

# THRIVE

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ON THE SOUTH COAST  
JANUARY / FEBRUARY 2020

## 5 things you should do before **CANCER TREATMENT**

After a diagnosis,  
here's some advice  
for next steps





# 5 things you should do before cancer treatment

After a diagnosis, here's some advice for next steps

COURTESY OF CLEVELAND CLINIC  
www.awellnessupdate.com

If you just found out you need cancer treatment, there are ways to prepare yourself. Being ready will help you overcome the uncertainty and anxiety that so often go along with starting treatment. No matter what, remember who's in charge: you. Too many people don't realize that they — not their doctors — are in charge of their own health.

Here are five things you should do to help with your treatment:

## 1 Ask your doctor about the best-, worst-case scenarios

Whether you're facing chemotherapy, radiation or surgery, you need to know what to expect. Many people go into cancer treatment without knowing the possibilities. Then if a worst-case scenario happens, it catches them off guard. The most important way a physician can help you prepare for treatment is to clearly set expectations of the possible good — and bad — outcomes.

## 2 Educate yourself

Many doctors don't discourage patients from looking online for information about their upcoming treatment. There are a lot of good resources there that will help you prepare:

- The American Cancer Society is a great starting point. Among its many resources is a guide to preparing yourself

for cancer surgery.

- ChemoCare.com can help you understand how chemotherapy works and what you can expect from this treatment.

- Look for sites that are specific to your type of cancer. For those with kidney cancer, for instance, the Kidney Cancer Association can educate and prepare you for nephrectomy, which is the most common first step for treatment of kidney cancer.

- Cleveland Clinic also offers treatment guides for 17 specific kinds of cancer. Check out [my.clevelandclinic.org/departments/cancer/patient-education/cancer-treatment-guides](http://my.clevelandclinic.org/departments/cancer/patient-education/cancer-treatment-guides).

## 3 Be proactive

Provide all of your physicians with documentation about your conditions. Don't assume they have everything. Think of it as you would a financial adviser — you're paying him or her as the expert in how to handle your investments, but the money is yours, and you're the boss.

## 4 Follow up

Don't assume that a test result is normal just because you didn't hear anything about it.

## 5 Reach out for support

Use online information only as a starting point. None of the informa-

tion you find online is a substitute for a face-to-face discussion with a physician. Smart patients gather their information, then bring it into my office and say, "What do you think?"

There are plenty of off-line resources and other options, as well:

- Talk to other patients.
- Find support groups for your type of cancer.
- Get a second opinion.

A Wellness Update is a magazine devoted to up-to-the-minute information on health issues from physicians, major hospitals and clinics, universities and health care agencies across the U.S. Online at [www.awellnessupdate.com](http://www.awellnessupdate.com).

## What to ask your doctor

- What are the ways to treat my type and stage of cancer?
- What are the benefits and risks of each of these treatments?
- What treatment do you recommend? Why do you think it is best for me?
- When will I need to start treatment?
- Will I need to be in the hospital for treatment? If so, for how long?
- What is my chance of recovery with this treatment?
- How will we know if the treatment is working?
- Would a clinical trial (research study) be right for me?
- How do I find out about studies for my type and stage of cancer?



## Types of cancer treatment

**SURGERY:** When used to treat cancer, surgery is a procedure in which a surgeon removes cancer from your body.

**RADIATION THERAPY:** Radiation therapy is a type of cancer treatment that uses high doses of radiation to kill cancer cells and shrink tumors.

**CHEMOTHERAPY:** Chemotherapy is a type of cancer treatment that uses drugs to kill cancer cells.

**IMMUNOTHERAPY TO TREAT CANCER:** Immunotherapy is a type of cancer treatment that helps your immune system fight cancer.

**TARGETED THERAPY:** Targeted therapy is a type of cancer treatment that targets the changes in cancer cells that help them grow, divide and spread.

**HORMONE THERAPY:** Hormone therapy is a treatment that slows or stops the growth of breast and prostate cancers that use hormones to grow.

**STEM CELL TRANSPLANT:** Stem cell transplants are procedures that restore blood-forming stem cells in cancer patients who have had theirs destroyed by very high doses of chemotherapy or radiation therapy.

**PRECISION MEDICINE:** Precision medicine helps doctors select treatments that are most likely to help patients based on a genetic understanding of their disease.

## Possible side effects of cancer treatment

- Anemia
- Appetite loss
- Bleeding and bruising (thrombocytopenia)
- Constipation
- Delirium
- Diarrhea
- Edema (swelling)
- Fatigue
- Fertility issues
- Flu-like symptoms
- Hair loss (alopecia)
- Infection and neutropenia
- Lymphedema
- Memory problems
- Mouth and throat problems
- Nausea and vomiting
- Nerve problems (peripheral neuropathy)
- Organ-related inflammation and immunotherapy
- Pain
- Sexual health issues
- Skin and nail changes
- Sleep problems
- Urinary and bladder problems



# Side notes

## These medications can have some rare but serious effects

### HARVARD HEALTH LETTER

**T**aking blood thinners and prescription painkillers such as opioids can have potentially life-threatening complications. But many medications — even over-the-counter drugs — have the potential for dangerous side effects.

“In most cases, the risk of serious side effects is very rare — much less than 1% of the time,” says Dr. Joshua Gagne, a pharmacist and epidemiologist with Harvard-affiliated Brigham and Women’s Hospital.

Learn the rare risks of some commonly prescribed medications:

### How to stay safe

If your doctor prescribes any of these medications, ask it’s necessary and whether the risks are warranted. In cases, such as taking statins, the benefits typically outweigh the risks. Muscle pain is annoying, and there is rare risk of cell breakdown causing weakness and kidney injury.

“But coming off a statin and then having a major heart problem is also a bad outcome. If you experience muscle pain, talk to your doctor about changing to a different statin or lowering the dose,” Gagne says.

Be sure to take your medications as prescribed. Also, follow dosage rules for over-the-counter painkillers unless your doctor advises otherwise.

And stay vigilant about watching for new symptoms.

Any sudden side effects you experience — such as abdominal pain, breathing difficulty, hives, swelling or muscle cramps — should be reported to your doctor immediately and may require a trip to the emergency department.

1

### ACE inhibitors

Angiotensin-converting enzyme (ACE) inhibitors — such as captopril (Capoten), lisinopril (Prinivil) and ramipril (Altace) — are prescribed to lower high blood pressure. The drugs help the body produce less angiotensin, a chemical that narrows blood vessels.

**The rare risks:** ACE inhibitors may trigger an allergic-type reaction called angioedema, a rapid swelling under the skin that can lead to swelling of the throat and tongue and difficulty breathing. “It could show up on the eyelids or around the mouth, or it may occur with hives on the chest,” Gagne says.

2

### Diabetes medications

Metformin (Glucophage, Riomet) is one of the most common treatments for Type 2 diabetes. It decreases the liver’s production of glucose (sugar that provides energy to cells), makes cells more sensitive to the hormone insulin (which moves glucose into cells) and decreases the absorption of glucose from the intestine.

**The rare risks:** Metformin may cause lactic acidosis, an accumulation of lactic acid in the blood that can lead to hypothermia (low body temperature) and a drop in blood pressure. Symptoms include muscle pain, severe abdominal pain, unusual fatigue and fast breathing.

3

### Statins

Statins, such as atorvastatin (Lipitor), simvastatin (Zocor), rosuvastatin (Crestor) and lovastatin (Mevacor), help lower “bad” LDL cholesterol and have been shown to reduce the risk of heart attack, stroke or death. “About 10% of people who take statins can get muscle aches. It’s not serious, but it causes people to stop taking statins,” Gagne says.

**The rare risks:** Statins may cause a potentially life-threatening breakdown in muscle cells, which can overwhelm the kidneys with muscle proteins, causing the kidneys to fail.

5

### Fluoroquinolone antibiotics

A class of antibiotics called fluoroquinolones, such as ciprofloxacin (Cipro) and levofloxacin (Levaquin), were once popular medications to treat sinus and urinary tract infections. They are prescribed less often today because of side-effect concerns.

**The rare risks:** Since 2008, the FDA has been warning about the drugs’ potential risks for irreversible side effects. First it was tendon ruptures, then peripheral neuropathy (numbness and tingling from irritated nerves) and more irritated (2018) damage to the aorta, the body’s main artery.

4

### OTC painkillers

Acetaminophen (Tylenol) and nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil, Motrin) or naproxen (Aleve) are often the go-to drugs for fevers, headaches and body aches.

**The rare risks:** Large daily doses of acetaminophen can damage the liver and lead to liver failure. Drinking alcohol while taking acetaminophen can also cause liver damage. Long-term and even short-term NSAID use is linked to ulcers, stomach bleeding, kidney problems, high blood pressure and increased risk for heart attack or stroke.



