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FEBRUARY 23, 2019

SUPPLEMENTAL INFORMATION

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MRI of Knee	\$760	\$1,918
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*Prices do not include Professional Fees to read images. Fees are based on published charges. Actual patient out of pocket payment will differ depending on insurance coverage.

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SUPPLEMENTAL INFORMATION



Boost your vitamin proficiency before adding pills to your daily regimen

MAYO CLINIC NEWS NETWORK

People ask me this question quite often: ‘Should I be taking certain vitamins and supplements?’ And the answer is, quite honestly, ‘It depends,’ said Anne Harguth, registered dietitian at Mayo Clinic Health System.

According to the Dietary Guidelines for Americans, you should meet your nutritional needs primarily through diet.

For some people, however, taking certain supplements may be the best way to get nutrients they may be lacking through diet.

Whole food is not to be replaced by supplements, as supplements cannot replicate all the health benefits of whole foods. For example, fruits and vegetables carry many different nutrients that provide health benefits to the human body.

Listed below are Mayo Clinic’s three main benefits to whole foods vs. supplements:

■ **Greater nutrition.** Whole foods are complex, containing a variety of the micronutrients your body needs — not just one. An orange provides vitamin C plus some beta carotene, calcium and other nutrients.

■ **Essential fiber.** Whole foods, such as whole grains, fruits, vegeta-

bles and legumes, provide dietary fiber. Most high-fiber foods are also packed with other essential nutrients. Fiber, as part of a healthy diet, can help prevent certain diseases, such as Type 2 diabetes and heart disease.

■ **Protective substances.** Whole foods contain other substances important for good health. For example, fruits and vegetables contain naturally occurring substances called phytochemicals, which may help protect you against cancer, heart disease, diabetes and high blood pressure. Many are also good sources of antioxidants.

Who should take dietary supplements?

Vitamin and mineral supplementation is recommended for some people with certain conditions or eating habits:

- Those who consume fewer than 1,600 calories a day.
- Vegans, vegetarians or people who eat a limited variety of foods.
- Those who do not consume two to three servings of fish a week. For those who have difficulty achieving this amount, some experts recommend adding a fish oil supplement to a daily regimen.
- Women who experience heavy bleeding during their menstrual periods.
- People who have a medical condition that affects how their bodies absorb or use nutrients, such as chronic diarrhea, food allergies, food intolerance or a disease of the liver, gallbladder, intestines or pancreas.
- People who have had surgery on their digestive tract and are not able to digest and absorb nutrients properly.

How much do you need every day?

Below are the Food and Drug Administration’s recommended daily amounts of key nutrients for adults and children over age 4. Nutrition Facts labels on packaged foods list these values:

VITAMIN	WHAT IT DOES	WHERE TO FIND IT	DAILY VALUE*
Biotin	Energy storage, protein	Avocados, eggs, pork	300 mcg
Folic acid	Protein metabolism	Beans, enriched grains	400 mcg
Niacin	Cholesterol production, digestion	Beef, nuts, poultry	20 mg
Riboflavin	Growth, red blood cell formation	Meats, milk, spinach	1.7 mg
Thiamin	Nervous system function	Nuts, pork, whole grains	1.5 mg
Vitamin A	Development, immune function	Carrots, dairy products	5,000 IU
Vitamin B6	Immunity, nervous system function	Chickpeas, potatoes	2 mg
Vitamin B12	Conversion of food into energy	Dairy, eggs, meats	6 mcg
Vitamin C	Antioxidant, wound healing	Citrus fruits and juices	60 mg
Vitamin D	Blood pressure, bone growth	Fortified foods, eggs, fish	400 IU
Vitamin E	Antioxidant, immune function	Green veggies, nuts	30 IU
Vitamin K	Blood clotting, strong bones	Green veggies	80 mcg
MINERAL	WHAT IT DOES	WHERE TO FIND IT	DAILY VALUE*
Calcium	Bone and teeth formation	Dairy, green veggies	1,000 mg
Chloride	Digestion, fluid balance	Celery, lettuce, olives	3,400 mg
Chromium	Insulin function, metabolism	Broccoli, apples, turkey	120 mcg
Iodine	Metabolism, reproduction	Cereals, potatoes, salt	150 mcg
Iron	Energy production, wound healing	Poultry, whole grains	18 mg
Magnesium	Blood sugar regulation, immunity	Bananas, green veggies	400 mg
Manganese	Cartilage and bone formation	Beans, nuts, pineapple	2 mg
Molybdenum	Enzyme production	Beans, peas, nuts	75 mcg
Phosphorus	Energy production and storage	Meats, dairy, nuts, seeds	1,000 mg
Potassium	Fluid balance, heart function	Bananas, juices, spinach	3,500 mg
Selenium	Antioxidant, thyroid function	Eggs, meats, nuts	70 mcg
Sodium	Blood pressure regulation	Bread, cheese, poultry	2,400 mg
Zinc	Taste and smell, immune function	Beef, dairy, whole grains	15 mg

Source: Food and Drug Administration

*IU = International Units; mg = milligrams; mcg = micrograms.

What about food supplements such as protein bars or shakes?

A high-fiber protein bar or a pre-made shake may be a convenient way to fit in some nutrition you might be missing in your diet, but many are highly processed. Despite the added nutrients, they are lacking the true synergy that comes from getting your nutrients from whole foods.

The Food and Drug Administration also does not review or approve food supplements or the claims they make on their packaging. As with dietary supplements in pill form, people who use food supplements tend to be those least likely to actually need them.

—Tribune News Service

Study identifies new target to prevent, treat alcoholism

New research conducted at OHSU in Portland, Ore., identifies a gene that could provide a new target for developing medication to prevent and treat alcoholism.

Scientists at the Oregon National Primate Research Center at OHSU discovered a gene that had lower expression in the brains of nonhuman primates that voluntarily consumed heavy amounts of alcohol compared with those that drank less.

Furthermore, the research team unraveled a link between alcohol and how it modulates the levels of activity of this particular gene. Researchers discovered that when they increased the levels of the gene encoded protein in mice, they reduced alcohol consumption by almost 50 percent without affecting the total amount of fluid consumed or their overall well-being.

The study was recently published online in the journal *Neuropsychopharmacology*.

The study modified the levels of the protein encoded by a single gene – GPR39 – which is a zinc-



GETTYIMAGES

Scientists have identified a gene that had lower expression in the brains of nonhuman primates that voluntarily consumed heavy amounts of alcohol compared with those that drank less.

binding receptor previously associated with depression. The prevalence rates of co-occurring mood and alcohol use disorders are high, with individuals with alcohol use disorder being 3.7 times more likely to have major depression than those who do

not abuse alcohol. Using a commercially available substance that mimics the activity of the GPR39 protein, the researchers found that targeting this gene dramatically reduced alcohol consumption in mice.

“The study highlights the im-

portance of using cross-species approaches to identify and test relevant drugs for the treatment of alcohol use disorder,” said senior author Rita Cervera-Juanes, Ph.D., a research assistant professor in the divisions of Neuroscience and Genetics at ONPRC.

To determine whether the same mechanism affects people, this team of researchers is now examining postmortem tissue samples from the brains of people who suffered from alcoholism.



Cervera-Juanes

Currently, there are only a handful of treatments for alcoholism approved by the Food and Drug Administration. By testing the effect of the substance in reducing ethanol consumption in mice – in addition to its previously reported link in reducing depression-like symptoms – the findings may point the way toward developing a drug that both prevents and treats chronic alcoholism and mood disorders in people.

“We are finding novel targets for which there are drugs already available, and they can be repurposed to treat other ailments,” Cervera-Juanes said. “For alcoholism, this is huge because there are currently only a handful of FDA-approved drugs.”

Hospital seeks volunteer Auxiliary members

THE WORLD

COOS BAY – Bay Area Hospital is seeking Auxiliary member volunteers for a fun, rewarding opportunity. Auxiliary members assist hospital personnel by transporting patients in wheelchairs, delivering flowers, working in the gift shop, supplementing hospital personnel at the front desk and emergency room, assisting with rehabilitation in the new Stryker Joint Replacement Center and more.

Applications are available at Bay Area Hospital front desk, the OPI desk or by visiting www.bayareahospital.org.



