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Health Briefs

Information for a healthy workplace

Leeds, Grenville and Lanark District Health Unit

Fall 2004

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Portion Distortion

*Submitted by: Heather Deegan,
Registered Dietitian/Public Health Nutritionist*



It can be a challenge to maintain a healthy weight these days. With all the conveniences of modern society like television remotes, electric garage doors, and elevators, escalators and automatic doors in most buildings, we have few opportunities to be active and burn calories in our day-to-day lives. This, combined with jumbo portion sizes at fast food joints and restaurants, can result in weight gain and health problems down the road.

How Does Weight Gain Happen?

In a nutshell, when we eat more calories than we use up, weight gain results. Eating large portions and getting lots of calories, combined with being inactive and burning few calories can lead to weight gain.

Where Are You At With Your Eating?

If you are interested in making healthier food choices, start by watching how much you currently eat. Use Canada's Food Guide to Healthy Eating to get an idea of portion sizes. For example, one serving from the Grain Products food group is ½ cup cooked pasta. This is about the size of a small fist. The next time you have pasta, serve yourself the amount you normally would, and then get out your measuring cup to see just how much you are dishing up. You may be surprised to find out you are eating 4-5 servings of Grain Products in one meal. Try this same trick for the other food groups. This will help you get an idea of how much you are eating and what reasonable portion sizes are, according to the Food Guide. Remember – it is okay to get more than one serving from each of the food groups at meals, and the ranges of servings from each food group are for the whole day.

Change is Slow

Once you become familiar with Food Guide portion sizes, you can determine the amount of food you are eating compared to what your particular needs are. If you are really active, you probably need servings at the upper-end of the range for each of the food groups every day. If you are less active, you likely need fewer servings from each of the food groups every day. If you decide to reduce your portion sizes and the amount of food you eat, make changes slowly and don't expect drastic improvements in your health overnight. The more gradually you introduce healthy changes into your routine, both at home and when eating out, the more likely you are to keep them up.

With a careful eye on portion sizes, healthy eating is within your reach.

**Contact a Dietitian at the Health Unit
for a copy of Canada's Food Guide or
more tips on healthy eating.**

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12 Tips to Prevent a Fall

Submitted by: Julie Ingleby, Public Health Nurse, & Tawnya Boileau, Public Health Nurse

Falls account for more than half of all injuries experienced by older adults (65+) and they are the sixth leading cause of death in this age group. Although falls are common, most of them can be prevented. Take a few minutes of your time to review these tips. They could prevent a fall for you or someone you know.

- 1. Plan Ahead.** The majority of falls are predictable and preventable. Take your time as rushing can increase your risk of falling.
- 2. Use Medications Safely.** Some medications have side effects such as drowsiness, dizziness or light-headedness. Use your medications as directed and know how they affect you.
- 3. Know Your Limits.** Know your limits when it comes to alcohol. When under the influence of alcohol, your judgment, balance and coordination are affected. Also, know your physical limits and when you should ask for assistance with a task.
- 4. Be Physically Active.** Follow **Canada's Physical Activity Guide**. Regular physical activity strengthens muscles and bones and improves balance and coordination. It will also help you feel energized and alert.
- 5. Choose Healthy Foods.** Follow **Canada's Food Guide to Healthy Eating**. Your body requires essential nutrients to help reduce weakness, dizziness and fatigue.
- 6. Have Regular Health Check-Ups.** Visit your health care provider, as changes in vision, hearing, bones and muscles can lead to falls. Also, use this opportunity to review your medications.
- 7. Wear Supportive Shoes.** Wear non-skid footwear both indoors and out, ensuring proper fit.
- 8. Use Assistive Devices Correctly.** Ensure assistive devices are in good condition and properly adjusted and installed for you.
- 9. Assess Your Home for Hazards.** Falls can occur due to hazards around your home - many of which are easily corrected such as securing stairwell handrails properly.
- 10. Remove Clutter.** Ensure common pathways, including stairs, are free from obstacles and clutter. Outdoors, ensure walkways and stairs are free of leaves, ice, and snow.
- 11. Secure Rugs.** Ensure scatter mats have a non-skid backing, are secured to the floor or for greater safety, remove them.
- 12. Light up the Night.** Ensure common pathways are well lit, especially at night. Keep a lamp at your bedside so you can turn it on before you get up. Keep a flashlight and phone within reach of the bedside in case of emergency.

