

HEALTH

Breast-feeding mothers should ease into work

Special to Sentinel-Voice
HOUSTON — Working mothers who breast-feed their infants should ease back into the workforce.

"If an employer will permit, it's best for a mother to start by taking off at least one day a week until her body gets used to being back at work," said Dr. Judy Hopkinson at the USDA/ARS Children's Nutrition Research Center at Baylor College of Medicine in Houston.

"If an employer is not flexible, she (the mother) can get her body ready a couple of weeks before returning by

trying to get on the same feeding schedule the baby will be on when she goes back to the office," said Hopkinson, a Baylor assistant professor of pediatrics.

"This usually means breast-feeding in the morning and evening, and pumping or nursing only at break times during the day."

If a breast-feeding mother works full-time, she may see her milk volume decrease by week's end because of the stress of the job and caring for the child when she gets home.

She may then have to nurse frequently in the evenings and

on the weekends to help keep up the milk supply.

In addition, a breast-feeding mother needs to have a number of things in place before returning to work.

"Mothers should check with employers to see if they can be given two or three breaks and a private place during the day to pump their milk," Hopkinson said. "If not, then it's best to either pump extra milk in the morning or evening and use formula during the day as needed."

It is a good idea to have a supply of frozen breast milk on hand before returning to

work. It is also important to make sure the infant can take milk from a bottle before leaving them with a babysitter.

It is best to introduce the baby to a bottle about three weeks after they are born, then add a bottle of breast milk periodically.

"The wonderful thing about breast-feeding is it really helps a mother feel connected to her baby," Hopkinson said.

"When she gets home from a hectic work day, putting the baby to breast immediately is a great way for her to reconnect with the child and put the stresses of the day behind her."

HEALTH BRIEFS

ACUPUNCTURE SPEEDS RELIEF TO SPORTS INJURIES

HOUSTON — A remedy that has been around for thousands of years is one of the newest treatment options in the field of sports medicine. Acupuncture, which was endorsed recently by the National Institutes of Health for control of some types of pain, is also finding its niche in the treatment of sports injuries. "We have had excellent success with acupuncture in treating sprains and strains and other sports-related injuries," said Dr. John Cianca, an assistant professor of physical medicine and rehabilitation at Baylor College of Medicine in Houston. "Within a treatment of two, many patients have noticed a 50- to 75-percent reduction in pain and swelling." This allows patients to begin other components of their rehabilitation much sooner, limiting the amount of time spent on the sidelines. "Acupuncture can also be helpful for athletes, like cyclists and runners, who experience overuse injuries," Cianca said. Acupuncture, practiced in China for more than 2,000 years, involves inserting thin needles into specific nerve points on the body.

POST-MARATHON RECOVERY NEEDED TO RETURN BODY TO NORMAL

HOUSTON — You've trained for months for the marathon, but have you given any thought about what to do after you reach the finish line? Dough House, an exercise physiologist with the Pain Control and Functional Restoration Clinic at Baylor College of Medicine in Houston, has these suggestions for the two-to-six post-marathon hours: • Drink plenty of fluids, even if you don't feel thirsty. • Stretch to keep muscles as loose as possible. • Take a warm bath and, if possible, get a massage. • Take a nap. In the week following the race, House recommends: • Gradually adjusting your caloric intake to match pre-marathon training levels. • Steadily resuming normal activities without overexertion. • Stretching daily.

CROSS TRAINING IMPROVES OVERALL FITNESS, HEALTH

HOUSTON — Want to become a better tennis player? Go for a run. While your backhand might not benefit directly from a 20-minute run, you will get an aerobic workout, which helps to improve your overall fitness level. This is the idea behind cross training. "Cross training has several benefits, including improving aerobic conditioning, adding variety to your workout regimen and reducing the risk of overuse injuries," said David Brennan, an exercise physiologist in the Department of Physical Medicine and Rehabilitation at Baylor College of Medicine in Houston. A tennis player might leave the racket at home once or twice a week and go for a run or swim instead. A cyclist might switch to some smaller wheels and take up in-line skating occasionally. "This approach can help your performance level in the activity you enjoy most," Brennan said.

