

Healthier at Home[®]

*Your Guide to Self-Care &
Wise Health Consumerism*



Telephone Numbers & Information

Emergency Medical Service (EMS): _____
Fire: _____ Police: _____ Poison Control Center: 800.222.1222
National Suicide Prevention Lifeline: 800.273.8255 and www.suicidepreventionlifeline.org

Health Care Providers

Name	Specialty	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pharmacy: _____ Phone Number: _____
Hospital: _____ Phone Number: _____
Employee Assistance Program (EAP): _____

Health Insurance Information

Company: _____ Phone Number: _____
Address: _____
Policyholder's Name: _____ Policy Number: _____

What to Tell Your Doctor or Provider

(Make copies as needed.)

Use this summary when you call or visit a doctor or provider. See pages 13, 14, 36 and 37 for more information.

Symptoms

- Pain Nausea/vomiting Skin problems Eye, ear, nose, throat problems
 Fever/chills Breathing problems Stomach problems Muscle or joint problems

Other problems: _____

Specific questions I have now: _____

What I need to do: _____

Medications

	Name/Dose	Name/Dose
Current medications:	_____	_____
	_____	_____
	_____	_____

Medication allergies: _____

Healthier at Home®

Your Guide to Self-Care & Wise Health Consumerism

Written by

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and the

American Institute for Preventive Medicine

Note: This book is not meant to be a complete guide to health care. The information is given to help you make informed choices about your health. You should not replace this information for expert medical advice or treatment. Follow your doctor's advice if it differs from what is given in this book. Also, if the problem you are reading about doesn't go away after a reasonable amount of time, you should see or call your doctor.

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This guide is one of many self-care books and programs offered by the American Institute for Preventive Medicine. The goal of all of these products is to help individuals reduce health care costs and improve the quality of their lives.



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Medications



Safe Use of Medications

- Things to tell your doctor:
 - Things you have had an allergic reaction to.
 - If you are pregnant or breast-feeding.
 - If another doctor is also treating you.
 - If you have diabetes or kidney or liver disease.
 - If you use alcohol, tobacco, or drugs.
- See that your doctor has an up-to-date list of all the medicines you take. This includes prescribed and over-the-counter (OTC) ones, vitamins, and herbal supplements. Keep an up-to-date list in your wallet.
- Ask your doctor these questions: What is the medicine for? When should I take it? How long do I need to take it? Should I take it with or without food? Can I crush the pill or open up the capsule if I can't swallow it whole? Write the answers down.
- Give a list of all medicines and supplements you take to your local and mail order pharmacist. Harmful mixtures with other drugs and with foods can be identified.
- Get prescribed medicines from a licensed pharmacy.
- Keep medicines in their original containers or in ones with sections for daily doses.
- Let your doctor know about your past reactions to certain medicines. As some people age, they may be more sensitive to some medications, such as painkillers or sedatives.
- Ask about the possible side effects of a medication. Find out what you should do if you have any.
- Ask if you can drink alcohol while taking the medication(s). Alcohol can lessen the effects of some medicines. Other medicines, such as sedatives, can be deadly when used with alcohol.
- Don't take someone else's medication.
- **Safely discard unused and expired medicines.** Use a community drug take-back program. Or, take medicines from their containers and mix them with used coffee grounds or kitty litter. Put this in the trash in a sealable bag.
- Try to reduce the need for some medications, such as sleeping pills or laxatives. A warm bath and a glass of milk might help you fall asleep. Having more fiber in your diet can reduce or replace the need for a laxative. Check with your doctor on ways other than medicines to help treat your problem.
- Even if you feel better, don't stop taking a prescribed medicine unless your doctor tells you to. Also, don't skip doses.



Containers with sections for daily doses and times can remind you when to take medicines.



Your local or mail order pharmacist can answer questions about medications.



Over-the-Counter (OTC) Medications

Over-the-counter (OTC) medications are ones that you can get without a prescription. Often, they are less potent than prescribed ones. When taken in large amounts, though, an OTC medicine might equal or exceed the dose of a prescribed medicine. Read the information on the label. To learn more about OTC medicine labels, access www.fda.gov. Search for “Understanding Over-the-Counter Medicines.” An example is in the next column.