BETHANY BAKER, THE WORLD

Bay Area Hospital Auxiliary volunteers Marilyn Speidel, right, and Virginia Stackpole, center, stand beside Lauren Hamm and Baby Carpenter, the first baby born at Bay Area Hospital in Coos Bay on Tuesday, Jan. 2, 2018.

Hospice training begins March 5

COOS BAY – South Coast Hospice & Palliative Care Services will be offering community education and volunteer training classes covering important topics on the death and dying experience. This series also will prepare volunteers to become better support to loved ones during end of life situations.

Topics include an introduction to South Coast Hospice, communication and active listening techniques, understanding bereavement and spirituality, the important role of a hospice volunteer, creating boundaries and avoiding



compassion fatigue, body mechanics and how to assist and position patients, death and dying awareness, needs of the patient, needs of the family, and the death experience.

The 11 consecutive sessions will be held 1-3:30 p.m. Tuesdays from March 5 through May 14, at a Bandon location.

To register for the series call Anita McConnell at 541-269-2986 or email a.mcconnell@schospice.com.

Deadly blue ‘Mexican oxy’ pills take toll on US Southwest

ANITA SNOW
Associated Press

TUCSON, Ariz. — Aaron Francisco Chavez swallowed at least one of the sky blue pills at a Halloween party before falling asleep forever. He became yet another victim killed by a flood of illicit fentanyl smuggled from Mexico into the Southwest — a profitable new business for drug gangs that has pushed the synthetic opioid to the top spot for fatal U.S. overdoses.

Three others at the party in Tucson also took the pills nicknamed “Mexican oxy” and police flagged down by partygoers saved them by administering naloxone overdose reversal medication. But the treatment came too late for Chavez, who died at age 19.

The four thought they were taking oxycodone, a much less powerful opioid, investigators believe. The death of Chavez and many others, officials said, illustrate how Arizona and other southwestern states bordering Mexico have become a hot spot in the nation’s fentanyl crisis. Fentanyl deaths tripled in Arizona alone from 2015 through 2017.

“It’s the worst I’ve seen in 30 years, this toll that it’s taken on families,” said Doug Coleman, the U.S. Drug Enforcement Administration special agent in charge of Arizona. “The crack (cocaine) crisis was not as bad.”

With plenty of pills and powder sold locally out of the arriving fentanyl shipments that are also distributed around the U.S., the drug that has surpassed heroin for overdose deaths has touched all Arizona demographic groups. Chavez’ family says he was working at a restaurant as a prep cook with dreams of becoming a chef and trying to turn his life around after serving prison time for a robbery conviction.

Also killed in the state over the last year by the pills that go for \$9 to \$30 each were a 17-year-old star high school baseball pitcher from a Phoenix suburb and a pair of 19-year-old best friends and prominent former high school athletes from the mountain town of Prescott Valley. The parents of one, Gunner Bundrick, said their son’s death left “a hole in our



This undated photo provided by the U.S. Drug Enforcement Administration’s Phoenix Division shows a closeup of the fentanyl-laced sky blue pills known on the street as “Mexican oxy.”



This photo provided by the U.S. Drug Enforcement Administration’s Phoenix Division shows some of the 30,000 fentanyl pills the agency seized in one of its bigger busts, in Tempe, Ariz., in August, 2017.

hearts.”

Popping the pills at parties “is a lot more widespread than we know,” said Yavapai County Sheriff’s Lt. Nate Auvenshine. “There’s less stigma to taking a pill than putting a needle in your arm, but one of these pills can have enough fentanyl for three people.”

Stamped with “M” on one side and “30” on the other to make them look like legitimate oxycodone, the pills started showing up in Arizona in recent years as the Sinaloa cartel’s newest drug product, said Tucson Police Lt. Christian Wildblood.

The fentanyl that killed Chavez was among 1,000 pills sneaked across the border crossing last year

in Nogales, Arizona by a woman who was paid \$200 to tote them and gave two to Chavez at the party, according to court documents. It’s unknown if he took one or both.

At the same crossing last month, U.S. officials announced their biggest fentanyl bust ever — nearly 254 pounds (115 kilograms) found in a truckload of cucumbers, enough to potentially kill millions. Valued at \$3.5 million, most was in powder form and over 2 pounds (1 kilogram) was made up of pills.

The tablets in most cases are manufactured in primitive conditions with pill presses purchased online and the amount of fentanyl in each pill can vary widely, Wild-

blood said.

“There is no quality control,” he said.

While Chinese shipments were long blamed for illegal fentanyl entering the U.S., Mexico’s Army in November 2017 discovered a rustic fentanyl lab in a remote part of Sinaloa state and seized precursors, finished fentanyl and production equipment — suggesting some of it is now being synthesized across the U.S. border.

Most fentanyl smuggled from Mexico is about 10 percent pure and enters hidden in vehicles at official border crossings around Nogales and San Diego, Customs and Border Protection data show. A decreasing number of smaller shipments with purity of up to 90 percent still enter the U.S. in packages sent from China.

Although 85 percent of the fentanyl from Mexico is seized at San Diego area border crossings, the U.S. Drug Enforcement Administration’s 2018 National Drug Threat Assessment said seizures have surged at Arizona’s border and elsewhere around the state.

DEA statistics show Arizona fentanyl seizures rose to 445 pounds (202 kilograms), including 379,557 pills, in the fiscal year ending in October 2018, up from 172 pounds (78 kilograms), including 54,984 pills, during the previous 12-month period.

The Sinaloa cartel’s ability to ramp up its own production of fentanyl and label it oxycodone shows the group’s business acumen and why it remains among the world’s top criminal organizations, despite the conviction in New York this week of cartel kingpin Joaquin “El Chapo” Guzman Loera, Coleman said.

“If they see a market for their stuff, they’ll make it and bring it up,” he said.

The Centers for Disease Control and Prevention says fentanyl is now the drug involved in the most fatal overdoses in the U.S., with fatalities from synthetic opioids including fentanyl jumping more than 45 percent from 2016 to 2017, when they accounted for some 28,000 of about 70,000 overdose deaths of all kinds.

Fentanyl was also involved more than any other drug in the major-

ity of overdose deaths in 2016, the year the pop artist Prince died after taking fake Vicodin laced with fentanyl. Heroin was responsible for the most drug overdose deaths each of the four years before that.

CDC figures for Arizona show the statewide deaths involving synthetic opioids excluding methadone, largely from fentanyl, rose from 72 in 2015 to 123 in 2016 and then skyrocketed to 267 in 2017.

In the first federal conviction of its kind in Arizona that linked a death to distribution of any drug, a woman from a Phoenix suburb last year got 12 years in prison for selling fentanyl tablets that killed a 38-year-old Arizona man.

And in Tucson, Chavez’ relatives wonder why the woman accused of smuggling the pills across the border allegedly decided to hand them out at the party, saying they were Percocet, which contains oxycodone and acetaminophen, and “something else,” according to court documents.

The woman, Jocelyn Sanchez, denied describing them that way and was charged with transporting and transferring narcotics. Her lawyer, Joel Chorny, declined to discuss the case.

Nicknamed “Sonny Boy,” Chavez was the third of 10 children born to Leslie Chavez, who was brought to the U.S. as an infant and deported back to Mexico last year, two months before he died. In a phone interview, she said Mexican officials arranged to have her son’s body brought across the border so she could say goodbye.

She said she had “heard about how these pills were killing people” but never thought it would happen to one of her children.

Chavez had a 2-year-old daughter and despite his robbery conviction “was trying to get his life together, he was trying to be good” for the toddler, said his sister, Seanna Leilani Chavez.

The dealers, she said, are only interested in profits.

“They will sell you poison, take your money, and not think twice about how they could possibly be killing someone’s son, father, brother or grandson,” she said.

Would You Benefit from Balloon Sinuplasty?