# Tight throat issues causing concern

Dear Doc H:

Q: *I've been dealing with a tightness in my throat over the course of the last few months. It's not like I have trouble swallowing or breathing, but it feels like there is a mass or perpetual lump. I'm 50 and don't smoke (but I did in the past). I know someone who recently died of throat cancer and I'm just a bit worried. What do you think I should do? — Concerned*

Dear Concerned:



**DR. CHARLES HURBIS**

What you have is not at all an uncommon problem. Luckily, the symptoms you describe will very rarely turn out to be cancer. Still, since this has been going on for a few months, you absolutely should be checked out to rule out a dangerous disease process. Fortunately, this is likely a simple treatable con-

dition.

What you are experiencing is known as a globus sensation. Globus is the perception of something being in your throat when nothing is actually there. Symptomatically, it may feel like a kernel physically stuck in your throat or like a constant non-specific soreness. It can also manifest as tightness which may be accompanied by the occasional throat spasm which can be frightening. And, with any type of unfamiliar symptom, people are usually inclined to suspect the worst.

So what causes globus? Well, any process which has the ability to chronically inflame the back of the throat. In almost all cases your symptoms will be related to a prolonged sinus condition or reflux disease. Since we've spent so much time on sinus disease in this column I'm going to focus on reflux.

When you suffer from reflux symptoms gastric acid is backing up into your esophagus. This is due to the weakening or dysfunction of the valves which normally keep it in your stomach. Your stomach's lining was designed to withstand the constant bathing of its acidic contents without damage. This is not true for parts of your swallowing apparatus back upstream which will become irritated or worse when exposed repeatedly. When gastric contents escape the stomach, they

have the ability to travel quite far into the throat, possibly causing damage to the esophagus, pharynx and even your voice box. In children, stomach acid can travel as far as the nasal cavity where it can be responsible for middle ear and sinus disease. Over time this constant bathing can cause symptoms such as a chronic cough, hoarseness and then globus which you experience. Interestingly, many people will have no symptoms of reflux at all. All they notice will be the above seemingly unrelated problems. This can occur for a couple of different reasons. First is that reflux often occurs while sleeping at night

where someone is totally unaware of it. The other condition is known as LPR or laryngopharyngeal reflux. In this syndrome, reflux does occur during the day, but the patient has no symptoms of reflux, just the end issues noted above. The theory here is that the patient has been refluxing for so long that the sensory fibers further below have been totally burned out and only the higher areas are still capable of reacting to the stomach acid. There are some newer theories about how reflux causes damage where it is felt that acid is not the only culprit, but they are outside the scope of this column.

So how is this controlled? Well, first you'll need to be checked out to be sure nothing worrisome is found on your exam. Any chronic unexplained symptom always warrants an investigation. This likely will require

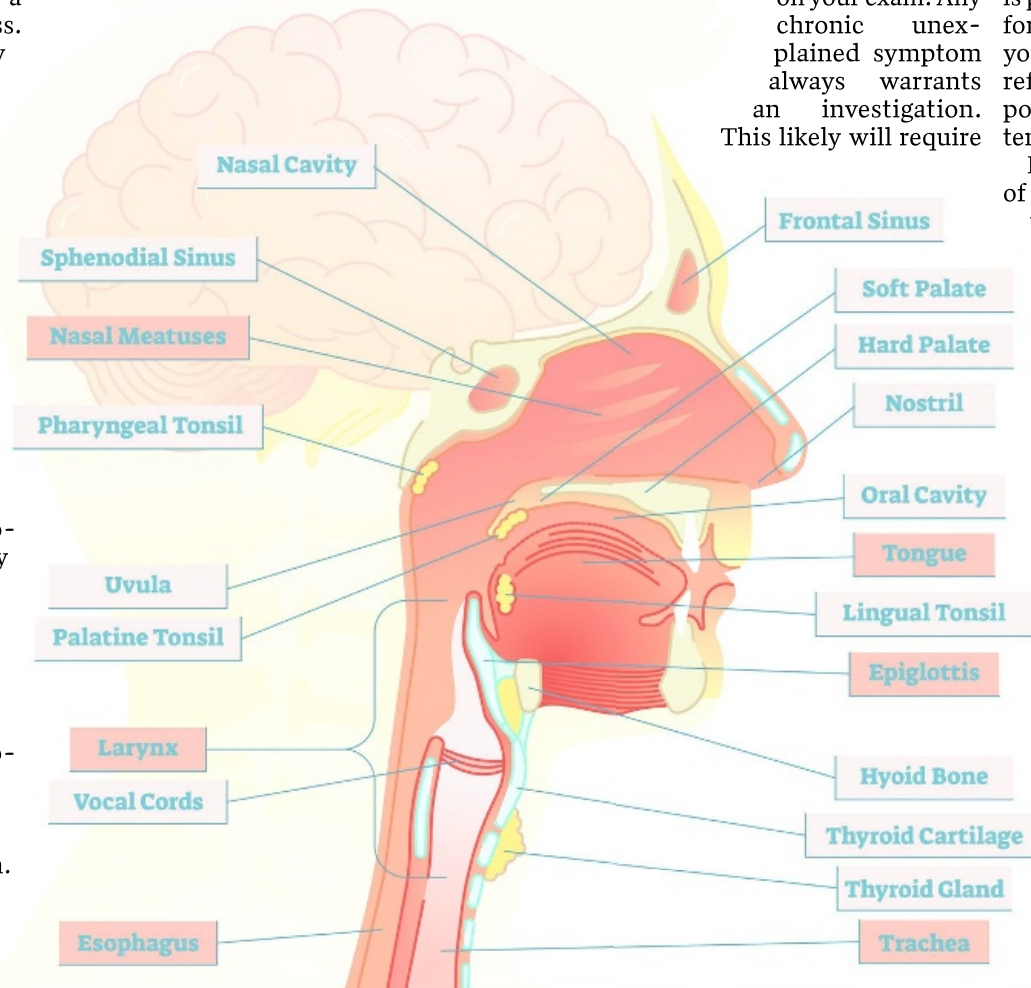
referral to an Otolaryngologist. Once medically cleared standard reflux therapy should be effective fairly quickly. Therapy for reflux follows a progression and how much treatment is needed will be individual. Many will respond to conservative recommendations only, head of bed elevation, looser clothes, good food choices with careful timing of meals, watching caffeine and alcohol and perhaps weight loss. Others can be treated with simple antacids. For those requiring medications there are the options of H2 blockers such as Pepcid, or the PPI's such as Prilosec. Both of these drug classes limit the stomach's acid production thus increasing the pH. They do not necessarily fix the leakage issue. The PPI's have gotten some recent bad press so long term use of these is probably not advised. They remain fine for a short course. Interestingly CPAP, if you use it, also will diminish nighttime reflux by creating a constant up-stream positive pressure that will, to some extent, keep stomach contents down.

For those totally refractory to any kind of medical therapy there are surgical options. The Nissen fundoplication is a very successful surgery for reflux control and can be done endoscopically. This surgery effectively tightens the lower esophageal valve preventing leakage. The results are immediate, occasionally dramatic and it makes medication use unnecessary. The bottom line, if your problem is solely reflux, effective treatment will clear your symptoms. If not, your doctor needs to dig deeper.

So, should you worry about throat cancer? Probably not (unless of course you have many prolonged risk factors). Normally, effective treatment for reflux and/or sinus issues will clear most all globus symptoms. Still, be proactive here and get checked out.

*Dr. Charles Hurbis is an ENT-otolaryngologist has been practicing in the Bay Area since 1991. His areas of interest/expertise include the diagnosis/treatment of sinus disease and nasal airway issues, treatment of skin cancer, sleep medicine, facial plastic surgery as well as the other spectrum of head and neck disease.*

*Dr. Hurbis's practice is located at 2695 N 17th St. in Coos Bay. 541-266-0900*



## Throat Anatomy



# Beans: The Keystone of Health

## Healthy Bytes Initiative

**STEPANIE POLIZZI**  
Oregon State University

Beans have been cultivated for thousands of years and have been the mainstay of healthy diets through the ages. In recent times in the US, beans have lost their place at the table in favor of a heavy meat diet. But dietitians and physicians who work in disease reversal know that substituting beans for meat in our meal plans will begin reversing many of the risk factors associated with chronic diseases like cholesterol, blood pressure, blood sugars and body fat.

Beans are inexpensive and loaded with nutrition. There are many varieties from black or pinto beans and lentils to black-eyed or green split peas. Protein and fiber are the two most significant contributions of beans, but their high vitamin and mineral content and low calories makes them the perfect food. They contain very



small amounts of fat (unsaturated healthy fat) and no cholesterol, and are a concentrated source of beneficial nutrients that prevent disease, making them the perfect food, especially if you want to save money.

The soluble fiber in beans helps to lower cholesterol and regulate blood sugars, lower blood pressure and inflammation. Fiber helps you feel full so you eat fewer calories, a great bonus if you are trying to lose weight.

