



HEALTH MATTERS
DR. JOHN WINTERS

Circulation central to good health

Your circulatory system plays a central role in health, yet is rarely talked about. Other body systems depend on efficient circulation to deliver nutrients, immune protection and remove wastes.

Your body's circulatory system is responsible for delivering nutrients and many other factors to every cell, while removing numerous waste materials. Like a car with a clogged fuel line or exhaust system, you will lurch down the road of life with poor circulation. Poor circulation often underlies the diseases of aging, but usually goes unnoticed. The function of every cell in your body is influenced by the quality of circulation it receives. A cell that is stressed because of poor circulation will function poorly, or not at all. We know a great deal about what creates healthy brain cells for example or heart cells, but what if the nutrients never arrive, or the wastes never removed?

Your circulatory system is comprised of two main systems: blood and lymphatic. The more familiar blood system is comprised of the heart, arteries and veins. The other, less familiar system is the lymphatic. The lymphatic system drains the tissues of fluid and moves them back toward the heart, like gutters and storm drains prevent streets from flooding. While a drainage system may not seem flashy, you can imagine how important this is without proper drainage. Cells down in backed up wastes. This causes edema or lymphadenopathy and the attendant pressure, pain, tissue death and swelling. Even a small decrease in efficiency of this system causes stress to the cells. Stressed cells work poorly, which translates to poor health.

The second major function of the lymphatic system is immunity. Lymph nodes, like security check points, are stationed along the lymph vessels. Nodes are found throughout the body in strategic locations to intercept and neutralize local infections. For example, nodes in your neck may become enlarged and tender when you get an ear infection.

The lymphatic system has no heart like the blood system, so relies on one-way valves and muscles to move fluid through the system. Muscle contractions squeeze the lymphatic vessel and the one-way valve assures fluid movement in the right direction.

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Phil Bullock / WesCom News Service

By Kelly Black
For WesCom News Service

One in four males and one in five females light up in Baker and Union counties, according to a nationwide report released March 24 by the University of Washington's Institute for Health Metrics and Evaluation.

"It is such the social norm," said Torie Andrews, Tobacco Prevention Education Program coordinator for the Baker County Health Department.

Study results show that the prevalence of cigarette smoking varies dramatically among counties in the United States, ranging from 10 percent to 42 percent for males and from 6 percent to 41 percent for females in 2012.

According to the study, counties in the South and those with large Native American populations have higher rates of smoking while counties in some western states, such as Utah, have much lower rates. Oregon's numbers hover near the national average of about 20 percent.

Overall, cigarette smoking rates declined between 1996 and 2012. Counties with higher income levels saw a higher rate of decline.

The number of people who smoke cigarettes daily has declined slightly in Baker and Union counties. In 2012, daily smoking in Baker County was at 19 percent, down from 23 percent in 1996. Union County saw a drop from 19 percent to 17 percent. The University of Washington study lacked sufficient data to assess smoking trends in Wallowa County.

"Over time we are making great headway but when we look at the amount of money the tobacco

industry spends on marketing, we are fighting an uphill battle," said DeAnne Mansveld, Tobacco Prevention Program coordinator for the Center for Human Development in La Grande.

The tobacco industry spent an estimated \$137 million in advertising in Oregon last year, said Luci Longoria, manager of the Tobacco Prevention and Education Program for Oregon.

"It is definitely one of those David and Goliath situations," said Longoria. "In Oregon, we have very limited resources to address tobacco prevention."

In Oregon, the budget for tobacco prevention and education programming is 25 percent of the level the federal Centers for Disease Control recommend. In the 2013-14 funding cycle Wallowa County received \$35,476, Union County received \$59,854 and Baker County received \$55,626 for tobacco prevention and education programs.

Funding limitations mean the county tobacco prevention coordinator positions are part time and the programs are limited in the services they can offer.

"Our funding is based on our population and we have a small county," said Laina Fisher of the Wallowa County Health Department.

Right now there is not even enough funding to offer smoking cessation classes through the Wallowa County Health Department.

Adolescent tobacco use is a concern in all three Northeast Oregon counties.

"Nearly 9 out of 10 smokers started by the age of 18," said Mansveld.

In Baker County, 7 percent of eighth-graders said they smoke, compared with 2 percent statewide, according to a 2013 Oregon Healthy Teen survey.

In Union County, nearly one in three 11th-grade males reported using smokeless tobacco on the same survey.

"The younger people start and the longer they have been using tobacco the harder it is to quit," said Mansveld.

Smoking among expectant mothers is another concern, Mansveld said.

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Going deeper — how the study gathered the data on smoking

The University of Washington's study released on March 24 involved 4.7 million adults ages 18 and older who self-reported cigarette smoking data during telephone surveys operated by state health departments in collaboration with the Centers for Disease Control and Prevention from 1996 to 2012.

