

# HEALTH & WELLNESS

## Coping with fewer hours of daylight

Daylight saving time comes to an end each fall, at a time when the hours of available sunlight already are beginning to decline.

Some people are more accustomed to darkness than others. Norwegians, Swedes and people living in Alaska and the upper reaches of Canada near or above the Arctic Circle may go through a period when winters can be especially dark. Fairbanks, Alaska, gets just three hours and 42 minutes of sunlight on the winter solstice. Those in Barrow, Alaska, will endure a period of

67 days of darkness, according to Alaska.org. Residents of Seattle, which is even further north than cities such as Fargo, North Dakota, or Portland, Maine, deal with more darkness than those living outside the city may know.

Although much of the rest of North America doesn't experience such profound periods of darkness, when the darkness of fall and winter arrives, it can be difficult to maintain a positive outlook. Borrowing some of the coping mechanisms relied on in northern latitudes can help

many people to see the dark in a different light.

- Be aware of SAD. Seasonal affective disorder, or SAD, is defined by the Mayo Clinic as a type of depression that's related to changes in seasons, beginning and ending at about the same times each year. Symptoms tend to start in the fall and continue into the winter, sapping energy and making a person feel moody. As with other types of depression, SAD can get worse and lead to severe problems if left untreated. Light treatment,

talk therapy and medication can help people who are susceptible to SAD.

- Make daylight hours count. Spend time outdoors while the sun is bright in the sky. Make an effort to switch your schedule if work interferes with getting outdoors, even if all that can be managed is an outdoor walk at lunch. Sit by a bright window and soak up rays when possible.
- Celebrate winter activities. Go skiing, snowboarding, outdoor ice skating, or snowshoeing. Look forward to winter for

what can be done, rather than what can't.

- Socialize more often. Instead of holing up indoors alone, frequent the places that become indoor gathering spots for locals. These can include coffee houses, breweries, restaurants, or even the local church. Plan more social occasions with friends and families so everyone can collectively shoo away the winter blues.

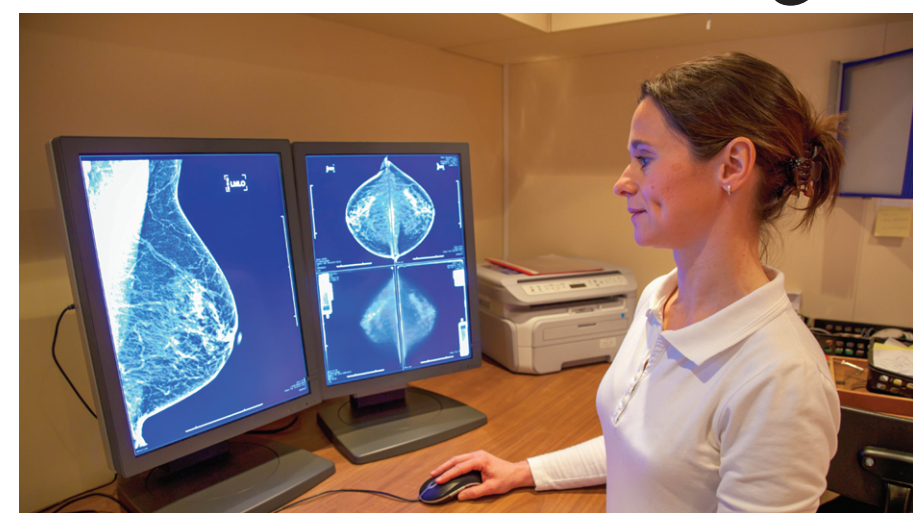
- Exercise more. Use the darker hours as an excuse to exercise more, be it at the gym or outside.

The Mayo Clinic says that exercise and other types of physical activity can relieve anxiety and depression, lifting an individual's mood as a result.

- Light a fire. Set the kindling ablaze in a fire pit, fireplace or woodburning stove, or just light a handful of candles. Flames can be soothing and less harsh on the eyes than artificial light.

Fall and winter darkness does not have to send a person into the doldrums if he or she embraces the right attitude.

## Determining breast cancer stage



When receiving treatment for breast cancer, women will learn about cancer staging. According to the nonprofit organization Breastcancer.org, determining the stage of the cancer helps patients and their doctors figure out the prognosis, develop a treatment plan and even decide if clinical trials are a valid option.

Typically expressed as a number on a scale of 0 through IV, breast cancer stage is determined after careful consideration of a host of factors. The staging system, sometimes referred to as the TNM system, is overseen by the American Joint Committee on Cancer and ensures that all instances of breast cancer are described in a uniform way. This helps to compare treatment results and gives doctors and patients a better understanding of breast cancer and the ways to treat it.

Breastcancer.org notes that the TNM system was updated in 2018, but before then was based on three clinical characteristics:

- T: the size of the tumor and whether or not it has grown into nearby tissue

- N: whether the cancer is present in the lymph nodes

- M: whether the cancer has metastasized, or spread to other parts of the body beyond

the breast

While each of those factors is still considered when determining breast cancer stage, starting in 2018, the AJCC added additional characteristics to its staging guidelines, which make staging more complex but also more accurate.