Use OTC medications as directed.

Use OTC Medicines Wisely

- Ask your doctor or health care provider what OTC products are safe for you to use and what you should take for pain and fever.
- To prevent harmful side effects and interactions, review, with your doctor, all of the OTC medicines, supplements, and herbal remedies that you take.
- Do not take OTC medicines on a regular basis unless your doctor tells you to.
- Read the package labels. Heed the warnings listed. If you are unsure whether or not an OTC medication will help or harm you, check with your doctor or pharmacist.
- Store medicines in a dry place and out of children’s reach. Do not call medicine “candy.”
- Before you take a medicine, check the expiration date. Safely discard expired medicines. (See “**Safely discard unused and expired medicines**” on page 26.)

- If you have an allergy to a medicine, check the list of ingredients on OTC medicine labels. Find out if what you are allergic to is in them. Some labels will warn persons with certain allergies to avoid taking that medicine.
- Do not take any OTC product if you are pregnant or nursing a baby unless your doctor or health care provider says it is okay.
- Before taking herbal remedies and supplements, check with your doctor.

Drug Facts (Sample OTC label from www.fda.gov)

Active ingredient (in each tablet)	Purpose
Chlorpheniramine maleate 2 mg	Antihistamine

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:

- sneezing
- runny nose
- itchy, watery eyes
- itchy throat

Warnings

Ask a doctor before use if you have

- glaucoma
- a breathing problem such as emphysema or chronic bronchitis
- trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product

- You may get drowsy
- avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions

adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Other information: store at 20-25°C (68-77°F). Protect from excessive moisture.

Inactive ingredients: D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch



Your Home Pharmacy

Basic Over-the-Counter (OTC) Medications that Can Help with Self-Care

Medicines	Common Uses	Side Effects/Warnings/Interactions
Antacids (e.g., Tums, Rolaids, Mylanta).	Stomach upset. Heartburn.	Don't use for more than 2 weeks without your doctor's advice. Don't use high-sodium ones if on a low-salt diet. Don't use if you have chronic kidney failure.
Antidiarrheal medicine (e.g., Kaopectate, Imodium A-D, Pepto-Bismol [®]).	Diarrhea.	Don't give Pepto-Bismol that has salicylates to anyone under 19 years of age due to its link to Reye's Syndrome. Also, Pepto-Bismol can cause black stools.
* Antihistamines (e.g., Chlor-Trimeton, Benadryl).	Allergies. Cold symptom relief. Relieves itching.	May make you drowsy or agitated. Can cause dry mouth and/or problems with urinating. Don't use with alcohol, when operating machines, or when driving. Don't use if you have problems passing urine, glaucoma, or an enlarged prostate.
* Cough suppressant (e.g., Robitussin-DM or others with dextromethorphan).	Dry cough without mucus.	May make you drowsy. People with glaucoma or problems passing urine should avoid ones with diphenhydramine.
* Decongestant (e.g., Sudafed, Dimetapp).	Stuffy and runny nose. Postnasal drip. Allergies. Fluid in the ears.	Don't use if you have high blood pressure, diabetes, glaucoma, heart disease, a history of stroke, or an enlarged prostate.
* Expectorant (e.g., Robitussin or others with guaifenesin).	Cough with mucus.	Don't give with an antihistamine.
Laxatives (e.g., Ex-Lax, Correctol [stimulant-types], Metamucil [bulk-forming type]).	Constipation.	Long-term use of stimulant-type can lead to dependence.
Throat anesthetic (e.g., Screts, Chloraseptic spray).	Minor sore throat.	Don't give throat lozenges to children under age 5.
Toothache anesthetic (e.g., Anbesol).	Toothache. Teething.	Call doctor before giving to babies under 4 months old.
<ul style="list-style-type: none"> ♦ Do not give aspirin or any medication with salicylates, such as Pepto-Bismol to anyone under 19 years of age due to its link to Reye's Syndrome. * Do not give OTC medicines for colds, coughs and/or the flu to children under 4 years old. For children 4 years old and older, follow their doctor's advice. 		