Dried beans are actually seeds grown in pods. They must be boiled and cooked until soft before consuming. Soak dried beans in water overnight or for several hours in the refrigerator. Then drain and add water for boiling.



This helps to speed cooking time and also may reduce the formation of flatulence (gas). Black-eyed peas and lentils do not require pre-soaking and cook up quickly. Cover beans with water and add herbs or spices. Bring

to a boil and reduce heat. Cook until tender: For lentils, about 15 minutes, for dried beans, 45-60 minutes.

When using canned beans, select salt-free varieties. You can rinse beans to remove some of

the salt, but you will also remove some of the healthful fiber. Use the gel at the bottom of the can in your cooking since it contains soluble fiber that has escaped from the bean during the canning process. Canned beans contain the same nutrition as dried beans prepared at home. Just be cautious that you read labels to avoid beans with added fats or salts.

Beans can be your soup base, or cooked and mashed to make burgers, dips or spreads. Hummus is traditionally made from chick peas (garbanzo beans) but you can make hummus from any bean. Toss cooked beans on salad or use as a side dish. If beans are a new addition to your diet, do not be concerned about gas, as your body will become accustomed. Flatulence is a sign that your healthy bacteria are helping to release additional nutrition from the beans. Also be sure to drink plenty of water when increasing fiber in your diet.

## Women's Health Day is Feb. 1

### SCHHC Women's Health Day 2020

**BANDON** — The 2020 Women's Health Day will be held Saturday, Feb. 1, at the Bandon Community Center (The Barn), 1200 11th St. SW. This is the 17th annual Women's Health Day, and is sponsored by First Interstate Bank, Sharon Strong DMD, and South Coast Hospice and presented by Southern Coos Hospital & Health Center and the Southern Coos Health Foundation.

The event will run from 9 a.m.-3 p.m., with breakfast starting at 8:30 a.m. Once again this will be a free event thanks to the support of sponsors.

The theme of this year's Women's Health Day is "Wellness of the Mind, Heart, and Body" and will feature a wide-ranging dis-

cussion focusing on mental and emotional wellness and how the wellness of the physical body is connected. WHD20 will feature speakers Dr. Michelle Niesley, ND and Stephanie Lyon, L.a.C.

As in the past, there will also be several raffle baskets and local businesses including the Southern Coos Hospital Gift Shop, Beauty Counter, Sharon Strong and many others in attendance as vendors.

Pre-registration is highly encouraged as the event does fill up quickly and attendee bags and seating are somewhat limited. The event includes a light breakfast, lunch and an excellent program of information and activities. To register online go to [southerncoos.org/women-healthday](http://southerncoos.org/women-healthday) or contact Sabrina at [sjohnson2@southerncoos.org](mailto:sjohnson2@southerncoos.org) or 541-329-1881.



**AMY MOSS STRONG, BANDON WESTERN WORLD**

Breakfast and a generous lunch were provided by the Dietary Department of Southern Coos Hospital & Health Center for the 2019 Women's Health Day. The day-long event was free, thanks to sponsors and volunteers.

## Auxiliary offers free blood pressure checks on Thursday

**COOS BAY** — Bay Area Hospital offers free blood pressure checks. Qualified Auxiliary volunteers are available to check your blood pressure 9-11:30 a.m. every Thursday near the piano in the main lobby of Bay Area Hospital located at 1775 Thompson Road in Coos Bay.

Visit Bay Area Hospital online at <http://www.bayareahospital.org/>.





# A closer look at alkaline water

For most people, ordinary H<sub>2</sub>O is fine

TRIBUNE CONTENT AGENCY

**D**EAR MAYO CLINIC: I've heard that alkaline water is better at rehydrating your body than nonalkaline, or plain, water. Is this true?

**ANSWER:** In short, for most people, plain water is better. But first, it's important to understand the definition of alkaline water. Scientists use pH to describe how acidic or basic a substance is, with a range from 0 to 14. Pure water has a pH of 7, meaning it's neutral. Fluids with a pH under 7, such as coffee and soda, are acidic. Substances with a pH over 7, such as baking soda, are basic, or alkaline.

Alkaline waters have a pH around 8 or 9. Some vendors use water that has a naturally higher pH, while others say that they create alkaline water through an ionization process.

Alkaline water companies make a host of claims, saying it's better at rehydrating the body and that it will detoxify and "balance" your body, help you lose



weight and prevent or even treat cancer. However, there's little credible research showing that alkaline water benefits your

health in any important way. In general, be wary of promoted research on alkaline water, as some of these studies are small

or funded by alkaline-water companies.

Some studies also suggest that alkaline water might help slow bone loss, but further investigation is needed to determine if this influences overall bone mineral density and if the benefit is maintained over the long term.

Often, claims about the benefits of alkaline water rest on the argument that modern diets make our bloodstreams and bodies too acidic. This is misleading. Regardless of what you eat or drink, your body is good at regulating your blood pH through organs such as your lungs and kidneys. It's possible to have excess acid in your body fluids — what is known as acidosis — but this is generally caused by a serious condition such as a chronic disease involving the lungs or kidneys.

Many people don't drink enough water, and they may feel better after increasing hydration through alkaline water. However, it's probably not the alkaline nature of the water that's of benefit. It's the water. You can save money and hydrate your body perfectly fine simply by drinking plain water.

Katherine Zeratsky, R.D.N., Endocrinology/Nutrition, Mayo Clinic, Rochester, Minn.

## What to do about incidental findings

### HARVARD HEALTH LETTER

Modern medical imaging saves lives: It can find a blocked artery, a bulging blood vessel or a suspicious mass. But many times, an X-ray, CT scan, MRI scan or ultrasound exam looking for one kind of problem can reveal an anomaly that's unrelated and unexpected. Such incidental findings can lead to more testing, more medical bills and a great deal of anxiety.

"Frequently radiologists will point out something and say it's probably benign but recommend an MRI. Once you've been told something might be abnormal, you might feel nervous until you know what it is," says Dr. Suzanne Salamon, associate chief of gerontology at Harvard-affiliated Beth Israel Deaconess Medical Center.

### Examples

Incidental findings can show up in just about any part of the body, such as the brain, thyroid, lungs, kidneys, liver, pancreas, adrenal glands or ovaries.

An incidental finding might be a nodule or tumor (abnormal growths that may be benign or malignant) or a cyst (a fluid-filled or debris-filled sac).

"For example, the doctor may order a chest x-ray in a person with a bad cough, to look for pneumonia, but the radiologist finds a nodule instead. It may be totally benign, or it may be cancerous," Salamon says. Even if the chance that the nodule is cancerous is very small, there is still a lot of anxiety and pressure to do further testing to be sure it's not cancer.

### What happens next?

The next steps depend on the shape, size and location of the incidental finding.

"There's no way to generalize it," Salamon says. "We have guidelines spelling out the sizes of cysts and nodules in each part of the body that require follow-ups."

The guidelines are based on good scientific studies, but they're not perfect: Sometimes

a cyst or nodule that the guidelines recommend testing further turns out to be nothing, or a cyst or nodule that did not warrant further testing turns out to be serious.

### Coping with consequences

Unfortunately, incidental findings can create hardship, including physical harm from invasive tests (such as biopsies), psychological harm (stress and anxiety), financial burdens and strains on relationships.

Most often incidental findings on imaging tests don't represent anything serious. If it is a simple cyst, it likely won't require any specific follow-up. For other findings, the radiologist may recommend a repeat test in three to six months or even longer. But if your doctor urges you to get a follow-up test:

■ **Schedule it now.** The sooner you have answers, the better.

■ **Listen to your doctor.** "If the doc-

tor is reassuring you that the results are probably going to be benign, try to focus on that," Salamon suggests.

■ **Try to be positive.** "If the tests do show you have a serious condition, at least you'll be finding it early," Salamon says, "which means you'll have a better chance for successful treatment."

### Our take

Medicine began using X-rays more than a century ago, but CT, MRI and ultrasound have been around only about 50 years. These technologies have greatly improved diagnosis — particularly by catching bad diseases early — and even improved treatments by enabling doctors to guide a needle or scalpel more precisely.

Yet, like many beneficial inventions, they can have a downside. Doctors are working to improve the ability of these technologies to distinguish potential serious problems from irregularities that are of no concern.



# Would You Benefit from Balloon Sinuplasty?

Balloon Sinuplasty is a minimally invasive sinus procedure performed on eligible patients who suffer from the symptoms of chronic sinusitis. A tiny balloon is placed in key areas in the sinuses, which are then dilated to widen the sinus passageways. Studies show that over 90% of patients treated by sinuplasty have their symptoms greatly improved.

- COMFORTABLE SETTING** – Completed in the office
- QUICK RECOVERY** – Most return to work the next day
- LOCAL ANESTHETIC** – Avoiding the risk of General Anesthetic
- PATIENT SATISFACTION** – Patients highly recommend this to others



To schedule a consultation call 541-266-0401 Visit our website at [oregonsinuswellness.com](http://oregonsinuswellness.com)



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Center for Sinus Wellness  
Charles G. Hurbis, M.D.