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Accident or Not an Accident? That is the Question!

Submitted by: Julie Ingleby, Public Health Nurse & Tawnya Boileau, Public Health Nurse

Motor Vehicle Accident, Boating Accident, Skiing Accident, Farming Accident. We often hear these terms from the media, family, friends, or co-workers, but should these events really be called “accidents”? An “accident” may be defined as:

- An unexpected event or happening
- An act of fate
- An unpredictable event

These definitions imply that nothing could have been done to prevent their occurrence. However, most often, so-called “accidents” can be prevented (i.e. a drowning could be prevented by wearing a life jacket, by practicing safe boating, or by supervising children constantly when they are near water).

The Leeds, Grenville and Lanark District Health Unit is encouraging everyone to call these “accidents” what they really are: crash, collision, injury, drowning... Public acknowledgment that an incident is not an accident or “act of fate” will hopefully raise awareness that most “accidents” are predictable and preventable (Smartrisk, 2004). If you can predict something, then you can take actions to prevent it (i.e. one could predict that if a driver is impaired, a collision is likely to occur - therefore, the preventative action would be to drive sober).

There’s no reason to put a damper on life. Continue to enjoy taking risks. Simply learn how to take smart risks: think before you act (Smartrisk, 2004). Follow these 5 Smartrisk Messages:

- **Look First** – Look before you proceed.
- **Wear the Gear** – Wear appropriate protective equipment.
- **Get Trained** – Be trained in the activity and know how to use the equipment.
- **Buckle Up** – Ensure safety straps are properly fastened.
- **Drive Sober** – Perform activities free from distraction and impairment.

So next time you hear the term “accident”, think about what could have been done to prevent it.



It's No Accident! Call it what it is!

Everyone has the power to choose –
Choose Smart Risks! Prevent Injuries!

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October is Breast Cancer Awareness Month

Submitted by: Tawnya Boileau, Public Health Nurse

Are you confused about breast cancer?

The popular press is sometimes an overwhelming source of information when it comes to the issue of breast cancer risk. Given what has been in the news over the past 12 months, some women may be asking themselves if there is anything that does not put them at risk.

You may have seen some of these headlines:

“Do Vital Drugs (antibiotics) Boost Risk of Breast Cancer?”

“Alcohol Intake Increases Risk of Breast Cancer”

“Study Finds a Possible Link Between Breast Cancer and Certain Antidepressants”

“Antiperspirants Increase Risk of Breast Cancer”

“Breast Cancer Risk Soars for Smokers”

“Breast Cancer Risk Linked to Weight Gain”

and of course, we all have heard about the risks associated with “Hormone Replacement Therapy”

There are **2 absolute “facts of life”** for women that increases risk of breast cancer-**having breasts and getting older**. So, what can women do to reduce their risk?

Women can **take control of their health** and lower their risk of developing breast cancer by:

- Choosing healthy foods.
- Being physically active daily.
- Quitting smoking.
- Limiting alcohol intake.
- Participating in regular breast self-examinations.
- Having yearly breast examinations by a trained professional.

In addition, it is recommended that women **50 years and over** have:

- Mammograms (x-ray of the breast) every 2 years.

Regular screening and the early detection of breast cancer **save lives!**

The Ontario Breast Screening Program is a service offered to women 50 years and over of average risk. The program offers accredited mammography, a physical breast exam and information about breast self-examination. You can call for your free appointment or ask your health care provider for a referral.