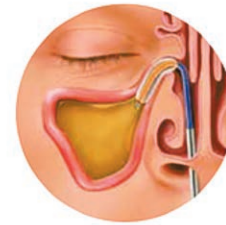
Balloon Sinuplasty is a minimally invasive sinus procedure performed on eligible patients who suffer from the symptoms of chronic sinusitis. A tiny balloon is placed in key areas in the sinuses, which are then dilated to widen the sinus passageways. Studies show that over 90% of patients treated by sinuplasty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

COMFORTABLE SETTING – Completed in the office

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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



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

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My mother is starting to look back at me

Dear Doc H:
Q: Recently I woke up and noted I looked much more tired than usual. I think that I'm getting enough sleep, but the mirror wasn't confirming this. I recall seeing this happen with my Mother many years ago. Don't get me wrong, I adore my Mom, but I don't want to look like her. Help...



**DR.
CHARLES
HURBIS**

Dear Mirror: What you are experiencing is the natural maturing process, lest we say aging, as it affects the face. There are many factors responsible for these changes we'll consider below.

First, think about a baby. They have skin which is almost perfect, uniform, soft, blemish free. Unfortunately, from that point it's a downhill slide as we abuse our skin over the course of our lives. Some factors aging our skin are constants, some can be modified. We'll attack these one at a time:

The first and most obvious problem is sun exposure. Sun exposure is a fact of life and is needed for many aspects of a person's health. As critical as the sun is, every exposure causes skin damage and takes us one step further away from that baby like skin. As with most things in life though, everything in moderation is a good mantra. We cannot avoid sun exposure completely, nor should we. Still, protect yourself when you can, always wear sun blocks and absolutely avoid an excess exposure which leads to a sunburn. Also, stay out of the tanning booth (nothing groundbreaking here).

The second factor would be genetics. Your DNA dictates how your skin will behave and age in any particular environment. We all know that with the same exposure one person comes away with a gorgeous tan, the other a severe and risky burn. Your heritage dictates all aspects of skin aging be it wrinkling, color irregularity, loss of elasticity or sagging. We all must play the cards we were dealt and the rules of the game are not the same for everyone.

The third factor we can't control is gravity. Unfortunately, this is pulling everything down from day one. Unless you are planning on being a space traveler or spending your life submerged in water there's no avoiding the effects of this one. But, slowing this process perhaps comes down to facial muscle



tone. Those who don't have particularly expressive faces (the Supermodel look) will suffer the effects of gravity faster (but then, they also won't have so many of the deeper wrinkles caused by facial muscles). People who are very expressive will tend to have less face sag over time. There are actually exercises that can slow the rate of facial droop, <https://wsimag.com/wellness/36143-anti-aging-facial-exercises>. Think of this as signing up your face for a gym membership.

Things that we can control would be smoking, diet and lifestyle. Clearly, everyone knows that cigarettes are uniformly bad for you in every way. When it comes to the skin, cigarettes have a way of destroying the skin's natural elastic properties causing premature fine wrinkling. Cigarettes will also accentuate the sagging effects of gravity. There is nothing good here, so if you smoke, stop.

Diet also plays a factor. Diets high in foods that promote free radicals will accelerate the aging process of the face and may cause material changes within the skin architecture itself. The solu-

tion isn't new here, avoid any type of processed food (if it's in a highly labeled box or bag, you probably want to avoid it), excess carbohydrates, red meats, saturated fats and alcohol. Things to eat which are skin friendly (short list) include whole grains, fruits and vegetables, fish, raw vegetable oils, coffee and tea.

Now, regardless of all of your fine efforts, one day you look in the mirror and still panic. Fear not, much can be done. Over the past decade (as in many areas of medicine) facial cosmetic management has taken the turn personal diligence. This means monitoring and fixing what you can with maintenance early. This month doesn't allow for a detailed discussion (maybe next month) but in a nutshell, the face can be broken down into zones, and management of these zones varies. Aging of the upper third of the face (forehead and around the eyes) is best managed with Botox injections. This is very effective and can impressively erase some side effects of aging. The lower 2/3 of the face are best managed by way of injectable hy-

aluronic acid fillers. The success of both of these treatments is volume and technique dependent. Under treatment will not achieve the desired results, whereas over treatment is worse. With Botox you get the "mask" face, and with fillers, well we all know what over treatment looks like.

So the next time you look in the mirror, before you panic, realize that there are things you can do to help. Also, some simple treatments by an experienced clinician can erase much of what you fear. You cannot completely avoid the effects of Father Time, but you can at least put up a few road blocks to slow him down.

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



Stress cardiomyopathy, sometimes called ‘broken heart syndrome,’ a reversible condition – which often mimics a heart attack – is being recognized with increasing frequency

HARVARD HEALTH LETTER

The term “broken heart” usually conjures up the sad ending of a love affair. In fact, the death of a spouse is a commonly cited trigger for broken-heart syndrome – a temporary weakening of the heart that causes symptoms similar to a heart attack. Also known as stress cardiomyopathy, the condition usually results from severe physical or emotional stress, though sometimes there is no identifiable trigger. Although rare, it’s now being recognized much more often than in the past.

“Stress cardiomyopathy was not on anyone’s radar screen 25 years ago,” said Patrick O’Gara, a cardiologist at Harvard-affiliated Brigham and Women’s Hospital in Boston. Japanese doctors who first described the condition in the early 1990s called it takotsubo cardiomyopathy. Why? During an episode, the heart takes on an unusual shape that resembles a tako-tsubo (octopus pot), a traditional clay vessel a fisherman uses to trap an octopus.

Exactly why the heart muscle takes on that shape isn’t exactly clear. But the current thinking is that the triggering event releases an outpouring of stress hormones such as adrenaline, O’Gara said. The surge of hormones seems to stun the heart. The tip of the left ventricle (the heart’s main pumping chamber) balloons outward, while the base draws inward. As a result, the walls of the left ventricle can’t contract effectively. The heart’s workload increases, leading to symptoms such as chest pain and breathlessness.

Diagnosing the problem

Because the symptoms are so similar to those of a heart attack, doctors start the diagnostic evaluation with an electrocardiogram (ECG), a test that records the heart’s electrical activity.

The ECG may show abnormalities typical of heart muscle injury, which can occur from both a heart attack or stress cardiomyopathy. Both conditions can also cause a rise in blood levels of troponin, a protein released from damaged heart muscle, although the rise may be less pronounced in stress cardiomyopathy.

Doctors also rely on a heart ultrasound (echocardiogram) to reveal movement abnormalities in the walls of the left ventricle and the characteristic takotsubo shape. More invasive testing is often needed as well to rule out a more typical heart attack.

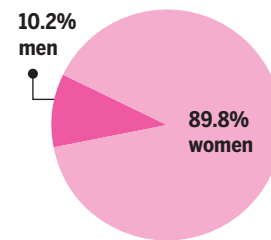
Mending a broken heart?

Most of the time, people with stress cardiomyopathy recover fully within a month, O’Gara said. However, just as with a serious heart attack, people may need to be hospitalized for several days and may have major complications. There aren’t any specific treatment guidelines, but doctors often prescribe beta blockers and ACE inhibitors, which may help the weak heart muscle recover. Broken-heart syndrome usually doesn’t recur, but anyone who experiences it once should be attuned to how he or she may react to stressful events in the future, O’Gara said.

Breaking down broken heart syndrome

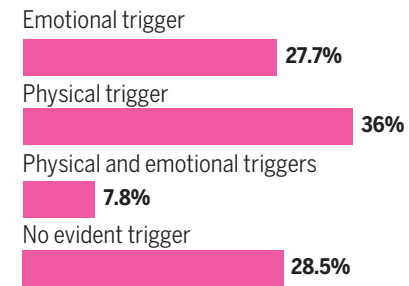
A study of 1,750 patients with takotsubo, or stress, cardiomyopathy from 1998 to 2014, drew the following conclusions:

Sex and age



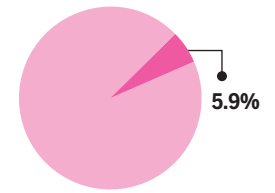
Source: New England Journal of Medicine

Triggers



Fatalities

The study reported a 5.9% mortality rate 30 days after diagnosis.