Chart continued on next page



Medicines	Common Uses	Side Effects/Warnings/Interactions
Pain Relievers¹		
Acetaminophen (e.g., Tylenol, Anacin-3, Datril, Liquiprin, Panadol, Tempra).	Gives pain relief. Lowers fever. Does not reduce swelling. Be aware that acetaminophen can be in other OTC medicines.	More gentle on stomach than other OTC pain relievers. Can result in liver problems in alcohol users. Large doses or long-term use can cause liver or kidney damage.
Aspirin^{2,3} (e.g., Bayer, Bufferin).	Gives pain relief. Lowers fever and swelling.	Can cause stomach upset (which is made worse with alcohol use). May cause stomach ulcers and bleeding. Avoid if you: Have an ulcer, have asthma, are under 19 years of age (due to its link to Reye's Syndrome), and/or are having surgery within 2 weeks. High doses or prolonged use can cause ringing in the ears.
Ibuprofen³ (e.g., Adult and Children's Advil, Motrin). Ketoprofen³ for adults (e.g., Actron, Orudis KT). Naproxen Sodium³ for adults (e.g., Aleve).	Gives pain relief. Lowers fever and swelling.	Can cause stomach upset and peptic ulcers. Take with milk or food. Can make you more sensitive to the effects of the sun. Don't use if you are allergic to aspirin. Don't use if you have a peptic ulcer, blood clotting problems, or kidney disease.
<ol style="list-style-type: none"> 1. If you have 3 or more drinks with alcohol per day, ask your doctor for advice on when and how often you should take pain relievers. 2. Do not give aspirin or any other medication with salicylates, such as Pepto-Bismol, to anyone under 19 years of age due to its link to Reye's Syndrome. 3. These medicines are examples of nonsteroidal anti-inflammatory drugs (NSAIDs). 		

Medication Interactions

Talk to your doctor and pharmacist about all of the medications you take. These include prescribed and OTC medicines and dietary supplements (vitamins, minerals, herbal products). Heed warnings on labels, too.

- **Drug-drug interactions.** These can make a drug work less, increase the action of a drug, or cause harmful side effects. For example, unless told to by a doctor, do not take an antihistamine if you take medicine for high blood pressure or a sedative or tranquilizer.

- **Drug-condition interactions.** Some medical conditions make taking certain drugs harmful. One example is taking a nasal decongestant if you have high blood pressure.
- **Drug and food/beverage interactions.** Alcohol should not be mixed with certain drugs. Grapefruit juice should not be taken with certain medicines for high blood pressure and high blood cholesterol.

See “Side Effects/Warnings/Interactions” on page 28 and this page for common medication interactions for OTC medicines.



Common Drug Interactions

Drug	Harmful or Less Effective With*
Acid reducers (for heartburn).	Asthma drug – theophylline. Blood thinner – warfarin. Tricyclic antidepressants, such as Elavil and Pamelor.
Antibiotics.	Some birth control pills.
Asthma drug – theophylline.	Beta-blockers. Caffeine. Cimetidine (in acid reducers).
Blood thinner – warfarin.	Antacids. Aspirin. High doses (400 IU or more) of vitamin E.
Search for “Blood Thinner Pills: Your Guide to Using Them Safely” from www.ahrq.gov .	Vitamin K and/or foods high in it (liver, broccoli, brussels sprouts, kale, spinach, etc.). Grapefruit juice. Grapefruit.
Some statin drugs to lower cholesterol.	Grapefruit juice. Grapefruit.
Nitrates to dilate blood vessels.	Cialis. Levitra. Viagra.

* This does not include all medicines and foods that can cause harmful reactions with these drugs. Ask your doctor or pharmacist for more information.

Overhauling Your Medicine Cabinet

- Take all items out of the cabinet or off the shelf.
- See page 26 for how to **safely discard medicines**. These include:
 - Expired medicines.
 - Old tubes of cream that are hardened or cracked.
 - Medicines that are not in their original containers and clearly labeled.
 - Liquid medicines that were clear, but are now cloudy or filmy.
- If you are not sure about an item, ask your pharmacist for advice.
- **Every medication is a potential poison.** If there are children in the house, keep all medicines and vitamins locked in a high cabinet, well out of their reach.



Inventory your medicine cabinet at least once a year.

- Activated charcoal and syrup of ipecac are not advised for home use for swallowed poisons. Call the Poison Control Center at 800.222.1222 for advice.

