adolescents were attending school and nearly 70 percent of adults were employed.

DOH commissioned the University of Hawaii's Center on the Family to conduct the extensive research and analysis to assess the state's alcohol and drug problem.

DOH director Dr. Virginia Pressler says the statistics were "encouraging."

"One of the department's foremost priorities is to make the recovery efforts visible,

give a voice to those who have recovered and inspire others in the community to see how valuable these programs have been," she says.

The success of the recovery programs has largely been the result of collaboration. DOH's Alcohol and Drug Abuse Division remains the primary source of public funds for substance abuse prevention

and treatment services in Hawaii.

From 2010 to 2014, Hawaii spent an average of \$17 million in state and federal funds each year to address alcohol and drug abuse. In 2014, the Alcohol and Drug Abuse Division provided funding for 24 agencies at 52 sites to provide treatment for adults, and 10 agencies at 107 sites for adolescents.

(continued on page S15)

Be Happy and Live Longer

MIND YOUR BODY By Willie T. Ong, MD

Is there a person alive who doesn't want to be happy? There's none. But how often do we think of ways to be happy? If you're feeling sad because of some family or financial problem, don't despair.

Here are 20 ways to be happy.

1. **Decide to be happy.** Make a plan. Think of ways and things that bring you happiness. Set happy goals not just for yourself but include others, too. Then, think of what to do next.
2. **Use your talents.** Identify your strengths. Can you sing, dance, draw, paint, write, or speak? Find and cultivate these strengths of yours. Focus on them as they will bring you confidence and satisfaction. Do what you were meant to do in this world.
3. **Play.** Play with your kids. Have fun with friends. Take time to relax and play. There's nothing wrong with having fun and liking your work. Go through your normal day in an easy and light manner.
4. **Be curious.** Try to see happiness around you. Watch the sunrise, feel the cool breeze, listen to the birds chirping, and see people smiling. Nature is full of happiness.
5. **Count your blessings.** Be grateful and happy with what you have. Accept the blessings that you have and think positively of the things you do not have. Maybe you weren't meant to get it anyway and that something better is in store for you. Always look at the bright side.
6. **Like yourself.** Everybody commits a mistake at some point in their lives. It's part of our learning process, whether it's be-

cause of our youth or ignorance. Try to make amends for the mistakes you made and then let it go. A wise man said that it's the things we didn't do that we later regret, and not the things and mistakes that we did.

7. **Pamper yourself.** After a long workday, treat yourself to a warm, refreshing bath. Enjoy your favorite magazine. Tinker with your hobbies. And when you feel like a kid, bring out the child in you.
8. **Enjoy close relationships.** A unique study shows that talking to a supportive friend is as effective as taking a tablet of pain reliever. There is something heavenly in true and caring friends. Invest your time in building close relationships. They are as good as money in the bank.
9. **Find positive people.** Surround yourself with positive and happy people. Find good mentors. They can be the keys to your success. Some believe the other person's good influence and good karma will also bring you luck.
10. **Volunteer to help someone in need.** If you want to receive P2,000 worth of happiness, donate P2,000 to your favorite charity. Studies show that the more people give to others, the happier they become.
11. **Think happy thoughts.** Positive thinking proponent Norman Vincent Peale said that if a negative thought should enter your mind, you should immediately block this with a positive one. If a fearful thought gets in your mind, tell yourself that you can do it, and that you are all right. Think positive.



12. **See and hear happy news.**

Read inspiring books. Watch happy movies. Look for good news in the papers and magazines. Fill your minds with positive and constructive news.

13. **Laugh.** If you watched Patch Adams, you know that the doctor's secret cure for his patients is by simply making them laugh. Wearing a clown makeup, Dr. Adams brings joy to cancer-stricken kids. A study by Dr. Lee Berk shows that watching an hour of comedy movie releases 27% more good endorphins in the body. Endorphins help reduce pain and stress, and boost the immune system.

14. **Follow your instincts.** In the best-selling book *Blink*, author Malcolm Gladwell says our minds can make a wise decision based on gut feel or intuition. Most of the time, this turns out right. In business decisions and re-

lationships, it pays to listen to this inner voice of wisdom.

15. **Be healthy.** Being healthy is a prerequisite to being happy. Get a checkup and see your doctor. Avoid alcohol and cigarettes.

16. **Eat healthy and exercise.** Go for something green or orange. Green leafy vegetables and orange-colored tomatoes, carrots, and citrus fruits are high in antioxidants. Exercise moderately and stay active for your age.

17. **Find the right amount of stress.** Studies show that too much stress from work can lead to anxiety, restlessness, and anger. However, too little stress can also lead to boredom. The secret is in finding the right amount of work that can make you productive and happy.

18. **Sleep.** Ensure that you get adequate sleep and rest, like around seven to eight hours. If you have insom-

nia, just lying in bed and thinking happy and restful thoughts can relax your body, too.

19. **Be in love.** Gerontology professor Dr. David Demko believes that being in love can prolong one's life by as much as seven years. Married people or those with close relationships are generally happier, compared to single people living alone. If you don't have a partner, then having a close friend, a pet or a hobby can be a substitute.

20. **Believe.** Studies show that people who have a strong sense of spirituality are 40% happier than those who don't have. People who hope for a brighter future and sense a meaning and purpose in their lives are happier and more fulfilled individuals.

Being happy will not only make you feel healthier, it may even add years to your life. (www.philstar.com)

DOH... (from page S14)

During the five-year period, there was a 26 percent increase in sites for adolescents and a 16 percent increase in sites for adults.