Lee Enterprises graphics

Possible triggers

Occasionally, the reported trigger for stress cardiomyopathy stems from a happy event, such as a wedding or a surprise party. But the most common triggers are physical stresses or sad or negative events. For example:

- A severe illness, such as an infection
- Major surgery
- An episode of a neurological or psychiatric disorder
- An argument
- The death of a relative (especially if unexpected)
- A devastating financial or gambling loss
- A natural disaster (an earthquake or flood)

Sources: Harvard Health, Johns Hopkins Medicine

Symptoms

While the causes of the conditions are different, symptoms of stress cardiomyopathy are often similar to those of a heart attack:

- Chest pain
- Shortness of breath
- Sweating
- Dizziness
- Weakness
- Nausea and vomiting
- Palpitations (the sensation of the heart pounding)

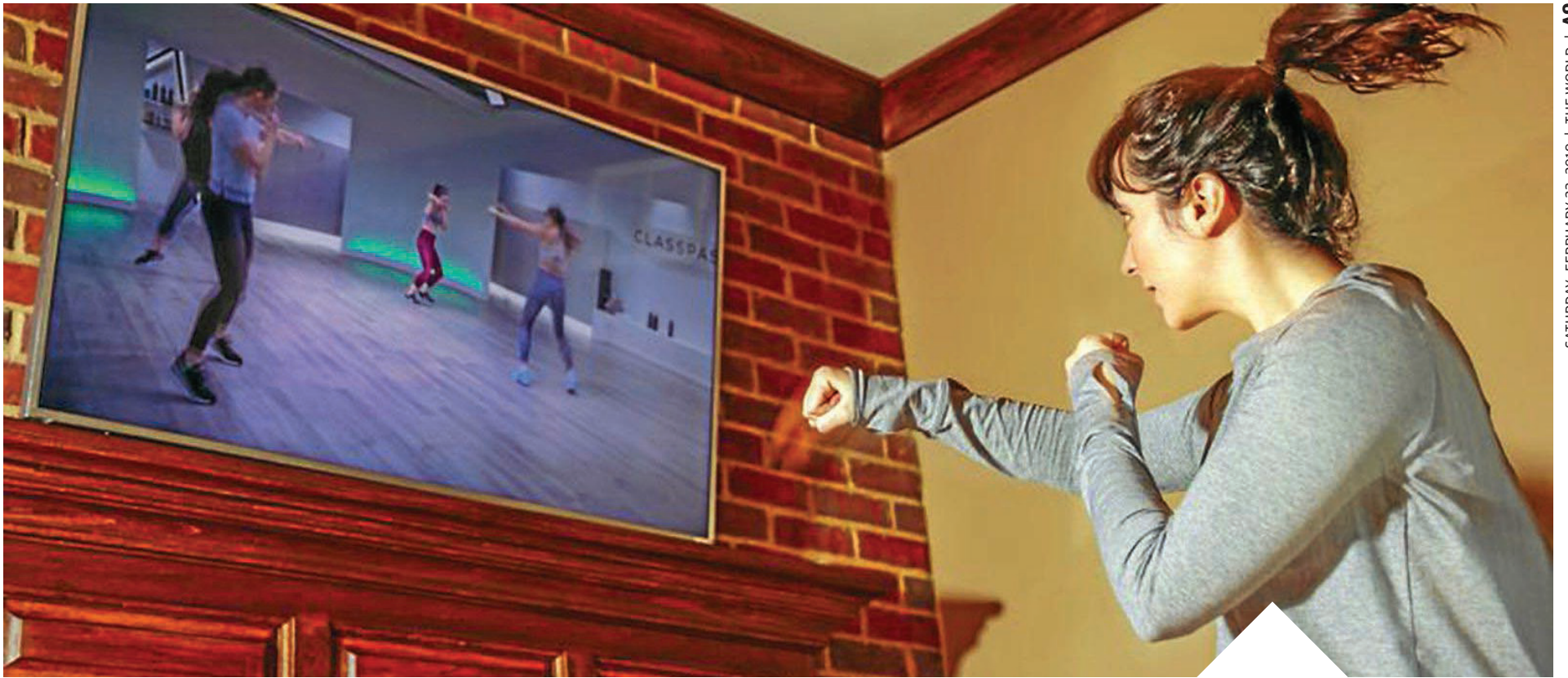
Recurrence

Research shows that 5 to 10 percent of patients experience a recurrence of stress cardiomyopathy, even if subsequent stressful events occur in a patient’s life.

The brain-heart link

The most common triggers are physical, such as major surgery or a severe illness due to an infection, for example. However, talking with patients about possible triggers and how emotions can affect the heart also provides clues. “This condition reconfirms the relationship between the brain and the heart,” O’Gara said. However, stress cardiomyopathy occasionally results from medications given in a hospital, such as those used to support the circulation, he adds.

For unknown reasons, broken-heart syndrome is less common in men; about 90% of cases occur in older women. One reason may be differences in the number and distribution of nerves in women’s hearts compared with those of men. Hormonal factors may also play a role. The emotional triggers of stress cardiomyopathy are usually negative, such as grief, conflict, or anxiety. But in rare cases, happy events can also cause stress cardiomyopathy.



Smart & fit

From apps to touchscreens, technology is ready to help you exercise

Smart fitness tech bridges the gap between instructor-led studio exercise classes and winging it on your own. Through apps, built-in touchscreen displays, remote classes and more, you can stay motivated even when you're working out at home. CNET tested these four fitness solutions to help you get in shape without leaving the house: — CNET.com

Peloton Bike

- **The good:** The Peloton Bike is sturdily built and has a variety of spinning classes to choose from. I like that it has space for two water bottles up front and two hand weights behind the seat.
- **The bad:** You'll need to invest in Look Delta-compatible spin shoes and cleats if you want to clip into the Peloton pedals. The \$2,245 initial cost of the bike plus the \$39 monthly fee to access the classes isn't cheap. The water bottle holders are flimsy compared with the rest of the bike.
- **The cost:** \$2,245 MSRP plus \$39 monthly fee
- **CNET rating:** 4.0 stars out of 5 (Excellent)
- **The bottom line:** If you're a dedicated indoor cyclist, the Peloton Bike is a worthy splurge.

Mirror

- **The good:** Keep an eye on your form while you take part in live and on-demand workout classes. The slim design is a great space saver and a solid alternative to bulkier home fitness equipment.
- **The bad:** With a \$1,495 upfront cost and a \$39 monthly fee, Mirror isn't cheap. There's no Android app and it doesn't support any third-party fitness apps or smart home platforms.
- **The cost:** \$1,495 plus \$39 monthly fee
- **CNET rating:** 3.0 stars out of 5 (Good)
- **The bottom line:** Mirror's variety of classes, efficient mirror-screen design and simple app make it a suitable, albeit pricey, at-home substitute for the gym.