Here are the phone numbers to contact your local sites of the Ontario Breast Screening Program:

Ottawa OBSP Centre	(613) 728-0777	1-800-465-6226
Renfrew-Renfrew Victoria Hospital	(613) 432-4851	1-800-916-6277
Winchester- Winchester District Memorial Hospital		(613) 774-2422 ext. 5617
Kingston OBSP Centre	(613) 384-4284	1-800-465-8850
Brockville-Brockville General Hospital	(613) 345-8304	



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Cannabis: Weeding out the Myths from the Facts

Submitted by Tawnya Boileau, Public Health Nurses & Julie Ingleby, Public Health Nurse

What is Cannabis?

Cannabis, also known as *Marijuana*, pot, hash, weed, dope, honey oil (hash oil), ganja, or a joint, is the most common illegal drug in Canada. It is made from the dried leaves and flowering tops of the *Cannabis Sativa* plant. THC (delta-9-tetrahydrocannabinol) is the main active ingredient in Cannabis and is responsible for producing the “high” that changes the way you think, feel and act.

Myth vs. Fact

MYTH	FACT
Cannabis is harmless.	Cannabis can cause a great deal of harm. It's more powerful than 20-30 years ago, as today's Cannabis contains more THC. All forms of Cannabis are mind-altering but can affect users in different ways depending on several factors such as the strength and amount taken, users past experience with drugs, the route taken (smoked or eaten), users mood and their expectations of the drug and use in combination with alcohol or other drugs. Some effects include anxiety, paranoid thoughts, distorted perception, thirst and hunger, increased heart rate and blood pressure, loss of motor coordination, impaired memory, learning and judgment. Also, THC can damage immune cells, making a user more likely to get sick.
Smoking Cannabis is less hazardous to your lungs than smoking cigarettes.	Smoking Cannabis can be worse for the lungs than smoking cigarettes. Studies show that 5 joints have as many cancer causing chemicals as a full pack of cigarettes. Although people usually smoke Cannabis less often than cigarettes, the effects may be the same and include coughing, wheezing and lung infections.
It is safe to drive under the influence of Cannabis.	Smoking just one joint can impair safe driving skills up to 4-6 hours. Cannabis users demonstrate the same lack of coordination as a “drunk driver” including the ability to react quickly, to concentrate, to judge distances, and to remain alert.
Cannabis is not addictive.	You can become addicted to Cannabis. With regular use, you may develop a “tolerance” to the drug, meaning you need more of the drug to achieve the same desired effect. When regular users are without the drug, they may feel uncomfortable, anxious, irritable or nervous and may experience disturbed sleep patterns, sweating, stomach upset, and loss of appetite.
There are no long-term effects with Cannabis use.	There are numerous long term effects associated with chronic marijuana use. These include: persistent symptoms of chronic bronchitis, increased risk of cancers and lung infections, altered function of the body's immune cells, possible impairment of memory and attention, subtle cognitive impairments, and drug tolerance.

Sources:

Community Safety Net – Drug Safety *The Choice is Yours*, 2001
Addiction Research Foundation, pamphlet “Cannabis”, 1991
Canadian Centre on Substance Abuse, article “Cannabis, is it safe?”, 2002
Centre for Addiction and Mental Health “About Marijuana”, 1991
National Institute on Drug Abuse “Marijuana Facts for Teens”, 2003
Canadian Centre on Substance Abuse “Cannabis FAQ's”, 2002

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Screening For Colorectal Cancer Could Save Your Life

Submitted by: Claire Farella, Public Health Nurse

Each year in Ontario over 6000 new cases of colorectal cancer will be detected and as many as 2200 deaths will occur. The average person has a 1 in 16 (6%) chance of getting colorectal cancer over a lifetime. When colorectal cancer is detected early it has a 90 percent cure rate.

Am I at risk?

- majority of colorectal cancer affects men and women after 50 years of age
- polyps in the colon or rectum
- family history of colorectal cancer
- inflammatory bowel disease
- obesity
- inactive lifestyle

What signs and symptoms should I look for?

- change in bowel movements
- blood in the stool
- feeling that the bowel does not empty completely
- stools that are narrower than usual
- general abdominal discomfort

What can I do?