Discover Sinus Comfort and Control



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# Red Cross says donors of all blood types, races and ethnicities needed

COOS/CURRY Counties – The American Red Cross urges people of all races and ethnicities to give blood or platelets to help increase the diversity of the blood supply.

The vast majority of blood types fall into one of the major blood groups. However, for patients with rare blood types or those who receive regular blood transfusions, blood must be matched closely – beyond the primary A, B, O and AB blood types – to reduce the risk of developing complications from transfusion therapy. The best match may be someone of the same racial or ethnic group.

Eight-year-old AJ Torres requires blood transfusions to treat complications from sickle cell disease, the most common genetic disease in the U.S. The disease is most common among people of African descent or Latino descent, like AJ, and can sometimes cause small blood vessels to become blocked. Diverse donors are important to ensuring AJ has the blood products he needs to regain his health.

“Within minutes of receiving a blood transfusion, I watch his strength be restored, pain vanish and energy return. Soon he transforms back to himself – a rambunctious little boy,” said his mom, Caira Torres. “If an 8-year-old can withstand a needle, so can you.”

Donors of all blood types, as well as all races and ethnicities, are needed to meet the needs of an increasingly diverse patient population. Appointments can be made by downloading the free Red Cross Blood Donor App, visiting RedCrossBlood.org, calling 1-800-RED CROSS (1-800-733-2767) or enabling the Blood Donor Skill on any Alexa Echo device.

■ Tuesday, Jan. 28 – 10 a.m.-3 p.m. Southwestern Oregon Community College, Empire Hall

■ Tuesday, Feb. 18 – 1-6 p.m. Reedsport Community Masonic Temple #59

■ Wednesday, Feb. 19 – 9 a.m.-2 p.m. Reedsport High School, Red Cross Bus

■ Thursday, Feb. 20 – 10:00 a.m.-3 p.m. Bay Area Hospital, Red Cross Bus

■ Friday, Feb. 21 – 11 a.m.-4 p.m. Fred Meyer Florence, Red Cross Bus

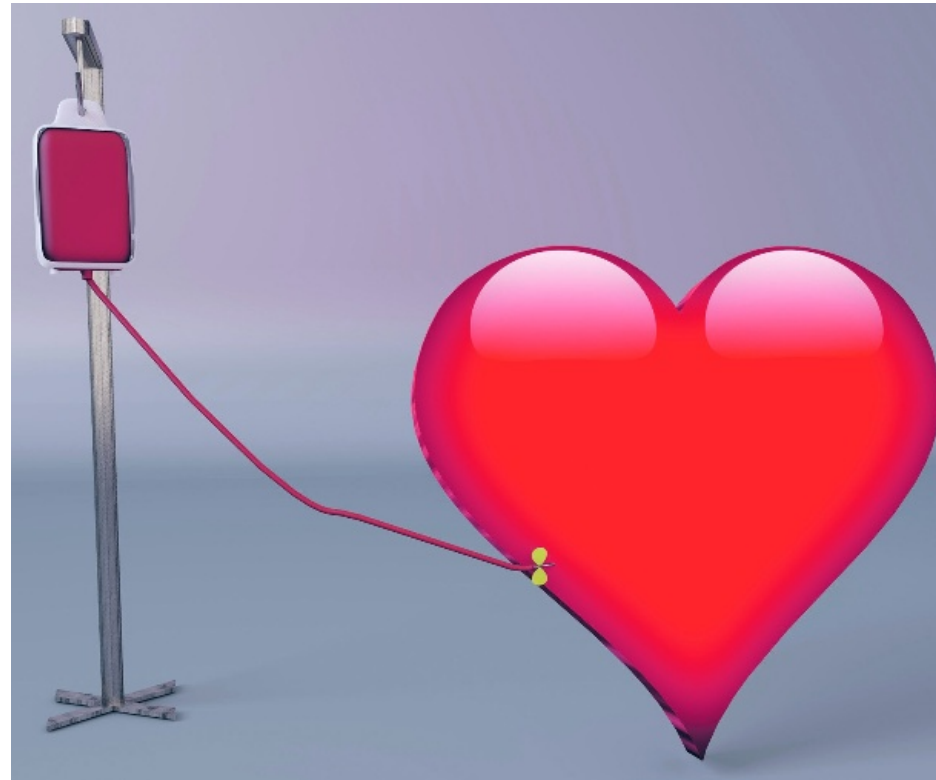
■ Wednesday, Feb. 26 – 9 a.m.-2 p.m. Coquille High School Cafeteria

■ Friday, March 6 – Noon-5 p.m. First Baptist Church Bandon

■ Tuesday, March 10 – 9 a.m.-2 p.m. Powers High School

■ Tuesday, March 10 – Noon-5 p.m. Coquille Valley Hospital

■ Wednesday, March 11 – 9 a.m.-2 p.m. Bandon



High School gym

■ Thursday, March 12 – 8:30 a.m.-2 p.m. Marshfield High School gym

## How to donate blood

Simply download the American Red Cross Blood Donor App, visit RedCrossBlood.org, call 1-800-RED CROSS (1-800-733-2767) or enable the Blood Donor Skill on any Alexa Echo device to make an appointment or for more information. All blood types are needed to ensure a reliable supply for patients. A blood donor card or driver's license or two other forms of identification are required at check-in. Individuals who are 17 years of age in most states (16 with parental consent where allowed by state law), weigh at least 110 pounds and are in generally good health may be eligible to donate blood. High school students and other donors 18 years of age and younger also have to meet certain height and weight requirements.

Blood and platelet donors can save time at their next donation by using RapidPass to complete their pre-donation reading and health history questionnaire online, on the day of their donation, before arriving at the blood drive. To get started, follow the instructions at RedCrossBlood.org/Rapid-

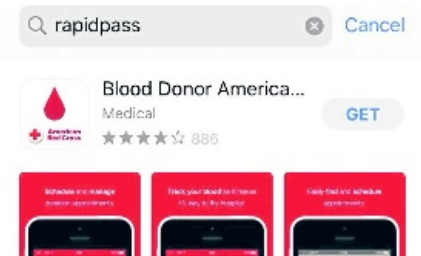
Pass or use the Blood Donor App.

## Volunteers needed

Another way to support the lifesaving mission of the American Red Cross is to become a volunteer transportation specialist and deliver lifesaving blood products to local area hospitals. Volunteer transportation specialists play a very important role in ensuring an ample blood supply for patients in need by transporting blood and blood products. For more information and to apply for a volunteer transportation specialist position, visit [rdcrss.org/driver](http://rdcrss.org/driver).

## About the American Red Cross

The American Red Cross shelters, feeds and provides emotional support to victims of disasters; supplies about 40 percent of the nation's blood; teaches skills that save lives; provides international humanitarian aid; and supports military members and their families. The Red Cross is a not-for-profit organization that depends on volunteers and the generosity of the American public to perform its mission. For more information, please visit [redcross.org](http://redcross.org) or [cruzrojaamericana.org](http://cruzrojaamericana.org), or visit us on Twitter at @RedCross.



## Blood Drive can go faster with RapidPass

American Red Cross blood program partner, RapidPass, saves lives in less time.

RapidPass, through the use of technology, now offers donors a way to complete their pre-reading and health history questions online to help reduce the time they spend at blood drives by up to 15 minutes.

RapidPass is making drives more efficient and offering donors more ways to get their pass.

Donors who use RapidPass make blood drives as efficient as possible.

Donors have three options to get their pass online: Laptop or desktop computer, personal mobile device, or using a Blood Donor App

To access those online options, visit [redcrossblood.org/RapidPass](http://redcrossblood.org/RapidPass)

You will get started with some initial information, read the pre-donation materials, and answer the health history questions then print, save or email the RapidPass.

Want the Blood Donor App?

To download the Blood Donor App, text BLOODAPP to 90999 or search Red Cross Blood in the app store.

Benefits of using RapidPass are higher show rates for blood drives – donors who complete their pass in advance of their appointment are much more likely to honor their appointment than a donor who doesn't.

Donors move through the process in a more efficient manner. By setting an appointment and completing the RapidPass process, donors can lessen their wait time and complete the process quicker, saving up to 15 minutes.

Important information to remember:

■ RapidPass is not the same as an appointment. For the most efficient experience possible, donors should schedule an appointment and complete their pass on the day of their donation.

■ RapidPass must be completed on the date of the blood drive. If a donor completes their pass prior to the date of the blood drive, the donor will be asked to redo the questions before donating.





# THE SCIENCE BEHIND SNACKING

These days, non-meals provide about 25% of our calorie intake. Here's a look at some smarter snack habits to consider.

