



BetterSafe

WELCOA'S ONLINE BULLETIN FOR YOUR FAMILY'S SAFETY

SAFE TO SLEEP

SIDS

Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant younger than 1 year of age that remains unexplained after a thorough case investigation. This investigation includes performing a complete autopsy, examining the death scene, and reviewing the clinical history.

When a baby dies, health care providers, law enforcement personnel, and communities try to find out why. They ask questions, examine the baby, gather information, and run tests. If they can't find a cause for the death, and if the baby was younger than 1 year old, the medical examiner or coroner will call the death SIDS.

If there is still some uncertainty as to the cause after it is determined to be fully unexplained, then the medical examiner or coroner might leave the cause of death as "unknown."

What Are The Risk Factors?

Research shows that several factors put babies at higher risk for SIDS and other sleep-related causes of infant death.

Babies are at higher risk for SIDS if they:

- Sleep on their stomachs
- Sleep on soft surfaces, such as an adult mattress, couch, or chair or under soft coverings

- Sleep on or under soft or loose bedding
- Get too hot during sleep
- Are exposed to cigarette smoke in the womb or in their environment, such as at home, in the car, in the bedroom, or other areas
- Sleep in an adult bed with parents, other children, or pets; this situation is especially dangerous if:
 - The adult smokes, has recently had alcohol, or is tired.
 - The baby is covered by a blanket or quilt.
 - The baby sleeps with more than one bed-sharer.
 - The baby is younger than 11 to 14 weeks of age.



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↳ **Babies Need Tummy Time!**

Tummy Time is not only an important way to prevent flat spots on your baby's head, but it is also an important part of your baby's normal growth.

What Is Tummy Time?

Tummy Time describes the times when you place your baby on his or her stomach while your baby is awake and while someone is watching.

Tummy Time is important because it:

- Helps prevent flat spots on the back of your baby's head
- Makes neck and shoulder muscles stronger so your baby can start to sit up, crawl, and walk
- Improves your baby's motor skills (using muscles to move and complete an action)

From the day they come home, babies benefit from 2 to 3 Tummy Time sessions each day for a short period of time (3 to 5 minutes). As the baby grows and shows enjoyment of Tummy Time, you can lengthen the sessions. As babies grow older, more Tummy Time helps build strength for sitting up, rolling over, crawling, and walking.



FAST FACTS ABOUT SIDS

- » SIDS is the leading cause of death among babies between 1 month and 1 year of age.
- » More than 2,000 babies died of SIDS in 2010, the last year for which such statistics are available.
- » Most SIDS deaths occur when in babies between 1 month and 4 months of age, and the majority (90%) of SIDS deaths occur before a baby reaches 6 months of age. However SIDS deaths can occur anytime during a baby's first year.
- » SIDS is a sudden and silent medical disorder that can happen to an infant who seems healthy.
- » SIDS is sometimes called "crib death" or "cot death" because it is associated with the timeframe when the baby is sleeping. Cribs themselves don't cause SIDS, but the baby's sleep environment can influence sleep-related causes of death.
- » Slightly more boys die of SIDS than do girls.
- » In the past, the number of SIDS deaths seemed to increase during the colder months of the year. But today, the numbers are more evenly spread throughout the calendar year.
- » SIDS rates for the United States have dropped steadily since 1994 in all racial and ethnic groups. Thousands of infant lives have been saved, but some ethnic groups are still at higher risk for SIDS.