A **fecal occult blood test (FOBT)** is recommended at least every 2 years for men and women 50 years of age and over. FOBT is a simple test that can detect invisible amounts of blood in the stool. Almost all cases of colorectal cancer begin with the development of a benign or non-cancerous polyp and sometimes the polyp bleeds. If blood is detected your family doctor may order further testing such as a colonoscopy. A colonoscopy is a procedure that allows the doctor to view the your entire colon and rectum. Removing polyps during the colonoscopy can prevent cancer from developing.

People who are at higher risk for colon cancer, such as those with polyps or a family history of colon cancer should discuss an individual plan with their doctor.

If you are age 50 or older and wish to participate please contact the Leeds, Grenville and Lanark Health Unit at 1-800-660-5853 or call your family physician. Information on the Colorectal Screening Pilot Project can also be viewed at our website www.healthunit.org.

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HEP C, YOU'RE BETTER OFF KNOWING

Part 1

Submitted by: Martina Flanagan, Public Health Nurse

What is Hepatitis C?

Hepatitis C is a liver disease caused by a virus. This virus was first found in 1989. It is called the Hepatitis C virus or HCV, for short. HCV is spread when people share blood or body fluids containing blood. Hepatitis C is different from Hepatitis A or Hepatitis B.

Who is at Risk of Getting Hepatitis C?

Since HCV is usually spread through direct blood-to-blood contact, people who are most likely to learn that they have Hepatitis C are

- Past or present drug users who shared needles, spoons, straws and other drug-related equipment.
- People who received blood transfusions or blood products before 1992.
- Health care workers who have had an accidental needle stick injury.
- People who get tattoos or body part pierced with dirty or unsterile needles.
- People who share a razor or toothbrush with someone who has Hepatitis

Is it easy to get Hepatitis C?

If you live or work with someone who has Hepatitis C, you will **NOT** get the disease from day-to-day contact. To get Hepatitis C, you must share blood or body fluids containing blood with a person who has the disease.

Can I get Hepatitis C from having sex?

Your chance of getting Hepatitis C from having sex is very low. This is true for both straights (heterosexuals) and gays (homosexuals).

People with multiple sexual partners should always practise safer sex.

In general, longstanding sexual partners need to be informed that although the risk of HCV transmission is low it is not absent. Long-term monogamous couples should decide for themselves about routine condom use. However, sexual partners should know that the risk of transmission during sexual activity may increase when there are open sores and during menstruation.

What are the signs of Hepatitis C?

See **Part 2** of **Hep C, You're Better Off Knowing** for more information

*Adapted from
the "Facts About Hepatitis C",
Canadian Liver Foundation*

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HEP C, YOU'RE BETTER OFF KNOWING

Part 2

Submitted by: Martina Flanagan, Public Health Nurse

What are the signs of Hepatitis C?

Many people infected with HCV show no symptoms and feel healthy for years. Other people feel tired, suffer from joint pain or don't feel like eating (no appetite). Some have a yellow look to their eyes and skin. This yellow look is called jaundice.

How Can I Know for Sure if I have Hepatitis C?

The only way to find out for sure is by having a blood test.

What If the Blood Test is Positive?

If you have a positive result, your doctor may order a second blood test. The second test will find out if the living virus is really in your blood and will check out the state of your liver.

A small number of people get very mild cases of Hepatitis C. They are able to get rid of the disease within six months. In most cases, people with HCV infection do NOT get rid of it. They have HCV infection for the rest of their lives. Your family doctor will send you to a liver specialist.

How do I live with Hepatitis C?

You may need to make some changes in your life.

You will have to:

- Eat food that will keep you healthy.
- Stop drinking alcohol (this means no beer, wine or any kind of alcohol).
- Consider getting shots to make sure you never get Hepatitis A or Hepatitis B.

The Canadian Liver Foundation can help you learn more about Hepatitis C. Call 1-800-563-5483 or go to www.liver.ca for more information.

Adapted from the "Facts About Hepatitis C", Canadian Liver Foundation

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Pedometer Power

Submitted by: Danielle Shewfelt, Public Health Nurse

Have you heard of or seen a “pedometer” lately and wondered what is a “pedometer”? And should I get one?

