

Common cold or influenza?

THE CANADIAN WINTER comes packaged with snow, holidays and bothersome — often debilitating — viral infections. While the common cold and the flu share some symptoms, the punches they pack are not in the same league.

► **THE COMMON COLD**

There are more than 200 infective viruses that can cause the common cold, but the rhinovirus (nose virus) is the most common culprit. Runny nose, congestion, sore throat, weepy eyes, minor coughing, headache, earache and possibly a low-grade fever are common symptoms of a cold, and these usually come on gradually. Although sufferers have normal appetites, they typically (and unfortunately) can't taste food. Colds tend to hang around for about seven days, but they don't significantly hinder one's day-to-day functioning. Cold's ugly stepsister, influenza, which has three strains, is not so forgiving.

► **THE FLU**

The flu is a viral infection affecting the respiratory tract. (There is no such thing as the stomach flu — that's gastroenteritis.) Symptoms, which include high fever, severe exhaustion, coughing, weakness, aching muscles, chills, shakes and sweating, come on faster and stronger than those of a cold. The virus can affect the lungs and lead to pneumonia. Appetite is generally lost, and sufferers might experience nausea and diarrhea. Although fever, cough and congestion will subside within days, bedrest is essential for proper recovery. While there is a risk the flu can lead to bacterial infections such as pneumonia, flu sufferers should not seek out antibiotics to treat regular flu symptoms. Although severe persistent cases may require antiviral medication, in general, let the flu run its course, and perhaps your body will be better prepared to beat the darned thing next year.

— Emily Panetta

► **MYTH OR REALITY?**

You'll catch a cold if you go outside in winter bare-headed with wet hair.

MYTH Your scalp may be chilly and your hair will soon feel as if you applied the world's stiffest hair gel, but baring a wet head to winter's blasts won't give you a cold. Colds are caused by contact with a cold virus.



12 WAYS TO SHOW YOUR HEART YOU CARE

1. Be a non-smoker.

2. Get regular brisk exercise.

3. Maintain a healthy weight and work to reduce harmful belly fat.

4. Eat a high-fibre, low-fat diet with reduced-fat dairy, lean meat, fatty cold-water fish, legumes, high-quality vegetable oils, whole grains and fresh fruits and vegetables.

5. If you drink alcohol, drink moderately.

6. Keep your blood pressure under control.

7. Make sure your blood cholesterol profile stays in the healthy range.

8. Maintain a healthy blood sugar level.

9. Get plenty of sleep.

10. Learn to manage anger.

11. Reduce chronic stress in your life.

12. Get help for depression.



Mom's age does matter

DESPITE THE BRAVE NEW obstetric world of 40-something first-time moms, older maternal age definitely increases childbirth risks.

A 2011 study from the Canadian Institute for Health Information (CIHI) analyzed more than one million hospital births and now reports that risks rise significantly in women age 40 and up. According to CIHI's report *Due Time: Why Maternal Age Matters*, older mothers face the following hazards:

- One out of every eight mothers older than 40 developed gestational diabetes, compared with one in 12 ages 35 to 39 and one in 24 ages 20 to 34.

- One out of every 127 babies born to mothers age 40 and up had chromosomal disorders such as Down's syndrome — versus one out of 370 for moms ages 35 to 39 and one in 1,000 for moms ages 20 to 34.
- The risk of premature delivery before 37 weeks' gestation was one in nine in moms age 40 and older, one in 11 in those 35 to 39 and one in 13 in those 20 to 34.
- Two out of five mothers age 40 and older — and more than half of these who were first-time mothers — had Caesarean sections, versus about one in three mothers ages 35 to 39 and about one in four mothers ages 20 to 34.

Dads programmed to nurture, too

TESTOSTERONE — the hormone that drives male aggression and sexuality and helps men compete for mates — plunges in those who become fathers, according to a report published in *Proceedings of the National Academy of Sciences*.

Researchers at Chicago's Northwestern University studied 624 young, childless men, starting at age 21, in the Philippines for nearly five years. The subjects' testosterone levels dropped by an average of 34% after the birth of their first children. Those with a child under one month of age showed drops of about 50%.