DayInDayOut

WELCOA'S ONLINE BULLETIN FOR YOUR LIFESTYLE

Ignore The Pain? *Innovative Pain Management Ideas*

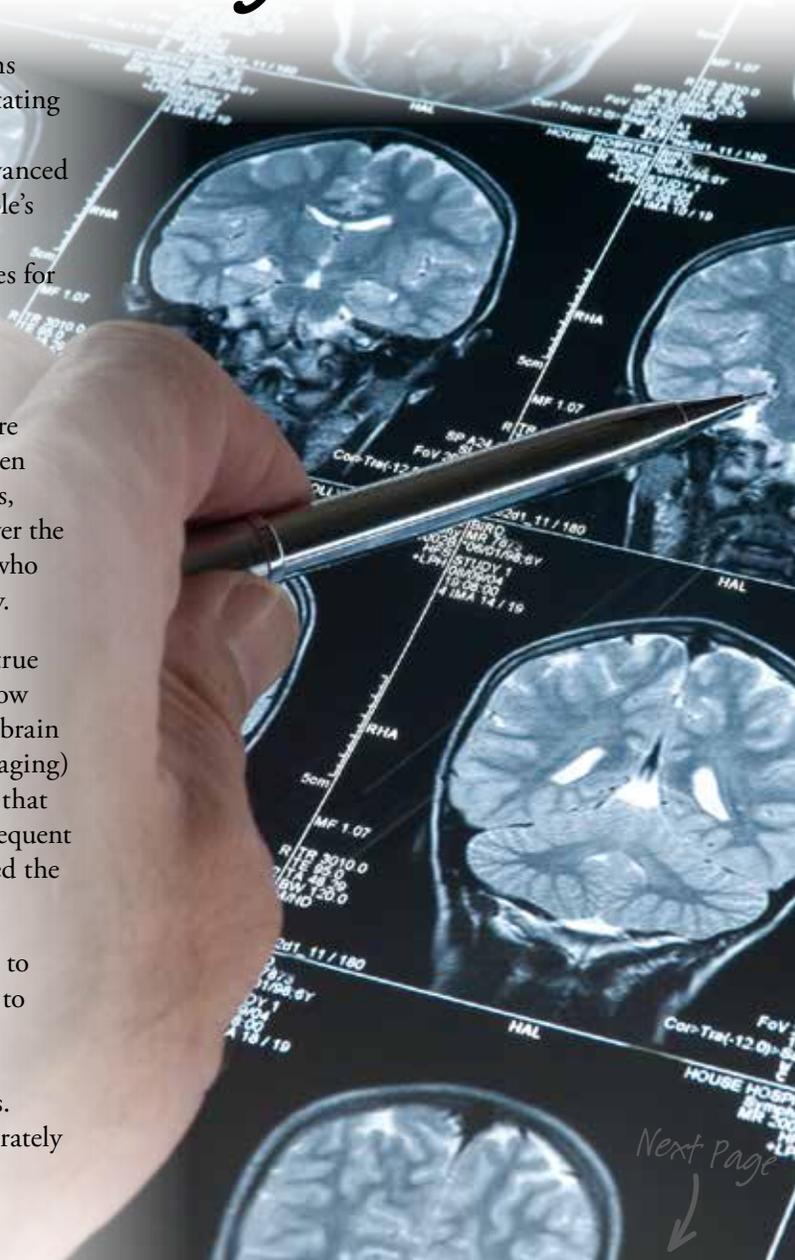
Two people fall and suffer seemingly similar injuries. Six months later, one has completely recovered but the other still has debilitating pain. How can different people seem to experience pain so differently? Through carefully controlled experiments using advanced brain imaging techniques, researchers are discovering that people's brains can process the same pain signals from their bodies very differently. These insights are leading to surprising new strategies for controlling pain.

What The Science Is Saying

Dr. Robert Coghill of Wake Forest University explained that there are significant differences in the way people experience pain. When people had the same level of heat applied to the backs of their legs, Coghill recounted, the intensity of pain they reported was “all over the place”—from someone who said it didn't hurt at all to someone who said the pain was so intense they almost withdrew from the study.

Coghill's team wanted to see whether these ratings represent a true difference in the way people experience pain or differences in how they explain what they feel. To answer this, they examined the brain activity of their subjects using an MRI (magnetic resonance imaging) machine while they applied different levels of heat. They found that those who reported feeling more pain had stronger and more frequent activation in a number of brain areas, particularly a region called the primary somatosensory cortex.

These people were all getting a generally similar input delivered to their brains, but once the signal got into their brains, it seemed to be processed differently in different people. To see if they could manipulate that processing, the researchers trained people to associate different levels of painful stimulus with different tones. They then tested the impact of expectation by signaling a moderately painful stimulus but then delivering an intensely painful one.



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Day In Day Out

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“When we look at their pain intensity ratings, they decrease significantly,” Coghill said. “The bigger the expectation people had that the pain was going to go down, the more the pain in fact went down. Changes in expectation accounted for 88% of the variability in the pain people said they felt.”

What’s the possibility that the subjects were only telling researchers what they thought they wanted to hear? MRI showed that their brain activation matched what they were saying they felt.