The “Pedometer” or “step counter” is something you clip to your waistband, near your hip, which counts the number of steps you take. Some of the more expensive pedometers have other features such as providing more information: time, distance and calories. The more the features the more complicated it is. Pedometers can cost anywhere from \$15.00 and up. You can usually find a good quality pedometer for \$25.00-\$30.00. Some of the very inexpensive pedometers may break easily or not count the steps properly. Remember to test the pedometer by counting your steps and seeing if it is registering properly on the screen.

All you need to know is the number of steps. If you wear it for a week and reset it each day, you can see what an average day and week is for you. You can then set goals and increase the number of steps you walk each week. A good ultimate goal is to walk 10,000 – 12,000 steps a day. This may sound like a lot but you may be surprised by how many steps a day you are already taking.

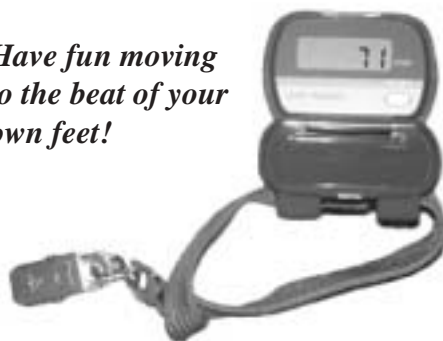


Health Canada recommends that people try to focus on incorporating activity into their daily routine, also known as “Active Living”. This can be achieved by taking the stairs instead of the elevator, walking shorter distances, parking the car further away, carrying your groceries, and walking during your coffee break or after dinner.

As you get to your goal you can try picking up the pace a bit and going for a longer block of time, instead of two 15-minute walks, go for one 30-minute walk. Remember to warm up by starting slow for five minutes and cool down by slowing the pace for five minutes before the end of your walk.

Consult your physician or nurse practitioner before starting a new exercise program if you have any health concerns.

***Have fun moving
to the beat of your
own feet!***



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Health Action Line
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Website:
www.healthunit.org



If you have any questions or would like your business added to our mailing list please call the Health Action Line and ask for Lynda Earl.



Health Briefs

Information for a healthy workplace

Leeds, Grenville and Lanark District Health Unit

Fall 2004

How Come That Happy New Mom Doesn't Look So Happy?

*Submitted by: Kim MacInnis, Public Health Nurse
& Donna Elliot, Public Health Nurse*

Pregnancy can be a very exciting time in a family's life. It is also a time of adjustment. A wide range of emotions can be experienced from early pregnancy through the postpartum period. The many changes women experience during this time can be very overwhelming. Mood disorders in the postpartum period are a reality for many women. It is important to know what the different mood disorders are and when and where to get help.



The Baby Blues affect 50 to 80 % of new mothers. This generally occurs within the first 3 to 5 days after the birth of the baby. Women's moods may shift quickly from being happy to very tearful. There may be episodes of irritability, tearfulness and anxiety that can't be explained. Women may also experience sleep and appetite fluctuations. No treatment other than support from her partner, family and friends is needed. The Blues are usually gone within two weeks.

Postpartum Depression is the most common complication of childbearing. It can affect 10 to 15% of new mothers. The symptoms can begin anytime in the first year after the birth of the baby.

The strongest risk factors for Postpartum Depression include:

- Symptoms of depression or anxiety during pregnancy
- Past history of depression for the woman or her immediate family
- Lack of social support
- A recent stressful life event

In general, the feelings described with the Baby Blues become more intense and last longer than two weeks. These women will usually have difficulty coping with their day-to-day activities. Some women also experience symptoms of severe anxiety or obsessive-compulsive behaviour. Unlike the Baby Blues, Postpartum Depression does require medical attention.

Postpartum Psychosis is much less common than the Blues or Depression. Postpartum Psychosis affects only 1 to 2 women in 1000. It usually begins suddenly, often in the first few days after delivery. It can include thoughts and beliefs of things that are not actually real. Women with Psychosis are at risk of harming themselves or their children. Postpartum Psychosis requires immediate hospitalization.