## Make snacks work for you

■ **Become a planner.** According to research involving more than 2,700 adults and published in a 2014 issue of the *Journal of the American College of Nutrition*, consumers eat 59% of their snacks without planning. Yet typically, planning leads to better choices. Some people find it helpful to create a list of suitable snacks and to choose from that list only.

■ **Fill in nutritional gaps.** Think about what's missing from your meals. Are you eating enough protein, sufficient fiber, adequate dairy, ample fruits and vegetables? Examine each food group or nutrient of concern, and make an informed decision about what your body needs at snack time.

■ **Avoid aimless snacking.** With more than one-fifth of snacks serving no good purpose, it's smart to pay attention to your habits as well as emotional cues that might lead you to pointless, and potentially harmful, eating. There are more productive strategies than eating to deal with boredom and unpleasant emotions. Try some of these or create your own list:

- Play with your pet.
- Chat with a friend.
- Listen to uplifting music.
- Take a walk, or simply spend time outside.
- Sit quietly with a cup of soothing tea.
- Practice your hobby such as painting or photography.
- Spend time in yoga, meditation or prayer.

JILL WEISENBERGER, M.S., R.D.N.  
Environmental Nutrition

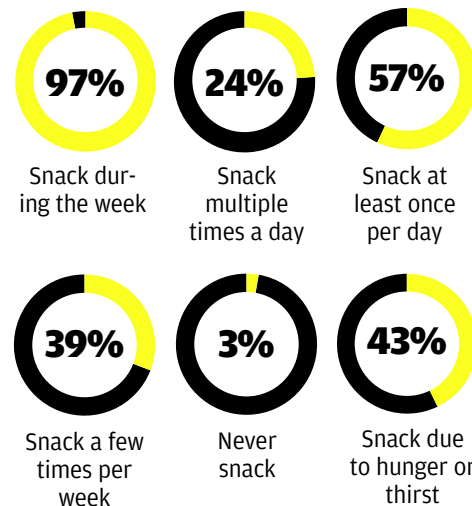
The traditional three-square-meals-a-day eating pattern has given way to lots of noshing. In fact, 50% of all eating occasions are snacks. And it's not just millennials and young adults who are eating between meals. Even 43% of baby boomers say they can't get through a day without a snack. All this snacking provides about one-quarter of our daily calorie intake.

There are many reasons for the increase in snacking and the decrease in traditional meals, says Shelley Balanko, Ph.D., senior vice president of the Hartman Group Inc, a food culture consultancy. Not only is food available at every type of gathering or on the way to run any errand, but there's increased variety available, too, making self-restraint much harder, she explains. Time constraints are eating into traditional meals, as well.

Younger adults struggle to balance work and family demands, and with more time on their hands, retired folks are often on the go. The decline in meal planning and cooking skills has shifted the balance of meals and snacks, too. So have the interests in better nutrition and experimenting with new flavors. About 30% of consumers snack as an opportunity to try out new flavors, including ethnic foods. And just over half of all snacking occasions are aimed at better nutrition such as an opportunity to get more fruits and vegetables, Balanko says. Unfortunately, she adds, 22% of all snacking is aimless, such as snacking because of boredom or to cope with stress.

## Snacking by the numbers

A look at the results of a 2019 food and health snacking survey:



## Top 10 reasons for snacking

1. I am hungry or thirsty
2. I crave sweet snacks
3. I crave salty snacks
4. Out of boredom
5. I need energy
6. It is too long until my next meal
7. Snacks are easily available to me/ convenient
8. It is a habit of mine
9. Snacks are a treat or reward for me
10. I want something nutritious

Source: International Food Information Council Foundation

## GUIDE TO GOOD SNACK OPTIONS

Since fruits and vegetables are very much under-consumed, set the goal to eat a fruit and/or vegetable at every snack. If you're short on other foods or nutrients, pair your fruit or vegetable with another nutritious option. Here are some choices that may work for you for different circumstances.

**More protein:** To build or maintain muscle mass, you'll need a good source of protein several times per day. Try low-fat cottage cheese with berries or sardines atop whole-grain crackers and tomatoes.

**More fiber:** Fiber does more than keep your bowels regular. Some types of fiber help with blood-sugar and blood-cholesterol control. Some help you manage your appetite, and others feed the good bacteria in your gut. Enjoy a pear and a few almonds or some popcorn and raisins.

**More beans and lentils:** Pulses like beans and lentils are a treasure trove of nutrition, including protein, fiber and blood-pressure-friendly potassium. Dip raw veggies in hummus or black bean dip, or snack on roasted chickpeas and baby carrots.

**More dairy:** Dairy gives us both protein and calcium. Sprinkle nuts and fruit over low-fat Greek yogurt, dip veggies into a yogurt-based dip, or enjoy low-fat cheese with apple slices.

**More fruit and vegetables:** There's a whole world out there! Enjoy any

favorite fruit or vegetable during a snack.

**More whole grains:** Eating whole grains is linked to good heart health and less risk for Type 2 diabetes. Spread peanut butter and sliced bananas on whole-wheat toast. Sit down to a small bowl of oatmeal with diced apples and cinnamon.

**When you don't want a full meal:** Sit down to a mini meal containing two or three food groups. Try a small cup of black bean soup, a couple of whole-grain crackers and a few grapes. Melt reduced-fat cheese on a whole-wheat tortilla, and top with jarred tomato salsa.

**When you want something sweet:** Dip strawberries, orange segments or any favorite fruit into melted chocolate.

**When you want something crunchy:** Snack on nuts, popcorn or roasted chickpeas. Pair them with fresh or dried fruit. Fill a few stalks of celery with almond or peanut butter, and top them with raisins or dried cranberries.



# It's not too late to get a flu shot

## The sickness season could last until May

HELENA OLIVIERO  
The Atlanta Journal-Constitution

We're in the throes of the flu season, but with months left, doctors are emphasizing it's not too late to get your flu shot.

The flu vaccine remains the best form of defense against the flu, according to Children's Healthcare of Atlanta System Medical Director of Infectious Diseases Dr. Andi Shane and other doctors and experts across the country.

It's Shane's No. 1 tip for protecting you and your family from the flu.

While getting a vaccine earlier in the season is better, there is still a lot of the season to go, and vaccination now could still provide benefit.

It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection.

Limited testing data are suggesting this year's flu vaccine may not be a good match for Influenza B, which is widely circulating right now. It appears to be a better match for Influenza A, which is picking up across the country.

But experts stress the vaccine also can offer protection even if you come down



with the illness. It lessens the severity of the flu and reduces the chance of experiencing complications, health officials said. Getting a vaccine also can reduce the length of the flu if you do get sick.

Go to [www.vaccinefinder.org](http://www.vaccinefinder.org) to find a location close to you for a flu shot.

The flu season got off to an unusually early start with sporadic cases emerging in August.

The flu season, which usually ramps up

in October and peaks between December and February, is now severe and widespread. The season also can extend into May — like it did the 2018-19 season.

Flu levels are much higher than around this time during the previous two flu seasons. That includes the brutal 2017-18 flu season, which turned out to be one of the worst on record in some states. Flu activity didn't surge that season until after Christmas.

### Other steps to take

There are other steps you can take to avoid getting and spreading the flu.

Common-sense flu-prevention techniques really make a difference.

Frequently wash your hands with soap and warm water. (If water is not available, alcohol-based gels are the next best thing.)

If you are sick, cover your coughs and sneezes with the inside of your elbow or a tissue that is then discarded.

Also, don't go to work, and don't have your children go to school, when sick.

### If you get the flu ...

If you do get sick and think you may have the flu, contact your health care provider right away, particularly if you or family members are at high risk for serious flu complications — children younger than 5, people older than 65, pregnant women and those with chronic health conditions such as diabetes or asthma.

Even young, healthy adults should call their doctor if symptoms don't improve or get worse after three to four days of illness.

There are antivirals such as Tamiflu or Relenza that can reduce the duration of flu symptoms, but the medication needs to be started within 48 hours of the onset of symptoms to be most effective.

## Cause of heart rhythm disorder determines treatment

TRIBUNE CONTENT AGENCY

**DEAR MAYO CLINIC:** Recently, I was diagnosed with ventricular tachycardia, but doctors said a cause cannot be determined. What usually causes this problem? Does knowing the cause make a difference in treatment?

**ANSWER:** There are many causes of ventricular tachycardia. Some do not present a serious health threat, while others are potentially more dangerous. It is important to know what's causing ventricular tachycardia because the cause and the context in which it happens have significant implications for how this heart condition is managed and treated.

Ventricular tachycardia is a heart rhythm disorder, or arrhythmia, caused by abnormal electrical signals in the ventricles —

the two lower chambers of the heart. The abnormal electrical signals make the heart beat faster than normal, usually 100 beats or more a minute, and the ventricles beat in a rhythm that's out of sync with the atria — the heart's two upper chambers.