During the phone interview, responders who said they had smoked at least 100 cigarettes in their life were asked, "Do you now smoke cigarettes every day, some days or not at all?"

The study divided those answers into three categories: non-smoking, daily smoking and total cigarette prevalence. The total cigarette prevalence category incorporated daily smokers and those who smoke occasionally.

In Oregon, 20 percent of responders said they smoke while only 14 percent said they smoke daily.

In Northeast Oregon, the number of people who participated in the phone survey per year varied greatly with a high of 110 people in Union County in 2005 and a low of zero participation in Wallowa County for the past five years.

In Union County 13 males and 35 females participated in 2012. Baker County had 15 males and 20 females. By contrast, Clackamas County had 181 males and 286 females.

Smoking statistics

REGIONAL TAXES:

California: 87 cents per pack
Idaho: 57 cents per pack
Montana \$1.70 per pack
Nevada: 80 cents per pack
Oregon: \$1.31 per pack
Utah: \$1.70 per pack

Washington: \$3.02 per pack
Wyoming: 60 cents per pack

THE 5 HIGHEST TAXED STATES

New York: \$4.35 per pack
Massachusetts: \$3.51 per pack
Rhode Island: \$3.50 per pack
Connecticut: \$3.40 per pack

Hawaii: \$3.20 per pack

THE 5 LOWEST TAXED STATES

1. Missouri: 17 cents per pack
2. Louisiana: 36 cents per pack
3. Georgia: 37 cents per pack
4. Alabama: 42.5 cents per pack
5. North Dakota: 44 cents per pack

HEALTH TIP

Tips to help survive allergy season

- Avoid outdoor line drying of clothing and bed linens on a high pollen day.
- Begin treatment with medications such as nasal antihistamines, oral antihistamines, steroids and eye drops even before symptoms start.
- Talk to your doctor about allergy shots, which can slow the progress of allergic disease.
- Shower and shampoo nightly to rinse pollen from skin and hair.



MARK ON YOUR CALENDAR

Cove Senior Exercise class kicks off Tuesday

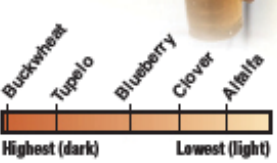
The Cove Senior Exercise class will resume with a five-week, 10-class session on April 15 and continue to May 15. The class meets from 9 a.m. to 10 a.m. Tuesdays and Thursdays at the Cove Baptist Church on Main Street. All adults are welcome. Cost is \$30 a full session or \$4 per class for drop-ins.



HEALTHY LIVING

Darker honey, more antioxidants

The amount of cell-protecting antioxidants in honey varies depending on the flower species from which it is made.



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Source: University of Illinois at Urbana-Champaign, National Honey Board (U.S.), MCT Photo Staff

Average age of heart attack sufferers drops

■ As more young people experience heart attacks, doctors examine symptoms

By Andrea K. Walker
The Baltimore Sun

BALTIMORE — Carrie O'Connor thought she was a fairly healthy 35-year-old who went on daily jogs and ate well.

Then, more than a year ago, she suffered back-to-back heart attacks.

The first hit while she was treating herself to baubles at Smyth Jewelers in Timonium, Md. The project manager at T. Rowe Price suddenly felt nauseated and severe pain consumed her stomach. Pain shot up her arm and her jaw ached. All were common symptoms of a heart attack, the paramedics later told her.

The second happened later that day when doctors tried to insert a stent to open a blocked left artery they believed had caused the first attack. During the procedure,

two of her other arteries began to spasm and she had a massive heart attack.

Heart disease is often seen as an older person's affliction. Nationwide, the average age at a first heart attack is 64 for men and 72 for women, according to the American Heart Association. About 10 years ago, the average ages were 65.8 for men and 70.4 for women.

But heart attacks also can occur in younger patients like O'Connor who are seemingly healthy, caught off guard by the life-changing illness. They find themselves dealing with problems more typical of people their parents' age, taking loads of pills and limiting strenuous activity to protect their weakened hearts.

"It was not something I expected at all," O'Connor said. "We don't have family history. I don't have any typical risk factors. I'm not overweight. I don't smoke. I eat fine."

At Anne Arundel Medical Center, where O'Connor received cardiac rehabilitation, the hospital saw such a surge in young patients that it started a support group to



Kenneth K. Lam / Baltimore Sun

Ana Duhon, center, and Carrie O'Connor, right, who both had heart attacks in their 30s, are founding members of a young adult cardiac support group. Duhon and O'Connor are pictured with Cardiac Rehab RN Dianne Walters, facilitator of the support group in Annapolis, Md.

help them cope. In 2009, the average age of heart attack patients at the hospital was 70 years. In 2012, it was 60.

"In addition to the bread-and-butter standard cases, we are seeing it in younger folks and it is not completely clear why that is," said Scott Katzen, a general and interventional cardiologist with Cardiology Associates

who has privileges at Anne Arundel Medical Center.