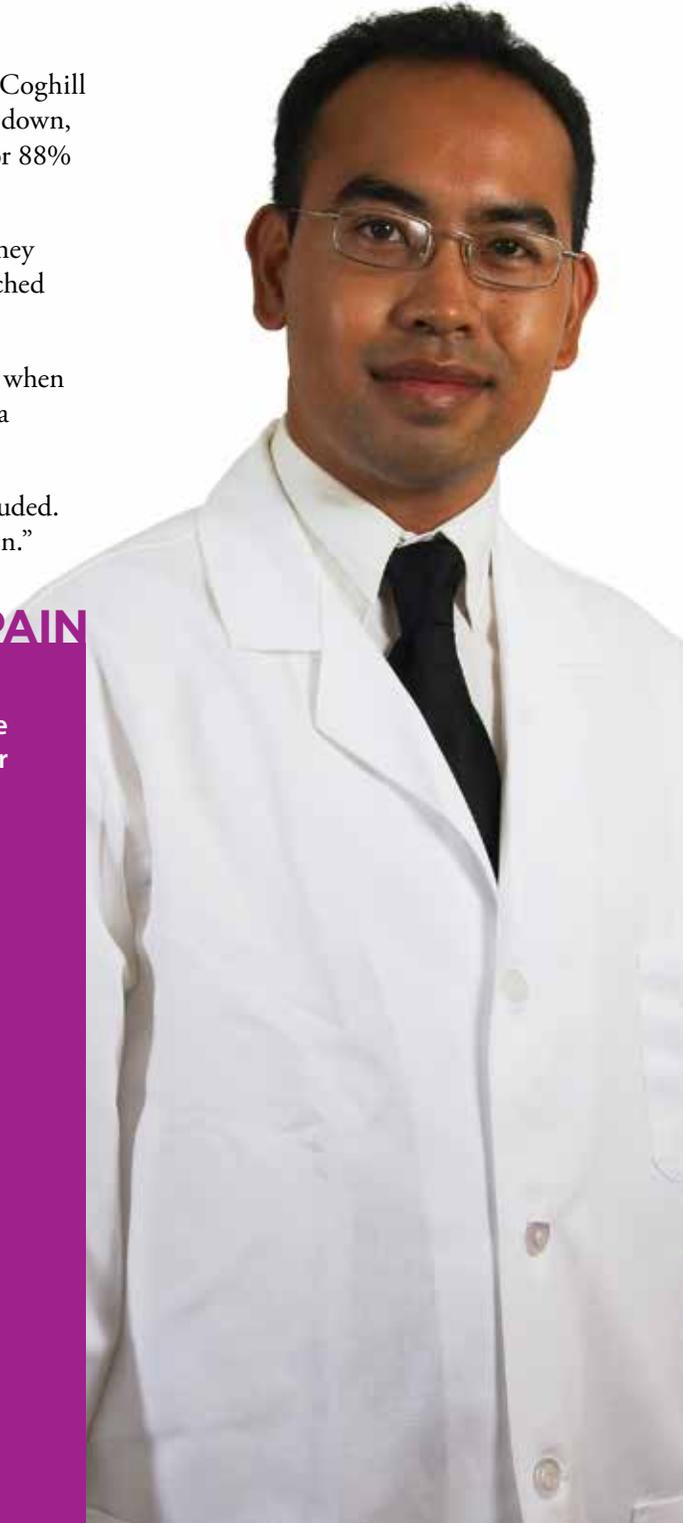
“These people really were experiencing less pain than they would normally when they were correctly expecting the stimulus,” Coghill said. Expectation has a widespread impact on how the brain processes pain.

“The final word is always look on the bright side of life,” Dr. Coghill concluded. “Try to think positively. That can really change the way you experience pain.”

HELP YOUR DOCTOR TREAT YOUR PAIN

Doctors can prescribe several different medications and treatments for pain relief. To help them figure out how best to help you manage your pain, be prepared to talk about the following (a family member or caregiver can help someone with a communication or thinking impairment):

- **Pain.** Describe the pain-when it started, how long it lasts and whether it’s worse during certain times of the day or night.
- **Location.** Show exactly where the pain is on your body or on a drawing of a body.
- **Intensity or severity.** How bad is the pain?
- **Other factors.** What, if anything, increases or decreases the pain?
- **Personal response to pain.** Fear, confusion or hopelessness about the causes of pain can affect how you respond to and describe pain. Don’t be shy talking about things that are bothering you. Let your doctor know what you’re going through.
- **Goals for pain control.** How much pain are you willing to put up with?
- **Other signs of pain.** Family, friends and caregivers may note behaviors that signal pain, too.





