## e stress to your advantage

By Junious Ricardo Stanton

Nowadays we hear much about the negative effects of stress on our health and on our overall well-being. In a sense, stress has been given a bad rap. Most people think living would be great if only they didn't have stressful situations in their lives.

Well I've got news for you. we needstress in our lives. That's right! Stress is an important factor

in the life process. To be sure distress. Eustress occurs when negative stress can be debilitating and the direct cause of psychosomatic disorders and autogenic conditions such as hypertension, migraine headaches, diabetes and even some forms of cancer. But not all stress is harmful. In fact stress is good for you. There are two kinds of stress; the good kind is called the world. eustress and the negative kind

you feel confident and selfassured, when you feel you are qualified to cope with whatever comes your way. It's like being in an important situation where you feel relaxed, and in control with expectations of complete success. You relish the moment, you instinctively feel on top of

Distress is when you feel anxious. overwhelmed, threatened, ill-equipped, fearful and powerless. Distress triggers the fight-flight physiological reactions within the body designed to help you cope with life-threatening situations. However, nowadays most situations we encounter are not life-threatening. Most of the time it is only our egos, our self-image or our positions which we perceive to be threatened, our lives are not in real danger.

In any case, our responses, whether they be eustressful or distressful, are based upon our assessments of ourselves and the situations we are facing. It is our own thinking and cognitive processes that make or break us in the game of life. That is why two or more people can experience the same situation and each one respond in a different manner.

This means we have the power to discern whether or not we are in a life-threatening situation. Most times we are not. A black man not being able to get a cab in most cities in America is annoying, but it is not lifethreatening! It is not a physical attack on our person. Being caught in a crossfire of a driveby shooting is a life-threatening situation! Your boss being a bigot is not a life-threatening situation. It may be discomforting, but it is not life-threatening

In the crossfire scenario, it would be appropriate to go into the fight-flight mode. Having a fight-flight response while being ignored by cabbies or dealing with your racist supervisor, is not appropriate. The key to affective living, maintaining sanity, a sense of imperturbability and control over your life necessitates discerning when you are actually in danger and when you are not. If you are not in any physical danger then (See Stress, Page 16)

## **Guidelines**

(Continued from Page 6) mental decline to aging. Early recognition of Alzheimer's disease, or identification of other types of dementias, can prevent costly and inappropriate treatment, and give patients and family members time to address the complex financial, legal and medical issues these conditions

present. "Primary care physicians and other health care professionals now have an evidence-based resource to help distinguish between normal age-associated changes in cognitive ability, and the early symptoms of Alzheimer's disease," said Paul T. Costa, Jr. Ph.D. of the National Institute of Aging, and co-chair of the panel of public and privatesector experts responsible for the guideline. The guideline provides the tools needed to conduct an initial assessment when symptoms of Alzheimer's disease are present.

Panel co-chair T. Franklin Williams, MD, FACP, notes that approximately 20 percent of cases are not related to Alzheimer's disease, but are the result of other conditions that are treatable - such as depression, alcohol abuse or the result of taking multiple medications. These conditions are frequently misdiagnosed or not treated because their symptoms are confused with Alzheimer's disease or other dementias.

When findings of an initial evaluation do point to Alzheimer's disease, the AHCPR sponsored guideline recommends further clinical evaluation, and stresses the importance of follow-up and continuous care. Follow-up, with continuous assessment of declining mental function, may be the most useful diagnostic procedure for differentiating Alzheimer's disease from normal aging, and assists the patient and family in making informed decisions. Only when the assessment is complete, and when other medical conditions have been ruled out, such as delirium and depression, is it appropriate to conduct laboratory tests.

To receive an overview of the Alzheimer's Disease Clinical

Practice Guideline, or a copy of the consumer booklet, "Early Detection of Alzheimer's Disease: A Guide for Patients and Families," call toll-free at 800-358-9295, or write AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, MD 20907-8547.

Symptoms that might indicate dementia

Does the person have increased difficulty with any of the activities below?

Learning and retaining new information. Is he/she more repetitive; have more trouble remembering recent conversations, events, appointments; more frequently misplace objects?

Handling complex tasks. Does he/she have more trouble following a complex train of thought, performing tasks that require many steps such as balancing a checkbook or cooking a meal?

Reasoning ability. Is he/she unable to respond with a reasonable plan to problem at work or home, such as knowing what to do if the bathroom flooded; show uncharacteristic disregard for rules of social conduct?

Spatial ability and orientation. Does he/she have trouble driving, organizing objects around the house, finding his or her way around familiar places?

Language. Does he/she have increasing difficulty with finding the words to express what he or she wants to say and with following conversations?

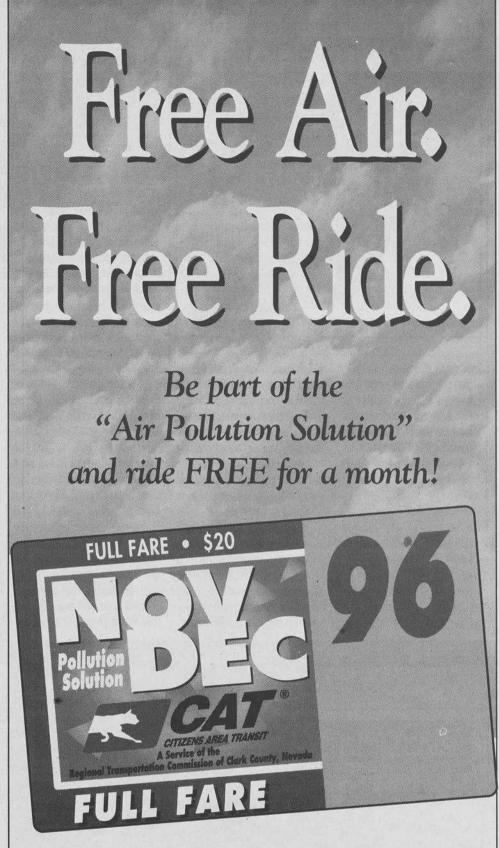
Behavior. For example: Does he/she appear more passive and less responsive; more irritable than usual; more suspicious than usual; misinterpret visual or auditory

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