The researchers speculate that with less testosterone, men can opt out of

the mating game and take on the nurturing fatherly role necessary to get children through their long dependent childhoods. "Raising human offspring is such an effort that it is co-operative by necessity, and our study shows that human fathers are biologically wired to help with the job," says lead study author Dr. Christopher Kuzawa, an associate professor of anthropology and a faculty fellow at Northwestern's Institute for Policy Research.

But let's give testosterone its due: of those who started the study single, the men with the highest initial testosterone levels were more likely to have become dads.



Wine wards off fatty liver disease

MODEST WINE CONSUMPTION

may protect against non-alcoholic fatty liver disease (NAFLD). NAFLD, also known as non-alcoholic steatohepatitis (or NASH), is an inflammatory condition with an abnormal accumulation of fat cells in the liver. It is usually related to insulin resistance and obesity, and patients are cautioned to avoid alcohol.

But a population-based study at the University of California, San Diego, reports that one glass of wine a day not only may be safe for the liver but also may reduce the risk of NAFLD. The study, published in the journal *Hematology*, compared 7,211 non-drinkers and 4,543 modest alcohol drinkers (averaging four ounces of wine, 12 ounces of beer or

one ounce of liquor per day). Those who drank one glass of wine a day had half the risk of suspected NAFLD compared with non-drinkers. Beer or liquor boosted NAFLD risk.

“The odds of having suspected NAFLD based upon abnormal liver blood tests were reduced by 50% in individuals who drank one glass of wine a day,” said Dr. Jeffrey Schwimmer, director of the fatty liver clinic at Rady Children’s Hospital, San Diego, in a press release. “But people at risk for alcohol abuse should not consider consuming wine or any other alcoholic beverage.”

A small study from Linköping University in Sweden of 44 healthy volunteers drew similar conclusions.



► SNAPSHOT

Dem bones

206+

Average number of bones in the adult human skeleton (varies with individual and age)

270+

Average number of bones in a newborn (some bones are not yet fused)

30%–40%

Total adult body weight represented by the bones

In long-dead persons, forensic anthropologists use bones to identify age, gender, race, diseases suffered and causes of death.

Menopause’s hush-hush symptom

THE LEAST TALKED ABOUT consequence of menopause seems to be vaginal atrophy (VA), an uncomfortable but treatable condition in which the vaginal walls become thin, fragile and inflamed owing to reduced estrogen levels. VA can begin to affect women as early as their mid-40s, and common symptoms include burning (during urination or not), itching, dryness, vaginal irritation and painful intercourse. Light bleeding after sex, a clear or watery discharge, urgency with urination, leaking of urine and frequent urinary tract infections are other VA hallmarks.

According to a 2010 survey of more than 3,500 women in seven countries, 98% of Canadian women experience one or more symptoms of menopause, and 50% of these experience VA symptoms

such as dryness and pain during sex. Only 7%, however, recognize that these are related to VA, and few would feel comfortable discussing these symptoms or their cause with friends or family members.

“Among the changes that occur at menopause, patients should also consider vaginal atrophy as an important concern at this time in their lives,” says Maureen McGrath, a Vancouver-based registered nurse and researcher specializing in female sexual health at the BC Centre for Sexual Medicine. “The condition can have an impact not only on a woman’s overall health but also on her sexual intimacy, personal relationships and self-confidence.” She advises affected women to speak to their doctors about treatment with safe low-dose local estrogen therapy.



► EAT THIS!

Taking the pulse

BY ALTERING YOUR REGULAR DIET to include the class of vegetables known as pulses, or legumes, you give it an instant health boost. These plant foods — which include lentils, peanuts and all manner of dried beans and peas — are densely nutritious. They deliver ample protein and essential amino acids, plus soluble and insoluble fibre, folate, calcium, iron, magnesium and potassium.

Legume carbohydrates are gluten-free and are absorbed slowly, thereby helping to maintain healthier blood sugar levels. It's best to cook them

fresh to avoid the high sodium content of canned versions (which should be rinsed thoroughly and well drained). Serve them whole in stews, curries, salads, chilies, soups and omelettes. Serve them puréed in dips and spreads and as gluten-free thickeners in sauces.

One study found pulse consumption to be the most important dietary predictor of survival in older people of different ethnicities, and in the large and long-standing *Seven Countries Study*, legume consumption was highly correlated with a reduced mortality from coronary heart disease.