The severity of ventricular tachycardia can vary significantly. In some cases, it may last for only a few seconds and not cause any noticeable symptoms. In others, it can last much longer. The heart may not be able to pump enough blood to the lungs and the rest of the body because the heart chambers are beating so fast or out of sync that they don't have time to fill properly. That can lead to symptoms such as dizziness, lightheadedness, chest pain, shortness of breath and loss of consciousness.

When ventricular tachycardia happens,

some people may notice their heart beating quickly, fluttering or pounding, while others do not feel the irregular heartbeat. In severe cases when it triggers sudden cardiac arrest that stops the heart, ventricular tachycardia is a life-threatening condition that requires emergency medical care.

The direct cause of ventricular tachycardia is a disruption in the normal electrical impulses that control the rate at which the ventricles pump. But the underlying reason for that disruption can be any one of a number of concerns.

Identifying the underlying cause of ventricular tachycardia typically begins with an ultrasound or another type of cardiac imaging to check for structural heart disease. Depending on the results of that imaging and the circumstances surrounding episodes of

ventricular tachycardia, other testing may be recommended.

Those tests can include an EKG to monitor the timing and strength of electrical signals as they travel through the heart. A stress test may be useful to check how the heart functions when it is working hard. If narrowed arteries are suspected to be contributing to ventricular tachycardia, a heart catheterization procedure can be used to look for blockages.

Although it's not always possible to pinpoint a specific cause of ventricular tachycardia, knowing what may be triggering the disorder and understanding when it occurs are often key to effective treatment.

Talk to your health care provider about testing that may be available to identify the cause of your ventricular tachycardia.



# 17th Annual Women's Health Day

*Wellness of the Mind, Heart, and Body*

**Free Admission!**

**Bandon Community Center**  
**February 1<sup>st</sup>, 2020**  
**9am-3pm**

**Breakfast & Lunch Provided**

## Special guest speakers

**Dr. Michelle Niesley** from the Center of Natural Medicine in Eugene

**Dr. Hank Holmes** from Coast Community Health Center

To register, visit [southerncoos.org/womenshealthday](http://southerncoos.org/womenshealthday) or call Sabrina at 541.329.1881

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# UP TO YOUR KNEES IN PAIN?

Weighing last resorts before surgery for osteoarthritis

## HARVARD HEALTH LETTER

**K**nee osteoarthritis affects about half of us in older age. The cartilage that acts as a cushion between the bones wears away, and it hurts when the bones grind against each other. In many people, arthritis can become severe enough that they consider a knee replacement. Because surgery is an expensive and complicated option, you may wonder what else you can do to reduce knee pain. Beware: Some treatments are bogus and even dangerous.

### Stay away from these

The first sign that a knee-pain treatment isn't the best choice: an ad promising that it's the surefire solution.

One such treatment is an implanted shock absorber. Several are on the market.

"They don't work. There are a lot of different products that haven't been tested with good scientific research, especially new products. Avoid them," says Dr. Scott Martin, an associate professor of orthopedic surgery at Harvard Medical School.

Another treatment to skip: prolotherapy, an injection of an irritant such as glucose into the knee, which supposedly stimulates the body to start the healing process.

"There is nothing in scientific literature to support it. It's just sugar water," Martin said.

Some clinics offer injections of ozone (the same gas that surrounds the earth) or add ozone to prolotherapy injections, claiming that it repairs cartilage and bone.

But ozone is toxic and extremely dangerous to humans, banned by the FDA in medical treatments, and should be avoided.

Another questionable treatment: injections of stem cells into the knee. Stem cells have the ability to transform into other types of cells, and it's thought that stem cells might regenerate damaged joints.

Martin said we don't know yet if the approach helps, and there's not a lot of science to support it. Plus, treatment is not covered by insurance, and it can be extremely expensive, up to \$40,000.

It also poses risks such as infection or fracture if someone is inexperienced in techniques of

harvesting cells from the bone.

If you're interested in this approach, Martin advises avoiding local stem cell clinics and going only to an academic research center doing an investigational study.

### A mixed bag

Some treatments have mixed results. One is acupuncture, the Chinese technique that involves inserting hair-thin needles into nerve junctions. It's safe as long as it's done by a certified acupuncturist. But studies disagree on how well it works for knee pain.

"It won't hurt you, but you have to believe it'll work. The will to be healed is half the healing," Martin said.

Another treatment that may help: knee injections of platelet-rich plasma (PRP), a concentrated solution of platelets extracted from your own blood. Platelets contain proteins called growth factors that are thought to stimulate the body's healing response. But PRP is expensive (hundreds or thousands of dollars per treatment), and insurance doesn't cover it.

"Studies show PRP does seem to have an anti-inflammatory effect," Martin said, "but there's not a lot of hard evidence it provides sustained relief."

The over-the-counter supplements glucosamine and chondroitin may reduce pain.

"They work for about 50% of patients," Martin said. "It doesn't restore cartilage, but studies show it seems to help relieve pain."

### More reliable

The gold standard to treat osteoarthritic knees: Lose weight, and strengthen your muscles (especially the quadriceps in the thighs) with physical therapy. Both steps can take pressure off your knees, which reduces pain. But it can be hard to shed pounds, and sometimes knee pain is so severe it prevents

## Knee replacements

About 4.7 million Americans (3 million female and 1.7 million male) have undergone total knee arthroplasty and are living with knee implants.

Age group	Female	Male
<50	.1%	.1%
50-59	1.8%	1.2%
60-69	5.5%	3.6%
70-79	10.1%	7.3%
80-89	11%	8.8%
90+	7.4%	7.4%

Source: Mayo Clinic

someone from doing physical therapy. To get to a point where they can exercise, many people turn to injections of steroids (to reduce inflammation) or hyaluronic acid (to supplement the fluid that naturally lubricates the joints). Two large randomized studies show no difference in pain relief using hyaluronic acid versus steroids.

"The steroid seems to work better when you have inflammation," Martin said. "The effects are temporary but in some patients can give significant relief."

### When to seek knee replacement

Martin suggests delaying surgery as long as possible, after you've exhausted the scientifically approved options.

"But at some point, when it's physically, mentally and emotionally wearing you down, it's time to get a knee replacement," he said. "You want to do it before your health precludes you from getting it done, especially if you're on a downward spiral, and before you lose your independence."



Please note: These listings are sorted by day of the week and time so that if you have some free time you can pick a club or activity to join. We share this information as space allows. Please let us know if your group meetings change by emailing [events@theworldlink.com](mailto:events@theworldlink.com).

## Sundays

**Adult Children of Alcoholics/Dysfunctional Families** Every Sunday 12:30 p.m., Unity By the Bay, 2100 Union, North Bend. 503-957-9665

**Adult Children of Alcoholics/Dysfunctional Families** Every Sunday 5-6 p.m., Unity By the Bay, 2100 Union, North Bend. 503-957-9665

**NA Recovery Rocks Group** Every Sunday 7-8:30 p.m., Bay Area First Step, 1741 Newmark Ave., Coos Bay. <http://www.coosbayna.org/>

## Mondays

**Cancer Treatment Support Group** Every Monday 9-11 a.m., BAH Community & Bereavement Education Center, 1620 Thompson Road, Coos Bay. 541-269-2986

**Narcotics Anonymous** Every Monday 9:30-10:30 a.m., Nancy Devereux Center, 1200 Newmark Ave., Coos Bay. <http://www.coosbayna.org/>

**Body Awareness** Every Monday 10 a.m., BAH Community Education Center, 3950 Sherman Ave., North Bend. 541-756-1038

**Grief Support Group** Second & Fourth Monday 10:30 a.m.-noon, Southern Coos Hospital & Health Center, 900 11th St. SE, Bandon. 541-269-2986

**Depression and Anxiety Support Group** Every Monday 12:30-1:30 p.m., Nancy Devereux Center, 1200 Newmark Ave., Coos Bay. 541-888-3202

**Parkinson's Support Group** Second Monday 2-3 p.m., 2250 16th St., North Bend. 541-290-7099.

**Women Veterans of the Oregon Coast** Fourth Monday 4 p.m., Coos Bay Elks No. 1160, 265 Central Ave., Coos Bay. 541-294-5185

**Overeaters Anonymous** Every Monday 5:30-6:30 p.m., United Presbyterian Church, 2300 Longwood Drive, Reedsport. No fees or weigh-ins. 541-271-2436

**NA Newcomers Meeting** Every Monday 6-7 p.m., Neighbor to Neighbor Resource Center, 2630 11th St., North Bend. <http://www.coosbayna.org>

**Compassionate Friends: Support for Family & Friends Grieving Death of a Child** 6-7 p.m., First Monday, South Coast Hospice, 1620 Thompson Road, Coos Bay. 541-649-2424

**Adult Children of Alcoholic & Dysfunctional Families** Every Monday 6:30-7:30 p.m., Emanuel Episcopal Church, 400 Highland, Coos Bay. 406-214-9176