Study: Disabled more apt to cope than obese people

Special to Sentinel-Voice
HOUSTON — For many obese people, being overweight carries a mental burden.

A study conducted by behavioral psychologists at Baylor College of Medicine's DeBakey Heart Center in Houston revealed that obese patients, when compared to patients injured on the job, had more negative feelings about their weight problems.

"Our findings confirm the stigma against being overweight in the United States," said Dr. Carlos Poston, assistant professor of medicine at Baylor.

"Much like disabled people, obese people have trouble

copied with their physical limitations in a society designed for normal-weight people."

Poston teamed with Swedish researchers from the University of Umea, The Swedish National Social Insurance Hospital and the Karolinska Hospital and Institute to follow 76 obese patients and 59 long-term sick leave patients with back, neck or shoulder pain who were unemployed for up to one year.

Both groups completed questionnaires measuring their coping capacity for problems in life and issues related to obesity and disability.

"The obese patients viewed their obesity with more

negative emotions than the long-term sick leave patients," Poston said. "However, the obese group felt more responsible for their condition than the long-term sick leave patients who had no control over their situation."

The Baylor-Sweden study is a first step, but Poston says more research is needed.

"Women may be more distressed about their obesity than men, making it more difficult for them to be less negative about their situation," Poston said. "Eighty percent of the patients in the obese group were women."

Poston says, unlike a weight loss program, a rehabilitation program may

help to improve physical activity, self-esteem, body image and functional capacity.

"Even though there are no quick fixes to help obese people lose weight and stay healthy, making lifelong changes in their health habits can help them cope with their condition and prevent physical and mental problems," he said.

Poston conducted the research as a participant in the Baylor College of Medicine-Karolinska Institute Research Exchange Program.

The DeBakey Heart Center is a joint program of Baylor College of Medicine and The Methodist Hospital supporting cardiovascular research, treatment and education.

Chicago study focuses on poverty death rate

Special to Sentinel-Voice
CHICAGO — Hallmarks of good health, exercise, good diet and smoke-free living do little to dent the death rate of America's poor, says a new study.

The poor have a death rate as much as three times higher than that of others.

The study, published in today's Journal of the American Medical Association, suggests smoking, drinking alcohol, overeating and lack of exercise cause no more than 13 percent of the gap.

The study was funded by the National Institute on Aging and the Robert Wood Johnson Foundation of Princeton, N.J.

"For a long time, we've been focusing on trying to reduce risky health behaviors, such as smoking, drinking and being physically inactive," said Paula Lantz, the study's author and a professor of public health at the University of Michigan. "That's an important goal, but it won't fully close the gap between poor people and other people."

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Important causes, experts say, may include lack of medical care, the stress of being poor, dangerous jobs and polluted homes and neighborhoods.

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Beginning in 1986, the 7-1/2-year survey looked at 3,617 Americans and their living habits. It took into account all kinds of deaths, from cancer to gun battles with the police. The biggest killers were heart disease and cancer.

Dr. Redford Williams, chief of behavioral medicine at Duke University, said in an accompanying editorial that the research is convincing.

Bruce Link, an associate professor of public health at Columbia University, agreed with Williams that there is a link between poverty and high death rates. "People with more resources, more knowledge, more money, better access to health care, tend to capitalize on that," he said.

The study said government reports and newspaper opinion-page pieces assume smoking,

drinking, overeating and lack of exercise are to blame for high death rates among the poor. The survey did find that poor Americans tend to smoke and overeat more and be less active, though they were not the heaviest drinkers.

It found that those with an annual income below \$10,000 had a death rate 3.22 times that of people making \$30,000 or more. After researchers subtracted the effects of smoking, drinking, overeating and lack of exercise, the death rate among the poor was still 2.77 times higher.

Americans making between \$10,000 and \$29,000 had a death rate 2.34 times that of those in the \$30,000-plus group. After researchers subtracted the harmful habits, that group's death rate still was 2.14 times that of those in the higher bracket.

According to the study, 59.9 percent of those in the low-income group didn't drink at

all, compared with 46 percent in the \$10,000-to-\$29,999 group and 31.3 percent of those earning \$30,000 or more.

PUBLIC NOTICE



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