TakeCharge

WELCOA'S ONLINE SELF-CARE BULLETIN

Preventing Type 2 Diabetes

Steps Toward A Healthier Life

People with diabetes have a problem with blood sugar. Their blood sugar, or blood glucose, can climb too high. Having high levels of sugar in your blood can cause a lot of trouble. Diabetes raises your risk for heart disease, blindness, amputations, and other serious issues. But the most common type of diabetes, called type 2 diabetes, can be prevented or delayed if you know what steps to take.

About 29 million Americans, or nearly 1 in 10 people, have diabetes. Many more have a condition called prediabetes. People with prediabetes usually have no symptoms, yet they're

at risk for eventually developing type 2 diabetes, heart disease, and stroke.

Research shows that you can greatly reduce your risk for type 2 diabetes and prediabetes by eating a healthy diet, getting plenty of physical activity, and losing excess weight.

Type 2 diabetes arises because of problems related to a hormone called insulin. When our bodies digest the foods we eat, they're broken down and converted to glucose and other molecules, which then travel through the bloodstream. Insulin signals cells to let glucose in for use as an energy source. When a person has type 2 diabetes, either the body's cells have trouble using insulin, or the body isn't producing enough insulin. As a result, glucose can build up to harmful levels in the blood.

Who's At Risk?

Type 2 diabetes occurs most often in people who are middle-aged or older, but younger people can get

it too. "Before the mid- to late-1990s, we almost never saw type 2 diabetes in youth," says Dr. Barbara Linder, an NIH expert on childhood diabetes. But now, type 2 diabetes is becoming more common in young people, alongside increasing rates of childhood obesity.

Some factors that raise people's risk for type 2 diabetes are beyond their control. Having an immediate family member with diabetes increases your risk. Type 2 diabetes is also more common in some races or ethnicities, including African-Americans, Alaska Natives, American Indians, Asian-Americans, Pacific Islanders, and Hispanic/Latinos.

People who are overweight, obese, or inactive are also much likelier to develop type 2 diabetes. But these are risk factors that you can change, and doing so will greatly reduce your risk for diabetes.

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What's The Treatment?

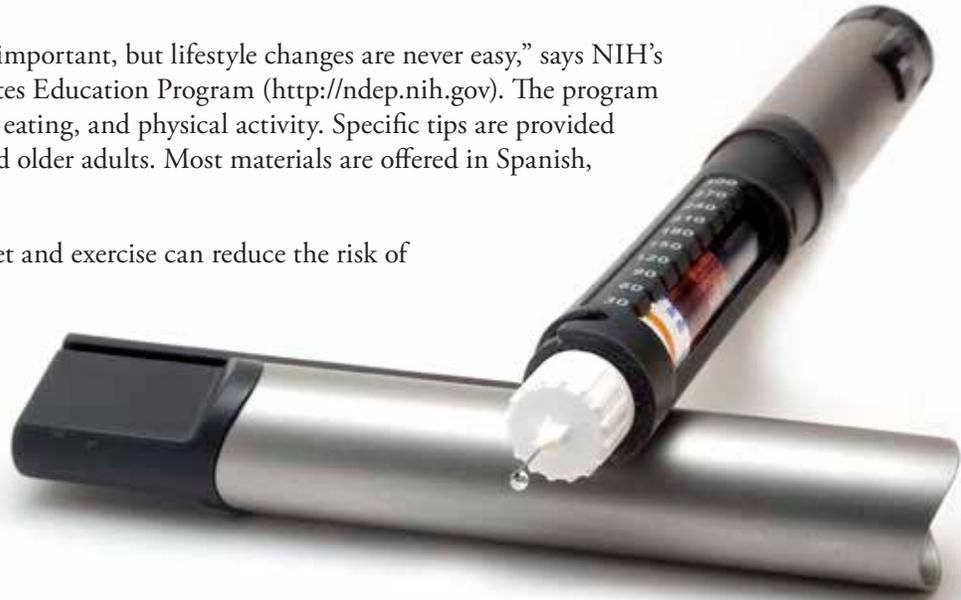
“Weight loss is key, and physical activity is very important, but lifestyle changes are never easy,” says NIH’s Joanne Gallivan, director of the National Diabetes Education Program (<http://ndep.nih.gov>). The program offers resources to help with weight loss, healthy eating, and physical activity. Specific tips are provided for certain groups of people, such as children and older adults. Most materials are offered in Spanish, and some are available in other languages.