**Narcotics Anonymous: Serenity** Every Monday 7-8 p.m., First Baptist Church, 860 Second St. SW, Bandon. 541-863-9619

**Overeaters Anonymous** Every Monday 7 p.m., Unity By the Bay, 2100 Union Ave., North Bend. 541-756-1209

## Tuesdays

**Take Off Pounds Sensibly OR 300 North Bend** Every Tuesday 9 a.m., Umpqua Bank, 2330 Broadway, North Bend. (back door) 541-404-7007

**Tai Chi** Every Tuesday 10 a.m., Lakeside Senior Center, 915 N. Lake Road, Lakeside. 541-759-3819

**Grief Support** Second & Fourth Tuesday 10:30 a.m.-noon, Family Resource Center, 5 St John Way, Reedsport. 541-269-2986

**Pet Loss Support Group** First Tuesday 11 a.m.-noon, South Coast Hospice, 1620 Thompson Road, Coos Bay. 541-269-2986

**Al-Anon Support** Every Tuesday noon, The Nancy Devereaux Center, 1200 Newmark Ave., Coos Bay. 541-888-3202

**Diabetes Education Review Class** First Tuesday noon, Bay Area Hospital Community Education Building, 3950 Sherman Ave., North Bend. 541-269-8076

**Prostate Cancer Support** Third Tuesday noon, Kozy Kitchen, 820 Highway 101, Florence. [www.ustooflorence.org](http://www.ustooflorence.org)

**Didgeridoo Club** Second Tuesday 4-4:30 p.m., Next to Bay Area Foot Clinic, 2085 Inland Drive Suite A., North Bend. 541-267-5221

**Prostate Cancer Support** Second Tuesday 5-7 p.m., Presbyterian Church of the Siuslaw, 3996 Highway 101 N., Florence. [www.ustooflorence.org](http://www.ustooflorence.org)

**NA: Surrender to Live Meeting** Every Tuesday 7-8:30 p.m., 155 Empire Blvd., Coos Bay. <http://www.coosbayna.org>

**The POG NA** Every Tuesday 7-8 p.m., Zion Lutheran Church, 2015 Washington St., Port Orford. <http://www.coosbayna.org>

**Just for Today Group of Narcotics Anonymous** Every Tuesday 7-8:30 p.m., Bay Area First Step, 1741 Newmark Ave., Coos Bay. <http://www.coosbayna.org>

## Wednesdays

**Dual Diagnosis Support** Every Wednesday 10-11 a.m., The Nancy Devereaux Center, 1200 Newmark Ave., Coos Bay. 541-888-3202

**Alzheimer's and Dementia Education** Third Wednesday 10:30 a.m., BAH Community Education Center, 3950 Sherman Ave., North Bend. 541-290-7508

**Veterans Outreach Day** Third Wednesday 11 a.m.-4 p.m., Langlois Public Library, 48234 US Highway 101, Langlois.

**Grief Support** First & Third Wednesday noon-1:30 pm., St James Episcopal Church, 210 E Third St., Coquille. 541-269-2986

**Overeaters Anonymous** Every Wednesday 12:30-1:30 p.m., St. Monica Catholic Church, 357

S. Sixth St., Coos Bay. 541-297-1200

**Tai Chi for Better Balance** Every Wednesday 2 p.m., South Coast Business Employment Corporation, 93781 Newport Lane, Coos Bay. 541-294-9757

**"Step into a Miracle" Nicotine Anonymous** Every Wednesday 5:30-6:30 p.m., Alano Club, 1836 1/2 Union St., North Bend. 541-271-4609

**Narcotics Anonymous Experience, Strength, & Hope Group** Every Wednesday 7-8 p.m., First Presbyterian Church, 592 Edison Ave., Bandon. 541-863-9619

**AMVET Post 10** Second Wednesday 7 p.m., Coos Bay Eagles, 568 S. Second St., Coos Bay. 541-888-6556

**Connections Recovery** Every Wednesday 7 p.m., Connections Community Church, 3491 Broadway Ave. Suite C, North Bend. Christ based 12 step. [sandyminman@gmail.com](mailto:sandyminman@gmail.com)

**Wild Rivers Group of NA** Every Wednesday 7-8 p.m., Airport Terminal Bldg., 29866 Air Port Way, Gold Beach. 541-267-0273

**Al-Anon Family Group** Every Wednesday 7-10 p.m., First United Methodist Church, 123 Ocean Blvd., Coos Bay. <http://oregonl-anon.org>

**NA The POG** Every Wednesday 7-8 p.m., Christian Center, 936 Washington St., Port Orford. <http://www.coosbayna.org>

## Thursdays

**Diabetes Screening** Fourth Thursday 9-10 a.m., Bay Area Hospital lobby, 1775 Thompson Road, Coos Bay.

**Blood Pressure Check** Every Thursday 9-11:30 a.m., Bay Area Hospital lobby, 1775 Thompson Road, Coos Bay. 541-269-8076

**Body Awareness** Every Thursday 10 a.m., BAH Community Education Center, 3950 Sherman Ave., North Bend. 541-756-1038

**Tai Chi** Every Thursday 10 a.m., Lakeside Senior Center, 915 N. Lake Road, Lakeside. 541-759-3819

**Coos Bay Stroke Club** Second Thursday 3 p.m., 2085 Inland Drive, Suite A, North Bend. 541-267-5221

**Sudden or Unexpected Loss Grief Support** First & Third Thursday 3-4:30 p.m., South Coast Hospice, 1620 Thompson Road, Coos Bay. 541-269-2986

**Coos Bay Stroke Support Group** Third Thursday 3:30-4:30 p.m., 2085 Inland Drive Suite A, North Bend. 541-267-5221

**ABC Diabetic "Walk & Talk"** First Thursday 3:45-4:45 p.m., Mingus Park shelter by the stage, 600 N 10th St., Coos Bay. [www.south-coastdiabetes.org](http://www.south-coastdiabetes.org)

**Care For the Caregiver Workshop** Third Thursday 6-7 p.m., Ciccarelli's Italian Restaurant, 2076 Sherman Ave., North Bend. Tips & Resources for those caring for loved ones. RSVP to Doreen, 541-269-2986.

**Grief Support Group** Second & Fourth Thurs-

day 6-7:30 p.m., South Coast Hospice, 1620 Thompson Road, Coos Bay. 541-269-2986

**Multiple Sclerosis Support Group** Fourth Thursday 6:30 p.m., Coos Bay Public Library, Cedar Room, 525 Anderson Ave., Coos Bay. 541-294-3690, 541-297-4171

**NA: Surrender to Live Meeting** Every Thursday 7-8:30 p.m., 155 Empire Blvd., Coos Bay. <http://coosbayna.org>

## Fridays

**TOPS** Every Friday 8-10 a.m., Bandon Senior Activity Center, 1100 11th St. SW, Bandon. 541-347-4740

**Al-Anon Support** Every Friday 10-11 a.m., The Nancy Devereaux Center, 1200 Newmark Ave., Coos Bay. 541-888-3202

**Narcotics Anonymous Hope Dealers** Every Friday, 10:30-11:30 a.m., The Nancy Devereaux Center, 1200 Newmark Ave., Coos Bay. <http://coosbayna.org>

**Breast Cancer Support** Every Friday, 1-2 p.m., BAH Community Bereavement & Education Center, 1620 Thompson Road, Coos Bay. [www.bayareahospital.org](http://www.bayareahospital.org)

**Celebrate Recovery Groups** Every Friday 6-8:30 p.m., Bay Area Church of the Nazarene, 1850 Clark St., North Bend. Breakout groups. Dinner, child care, van pick ups available. <https://nbendcr.com>

**AL-ANON Experience, Strength, & Hope Group** Every Friday 7-8 p.m., BAH Community Education Center, 3950 Sherman Ave., North Bend. For family and friends of alcoholics. 541-290-1516

**NA Friday Night Live** Every Friday 7-8:30 p.m., Neighbor to Neighbor Resource Center, 2630 11th St., North Bend. <http://www.coosbayna.org>

## Saturdays

**Coos Co-dependent Anonymous** Every Monday noon-1 p.m., Harmony United Methodist Church, 123 Ocean Blvd., Coos Bay. Learn the 12-steps, and how to stop enabling. 541-267-3046

**Disabled American Veterans, Chapter 38** Second Saturday 1-2 p.m., American Legion Post 34, 1421 Airport Way, North Bend. Service-connected disabled. 541-217-8044

**Southwestern Chapter American Council of the Blind of Oregon** Second Saturday 1:30-3 p.m., Coos Bay Public Library, 525 Anderson Ave., Coos Bay. Meets September through May. BYOY lunch, meet & greet noon-1:30. 541-888-0846.