In recent years, some high-profile deaths have brought further attention to the issue. James Gandolfini, who starred in the popular "The Sopranos" television series, died at age 51 from a massive heart attack. Actor Michael Clarke Duncan died at age 54 after suffering a heart attack.

Doctors believe some of the attacks are brought on by genetic causes, but doctors also point to the nation's obesity problem as a factor. Stress also could play a role, although further study needs to be done, some doctors said.

Doctors have started to pay better attention to possible symptoms in younger patients and not discount signs because of the person's age, said Jeffrey L. Quartner, chief of cardiology at MedStar Union Memorial Hospital and a board member of the American Heart Association Maryland.

"We have changed our sensitivity to realize young people have heart attacks as well," Quartner said.

Ana Pendleton Duhon, a 37-year-old teacher, was riding in the car with her mother in June 2012. That is the last thing she remembers from that day.

Her mother would later tell her she slumped over in mid-conversation. Paramedics shocked Duhon's heart three times to revive her. Doctors would determine later she went into cardiac arrest.

At the hospital, they reduced her body temperature to near freezing, a procedure sometimes used on heart-attack patients to induce a coma and calm the body to help with healing.

Duhon recovered, but doctors aren't 100 percent sure what caused the attack and the incident has changed her life forever. Her heart only operates at 30 percent of its function and she takes numerous medications. Doctors implanted a defibrillator on her heart so if she suffers another attack it will automatically shock the organ.

The biggest change has been the emotional effect. Once a personal trainer in tip-top health, Duhon now sometimes worries whether her heart will fail again.

She and O'Connor were the first members of the support group started at Anne Arundel Medical Center to help young people cope after a heart attack.

"We needed a community to talk about this," Duhon said. "We're young women who didn't expect any of this to happen."

Walk away from excessive endurance running, researchers say

By Edward M. Eveld
The Kansas City Star

If running 15 miles a week is heart healthy, running 45 miles a week gives you a cardiovascular system three times as clean and strong, right?

A new study sounds a serious alarm about such thinking, adding to a growing body of research on the topic of excessive endurance exercise.

You've heard of the runner's high. Researchers now

want you to hear about runner's plaque — coronary artery plaque.

In short: Running super-long distances for many years might backfire on you.

"Years of extreme exercise efforts appear to erase some benefits you get from moderate exercise, so that your risk of heart disease, of dying of coronary disease, is the same as a sedentary person," said James O'Keefe, preventive cardiologist at St. Luke's Hospital in Kansas City, Mo.

O'Keefe said the study found that men who were marathon runners for 25 years had 62 percent more plaque buildup in their coronary arteries than men who were sedentary but were similar to the runners in other respects, including age.

And the increased quantity of plaque in the marathoners' arteries included both hard, or calcified, plaque and the more dangerous soft, fatty plaque. The latter is the kind

that can be predisposed to rupture and cause a heart attack.

O'Keefe is co-author of the paper in the latest issue of Missouri Medicine, the journal of the Missouri State Medical Association. The study was conducted by Robert Schwartz and colleagues at the Minneapolis Heart Institute Foundation.

An unwavering advocate of exercise and its health benefits, O'Keefe said the new study adds weight to the

idea that the potent benefits of exercise are "dose dependent."

That is, the right amount matters. Being sedentary is unhealthy. Regular, moderate exercise bestows long-term benefits.

While logging huge numbers of miles and running marathons can keep you thinner, lower your risk for type 2 diabetes and offer other benefits, it appears the subsequent wear and tear on the heart is a potential

drawback, O'Keefe said.

The study's marathoners, who had run at least one 26.2-mile race a year for 25 years, had a lower weight, resting heart rate and body mass index than the non-runners. The average age of both groups was in the 50s.

That works out well for the 3-milers — keep doing that, O'Keefe said — but it's cautionary news for marathoners and ultra-marathoners, at least those who have been at it for years.

SMOKING

Continued from Page 1C

"Our smoking rates by pregnant women are really high for Union County," she said.

Nearly 20 percent of pregnant women smoke compared to less than 10 percent nationally.

People are less likely to start smoking and more likely to succeed in quitting if they are not exposed to social cues to smoke. Part of prevention is to make sure Oregonians are surrounded by tobacco-free options.

"There is a strong movement across the state for tobacco-free parks and fairs," said Mansveld.

In La Grande, campuses such as Eastern Oregon University, Grande Ronde Hospital and the Center for Human Development are not just smoke-free but tobacco-free. "We are making

Want to quit?

OREGON TOBACCO QUIT LINE FOR TEENS AND ADULTS:
1-800-QUIT-NOW (1-800-784-8669) The Oregon quit line is open seven days a week from 5 a.m. to midnight

SPANISH QUIT LINE:
1-855-DEJELO-YA (1-855-335-35692)

ON THE WEB
www.quitnow.net/

the move toward tobacco-free worksites and campuses," said Mansveld.

