

# HEALTH BRIEFS

## ADVICE FOR WORKING MOTHERS WHO ARE NURSING

Houston—Breast-feeding mothers need not give up nursing when they return to work. "Dedication and careful planning can help nursing mothers overcome many of the

challenges," said Dr. Judy Hopkinson of the USDA's Children's Nutrition Research Center at Baylor College of Medicine in Houston.

She suggests that breast-feeding mothers ease into the work force, returning to work on a Thursday or a Friday and taking

off the first few Wednesdays. Hopkinson also recommends they begin pumping and saving milk at least two weeks before returning to work.

"Many women find that the added stress of work tends to reduce their milk supply. Pumping twice a day in addition

to nursing will increase the milk supply gradually, and a good supply is essential at the start."

## WOMEN WITH BLADDER CANCER HAVE ANOTHER OPTION

Houston—Many women with bladder cancer have a life-enhancing option once thought unavailable to them.

"In the past, the treatment involved removing the bladder as well as the urethra," said Dr. Seth P. Lerner, a urologist at Baylor College of Medicine in Houston.

That was because the urethra frequently was thought to be cancerous also. Recent studies indicate the urethra, the canal carrying urine from the bladder to the outside of the body, is cancerous in as few as one-quarter of the cases, Lerner said.

"If the urethra can be spared," he said, "the women are candidates for construction of a bladder from intestinal tissue, which allows them to urinate in a normal manner."

## TIPS FOR NAIL HEALTH

Houston—Fungal infections are often encountered by people who frequent fingernail parlors. One solution: Take your own manicure instruments.

"If the shop is busy, you wonder if the manicurist's tools are being cleaned properly

between customers," said Dr. Ida Orengo, a dermatologist at Baylor College of Medicine in Houston. "Buy the type of instruments your manicurist prefers, clean them with alcohol and take them to each appointment."

Infections also occur if the cuticle is cut too far back.

"The cuticle is there to protect the nail bed, and openings allow infection," Orengo said. Fungus enters the body after trauma to the nail or surrounding skin. After infection, the nail thickens, separates from the nail bed and has white or yellowish debris underneath.

Treatment takes six months and involves topical antifungal lotions, blow-drying the nails to alleviate moisture and, if necessary, prescription medicine.

## SINUSITIS HITS MANY PEOPLE IN THE WINTER

Houston—With flu and colds season upon us, millions of people will also fall into the grip of sinusitis.

Inflammation of the sinuses is bothersome and painful, but it is treatable with antibiotics, said Dr. Marcelle Sulik, an ear, nose and throat specialist at Baylor College of Medicine in Houston.

Surgery may be required for severe cases.

Early symptoms of sinusitis include a feeling of tension and fullness in the affected areas, sometimes accompanied by a throbbing ache.

## BACK STRAINS CAN BE PREVENTED

Houston—Back strains can be avoided by using the proper technique when lifting heavy objects.

You should bend at the knees and lift, using leg muscles instead of back muscles to straighten up, said Dr. Martin Grabois of Baylor College of Medicine in Houston.

Keep the lifted object close to the body, and, if turning is necessary, do so by moving the feet instead of by twisting at the waist.

When back strains do occur, Grabois said, get bed rest while applying a cold pack the first 24 hours. Apply heat the following day.

If pain and impaired mobility persist beyond a few days, consult a physician.

## SPECIAL PROGRAM FOR FUTURE MINORITY MDS

Houston—Minority college students interested in pursuing medical degrees may apply for the Honors Premedical Academy, a six-week summer program at Baylor College of Medicine in Houston. (See Health Briefs, Page 16)

# Men and benign prostate hyperplasia

HOUSTON — Men who suspect they have prostate cancer actually may have benign prostate hyperplasia.

"Often what they really have are enlarged prostates, or BPH," said Dr. Kevin Slawin, a urologist at Baylor College of Medicine in Houston. "In fact, the early stages of prostate cancer rarely have observable symptoms."

BPH occurs in half of all men by age 60 and in 80 percent by age 80. The cause is unknown, but the condition has become more common as the average life span increases.

In men with BPH, the prostate grows larger, sometimes as much as five times its original size. Because the urethra, the tube carrying urine out of the body, passes through the prostate, this growth may affect urination.

Typical symptoms of BPH are:

- Urinary hesitancy, or difficulty in getting the flow of urine started.

- Severe urinary urgency.
- Weak urinary flow.
- Frequent nocturnal urination.

In the past, there were few treatments available for benign prostate hyperplasia other than surgery, Slawin said. In those cases, physicians removed portions of the enlarged prostate either directly or through an operating scope.

This procedure, although highly effective, Slawin said, sometimes resulted in scarring and/or access bleeding.

"Treatment advances in recent years for BPH, however, have reduced the necessity for invasive surgery. Newer treatments allow earlier medical intervention with drugs that can alleviate symptoms and may

arrest them before they progress to the point at which surgery is required," Slawin said.

Even in cases in which prostate surgery must be performed, electrical probes can now be used to vaporize tissue, he said.

This can be performed with less bleeding and shorter hospitalizations than traditional surgery.

Slawin and colleagues at Baylor are part of a long-term, multi-site study of two types of BPH drugs: 5-alpha reductase inhibitors and alpha blockers. The study is sponsored by the National Institutes of Health.

"We know these drugs work and are safe for short-term alleviation of BPH symptoms," Slawin said, "but we want to find out if they work well for the long-term and if they can slow or stop the progression of BPH."

Men interested in participating can call the Baylor Prostate Center, 713-798-5050.

## AHA JOURNAL REPORT

### HIGH INSULIN LEVELS PERSIST OVER TIME & LEAD TO INCREASED CVD RISK

DALLAS — If any molecule could be said to exhibit a form of mob psychology, insulin might be that molecule. A report in the Jan. 1 issue of the American Heart Association journal *Circulation* provides new evidence persistently elevated blood levels of insulin are associated with increased cardiovascular disease risk in children and young adults. Insulin is a hormone produced by the pancreas that helps break down sugar to get energy.

Researchers from the Bogalusa Heart Study, a 22-year examination of heart and blood vessel disease risk factors in a biracial population of children and young adults, gathered data on 739 males and females when they were 5-23 years old in 1981-82, and again when they were 13-31 in 1988-91. They found "elevated insulin levels persist from childhood through young adulthood, resulting in a clinically relevant adverse CVD risk profile in young adults."

The Tulane University (New Orleans) scientists found that individuals with relatively high or low blood levels of insulin maintained those levels through the eight intervening years. And, young men and women with persistently high blood levels of insulin were heavier, had higher

blood pressures, higher blood glucose levels and higher blood levels of total cholesterol, low-density lipoprotein (LDL, the so-called "bad" cholesterol), very low density lipoprotein (VLDL) and triglycerides (another blood fat) than their low-insulin counterparts. The high-insulin group also had lower levels of high density lipoprotein (HDL, the "good" cholesterol).

"Subjects with persistently high levels of insulin... were more likely to develop hypertension, dyslipidemia [blood fat disorders that predispose to coronary heart disease] and obesity in young adulthood," report Gerald Berenson, M.D., and his colleagues.

He and his associates also noted associations between insulin and risk factors or parental history of disease in a subset of the study group. Study subjects with high insulin also were more likely to have parents affected by diabetes.

Thus the researchers conclude, "The presence of multiple cardiovascular risk factors and parental cardiovascular diseases among young individuals with persistently high insulin levels points to the need for preventive measures early in life."

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