**Fitness for Recovery** Every Saturday 4:30 p.m., Southwestern's Rec Center, room 131, 1988 Newmark Ave., Coos Bay. Drop-ins welcome, must be 48 hours clean/sober. 541-404-6438, 541-290-8652 or 541-252-8583

**NA The Here & Now Group** Every Saturday 7-8:30 p.m., Bay Area First Step, 1741 Newmark Ave., Coos Bay. <http://www.coosbayna.org>



# College students use more marijuana in states where it's legal, but they binge drink less

**MOLLY ROSBACH**  
Oregon State University

CORVALLIS, Ore. – Marijuana use among college students has been trending upward for years, but in states that have legalized recreational marijuana, use has jumped even higher.

An Oregon State University study published today in *Addiction* shows that in states where marijuana was legalized by 2018, both occasional and frequent use among college students has continued to rise beyond the first year of legalization, suggesting an ongoing trend rather than a brief period of experimentation.

Overall, students in states with legal marijuana were 18% more likely to have used marijuana in the past 30 days than students in states that had not legalized the drug. They were also 17% more likely to have engaged in frequent use, defined as using marijuana on at least 20 of the past 30 days.

The differences between states with and without legalization escalated over time: Six years after legalization in early-adopting states, students were 46% more likely to have used marijuana than their peers in non-legalized states.

Between 2012 and 2018, overall usage rates increased from 14% to 17% in non-legalized states, but shot up from 21% to 34% in the earliest states to legalize the drug. Similar trends appeared in states that legalized marijuana more recently.

Conducted by Harold Bae from OSU's College of Public Health and Human Sciences and David Kerr from OSU's College of Liberal Arts, this is the first study of college students to look broadly at multiple states that have legalized recreational marijuana and to go beyond the first year following legalization.

It includes data from seven states and 135 colleges where marijuana was legalized by 2018 and from 41 states and 454 colleges where recreational use was not legal.



GETTYIMAGES

That scope allowed Bae and Kerr to examine trends in the earliest adopting states as well as more recent adopters – though, the data for the study is stripped of state- and college-identifying information, so does not speak specifically to any one state or institution.

The data comes from the National College Health Assessment survey from 2008 to 2018, which asks about a wide range of health behaviors including drug and alcohol use and is administered anonymously to encourage students to respond more honestly. More than 850,000 students participated.

Looking at specific demographics, researchers found that the effect was stronger among older students ages 21-26 than minors ages 18-20; older students were 23% more likely to report having

used marijuana than their peers in non-legalized states. The effect was also stronger among female students and among students living in off-campus housing, possibly because universities adhere to federal drug laws that still classify marijuana as an illegal substance.

“It’s easy to look at the findings and think, ‘Yeah, of course rates would increase,’” Kerr said. “But we need to quantify the effects these policy changes are having.”

Furthermore, he said, researchers are not finding increases in adolescents’ marijuana use following legalization. “So it is surprising and important that these young adults are sensitive to this law. And it’s not explained by legal age, because minors changed too.”

A recent companion study published in *Addictive Behaviors* in November by OSU doctoral candidate Zoe Alley along with

Kerr and Bae examined the relationship between recreational marijuana legalization and college students’ use of other substances.

Using the same dataset, they found that after legalization, students ages 21 and older showed a greater drop in binge drinking than their peers in states where marijuana was not legal. Binge drinking was defined as having five or more drinks in a single sitting within the previous two weeks.

Researchers have not yet tested any hypotheses as to why binge drinking fell, but they have some ideas.

An outside study previously found that illegal mari-

juana use decreases sharply when people hit 21 – where there is a sharp increase in alcohol use.

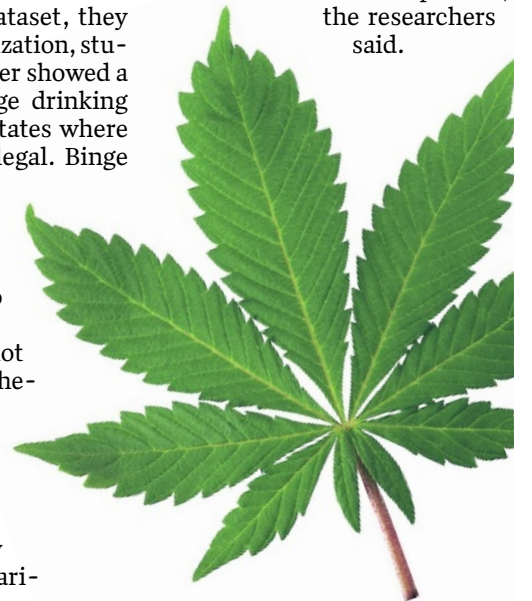
“When you’re under 21, all substances are equally illegal,” Alley said. “In most states, once you reach 21, a barrier that was in the way of using alcohol is gone, while it’s intact for marijuana use. But when marijuana is legal, this dynamic is changed.”

Binge drinking has been on the decline among college students in recent years, but dropped more in states that legalized marijuana than in states that did not.

“So in these two studies we saw changes after legalization that really differed by substance,” Kerr said. “For marijuana we saw state-specific increases that went beyond the nationwide increases, whereas binge drinking was the opposite: a greater decrease in the context of nationwide decreases.”

The magnitude of effect was much larger with marijuana than with any of the other substances, Bae added. “So the changes following recreational marijuana legalization were quite specific to cannabis use.”

Future research is needed to see how those trends hold up over time, as additional states legalize marijuana and existing states continue to tweak their current policies, the researchers said.





# When Morty comes calling, you get new shoes

**BETH BURBACK**  
The World

Off and on for months I felt like I had a pebble stuck in my shoe or that my sock had something stuck to it or that it had bunched up somehow. Always in the same spot and it even got to the point I was checking the bottom of my foot in the shower thinking something was stuck to my foot.

Sitting on a stool one day with my leg tucked up under me, I stepped down hard onto a foot that had fallen to sleep. I crashed into cupboards because I didn't feel my foot and lost my balance. I landed hard on the ball and it hurt for weeks. I thought to myself yikes, neuropathy.

About a month later I rolled that same foot in a low spot in my path. I went down hard damaging that same foot again, but in new places.

I had given my foot a lot of time, and wore mostly comfortable, not cute shoes. It wasn't long and I found my way over to see Suzy Gibbs at Jennie's Shoes and she fixed me up with a pair of Alegria shoes. They helped a lot.

Already near my deductible for the year I decided to see a podiatrist. Dr. Pederson gave me a cortisone shot after the official diagnosis, of a Morton's Neuroma, basically a bruised nerve in that spot between the third and fourth toe. The cortisone shot did the trick — for about a month.

On the follow-up visit I commented on how I noticed the bone near my big toe was starting to stick out. Apparently now I have a bunion. Hereditary he said. I say foot trauma.

I went in to complain to Suzy how "Morty" had been bothering me and started the process of selecting some new shoes. She examined the ones I was wearing and pretty much said toss'em. I told her my Alegria shoes had been demoted to work



The inserts in my Alegria shoes were ready to be replaced. They tell a story about how you wear your shoes. For me there was evidence that I was compensating for a Morton's Neuroma.



D Haevischer demonstrates how easy it is to change inserts in the Alegria brand shoe.

boots because I'd worn the beebies out of them and starting to notice discomfort again. So on my next visit she grabbed my Alegrias, put some polish on the toes and went to work replacing the insoles. Amazingly, my shoes look and feel presentable again!

At Jennie's Shoes, employee D Haevischer asked employee Andy Gibbs, to shed a shoe and sock so she could show me his healthy foot and where the parts of my foot were we were discussing. Haevischer made it clear that they weren't doctors and couldn't make any diagnosis but that they could make recommendations for shoes based on what you tell them. She said, "orthotics are custom made, prescribed by a physician."



**BETH BURBACK PHOTOS, THE WORLD**

D Haevischer, Jennie's Shoes shows how the Alegria shoe inserts look when they are new.

She went on to say that inserts may be helpful. At Jennie's they carry Alegria and Sas shoes, and

the Sas shoes seem to have a larger variety of inserts available. So if you feel like there's a pebble

in your shoe... maybe your shoes are too narrow and you too have a pest named Morty.





## Coquille Valley Hospital Clinic Welcomes Juli Schurmann, N.P., and Rebecca Brisco, P.A.

Juli provides comprehensive care for families and individuals. In addition to diagnosing and treating acute and chronic illnesses, she offers routine checkups, health-risk assessments, immunizations and screening tests. “I enjoy being able to establish goals with my patients and help them navigate and achieve what they want in health and in life.” – Juli Schurmann, N.P.

Rebecca works closely with orthopedic surgeon Dr. Michael Ivanitsky, seeing patients at our clinic and assisting with surgical procedures. “My clinic focus is on providing conservative treatment options to patients and educating patients about their orthopedic conditions. It’s very satisfying to see people’s quality of life improve with successful treatment.” – Rebecca Brisco, P.A.

**Same-day appointments  
available. Call 541-396-3111 to  
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