LEGUMES ARE SOURCES OF:

- ample protein and essential amino acids
- soluble and insoluble fibre
- folate
- calcium
- iron
- magnesium
- potassium



White makes right

PEOPLE WHO EAT the most white-fleshed fruits and vegetables — such as apples, pears, cucumbers and cauliflower — have a 52% decreased risk of stroke. Dutch researchers base this finding on a study of more than 20,000 adults over 10 years.

Apples and pears are high in blood pressure-friendly dietary fibre and a protective flavonoid plant chemical called quercetin. Note to spud lovers: don't get your hopes up — the study classified potatoes under starches.

► TEST YOUR MEDICAL IQ

Tamponade refers to...

- 1 The application of absorbent dressings to wounds or within surgical incisions to prevent hemorrhage or remove excess blood
- 2 A vaginal/cervical infection caused by old tampons left in place too long
- 3 A cardiac condition caused by the accumulation of blood or fluid in the space between the heart muscle and its enclosing sac
- 4 A blockage within a body cavity caused by a surgical dressing left inside a patient

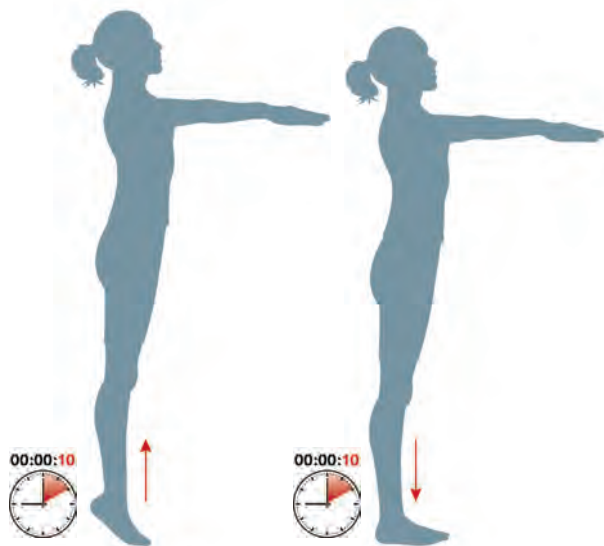
ANSWERS 1 AND 3 No. 3, cardiac tamponade, is an emergency condition in which fluid can collect between the heart muscle (myocardium) and its protective outer sac (pericardium), preventing the heart from expanding fully and reducing the amount of circulating blood.

► MOVE OF THE MONTH

Ankles away!

STRONG AND FLEXIBLE ANKLES can help prevent you from falling this winter, not to mention perform better on ice skates. Try these ankle-friendly exercises from St. Michael's Hospital physiotherapy clinic in Toronto.

STRENGTH: Rise up on the balls of your feet and hold for 10 seconds. Lower your feet to the flat position. Repeat 10 times.



FLEXIBILITY: Sitting down, extend one leg and move your ankle around as if you were tracing the 26 letters of the alphabet with your foot. Switch to the other leg. This workout strengthens the ankle joints and the small muscles of the feet, which help the foot function normally during walking.



► STAT BITES

THE STING OF CHRONIC PAIN

Surveys prove that pain hurts — not only the body but also the wallet

56% Proportion of surveyed Canadians who experienced moderate-to-severe pain in the past three months

\$6 BILLION+ Estimated direct health-care costs for chronic pain to Canada

32% Proportion of Canadians who missed workdays in the past three months because of pain

\$10 BILLION+ Estimated direct health-care costs for chronic pain by 2025

23% Proportion of young Canadians ages 18 to 34 who missed workdays because of pain

68% Prevalence of pain in Alberta, the highest among the provinces

20% Proportion of those ages 18 to 34 who reported reduced work productivity because of pain

50% Prevalence of pain in Quebec, the lowest among the provinces

11% Proportion of Canadians who reported loss of income because of pain

60% Prevalence of pain in British Columbia, roughly midpoint among the provinces

15% Proportion of Canadians ages 18 to 34 who reported pain-related income loss

26,650,000 Number of pain prescriptions dispensed in retail drugstores in 2010, placing analgesics at No. 6 in the top 10 dispensed classes of drugs

\$14,744 Annual cost (in year 2000 dollars) of chronic pain per affected individual

— Source: Angus Reid Survey for the Canadian Pain Society, 2011; Statistical Report on the Health of Canadians, Health Canada, 1999; and IMS Brogan, 2011