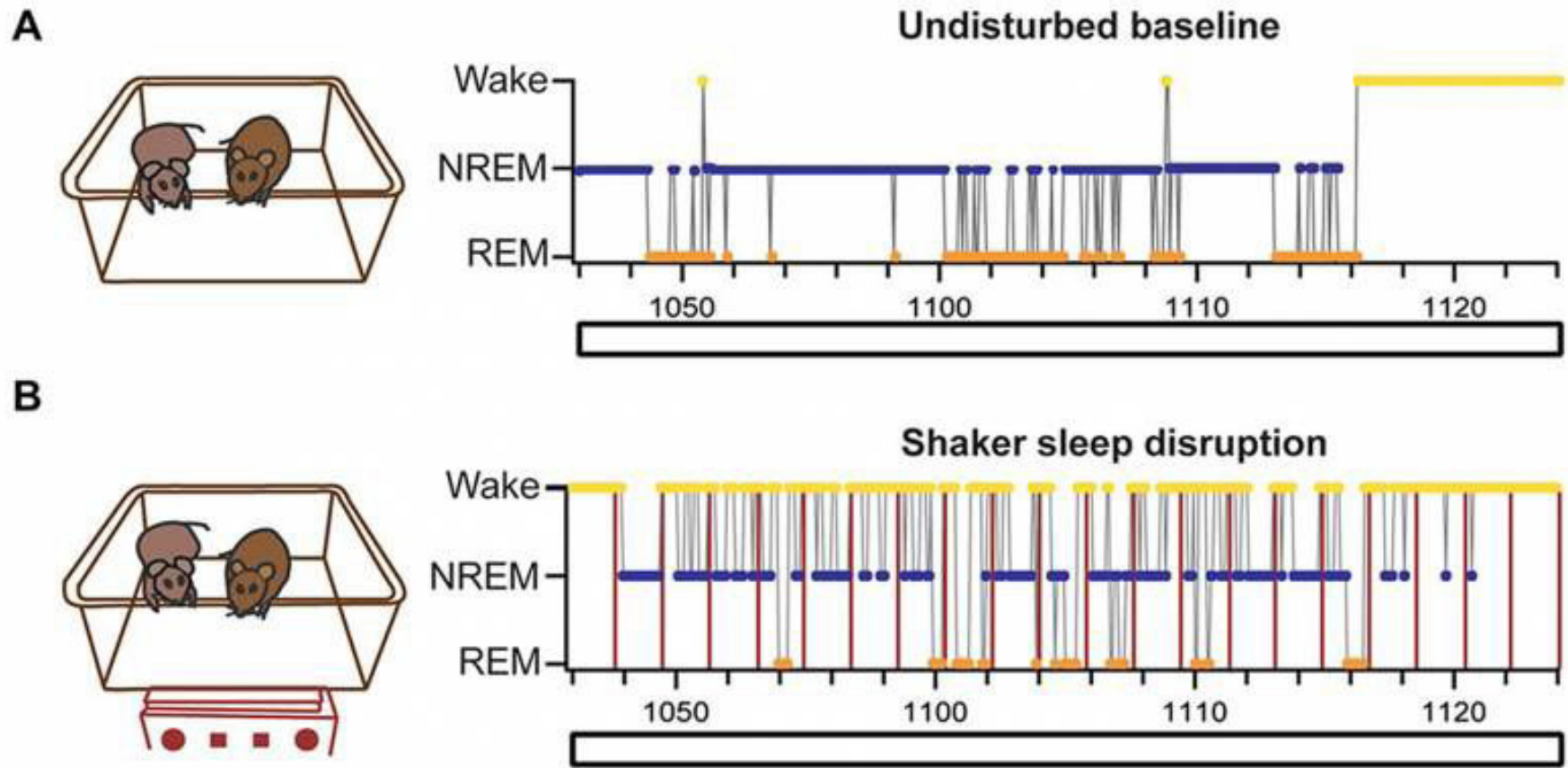


ClassPass Live

- **The good:** ClassPass Live is affordable and has a ton of exercises to choose from. Studio participants working out alongside the instructor makes it feel more like you're there with them.
- **The bad:** The app has a weird layout, making it difficult to find the classes — and other features — you want. The heart rate monitor didn't work.
- **The cost:** \$49 per month to \$139 per month
- **CNET rating:** 3.0 stars out of 5 (Good)
- **The bottom line:** ClassPass Live is a reasonable option if you want a wide selection of classes at a relatively low price.

Peloton Tread

- **The good:** The Peloton Tread is well-designed and easy to use — and it offers a wide variety of live and on-demand classes to keep you going when you're working out at home.
- **The bad:** At nearly \$4,000, plus a \$39 monthly fee for classes, the Peloton Tread is a major investment.
- **The cost:** \$3,995 to \$4,295 plus \$39 monthly fee
- **CNET rating:** 4.0 stars out of 5 (Excellent)
- **The bottom line:** If you're a dedicated runner who wants an extra dose of motivation from classes, the Peloton Tread might be right for you.



Animal study connects early-life sleep disruption to neurodevelopmental disorders

Why do babies sleep so much? It turns out, a good night's sleep, especially early in life, can have profound implications for the brain's ability to form important social bonds throughout life, according to new research.

The research was published Jan. 30, 2019, in the journal *Science Advances*.

"Results from these studies may ultimately inform our understanding of modifiable factors that shape social development through sensory processing," the researchers conclude. Their results suggest that early sleep disruption could lead to impaired sensory processing of social cues, a relevant feature of neurodevelopmental disorders including autism.

Juvenile mammals, including humans, sleep more than adults.

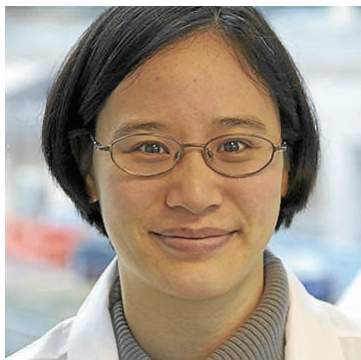


PHOTO COURTESY OF OHSU
 Miranda Lim, M.D., Ph.D., staff physician and investigator at the VA Portland Health Care System and assistant professor of neurology in the OHSU School of Medicine

During this time, rapid eye movement, or REM, sleep is at a lifetime maximum. Because this

early period of life corresponds to rapid changes in the cortical area of the brain, researchers wanted to test the role of REM sleep in shaping the development of complex social behaviors later in life.

Researchers focused on prairie voles, a social rodent species that forms lifelong pair bonds. The researchers discovered that early life reduction of REM sleep by just 25 percent caused lifelong changes in the balance of excitation and inhibition within brain regions involved in sensory integration, as well as long-lasting impairments in social huddling among prairie voles.

In this study, researchers used an unobtrusive method to disrupt the sleep of juvenile voles for one week during a time period roughly corresponding to

the human first year of life. "Our method of REM sleep disruption doesn't cause stress or disturb parental care, which are common hurdles in developmental sleep research," said lead author Carolyn Jones, Ph.D., a post-doctoral researcher in neurology and behavioral neuroscience in the OHSU School of Medicine. Other authors included OHSU faculty Deborah Finn, Ph.D., and Florida State University faculty Elizabeth Hammock, Ph.D.

"It's a novel finding that may provide an answer to one of biology's greatest mysteries," said senior author Miranda Lim, M.D., Ph.D., staff physician and investigator at the VA Portland Health Care System and assistant professor of neurology in the OHSU School of Medicine. "The finding has profound im-

plications for examining sleep as a modifiable risk factor in neurodevelopmental disorders, and our hope is that this will lead to more awareness of how well human infants sleep."

"Together, our results support the hypothesis that one of the conserved functions of early life sleep is to shape the developing brain," the researchers wrote. "When sleep is disrupted during sensitive periods of sensory development, long-lasting changes in social behavior may result."

This project was supported by Portland VA Research Foundation, Brain & Behavior Foundation, Collins Medical Trust, NIH, VA Office of Research and Development, and The Florida State University and the Good Nature Institute. — Erik Robinson

Focus on a lower resting heart rate

HOWARD LEWINE, M.D.
Tribune Content Agency

Q: What is considered normal for a resting heart rate, and why does it matter?

A: When you sit quietly, your heart slips into the slower, steady pace known as your resting heart rate. An increase in your resting heart rate over time may be a signal of heart trouble ahead.

Your heart rate changes from minute to minute. It depends on whether you are standing up or lying down, moving around or sitting still, stressed or relaxed. Your resting heart rate, though, tends to be stable from day to day.

The usual range for resting heart rate is anywhere between 60 and 85 beats per minute. Above 85 is considered high.

Many factors influence your resting heart rate. Genes play a role. Aging tends to speed it up. Regular exercise tends to slow it down. Stress, medications, and medical conditions also influence your resting heart rate.

The best time to measure it is before you get out of bed in the morning. You can measure your heart rate at your wrist or neck by placing one or two fingers over a pulse point, counting the number of beats in 15 seconds, and multiplying by four.

Results of observational research studies support a link between health and heart rate. Researchers from Norway previously reported the results of a large study looking at changes in resting heart rate over 10 years. They recruited more than 29,000 people without any history of heart disease, high blood pressure, or any other type of cardiovascular disorder,

and measured their resting heart rates when they started the study and again 10 years later.

Compared to people whose resting heart rates were under 70 beats per minute at the study's start and its end, those whose resting heart rate rose from under 70 to more than 85 were 90 percent more likely to have died during the course of the study. The increase in risk was slightly less for those with resting heart rates of 70 to 85 at the study's start and who had greater than 85 beats at the study's end.

By doing these four things you can start to lower your resting heart rate and also help maintain a healthy heart:

■ **Exercise more.** When you take a brisk walk, swim, or bicycle, your heart beats faster during the activity and for a short time afterward. But exercising every day gradually slows the resting heart rate.

■ **Reduce stress.** Performing the relaxation response, meditation, tai chi, and other stress-busting techniques lowers the resting heart rate over time.

