

HEALTH

HEALTH FOCUS: CLINICAL DEPRESSION

Seniors need to seek help for depression

Special to Sentinel-Voice
(NAPS) — Most older people feel satisfied with their lives. But about one out of every ten people 65 and older suffer from clinical depression.

Not only can depression remove the pleasure found in daily life, it can also complicate other medical conditions and can even be serious enough to cause suicide.

Although it is normal to feel sadness after the death of a friend or family member, if the depressed mood continues for a long period of time, clinical depression may be the cause.

Additionally, clinical depression can be triggered by other chronic illness common in later life such as diabetes, stroke and arthritis.

Some older people are reluctant to talk about their feelings. Others believe that depression will go away on its own. Such views are simply wrong. Clinical depression is a medical illness, albeit a treatable one.

In fact, more than 80 percent of people with depression can be treated successfully with medication, psychotherapy or a combination of both.

However, the nature of clinical depression often makes it difficult for the depressed person to find the motivation or energy to seek treatment.

The symptoms of clinical depression include:

- A persistent sad, anxious or "empty" mood.
- Sleeping too little, especially early-morning waking, or sleeping too much.
- Reduced appetite and weight loss, or increased appetite and weight gain.
- Loss of interest or pleasure in activities once enjoyed.
- Restlessness or irritability.

• Persistent physical symptoms that don't respond to treatment (such as headaches, chronic pain, constipation or digestive disorders).

- Difficulty concentrating, remembering or making decisions.
- Fatigue or loss of energy.
- Feeling guilty, hopeless or worthless.
- Thoughts of death or suicide.

If you experience five or more of these symptoms for longer than two weeks, or if the symptoms are severe

enough to interfere with your daily routine, see your doctor.

Only a qualified health professional can decide if someone has clinical depression. As with many illnesses, if treatment is needed, the earlier it begins, the more effective it can be.

For a free copy of the pamphlet "Overcoming Depression in Later Life," or for more information about clinical depression, call The National Mental Health Association Campaign on clinical depression at 1-800-228-1114.



Overcoming
Depression
in Later Life™

Scientists examine how light controls biological-clock genes

Special to Sentinel-Voice

HOUSTON — A second gene that helps regulate the body's wake-sleep cycle has been identified by scientists at Baylor College of Medicine in Houston. This finding yields more clues to how light affects the body's biological-clock genes.

The second gene complements, but does not duplicate, the function of another gene identified earlier this year by the same group of researchers. The finding gives drug researchers another clue for finding better treatments for jet lag and other sleep problems and for regulating hormone secretion and other body functions that occur during a 24-hour cycle.

"The two genes on which we've reported are

involved with circadian rhythms, but they 'wake up' or turn on at different times," said Dr. Cheng Chi Lee, one of the lead investigators for the study reported in the Dec. 26 issue of the journal *Cell*. Lee and his staff in the Department of Molecular and Human Genetics collaborated with Dr. Gregor Eichele and his staff in Baylor's Department of Biochemistry.

The researchers discovered that one of the two genes is turned on when exposed to a short pulse of light during early morning hours. This ability to respond to light could be critical in the body's ability to adapt to changes in environmental light, such as different night-and-day cycles during travels to foreign countries.

The researchers reported in September that the *mper1* gene, also nicknamed the *rigui* gene, turns on and off in mice throughout 24-hour periods. They have since found that a gene called *mper2* turns on about four hours after the *mper1* gene does. "Just as the *mper1* gene is shutting down, *mper2* goes to work, like the second member of a relay team," Lee said.

When kept in the dark for several days, both the *mper1* and *mper2* genes continue to turn on and off during a 24-hour cycle. However, the researchers observed differences between the two genes' ability to "reset" their clocks during early morning hours.

Lee speculates that communication between the two genes enables them to get "in synch"

again after the timing of *mper1*'s function has been altered by exposure to light in different time zones.

"The response of the body's circadian clock to light is complex," Lee said. "Our study of *mper2* advances our knowledge of the genes involved in the circadian pathway, but there is much to be learned."

The U.S. Department of Defense, the Clayton Foundation of Research and the Max-Planck Society funded the study.

Lee's and Eichele's co-authors of the *Cell* paper are Dr. Zhong Sheng Sun in the Department of Molecular and Human Genetics and Dr. Urs Albrecht in the Department of Biochemistry.

Inflammatory bowel disease not indicative of growth failure

Special to Sentinel-Voice

Q: What is inflammatory bowel disease?

A: Inflammatory bowel disease is a chronic illness of the gastrointestinal tract. There are two types: Crohn's disease, which affects the whole gastrointestinal tract and has no known cure, and ulcerative colitis, which affects the large bowel and can only be cured by removing the colon.

Inflammatory bowels disease can be mistaken as many other medical problems in children, such as growth failure. Some may be stricken with rheumatoid arthritis, liver disease, gall bladder, or eye disease. Victims can suffer from frequent bouts with diarrhea, abdominal pain and rectal bleeding.

Symptoms are more severe and the mortality rate is highest in younger children. Parents should also talk to pediatricians about inflammatory bowel

disease when children are being treated for chronic diarrhea, constant stomach aches, arthritis, or other ailments.

Q: Does formula interfere with the absorption of iron in an infant's diets?

A: Formula contains large amounts of iron. The large amount of iron is adjusted precisely to allow appropriate iron absorption in the presence of calcium and other formula components. Therefore, it is highly unlikely that formula would reduce the absorption of iron from other foods.

However, studies have shown cow's milk, with its high levels of calcium, seems to interfere with the absorption of iron from iron-supplemented infant cereals.

Iron and calcium enter the body using the same pathways. When there is a large amount of calcium, as in cow's milk, the calcium bumps the iron out of the pathways resulting in

less absorption.

Q: How much is too much sugar for children?

A: Although children burn extra calories received from sugar during daily activities, some may eventually end up overweight if they consume a high-calorie diet on a daily basis.

Children who are overweight face an increased risk of high blood pressure, high cholesterol and heart disease when they get older.

Dental problems such as tooth decay and unhealthy gums can be reduced by limiting the amount of sugar.

Here are some ways parents can limit sugar in children's diets:

• Use two-thirds to three-fourths of the sugar called for in recipes.

• Add raisins or other dried fruits to cookie dough instead of chocolate chips or candy.

• Substitute bagels for doughnuts or muffins.

• Offer unsweetened fruit juices instead of soft drinks loaded with sugar.

• Make a deal with children to limit candy to once or twice a week.

There is a place for sugar in children's diets, but moderation is the key.

Q: Does caffeine affect breast milk?

A: Researchers recommend that nursing moms limit their intake of coffee and other

caffeine-rich beverages to 1-2 cups a day. Studies indicate the iron status of milk, and ultimately the infant's iron levels, might be adversely affected when breast-feeding mothers drink large quantities of regular coffee. Caffeine is also found in some soft drinks

and several over-the-counter medications.

Chocolate contains a caffeine-like substance called theobromine, which is a weaker stimulant than caffeine. Moderate material intake of chocolate should not affect most breast-fed infants.

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