Basic Supplies to Help with Self-Care

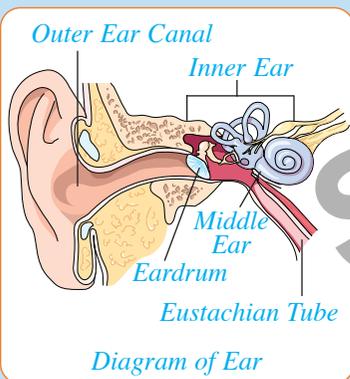
- Adhesive bandages, sterile gauze, first aid tape, and scissors.
- Antibiotic ointment.
- Antiseptic ointment or wipes.
- Eye dropper.
- Heating pad/hot water bottle. Heat pack.
- Humidifier or vaporizer (cool-mist).
- Ice pack.
- Tweezers.
- Petroleum jelly.
- Rubbing alcohol.
- Sunscreen with a sun protection factor (SPF) of 15 or higher.
- Thermometer (digital or ear).
- Tongue depressor and flashlight.



Ear, Nose & Throat Problems

Signs & Symptoms

- Mild to severe ear pain.
- Feeling of fullness or discomfort in the ears.
- Tugging at the ear and restlessness in young children.



Ruptured Eardrum Signs

- Ear pain.
- Some hearing loss.
- Blood or other discharge from the ear (especially after sticking an object in the ear or exposure to extremely loud noise).

Earaches

Causes

The most common cause of earaches is plugged Eustachian tubes. These go from the back of the throat to the middle ear. Fluid or pressure in a plugged Eustachian tube causes pain. This is caused by an infection of the middle ear, a cold or sinus infection, or allergies. Other things that can cause ear pain include changes in air pressure in a plane, something stuck in the ear, too much earwax, tooth problems, and ear injuries.

Questions to Ask

Did the ear pain start after a blow to the ear or recent head trauma?

YES



NO

With the earache, do any **symptoms of meningitis** occur?

- Severe, persistent headache.
- Stiff neck (can't touch the chin to the chest).
- Lethargy.
- Seizure.
- Red or purple rash that doesn't fade when pressure is applied to the skin.
- In an infant, bulging of the fontanelle (soft spot of the skull).

YES



NO

With ear pain, do any of these problems occur?

- Vomiting.
- **Fever.** (See pages 226 and 227.)
- Sticky, green, or bloody discharge from the ear.
- The ear pain is severe or worsens when wiggling the ear lobe.
- Sensitivity to the light.

YES



NO

Flowchart continued on next page



Earaches, Continued

Does a child show the following signs, especially after a respiratory tract infection, a cold, air travel, or if the child has had ear problems before?

- Constant pulling, touching, or tugging at the ear(s).
- No response to a whistle or a loud clap.
- **Fever.** (See pages 226 and 227.)
- Crying that won't stop.
- Ear(s) that are hot and hurt when touched.
- Acting cranky and restless, especially at night or when lying down.

YES



NO

Does the earache persist, is it more than mild, and does it occur after any of the following?

- A mild ear injury.
- Blowing your nose hard or many times.
- A small object has been stuck in the ear that cannot easily be removed. Or, an insect has gotten in the ear that cannot safely be removed.
- A cold, sinus, or upper respiratory infection.
- Exposure to extremely loud noises, such as rock concerts, heavy machinery, etc.

YES



NO

With the earache, do you also have hearing loss, ringing in the ears, dizziness, or nausea?

YES



NO

Flowchart continued in next column

Does the earache occur with jaw pain, headache, and a clicking sound when you open or close your mouth?

YES



NO



Self-Care / Prevention

To Help Prevent Ear Pain

- Don't put cotton-tipped swabs, bobby pins, etc., in your ears. This could damage the eardrum.
- Don't blow your nose with too much force.
- If you can, avoid places that have very loud noises (construction sites, etc.). Wear earplugs when exposed to loud noises.
- Keep the volume on low when using stereos, compact discs (CDs), etc. If someone else can hear the music when you are listening to one of these devices with earphones, the volume is too loud.