- Tumor grade: This is a measurement of how much the cancer cells look like normal cells.

- Estrogen- and progesterone-receptor status: This indicates if the cancer cells have receptors for the hormones estrogen and progesterone. If cancer cells are deemed estrogen-receptor-positive, then they may receive signals from estrogen that promote their growth. Similarly, those deemed progesterone-receptor-positive may receive signals from progesterone that could promote their growth. Testing for hormone receptors, which roughly two out of three breast cancers are positive for, helps doctors determine if the cancer will respond to hormonal therapy or other treatments. Hormone-receptor-positive cancers may be treatable with medications that reduce hormone production or block hormones from supporting the growth and function of cancer cells.

- HER2 status: This helps doctors determine if the cancer cells are making too much of the HER2 protein. HER2 proteins are receptors on breast cells made by the HER2 gene. In about 25 percent of breast cancers, the HER2 gene makes too many copies of itself, and these extra genes ultimately make breast cells grow and divide in ways that are uncontrollable. HER2-positive breast cancers are more likely to spread and return than those that are HER2-negative.

- Oncotype DX score: The oncotype DX score helps doctors determine a woman's risk of early-stage, estrogen-receptor positive breast cancer recurring and how likely she is to benefit from post-surgery chemotherapy. In addition, the score helps doctors figure out if a woman is at risk of ductal carcinoma in situ recurring and/or at risk for a new invasive cancer developing in the same breast. The score also helps doctors figure out if such women will benefit from radiation therapy or DCIS surgery.

Determining breast cancer stage is a complex process, but one that can help doctors develop the most effective course of treatment. More information is available at [www.breastcancer.org](http://www.breastcancer.org).

## Understanding osteoarthritis

The most common chronic condition of the joints in both the United States and Canada, osteoarthritis affects roughly 30 million people in just those two countries alone.

While osteoarthritis, or OA, can affect people of all ages, it's most common in men and women over the age of 65. Understanding osteoarthritis and how to prevent and manage the disease can help men and women over the age of 50 reduce their risk and live more comfortably even if they develop OA.

### WHAT IS OSTEOARTHRITIS?

According to the Arthritis Foundation, healthy joints are covered by cartilage, a flexible connective tissue that covers the end of each bone. Cartilage facilitates motion of the joints and serves as a cushion between the bones. When a person has OA, cartilage breaks down, causing swelling and pain and affecting the mobility of the joint. Over time, OA can worsen and cause bones to break down and develop bone spurs, which form when bones meet each other in the joints. OA can even advance to a point where cartilage wears away and bone rubs against bone, creating even more pain while damaging the joints even further.

### WHAT CAUSES OSTEOARTHRITIS?

Once considered a byproduct of the wear and tear the human body naturally endures over a lifetime, OA is now viewed as a disease, notes the AF. The following are some potential causes of OA.

- Genes: The AF notes that certain genetic traits can increase a person's likelihood of developing OA. Collagen is a protein that makes up cartilage, and, while rare, a genetic defect that affects the body's production of cartilage can lead to OA occurring in people as young as 20 years old. Researchers have also noted that the gene FAAH is more commonly found in people with OA of the knee

than in people who don't have the disease. FAAH has been previously linked with pain sensitivity.

- Weight: Being overweight increases a person's risk for a host of ailments and diseases, and OA can be counted among them. Extra weight puts additional pressure on hips and joints, and over time those extra pounds can cause cartilage to break down more quickly than it would if the body was not carrying extra weight.

- Injury: Men and women who have suffered injuries to their joints may be at greater risk of developing OA than those with no such injury history.

- Overuse: Overuse of joints, tendons and ligaments can accelerate the breakdown of cartilage and increase a person's risk of developing OA. Cartilage also can break down more quickly in the bodies of athletes and people whose careers require them to stand for extended periods of time, bend over frequently and/or lift heavy items.

- Preexisting conditions: Conditions such as rheumatoid arthritis, hemochromatosis and


acromegaly may also contribute to the development of OA among people diagnosed with such disorders.

### PREVENTION AND MANAGEMENT OF OA

Men and women who maintain healthy weights and exercise regularly and appropriately may be able to prevent the onset of OA. Appropriate exercises include strength training that focuses on building muscles around the joints, even if those joints are already affected by OA. Strong muscles around the joints can reduce the pain associated with OA, while range-of-motion exercises can improve flexibility of the joints and reduce stiffness. Aerobic exercise also helps men and women maintain healthy weights while facilitating weight loss for those who are already overweight.

Those already diagnosed with OA should speak with their physicians before beginning an exercise regimen, and such conversations can also include discussions about the various medications that can be used to reduce symptoms of OA.


More information about OA is available at [www.arthritis.org](http://www.arthritis.org).



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