■ **Avoid tobacco products.** Smokers have higher resting heart rates. Quitting brings it back down.

■ **Lose weight, if necessary.** The larger the body, the more the heart must work to supply it with blood. Losing weight can help slow an elevated resting heart rate.

Howard LeWine, M.D., is an internist at Brigham and Women's Hospital in Boston and assistant professor at Harvard Medical School. For additional consumer health information, please visit www.health.harvard.edu.

Over-the-counter remedies can help teen acne

MAYO CLINIC Q&A
Tribune Content Agency

DEAR MAYO CLINIC: My teenage daughter's hair has become oily over the past couple of months, and it's causing a lot of small pimples in her hairline and on her forehead. What could cause this change in her hair, and what's the best way to treat acne on the scalp?

ANSWER: During the teenage years, it's common to have more oil on the skin, including the scalp. As a result of hormone changes that happen during puberty, children that never had oily skin or hair before can begin to develop it as teens. Over-the-counter remedies usually can control breakouts on the scalp. But if the problem persists, see your daughter's primary care provider for further

evaluation.

The areas of the body typically affected by acne are those that have the most oil glands — also called “sebaceous glands.” They include the face, forehead, chest, upper back and shoulders. The hair follicles are susceptible to acne because they are connected to oil glands.

During puberty, hormones called “androgens” increase throughout the body. That causes the sebaceous glands to enlarge and make more oil, or sebum. But excess oil alone doesn't cause acne. It's typically a combination of the oil and dead skin cells, along with bacteria called Propionibacterium acnes, or P. acnes. Those bacteria grow on the skin all the time. When oil production increases during puberty,

however, the Propionibacterium acnes have a more readily available food source, so they grow and multiply more easily.

Whiteheads, blackheads and pimples develop when oil, dead skin cells and bacteria clog hair follicles. This combination of factors — clogged follicles or pores, sebum production and Propionibacterium acnes — is the reason multiple medications often are needed to treat acne successfully.

Treatments to try

When excess oil and acne affect the hair and scalp, a good first step is to try an over-the-counter anti-dandruff shampoo to reduce the amount of oil on the scalp. Different brands have different active ingredients, such as pyrithione zinc, salicylic acid or sele-

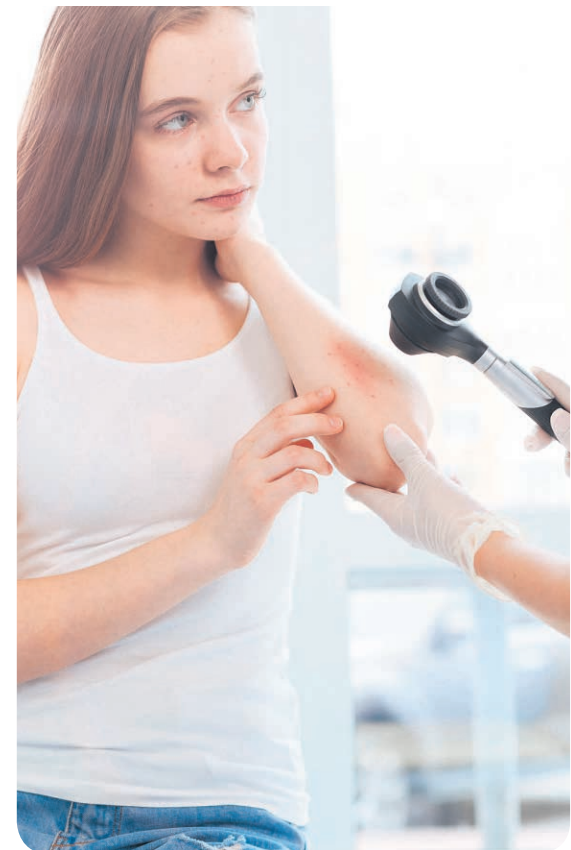
nium sulfide. Choosing two anti-dandruff shampoos with active ingredients that are not the same and then switching back and forth between them, provides the best results for reducing oil on the scalp over time. For the most effective oil control, shampoo every other day to daily.

For the acne on her forehead, a wash that contains benzoyl peroxide, in combination with a topical retinoid such as adapalene, can be useful. These medications are available over the counter.

Scrubbing skin that's affected by acne or cleaning it with harsh soaps can worsen the problem. Wearing cosmetics won't necessarily affect acne, especially when using oil-free makeup and removing makeup before going to bed.

Yes, we do accept your insurance.

Dr. Ed Maeyens is proud to be Coos Bay's longest-practicing dermatologist, and has spent the last 40 years treating generations of families on the South Coast. Recently, we've added a second provider (and have one more on the way) to make sure the needs of our community continue to be met. We can often see you on the same day you call, and Dr. Maeyens even performs Mohs surgery right here in town. **And yes, we accept most insurances, including Medicaid.**



Appointments, 541.267.7543
375 Park Avenue, Suite 5, Coos Bay

silverfallsderm.com

What's going on with MEASLES IN OREGON?

Oregon state and local public health authorities are monitoring for measles cases following a Clark County, Wash., investigation of multiple measles cases identified in winter 2019. As of Jan. 25, 2019, OHA has confirmed one case of measles in a resident of Multnomah County.

Most Oregonians have been vaccinated against measles and are protected. Anyone who has never been vaccinated is at higher risk of getting measles if they come into contact with someone who is contagious. Find a complete list of all Oregon public exposures at healthoregon.org/measles.

What is measles?

Measles is a highly contagious and potentially serious illness caused by a virus. Measles starts with a fever (101° F or higher), runny nose, cough, red eyes, and a sore throat. It's followed by a rash that spreads over the body. After someone is exposed, illness usually develops in about 2 weeks, though it can develop anywhere from 7 to 21 days after exposure. The measles virus is spread through the air after a person with measles coughs or sneezes.

When is measles most contagious?

Measles can be transmitted from those infected with the virus to others who are susceptible to the disease. Those who have measles are most likely to spread to others in the four days before a rash appears and the four days after a rash.

How serious is measles?

Measles can be serious in all age groups. However, children younger than 5 years and adults older than 20 years are more likely



to suffer from measles complications. Common complications of measles include ear infection, pneumonia and diarrhea. As many as one out of every 20 children with measles gets pneumonia, the most common cause of death from measles in young children.

About one child out of every 1,000 who get measles will develop encephalitis (swelling of the brain) that can lead to convulsions and can leave the child deaf or with intellectual disability. Measles may cause pregnant women to give birth prematurely or to have a low-birth-weight baby.

In 2017, there were 110,000 measles deaths worldwide,

mostly among children younger than 5, according to the World Health Organization.

Who is at highest risk for measles?

Because most people in our area have been vaccinated against measles, the risk to the general public is very low. Measles poses the highest risk to people who have not been vaccinated, to pregnant women, infants under 12 months of age and people with weakened immune systems. Any of the following constitute presumptive evidence of immunity to measles: Birth before 1957 Documentation of age-ap-

propriate vaccination* with live measles-containing vaccine

History of laboratory-confirmed measles Laboratory (serologic) evidence of immunity. *preschool-aged children: 1 dose; school (K-12)-aged children: 2 doses; adults in post-high school educational institutions, health-care personnel, and international travelers: 2 doses; other adults: 1 dose.

What should I do if I think I have measles?

Call your healthcare provider by telephone if you are concerned about your symptoms. Anyone who has been exposed and be-

lieves they have symptoms of measles should call their health care provider before visiting the medical office. This will enable the clinic to develop a plan for testing and providing care without exposing others at the clinic. If you are unable to reach a healthcare provider to make arrangements, please call your Coos Health & Wellness Public Health at 541-266-6700.

Those who may be infected should avoid public spaces and, in particular, should stay away from settings where there are susceptible people (schools or childcare) until your doctor says it's okay to return.

Where can I vaccinate my child if I don't have health insurance and how much is it going to cost?

The Oregon Vaccines for Children (VFC) Program provides all routinely recommended vaccines at no cost to nearly every pediatric and family practice clinic in the state for use with eligible children. If your child is without health insurance, is on Medicaid, or is American Indian or Alaskan Native, please call your provider and ask if they participate in the VFC program. Vaccine is provided to your children at no cost. Providers can ask for a vaccine administration fee (up to \$21.96), but must waive that fee if it is not affordable for you. If your provider does not participate, or you do not have a provider, please call Coos Health & Wellness Public Health at 541-266-6700.