To Avoid Getting "Swimmer's Ear"

- Wear wax or silicone earplugs.
- Wear a bathing cap.
- Don't swim in dirty water. Swim on the surface not underneath the water.
- Use an over-the-counter product, such as Swim-Ear, as directed.

To Reduce Ear Pain

- Place a warm washcloth next to the ear. Some health professionals recommend putting an ice bag or ice in a wet washcloth over the painful ear for 20 minutes.
- Take an over-the-counter medicine for pain as directed on the label.





Treatment

Treatment includes pain relievers and methods to dry up or clear the blocked ear canal. Self-care can be used to treat many earaches. Severe and/or constant ear pain needs a medical diagnosis. Often, antibiotics *are not* needed for middle ear infections in children. About 8 in 10 children with ear infections get better without antibiotics. Let your child's doctor decide if and when an antibiotic should be prescribed.



Get more information from:

National Institute on Deafness and Other Communication Disorders (NIDCD)
800.241.1044
www.nidcd.nih.gov

Earaches, Continued

To Open Up the Eustachian Tubes and Help Them Drain

- Sit up. Prop your head up when you sleep.
- Yawn. This helps move the muscles that open the Eustachian tubes.
- Chew gum or suck on hard candy. (Do not give to children under age 5.) This tip is especially helpful during pressure changes that take place during air travel, but can also help if you wake up with ear pain.
- When traveling by air, stay awake when the plane takes off and lands. Wear ear plugs.
- Take a steamy shower.
- Use a cool-mist vaporizer, especially at night.
- Drink plenty of cool water.
- Gently, but firmly, blow through your nose while holding one nostril closed until you hear a pop. This can be done several times a day.
- If okay with your doctor, take a decongestant to help relieve the swelling that causes the pain. (Don't use a nasal spray decongestant for more than 3 days unless directed by your doctor.)
- When you give a baby a bottle, hold the baby in an upright position.

To Treat a Mild Case of "Swimmer's Ear"

The goal is to clean and dry the outer ear canal without doing further damage to the top layer of skin.

- Shake the head to expel trapped water.
- Dry the ear canal. Get a clean facial tissue. Twist each corner into a tip and gently place each tip into the ear canal for 10 seconds. Repeat with the other ear using a new tissue.
- Use an over-the-counter product, such as Swim-Ear. Drop it into the ears to fight infection. Follow package directions.
- Do not remove earwax. This protects the ear canal.

For an Insect in the Ear

- Shine a flashlight into the ear. Doing this may cause the insect to come out. (See, also, **To Remove an Insect from an Ear** on page 396.)



Hay Fever

Hay fever has nothing to do with hay or fever. The medical term for hay fever is **allergic rhinitis**. It is most common in spring and fall when a lot of ragweed is in the air. Some people have hay fever all year, though.

Signs & Symptoms

- Itchy or watery eyes.
- Runny, itchy nose.
- Congestion.
- Sneezing.



Allergens can cause itchy or watery eyes.

Causes

Hay fever is a reaction of the upper respiratory tract to allergens.

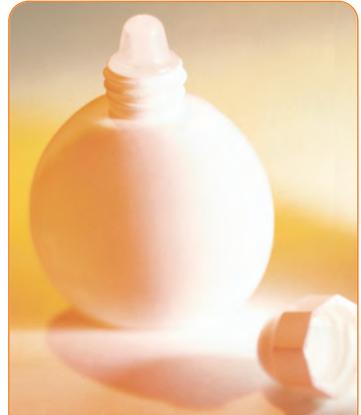
Treatment

Talk to your doctor if self-care measures do not help. He or she may prescribe:

- Antihistamines. For best results, take the antihistamine 30 minutes before going outside. *{Note: Some over-the-counter antihistamines can make you more drowsy than prescribed ones. Be careful when driving and operating machinery since some antihistamines can make you drowsy.}*
- A decongestant.

{Note: Do not give antihistamines, decongestants, and other over-the-counter medicines for colds, coughs, and/or the flu to children less than 2 years old. For children 2 years old and older, follow their doctor's advice.}

- A corticosteroid nasal spray and eye drops, cromolyn sodium, and oral corticosteroids.
- Skin tests to find out what things you are allergic to.
- Allergy shots.



Your doctor may advise a nasal spray for hay fever symptoms.