As the Diabetes Prevention Program showed, diet and exercise can reduce the risk of developing type 2 diabetes. You’re most likely to succeed at weight loss, Linder says, “if you can find some physical activity that you enjoy and can do every day.”

Experts recommend that people at risk for type 2 diabetes should exercise weekly at moderate intensity for 150 minutes. That’s 30 minutes, 5 times a week.

If you think you might have prediabetes or diabetes, your doctor can help you decide what to do. A blood test called the A1C test can check your average blood glucose level to see if you have prediabetes.

Nathan says that people over 45 should be screened for diabetes, as should other people at increased risk. Risk factors and warning signs for type 2 diabetes include high blood pressure, high cholesterol, or a history of gestational diabetes or cardiovascular disease.



TAKE STEPS TO PREVENT DIABETES

- Move more. Walk, dance, or ride a bike with your friends or family. It doesn’t matter what activity you do, as long as you enjoy it.
- Choose healthy foods. Eat fiber-rich fruits and vegetables.
- Maintain a healthy weight. With healthy eating and more physical activity, you can drop pounds and keep them off.
- Set reasonable goals. Start with small changes, like being active for 15 minutes a day this week. Add 5 minutes per day each week until you’re up to at least 30 minutes, 5 days a week.
- Record your progress. Keep a diary of what you eat and drink and the number of minutes you exercise. It’s a great way to stay focused and reach your goals.
- Keep at it. Making even small changes is hard in the beginning. If you get off track, start again.



ToYourHealth

WELCOA'S ONLINE GENERAL WELLNESS BULLETIN

History For Your Health

Collecting Family History To Prevent Disease

Many people collect their family history for a hobby. Did you know it might help save your life, too? Your doctor can use your family's health history to help figure out your risk of developing cancer, heart disease, asthma, diabetes, depression, and many other diseases and conditions. If you don't know your family's health history, now's the time to start collecting it. A free tool called "My Family Health Portrait" can help by organizing your important health information into a printout you can take to your doctor and put in your medical record.

The bottom line is that knowing your family history can save your life. To be sure, millions of dollars in medical research, equipment, and knowledge can't give us the information that this simple tool can.

Why Is It So Important?

That family history is important isn't new. Every young doctor learns that it's a valuable tool to help figure out which diseases to watch for in patients. Now that the human genome has been sequenced as a result of the Human Genome Project, we can look forward to a future where we'll be able to identify glitches in our genes that can lead to illness. But it'll be years before we understand what all these genes do and how they interact with our environment to cause disease. Until then, tracking illnesses from one generation of a family to the next is a powerful tool for doctors. It can help them figure out what their patients are at risk for and guide them in creating personalized disease-prevention plans.



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ToYourHealth

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“Family history’s not going to go out of style just because we’ve learned how to sequence the genome,” Dr. Francis S. Collins, director of NIH’s National Human Genome Research Institute, explained in a speech recently. “It’s still going to be very valuable.” NHGRI is one of many federal agencies involved in this project.

Gathering enough family history information to make useful predictions, however, isn’t always easy. Health care providers are often pressed for time and patients don’t know the details of what diseases run in their families. “My Family Health Portrait” can help you gather and record important health information before your medical appointments.

“My Family Health Portrait” is available in both electronic and print versions, in English and Spanish. If you use the electronic version, all personal information you enter is kept on the computer you’re using; none is available to the federal government or any other agency. After you enter details about your grandparents, parents, siblings, children, aunts, uncles, and cousins, the program will print a diagram that your health provider can use to design personalized diagnosis, treatment, and prevention plans.

You can download “My Family Health Portrait” from the Department of Health & Human Services web site at www.hhs.gov/familyhistory.

DEFINITIONS

Genome:

Full set of genes (in a person or any other living thing).

Human Genome Project:

An international research effort to decipher the order, or “sequence,” of DNA in all the genes we carry. Read more at www.genome.gov/12011238

Genes:

Stretches of DNA, a substance you inherit from your parents, that define characteristics like height and eye color.

