

HEALTH

Adults suffering painful sickle cell disease benefit from training in coping strategies

Teaching Active Pain Management Tactics More Effective Than Lectures, Pamphlets

WASHINGTON—Sickle cell disease (SCD) is a major health problem that affects about 1 in 400 African Americans. The most frequent, problem encountered by patients with SCD is the unpredictable, severe, and frequent painful episodes. How patients respond to this pain ranges from those who are able to self-manage their painful episodes at home, to patients who seek frequent emergency treatment for pain and may require repeated and prolonged hospitalization. In "Effects of Cognitive Coping Skills Training on Coping Strategies and Experimental Pain Sensitivity in African American Adults with Sickle Cell Disease," appearing in the January issue of *Health Psychology*, a journal of the American Psychological Association (APA), researchers report that training patients to use more effective coping strategies can lead to fundamental and positive changes in how they perceive and cope with pain. This study's design made it one of the first to integrate laboratory procedures for the measurement of pain perception into clinical intervention. By incorporating calibrated noxious stimulation and sensory decision theory (SDT) analyses, the researchers specifically

examined whether participants trained in cognitive coping strategies would report lower levels of negative thinking and higher levels of coping attempts compared with participants in randomly assigned disease-education control condition.

Also examined was whether participants trained in cognitive coping strategies would have a lower tendency to report pain during controlled laboratory conditions than would participants in the control condition. Cognitive coping strategies involve relaxation and distraction techniques which can serve as competing responses to pain perception.

Patients in the cognitive coping skills group participated in three weekly 45-minute sessions in which they were trained in a total of six cognitive coping strategies: breathing relaxation, pleasant imagery, counting backward slowly, focusing on physical aspects of surroundings, reinterpreting pain sensations, and calming self-statements. In addition to the one-on-one sessions with the therapist, patients in the coping strategies training group were given audio taped instructions of the techniques introduced in each session, a tape player, and a homework assignment to practice daily with the new

strategies.

Patients in the control (disease-education) group received three weekly one-on-one 45-minute didactic discussion sessions in which comprehensive information about SCD was provided, a typical method used to help patients with chronic disease cope with their ailment. Homework and home materials consisted of handouts and pamphlets.

In coping attempts (higher) and negative thoughts (lower), patients who received training in cognitive coping skills fared significantly better than their counterparts in the education group. Similarly, patients in the cognitive coping skills group had a significantly lower tendency to report pain during noxious stimulation compared with patients in the control group and were notably better able to discriminate stimuli of various intensities than were those in the control group. The results of this study suggest that brief training in cognitive coping skills techniques may result in higher levels of coping attempts, lower levels of negative thinking and altered pain perception. These findings are important because they are the first demonstration of the utility of cognitive coping skills training in adults with SCD.

AHA JOURNAL REPORT

Physicians urged to measure fibrinogen, a clotting protein linked to 'very bad' LDL and fat intake

DALLAS—A new study says physicians should measure blood levels of fibrinogen, a blood-clotting protein, when assessing coronary artery risk in their patients. German researchers found not only that elevations in fibrinogen are linked to clotting problems, but also that it is a red flag for having a particularly dangerous form of low-density lipoprotein (LDL), the so-called "bad" cholesterol. The study appeared in the January issue of the American Heart Association journal *Arteriosclerosis, Thrombosis and Vascular Biology*.

Martin Halle, M.D., of the Medizinische Klinik in Freiburg, says individuals with elevated fibrinogen are at risk for coronary artery disease (CAD) and should be advised to "keep fit, stay lean and avoid a diet high in saturated fatty acids."

The study included 132 healthy men who had volunteered for cardiopulmonary assessment. Fibrinogen and the major lipoproteins were measured. In addition, researchers measured six sub-fractions of LDL and two sub-fractions of so-called "good" high-density lipoprotein (HDL) cholesterol.