It is best to take what your doctor advises instead of testing over-the-counter products on your own.

Questions to Ask

Do you have severe breathing problems or severe wheezing?

YES



NO

Do you have any of these symptoms of an infection?

- **Fever.** (See pages 226 and 227.)
- Green, yellow, or bloody-colored nasal discharge or mucus.
- Throbbing facial pain.

YES



NO

Do you still have hay fever symptoms when you avoid hay fever triggers? Or, do hay fever symptoms keep you from doing daily activities?

YES



NO



See Self-Care / Prevention on next page





Hay Fever, Continued

Self-Care / Prevention

Avoid Hay Fever Triggers

- If you are allergic to pollen and molds, let someone else do outside chores. Mowing the lawn or raking leaves can make you very sick.
- Keep windows and doors shut and stay inside when the pollen count or humidity is high. Early morning is sometimes the worst.
- Avoid tobacco smoke and other air pollutants.
- To limit dust, mold, and pollen:
 - Put a plastic cover on your mattress or cover it completely with an allergen-free mattress cover.
 - Sleep with no pillow or with the kind your doctor or health care provider recommends. If you use a pillow, cover it with an allergen-free cover.
 - Don't dry sheets and blankets outside.
 - Try not to have stuffed animals kept in the bedroom. If you must, have only one that can be washed. Wash it in hot water once a week.
 - Use curtains and rugs that can be washed often. Don't use carpeting.
 - Dust and vacuum often. Wear a dust filter mask when you do.
 - Put an electronic air filter on your furnace or use portable air purifiers.
 - Shower or bathe and wash your hair after heavy exposure to pollen, dust, etc.
- Don't have pets. If you have a pet, keep it out of the bedroom. When you can, keep the pet outdoors.
- Use an air conditioner or air cleaner in your house, especially in the bedroom. Electronic air filters are better than mechanical ones. Clean the filter often. Or, try a doctor-approved air purifier, especially in the bedroom. Devices with HEPA filters can be very effective in cleaning indoor air.



Every week, wash the sheets and blankets on your bed. Wash them in hot water.



Get more information from:

Asthma and Allergy
Foundation of America
800.7.ASTHMA
(727.8462)
www.aafa.org



Hearing Loss

People over age 50 are likely to lose some hearing each year. The decline is usually gradual. About 30% of adults age 65 through 74 and about 50% of those age 85 and older have hearing problems.

Hearing problems can get worse if they are ignored and not treated. People with hearing problems may withdraw from others because they may not be able to understand what others say. Hearing loss can cause an older person to be labeled “confused” or “senile.”

Signs & Symptoms

- Words are hard to understand. This worsens when there is background noise.
- Certain sounds are overly loud or annoying.
- Hearing a hissing or ringing background noise. This can be constant or it can come and go.
- Concerts, TV shows, etc. are less enjoyable because much goes unheard.



Another person's speech may sound slurred or mumbled.

Causes

- **Presbycusis** (prez-bee-KU-sis). This is a gradual type of hearing loss. It is common with aging. With this, you can have a hard time understanding speech. You may not tolerate loud sounds. You may not hear high pitched sounds. Hearing loss from presbycusis does not cause deafness.
 - Ear wax that blocks the ear canal.
 - A chronic middle ear infection or an infection of the inner ear.
 - Medicines (e.g., aspirin).
 - Blood vessel disorders, such as high blood pressure.
 - Acoustic trauma, such as from a blow to the ear or from excessive noise.
- Noise-Induced Hearing Loss (NIHL)** can be from a one-time exposure to an extremely loud sound or to repeated exposure to loud level sounds. (See **Decibels of Sound** on page 86.)
- **Ménière's disease.** This is a problem of the inner ear. The hearing loss comes and goes. Dizziness is also a symptom.
 - Small tumors on the auditory nerve. Brain tumor (rarely).



Exposure to loud noises increases the risk for hearing loss.





Decibels (dB) of Sound

Sound levels are measured in **decibels (dB)**. In general, the louder the sound, the higher the dB.