Postpartum mood disorders will affect a number of women. The important thing to remember is that there is help available. For more information, contact your doctor or the Health Action Line 1-800-660-5853.

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Take the first step and "Fall" into a rhythm

Submitted by: Danielle Shewfelt, Public Health Nurse



With the beautiful fall weather comes great opportunities for exploring your local trails. The cooler temperature and beautiful Canadian fall foliage make a terrific backdrop on any of our local trails.

Trails are our opportunity to access and appreciate nature while being active in a variety of ways. There are many activities you can do on a trail. Go for a picnic, take a walk, ride a bike, go for a run or go for a horseback ride. As the snow begins to fall even more options like snowshoeing and cross-country skiing are available.

Trails are a great way to spend time with family, unwind after work, enjoy the wildlife and natural scenery around you or to just work up a sweat.

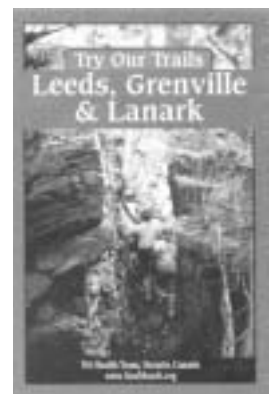
If you are feeling stressed, physical activity can help to reduce that stress. If you are concerned about the cost and inconvenience of physical activity, try walking. All you need is a good pair of comfortable shoes to suit the weather and you can walk anywhere anytime and it is free. If you feel you have no time, try making it a family event and replace a thirty-minute TV program with a family walk. This will give the whole family time to unwind, and feel good while spending quality time together.

For information on trails go to:

Rideau Trails Association <http://www.ncf.ca/rta>

Trail Paq - search for a trail anywhere in Canada - www.trailpaq.com

If you would like to receive a copy of our Leeds Grenville and Lanark County Trail Guide please call The Leeds, Grenville and Lanark District Health Unit at 1-800-660-5853 or email your name and address to: trailguide@healthunit.org and we will mail one to you.



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Ages and Stages: Preventing Childhood Injuries

Submitted by: Carol Quinlan, Public Health Nurse

Every year more Canadian children die from injuries than any other childhood disease, including cancer. Along with these deaths, thousands more are injured each year, sometimes for life.

A study released by Health Canada, revealed that the majority of parents and caregivers believe that childhood injuries are a normal part of growing up; that these injuries play a role in teaching children not to do certain activities; and that "nothing like that will happen to my child". Many people believe that injuries are "accidents", and are beyond our control, when in fact **most injuries are predictable and preventable.**

To fully understand why children are at a greater risk for injury we have to consider their stage of growth and development. A child 12 years and under can not be relied on to:

- See out of the corner of their eyes and to process information that occurs in that area of their vision
- Determine the direction of sounds
- Judge how fast an object is moving towards them
- Have a reasonable response time, and be coordinated
- Think first before reacting

For these reasons parental supervision is an absolute necessity. Children tend to over-estimate their abilities, and they are easily distracted. We cannot count on all children to act cautiously/responsibly or anticipate the consequences of their actions.

Active supervision means more than just being physically present. It means knowing what to do and what to watch for to prevent injuries before they happen. Active supervision involves three different activities: checking the children; checking the environment and providing on the site supervision.

Check the children:

- At the playground ensure that clothing is snug fitting, that there are no drawstrings or scarves and that the child is not playing on the structure with a skipping rope or wearing a bicycle helmet. All of these things have been the cause of strangulation in children.

Check the environment

- Do a home safety inspection; childproof your home and yard. Check the playground or any area before your child is allowed to play there. Check toys and equipment to ensure that they are age appropriate and safe for the child to use.

Provide on site supervision

- Stay within 'arms reach' and pay attention. The parent should not be reading, talking on the phone, or mowing the lawn while watching their children.

For more information about child growth and development and childhood injury prevention call the Health Action Line at 1-800-660-5853 or visit www.healthunit.org.