LDL and HDL subfractions are obtained by separating the lipoproteins according to density and size by a technique called ultracentrifugation. Though there are a wide range of possible

combinations of particles, most individuals have one of two "phenotypes," or profiles. One is characterized by mainly large, buoyant LDL particles. The other, called the "atherogenic" (disease-producing) phenotype, is characterized by an excess of small, dense LDL particles and low levels of HDL. The small, dense LDL is linked with premature CAD, as well as obesity and diabetes.

The men in the study were grouped according to their blood levels of fibrinogen. Those who were in the highest fourth, or quartile, had twice the amount of small, dense LDL particles of men in the lowest quartile. They also had the lowest concentrations of HDL.

Dr. Halle says the analysis adjusted for factors that might affect fibrinogen and LDL such as cholesterol, body mass index (a measure of girth) and age.

Researchers have known for some time that fibrinogen levels are an important risk factor for CAD. Fibrinogen is a precursor for fibrin, which forms the scaffolding for blood clots. But fibrinogen also affects platelets, blood components that clump

together to form clots. The sum of these clotting effects can increase a person's risk of having a stroke or heart attack.

The new study shows that fibrinogen has another equally important tie to CAD. Halle and his colleagues say it is independently associated with what they describe as an "atherogenic lipoprotein sub-fraction profile." For this reason, fibrinogen, which can be easily measured by most laboratories, should be included when assessing coronary risk factors in individuals suspected of having blood fat abnormalities.

Studies have suggested that the amount of saturated fat in the diet may affect the production of fibrinogen and small, dense LDL, he says.

Thus, individuals may be able to decrease fibrinogen by reducing weight and by eating a diet that is low in saturated and high in unsaturated fats. This means substituting vegetables, fruits and fish for high-fat foods whenever possible, says Halle.

Arteriosclerosis, Thrombosis and Vascular Biology is one of five scientific journals published by the Dallas-based AHA.

HEALTH BRIEFS

RACING HEART MAY BE GENETIC

A faulty protein may make some people's heart race.

Mitral valve prolapse syndrome, or floppy valve syndrome, may be the result of a defective gene that appears to make some people more sensitive to adrenaline in the blood.

MVP's symptoms include rapid heartbeat, fatigue, light-headedness, headache, chest pain, anxiety and nausea. The disease is prevalent in tall, thin people, particularly women.

"In our studies, we examined how the adrenaline system works and pinpointed certain proteins that increase heart rates," said Dr. Al Davies of Baylor College of Medicine in

Houston.

Chief among them was the G-protein that causes MVP patients' hearts to overreact to adrenaline and adrenaline-like hormones.

Current therapy involves minimizing stressful situations (that may trigger the excess adrenaline action), moderate exercise and salt tablets combined with a hormone to decrease adrenaline flow.

DIETARY SUPPLEMENT BEING STUDIED

A dietary supplement might help the body fight liver disease and other health problems experienced by people who cannot digest food and must rely on total parenteral nutrition, a liquid diet given intravenously.

(See Health Briefs, Page 7)

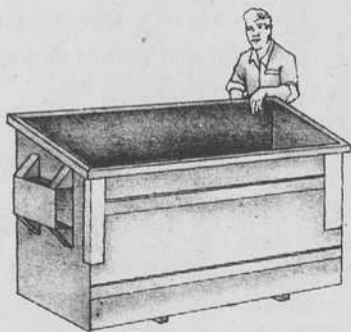
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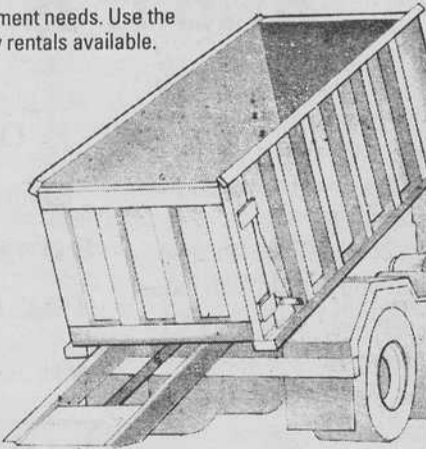
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