Where can I learn more about measles?

Centers for Disease Control and Prevention website, www.cdc.gov.

Does weather affect joints?

ROBERT H. SHMERLING, M.D.
Tribune Content Agency

Q: My friend swears that changes in the weather cause her joints to ache more than usual. Is this real or just a myth?

A: The belief that weather affects aches and pains in the joints is longstanding. But there is no convincing science to back that up.

The question of whether there's a link between weather and aches and pains has been studied extensively.

While a definitive answer is nearly impossible to provide — because it's hard to “prove a negative” (prove that something doesn't exist) — researchers have been unable to make a strong case for a strong connection.

A recent study finds no connection between rainy weather and symptoms of back or joint pain.

This conclusion was based on a staggering amount of data: more than 11 million medical visits occurring on more than two million rainy days and nine million dry days.

Not only was there no clear pattern linking rainy days and more aches and pains, but there were slightly more visits on dry days.

An earlier Australian study found no link between back pain and rain, temperature, humidity or air pressure. This study collected data regarding features of the weather at the time of first symptoms, and compared it to the weather a

week and a month before. But, a different study found that among 200 patients followed for three months, knee pain increased modestly when temperature fell or barometric pressure rose.

It's worth remembering that humans have a remarkable tendency to remember when two things occur or change together (such as wet, gloomy weather and joint pain), but remember less when things do not occur together.

That rainy day when you felt the same as you usually do is unlikely to be so notable that you remember it. If you rely solely on memory rather than on more rigorous, data-based evidence, it's easy to conclude a link exists where, in fact, none does.

When my patients tell me they can predict the weather by how their joints feel, I believe them. It's hard to discount it when so many people notice a connection.

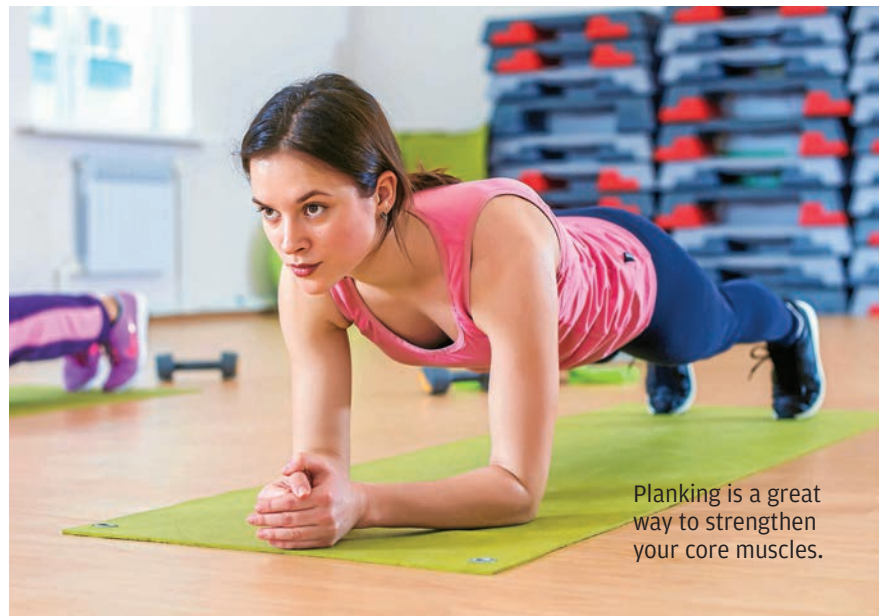
They could represent an exception to what the studies show. But I also believe the science.

Until I see evidence that's even more compelling, I remain a skeptic about the weather and arthritis connection.

Robert H. Shmerling, M.D., is associate professor of Medicine at Harvard Medical School and clinical chief of Rheumatology at Beth Israel Deaconess Medical Center in Boston. For additional consumer health information, please visit www.health.harvard.edu.



DREAMSTIME



Planking is a great way to strengthen your core muscles.

Improve your core strength

LAUREN ELSON, M.D.
Harvard Health Blog

When most people think about core strength, they think about an abdominal six-pack. While it looks good, this toned outer layer of abdominal musculature is not the same as a strong core.

The ‘core’ and why its strength is important

The core is a group of muscles that stabilizes and controls the pelvis and spine (and therefore influences the legs and upper body). Core strength is less about power and more about the subtleties of being able to maintain the body in ideal postures — to unload the joints and promote ease of movement. For the average person, this helps them maintain the ability to get on and off the floor to play with their children or grandchildren, stand up from a chair, sit comfortably at a desk, or vacuum and rake without pain.

For athletes, it promotes more efficient movement, therefore preventing injury and improving performance. Having a strong or stable core can often prevent overuse injuries and can help boost resiliency and ease of rehab from acute injury.

Weak core problems

As we age, we develop degenerative changes, very often in the spine. The structures of the bones and cartilage are subject to wear and tear. Very often, we are able to completely control and eliminate symptoms with the appropriate core exercises. Having strong and stable postural muscles helps suspend the bones and other structures, allowing

them to move better. Scoliosis, a curving or rotation of the spine, can also often be controlled with the correct postural exercises.

Having an imbalanced core can lead to problems up and down the body. Knee pain is often caused by insufficient pelvic stabilization.

Finding the right core strengthening program

A good core program relies less on mindless repetition of exercise and focuses more on awareness. People with good core strength learn to identify and activate the muscles needed to accomplish the task.

There is no one method of core strengthening that works for everyone. Some people do well with classes. Others use Pilates or yoga to discover where their core is. Physical therapists are excellent resources, as they can provide one-on-one instruction and find a method that works for any person with any background at any ability level.

It sometimes takes patience for people to “find” their core, but once they do, it can be engaged and activated during any activity — including walking, driving and sitting. While building the core starts with awareness and control, athletes can further challenge their stability with more complex movements that can be guided by athletic trainers and other fitness specialists.

Daily practice of core engagement can lead to healthier movement patterns that allow for increased mobility and independence throughout the course of our lives.

SIMPLE SALT SWAPS

A look at common sources of sodium and some easy substitutions you can try



TRIBUNE CONTENT AGENCY

If you think steering clear of potato chips, pretzels and other savory snacks is the best way to trim salt from your diet, think again.

Yes, those foods are salty — but they only rank no. 7 on the top 10 sources of sodium (a major component of salt) in the average American's diet.

The category of bread and rolls tops the list, which is based both on sodium content and how often people eat the foods. Bread is not especially salty, but we eat a lot of it, as well as similar foods such as hamburger and hot dog buns, bagels and English muffins.

But you don't need to cut these foods out of your diet, said Debbie Krivitsky, director of clinical nutrition at the Cardiovascular Disease Prevention Center at Massachusetts General Hospital in Boston.

"Breads require salt for both taste and texture, so low-sodium breads are not very popular," she said.

A better strategy is to choose lower-salt versions of what you put between or on

Too much salt

The average adult eats about 3,400 milligrams of sodium per day, which is far more than the recommended daily goal of 2,300 mg. The American Heart Association recommends an even lower goal: no more than 1,500 mg per day, especially for those with high blood pressure or heart disease.

the bread (or buns, pizza dough or tortillas) — and to choose whole-grain versions whenever possible.

Reading food labels

To assess a food's sodium level, check all sides of its package or container. The label might offer a clue, but the actual amount is listed in the Nutrition Facts panel found on the product's back or side.

If the label says:	It means:
Sodium-free or salt-free	Less than 5 mg sodium per serving
Very low sodium	Less than 35 mg sodium per serving
Low sodium	Less than 140 mg sodium per serving
Light in sodium	At least 50 percent less sodium than usual version
Reduced sodium	At least 25 percent less sodium than usual version

SODIUM VS. SALT

SODIUM is a mineral and one of the chemical elements found in salt.

SALT is a crystal-like compound that is abundant in nature and is used to flavor and preserve food.

