

HEALTH

A new drug approved for Alzheimer's disease

Special to Sentinel-Voice
Aricept, a new drug approved for Alzheimer's disease, improves the symptoms and daily functioning of many patients.

"In the more than 900 mild to moderate Alzheimer's patients studied nationwide, 80 percent showed improvement or didn't get any worse," said Dr. Rachele

Doody, clinical director of the Alzheimer's Disease Research Center at Baylor College of Medicine in Houston.

Aricept was tested for five years in clinical trials involving more than 30 centers in the United States. Approved by the Food and Drug Administration in late November 1996, it is expected to be available in most

pharmacies by mid-January or early February.

Doctors measured Aricept's effectiveness by using standard Alzheimer's memory evaluation tests and by interviewing patients and caregivers to assess changes in daily functioning.

"With the drug, we saw patients who became more attentive to their surroundings or

who picked up on old routines they had forgotten," said Doody, who lead several clinical trials at Baylor.

The drug contains an enzyme that blocks the breakdown of acetylcholine, a neurotransmitter in the brain.

"Acetylcholine is associated with memory and learning and is deficient in Alzheimer's patients," she said. "Blocking the breakdown helps patients keep more acetylcholine in the brain."

The medication is taken once a day and has few side effects.

"Less than 10 percent of all the patients studied had to stop taking it because of side effects," Doody said. "Mild side effects included nausea, diarrhea and vomiting that often went away on their own."

While it cannot stop the progression or make a patient return to normal, Doody feels the treatment will be beneficial to a great number of patients.

"With the improvement of symptoms or just the slowing of decline, Aricept brings an improved outlook for many patients and their families," she said. "This is not a cure, but it may provide relief while we await a definitive treatment for Alzheimer's."

Vitamins can be potentially harmful to children

More is not always better, especially when it comes to supplementing children's diets with vitamins.

Over-the-counter supplements can be potentially toxic and megadoses can be harmful, said Dr. Kathleen Motil at the USDA's Children's Nutrition Research Center at

Baylor College of Medicine in Houston.

"Too much iron can be fatal, and there are cases where excess vitamins A and D can damage the kidneys, heart and brain," Motil said.

In general, Motil considers vitamins unnecessary if a child is healthy and consumes a well-balanced diet. She suggests the USDA's food guide pyramid as a reference.

"Even the most finicky eater will get enough vitamins and minerals with a varied diet that includes meat, dairy products,

grains, fruits and vegetables," Motil said.

But Motil believes supplements may be appropriate for premature infants, children on restrictive diets, including vegetarian diets, and children under the care of a physician for specific medical reasons such as a chronic illness, teen pregnancy or eating disorders.

Motil urges parents to consult their pediatrician or a registered dietitian who specializes in children's nutrition if they are concerned about their child's eating habits.

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HEALTH FOCUS

Teens and smoking: Curiosity leads to habit

By James L. Phillips, M.D.
Special to Sentinel-Voice

Ever think about smoking? For years, curiosity and peer pressure have tempted teenagers to smoke or at least to try cigarettes. Unfortunately, that curiosity often leads to a lifetime habit.

A 1990 Journal of the American Medical Association report revealed that 75 percent of adult smokers started smoking before age 18. Studies show that smoking appeals equally to male and female teens. The Surgeon General reported in 1994 that by age 18, about two-thirds of teens have tried smoking.

So parents need to face the facts and be prepared. The odds are that your child will experiment with cigarettes and may pick up the habit. Baylor College of Medicine physicians have some words of advice: educate early, don't nag and get them thinking.

Let your children know early on about smoking risks. These risks range from the less threatening smoky breath and clothes to the more serious fire hazards and risks of cancer, lung and heart disease.

As a family, focus on building self esteem and encourage open discussions. It may not keep your children from smoking, but it will make honest talk easier when the time comes.

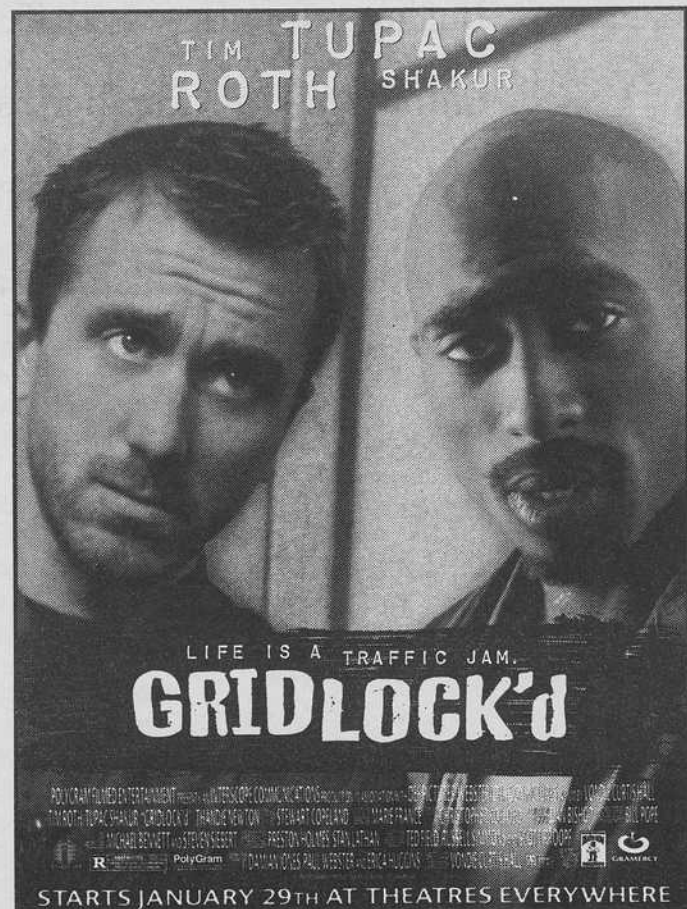
Dr. Larry Laufman, a Baylor cancer-control education expert, cautions parents to avoid nagging. Harassment is not a good way to stop any smoker.

My advice to parents is "don't smoke." However, if you do smoke, emphasize how tough it is to quit and avoid smoking in front of your children.

If your teen chooses to smoke, set rules about where smoking is allowed. Strike a balance between ignoring the smoking and overdoing it by using simple ways to get your teen thinking about the problem. Try having a serious discussion or giving them a brochure on smoking dangers.

By providing information, you give your teen the opportunity to think and take action. Ultimately, your teen is the only one who can make the decision to quit.

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