The Bad News

The report also uncovered several disturbing trends and statistics. In particular, the percentage of adults 50 years and older who reported methamphetamine as their primary substance has nearly doubled in the past five years.

Hina Mauka is among the

several dozen treatment programs funded by DOH's Alcohol and Drug Abuse Division. Hina Mauka has provided recovery treatment and ongoing support for adults, teens and families for more than 40 years.

"There is still much more work that needs to be done in our community in terms of prevention and treatment," says Alan Johnson, Hina Mauka CEO and Hawaii Substance Abuse Coalition chairman. "However, we have a stronger, more comprehensive

system of care to address the needs of our community."

DOH officials are in the planning stages for transition and case management services as a next step in the treatment and recovery process to fill the community's need. A request for proposal for these services will be issued in 2016 for services that begin 2017.

To view DOH's report, go online to: <http://health.hawaii.gov/substance-abuse/files/2015/09/ADTreatmentServices2014.pdf>.

New Study Links Preterm Birth with Microbes in Mother's Body

By Lauran Neergaard | Associated Press

WASHINGTON — U.S. scientists might have found a new way to tell who's at risk of having a premature baby, by checking the bacterial community that lives in the mother's reproductive tract.

Trillions of microbes share our bodies, living on the skin or in the gut, mouth or vagina, what scientists call our microbiome. Many of these germs play critical roles in health, from good digestion to robust immunity, but they can contribute to health problems if they get out of whack.

What about during pregnancy? Researchers at Stanford University tracked some of those microbial neighborhoods week by week through 49 healthy women's pregnancies — and found those who went into preterm labor harbored a different pattern of vaginal bacteria than the other moms-to-be.

It's not clear why, but there's one clue in Monday's study: At-risk mothers had low levels of lactobacillus bacteria, a family of bugs long thought important for vaginal health.

"We may have a new hook, a new angle to pursue" against preterm birth, said Dr. David Relman, a Stanford microbiology specialist who led the work. "It's possible that your microbiome could contribute to this pretty common and devastating condition."

Larger studies are needed, in diverse populations of women, to confirm the link. Another question is whether the problem is the lack of presumably protective bugs or whatever bacteria moved in in their place, noted Dr. Catherine Spong, a maternal-fetal medicine specialist at the National Institute of Child Health and Human Development.

But the finding "is very compelling," Spong said. It fits with some earlier evidence that "what our normal host flora is might be important in whether or not you're at risk for certain conditions."

If the research pans out, it raises the possibility of one day trying probiotics or other methods to alter microbial neighborhoods in women deemed at risk, said March of Dimes senior vice president



Dr. Joe Leigh Simpson.

The work, published in Proceedings of the National Academy of Sciences, was partly funded by the March of Dimes Prematurity Research Center at Stanford.

About 450,000 U.S. babies are born premature, before completion of the 37th week of pregnancy. That's 11.4 percent of the babies born in 2013, a rate that has been inching down from a peak of 12.8 percent in 2006. Doctors have made strides in saving increasingly early preemies, but those babies are at greater risk of

lasting vision and developmental problems.

Numerous factors play a role in preterm birth. Risks include pregnancy before age 17 or after 40, having twins or more, and the mother's own health, such as being underweight or overweight, having diabetes or high blood pressure, and whether she smokes. Part of the recent improvement in U.S. preterm birth rates came from reducing elective deliveries ahead of mom's due date, leading to a drop in "late preemies," or babies born a few weeks early.

But those factors don't explain all premature births, and scientists are trying to uncover other triggers and how to prevent them.

Alterations in people's normal microbiomes already are thought to play a role in other health conditions, from obesity to bowel disorders. And some previous research had reported that the vaginal microbiome changes when a woman becomes pregnant.

At Stanford, Relman's team took a closer look at 49 pregnant women, 15 of whom delivered prematurely. The researchers examined microbes from the vagina, stool, saliva and teeth and gums weekly during pregnancy, and monthly for up to a year afterward.

The vaginal microbiome was the one researchers linked to premature birth. In addition to low levels of lactobacilli, the women who had preemies also harbored some bacteria linked to a common condition called bacterial vaginosis.

What happened next was a surprise: Everybody harbored a different and more diverse collection of vaginal microbes after giving birth, whether they delivered early or not, vaginally or by C-section. The change lasted up to a year for some women. (www.philstar.com)

HEALTH & FAMILY

Work-related Stress May Be More Dangerous Than You Think

MANILA, Philippines - How much work is too much work? The Grant Thornton International survey reported that 76 percent of Filipino business owners are highly stressed. It added that taking on heavy workload often is the most significant cause of stress.

Meanwhile, 28 percent of adults in the Philippines have hypertension, a known chronic disease which causes the heart to work harder than necessary to pump blood to the rest of your body. It quietly damages the body, causing poor quality of life and can even lead to a fatal heart attack.

Several studies emphasized that an employee's lifestyle affects his or her work output. In fact, a research conducted in 2010 revealed that unhealthy lifestyle choices make workers less productive and even increases work absenteeism.

So why kill yourself from too much work?

Tomas Marcelo Agana, III, President and CEO of Pharex Health Corp. said, "When the quality of work goes down, chances are, your job will be affected. Poor quality of work will only result in poor output and this will affect everyone, be it your employees or your customers."

More than just the output, it is important to look after yourself, too.

While it is unlikely for people to stop working, steps can be taken to mitigate the effects of stress at work like improving sleeping habits, eating healthily, and drinking alcohol moderately. Maintaining a healthy work habit is imperative to save lives.

Always remember that a stress-free work translates to more business opportunities in the future and success. (www.philstar.com)



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