High-sodium foods and some alternatives

Here are the top 10 types of food that account for more than 40 percent of the sodium we eat each day, along with some ideas for simple swaps to trim your salt intake:

1 Breads and rolls

As noted above, this category tops the list not because bread is especially salty (a slice contains about 100 to 200 mg of sodium) but because we eat so much of it.

Smart swaps: Instead of toast or a bagel for breakfast, have a bowl of oatmeal prepared with just a pinch of salt. Bypass the dinner breadbasket for a serving of whole grains, such as barley, brown rice, farro or quinoa.

2 Pizza

All the essential pizza ingredients — the crust, sauce and cheese — contain a lot of salt. Adding cured meats such as pepperoni or sausage adds even more sodium.

Smart swap: Make a homemade pizza using a whole-wheat, pre-baked pizza crust with low-sodium pizza sauce and slivers of part-skim mozzarella or other light cheese (see no. 9 for other suggestions). Top with sliced bell peppers, mushrooms or any other vegetables you like. Bake at 450 F until the cheese melts.



3 Sandwiches

Like pizza, most sandwiches contain salty ingredients (bread, cheese, cold cuts and cured meats; see no. 4).

Smart swaps: Load up your sandwich with veggies such as tomato, avocado and lettuce. Skip the cheese and add hummus. Or, try peanut butter with sliced apple or banana.

4 Cold cuts and cured meats

These processed meats include bacon, ham, salami, sausage, hot dogs and deli luncheon meats. Not only are they high in sodium chloride (salt), they might also contain sodium nitrate as a preservative, which further boosts the sodium count.

Smart swaps: Cook your own fresh chicken or turkey breast to slice up for sandwiches, or buy low-sodium turkey or chicken breast.

5 Soups

Some varieties of canned soup have as much as 940 mg of sodium per serving.

Smart swaps: Look for low-sodium and reduced-sodium varieties. Or, make a large batch of homemade soup, adding just enough salt to enhance the taste, and freeze it in individual serving containers for convenience.

6 Burritos and tacos

Like pizza, these popular Mexican dishes combine a number of high-salt ingredients, such as white-flour tortillas (an eight-inch one might contain about 400 mg of sodium), cheese, beans and seasoned meat.

Smart swaps: Use whole-grain corn tortillas (just 5 mg of sodium each) and fill with grilled chicken or a mild white fish. Choose low-sodium canned beans; if they're not available, rinsing regular ones removes about one-third of the sodium.

7 Savory snacks

Chips, popcorn, pretzels, snack mixes and crackers can contain large amounts of sodium.

Smart swap: Choose low- or reduced-sodium versions of these snack foods.



8 Chicken

This protein is often prepared in commercial kitchens, which means added salt. Rotisserie or fried chicken from a grocery store or restaurant contains up to four times the sodium of plain chicken prepared at home.

Smart swap: Roasting an entire chicken takes a while, but you can bake or saute plain chicken breasts seasoned with salt-free herb blends in far less time.

9 Cheese

The amount of sodium in cheese varies widely, even among the same varieties, so check the labels carefully. Feta and blue cheese are among the saltiest varieties, while goat cheese, ricotta and Neufchatel (which is similar to cream cheese) tend to be far lower in sodium.

Smart swaps: Try low-sodium cheddar cheese or substitute small amounts of finely grated, savory hard cheeses such as Parmesan or Romano as a replacement for other cheeses.

10 Eggs and omelets

An egg contains just 62 mg of sodium, so this category again reflects other ingredients and cooking methods. For example, most fast-food egg breakfast sandwiches are made with cheese and ham on an English muffin, and omelets are also often full of cheese, bacon and ham.

Smart swaps: Make your own poached or soft-cooked eggs. Many grocery stores now carry hard-boiled eggs, which are even more convenient.

Mercedes Fernandez works out with the battle ropes recently at GB3 in Clovis, Calif.

ERIC PAUL ZAMORA, FRESNO BEE



Stay motivated

BRYANT-JON ANTEOLA
Tribune News Service

There's a sad statistic about those who've made losing weight and working out more a New Year's resolution. By February, it's estimated that 80 percent of people give up their health and fitness New Year's resolution, according to a U.S. News & World report. That, of course, doesn't have to be you.

And one Fresno State student who's turned her hobby of working out into a profession of helping others get fit has some advice on how to stay on the workout track and achieve those New Year's goals.

If ... you're willing to "just put in a little bit of your time" and "some discipline," said Mercedes Fernandez, founder of Missfit Personal Training and Sadie's Ladies in Sacramento, California, a community of more than 100 members who help support women in fitness, including

body builders.

"The most common obstacle people run into is finding time to work out," Fernandez said. "But did you realize that a one-hour workout is only 4 percent of your day?"

"And if you know what you're doing, those 60 minutes is all you need 3-4 days a week to establish a healthy lifestyle change."

While some "regulars" at the gym might find it annoying when the new wave of people who are trying to achieve their New Year's resolution crowd the workout area in January, Fernandez said she finds the New Year inspiring.

"Those people are motivated to start the New Year right, and they're enthusiastic of what is to come," Fernandez said. "I love that energy. They're fired up."

"But consistency is key. You need consistent energy. People don't stay consistent because they sometimes want imme-

diated results. But really, they just need to stay with it. Stay patient. Keep that fire."

Hiring a personal trainer like Fernandez certainly could help get results, too.

But there are also the challenges that come outside of the gym — when your workout buddy might not be around and the personal trainer is nowhere to be found — with your eating habits.

"You can't out-train a poor diet," Fernandez said. "But again, it's establishing a healthy lifestyle and not just dieting for a short period of time."

"It's consistency with your workouts, and consistency with how you eat and what you eat."

Fernandez, who played multiple sports growing up, said she understands that it's not easy staying on the fitness track.

She advised not getting discouraged by setbacks: "They happen to everybody, whether it's missing a workout or not eating as healthy as you should."

10 goals to set today

1 MAKE SMALL CHANGES. Rather than diving headfirst into a complete overhaul of your lifestyle, consider a couple of simple dietary tweaks — such as choosing a side salad instead of fries, or having dessert just once a week. Simple changes can lead to serious health and weight-loss payoffs, and they're easier to stick with than resolutions that are too restrictive.

2 COMMIT. You'll be more likely to succeed if you write down your goal and put it where it's visible (such as affixed to your bathroom mirror, or stuck to the kitchen fridge). You'll see it pretty much every day — and sharing your resolution with family and friends provides an additional incentive.

3 LIMIT LIQUID CALORIES. Because beverages are less filling or satiating than food, one of the easiest ways to cut calories without increasing hunger is to limit your liquid calorie count to 150 a day. Aim for nutritional beverages like antioxidant-rich tea and 100-percent fruit juice.

4 BREAK THE FAST. Enjoy a daily breakfast of whole-grain cereal to improve your diet, reduce caloric intake and help with weight loss.

5 SNACK SMARTER. For a big weight-loss payoff, choose fruits and veggies as snacks. Chow down on celery sticks or reach for an apple when hunger strikes. Opting for produce will help slash between-meal empty calories by filling you up with fiber.

6 MAKE A LIST, CHECK IT TWICE. Make a grocery list for each shopping trip. This will help limit impulse purchases that may occur on the snack food aisle.

7 FIND YOUR INNER CHEF. To slash calories from your diet, dine out less and try cooking at home instead.

8 WRITE OFF POUNDS. People who track what they eat and how much they exercise lose more weight than those who don't. Take advantage of online food and exercise logs—sign up for a program or download an app and begin documenting what you eat and how much you move.

9 FIND FITNESS THAT FITS. Fitness resolutions are often the most likely to fail because they can be too rigid—and essentially impossible to achieve. Aid your success by making fitness a part of your daily schedule.

10 HAVE A FALL-OFF-THE-WAGON PLAN. To get back on track without derailing all of your efforts, have a strategy ready in case you cheat or break your resolution. Think progress, not perfection.

— Julie Upton, R.D., health.com

Southern Coos Hospital's **Multi-Specialty Clinic** Welcomes **Debra Guzman, FNP**

Debra joins Dr. Megan Holland and Dr. Babak Baharloo, DPM, in the SCH Multi-Specialty Clinic.

Debra is accepting new patients!

For anyone wishing to make an appointment with Debra, please call the SCH Multi-Specialty Clinic at **541.329.0154.**



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