Earlier this year the Baker City Council passed an ordinance that bans smoking in city parks and along the Leo Adler Memorial Parkway, a paved pedestrian path. The Baker County Library, which is adjacent to

the city's largest park, also has banned smoking as well as the use of other tobacco products.

"I think Baker is taking small steps toward a culture of health," said Andrews.

In Wallowa County, Fisher has seen good compliance with the indoor clean air act, but she is concerned that the rate of smokeless tobacco use could be on the rise.

"We are a rural, western-type community and that tends to go along with the lifestyle," said Fisher. "Historically we have a high rate of smokeless tobacco use."

Tobacco use has a cost.

"Tobacco is the leading cause of preventable death and disability in Oregon," said Longoria.

In Union County, an estimated \$9.9 million was spent on medical care, and 53 people died from tobacco-related illnesses in 2013.

Andrews is hopeful for change in Northeast Oregon.

In Baker County, which has been ranked one of the least healthy counties in Oregon, 46 percent of smokers tried to quit last year.

Andrews is working to create a culture of health.

"I'm out promoting: you can be healthy," said Andrews.

Mansveld recommends tobacco users ask for help when they decide to try to quit.

"People often forget how addictive nicotine is," said Mansveld.

The Oregon Tobacco Quit Line is staffed by trained coaches who help callers come up with a plan for quitting and access local resources such as nicotine replacement therapy.

Oregon also has special program for teens who would like to quit.

"They won't get in trouble for calling," said Mansveld. "They can access the resources they need."

Researchers say quitting smoking through e-cigarettes may not be effective

A fair amount of conversation about e-cigarettes has involved people using them in efforts to quit smoking. Researchers say the evidence for that has been "unconvincing" and they suggest that regulations should forbid such claims until there is supporting research.

In a letter last week in the Journal of the American Medical Association Internal Medicine, researchers from the Center for Tobacco Control Research and Education and the Department of Medicine at the University of California-San Francisco noted that e-cigarettes are "aggressively promoted as smoking cessation aids."

Electronic cigarettes, or e-cigarettes, are battery-operated; they heat substances that usually include nicotine to deliver a vapor for inhalation that often also contains flavors. Unlike conventional cigarettes, there's no tar or carbon monoxide. Researchers surveyed 949 smokers and found that use of e-cigarettes at the start of the study did not predict quitting a year later. And among those who smoked at the start and a year later, use of e-cigarettes was "not associated with a change in cigarette consumption."

"Regulations should prohibit advertising, claiming or suggesting that e-cigarettes are effective smoking cessation devices until claims are supported by scientific evidence," wrote the researchers, Rachel Grana, Lucy Popova and Pamela Ling.

— Los Angeles Times

CIRCULATION

Continued from 1C

With this information we see how circulation of the blood and lymph is central to good health, and a little how these systems work. Perhaps now you can guess how to help these systems do their best. Deep breathing and

Movement requires muscular contraction, which also helps pump blood and lymph back to the heart. This is one of the ways that exercise, breathing, yoga and the like are so good for us.

movement are the two major players. Breathing creates a pumping action not only for air, but for blood and lymph. Deep breathing magnifies this effort. Rhythmical deep breathing as

during vigorous exercise or breathing exercises is especially effective. Movement requires muscular contraction, which also helps pump blood and lymph back to the heart. This is one of

the ways that exercise, breathing, yoga and the like are so good for us.

Other good ways to improve circulation are ending your shower with a short blast of cold water, and "dry brushing" your skin.

Dr. John Winters is a naturopathic doctor and owns Winters Naturopathic Clinic in La Grande.

Peeing in pool: Not just gross; it's harmful

LOS ANGELES — One in five Americans has admitted to peeing in a public swimming pool, according to a new survey.

That's 20 percent of Americans urinating where others swim. Besides being disgusting, peeing in the pool may be seriously harmful to your health.

In a new study, researchers from China Agricultural University and Purdue University looked at what happened

when uric acid, a byproduct of urine, and chlorine combined. The group found dangerous chemical reactions were a result of this unholy union.

The combo kicks up cyanogen chloride, a gas that can harm the central nervous system, heart and lungs if inhaled. Uric acid is linked to 24 to 68 percent of this byproduct in pool water, the scientists said.

And you can chalk up 3 to 4 percent of the harmful by-

product trichloramine in pool water to uric acid. Nitrogen trichloramine (NC13) is a poisonous gas that can cause acute lung injury. The buildup of this gas can be so quick and so severe that researchers studying a national swimming competition found that NC13 levels doubled after one day of use. The gas levels increased as much as fourfold over the entire four-day competition.

— Los Angeles Times

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