Type of SounddB

Weakest sound heard	0
Whisper	30
Normal talking	60–70
Average radio	75
Busy street	80

Repeated Exposures ≥ 85 can lead to hearing loss

Hair dryer	90
Lawnmower	90
Subway train.....	95
Rock concert.....	110–120
Chain saw	120

Ear pain begins at 125 dB

Jet take-off	135
--------------------	-----

One time exposure >140 dB can cause permanent hearing loss

Siren (at 100 feet)	140
Firearms	140–170
Loudest tone the ear can hear	197

Hearing Loss, Continued

Treatment

- Earwax is removed by a health care provider.
- Hearing aid(s). These make sounds louder.
- Speech reading. This is learning to read lips and facial expressions.
- Auditory training. This helps with specific hearing problems.
- Surgery. This can be done if the problem requires it.

Questions to Ask

When your child is awake, does he or she not respond to any sound, even a whistle or a loud clap?



NO

With hearing loss, do any of these problems occur?

- A discharge from the ear.
- Ear pain doesn't go away.
- You feel dizzy or it feels like things are spinning around you.
- A recent ear or respiratory infection.
- It feels like your ears are blocked.



NO

Is a nondigital watch not heard when held next to the ear?



NO

Do you hear a ringing sound in one or both ears all of the time?



NO

Did you lose your hearing after exposure to loud noises, (e.g., rock concerts, power tools, firearms, etc.) and has this not improved?



NO



See Self-Care / Prevention on next page



Hearing Loss, Continued

Self-Care / Prevention

For Gradual, Age-Related Hearing Loss

- Ask people to speak clearly, distinctly, and in a normal tone.
- Look at people when they are talking to you. Watch their expressions.
- Try to limit background noise when speaking with someone.
- In a church or theater, sit in the 3rd or 4th row with people sitting around you.
- Install a flasher or amplifier on your phone, door chime, and alarm clock.

To Hear Sounds Better

- Use a hearing aid. There are many kinds. Examples are ones worn:
 - In-the-Ear (ITE).
 - Behind-the-Ear (BTE).
 - In-the-Canal (ITC).



Hearing aids help to hear sounds better.

- To find the hearing aid that works best for you, see an audiologist. Ask him or her about a trial period with different hearing aids to find one you are comfortable with.
- Use devices and listening systems that help you hear better when you use your telephone, mobile phone, TV, stereo, etc.

To Clear Earwax

Use only if the eardrum is not ruptured. (See **Ruptured Eardrum Signs** on page 80.) Check with your doctor if you are not sure.

- Lie on your side. Using a syringe or medicine dropper, carefully squeeze a few drops of lukewarm water into your ear (or have someone else do this). Let the water remain there for 10 to 15 minutes and then shake it out. Now, squeeze a few drops of hydrogen peroxide, mineral oil, or an over-the-counter cleaner, such as Debrox, into the ear. Let the excess fluid flow out of the ear.
- After several minutes, put warm water in the ear again. Let it stay there for 10 to 15 minutes. Tilt the head to allow it to drain out of the ear.

Repeat this entire procedure again in 3 hours if the earwax has not cleared.



Get more information from:

American Speech-Language Hearing Association
800.638.8255
www.asha.org

Better Hearing Institute
800.EAR.WELL (327.9355)
www.betterhearing.org





Laryngitis

Laryngitis is when your larynx (voice box) is irritated or swollen.

Signs & Symptoms

- Hoarse, husky, and weak voice or loss of voice.
- Cough.
- Sore throat, fever, and/or trouble swallowing.

Treatment

Self-care treats most cases of laryngitis. If needed, your doctor may prescribe an antibiotic for a bacterial infection.



Get more information from:

American Academy of Otolaryngology - Head and Neck Surgery
www.entnet.org

Causes

Common causes are allergies and irritants like smoke; bacterial or viral infections; and strained vocal cords. Smoking, drinking alcohol, breathing cold air, and using already distressed vocal cords can make the problem worse. Growths on the vocal cords or nerve damage to the vocal cords can also cause hoarseness.

Questions to Ask

Do you have a high fever or are you coughing up yellow, green, or bloody-colored mucus?

YES



NO

Do you have hard, swollen lymph glands in your neck or do you feel like you have a "lump" in your throat that doesn't go away?

YES



NO

Has hoarseness lasted more than a week in a child, more than a month in an adult, or does it become chronic in a smoker?

YES



NO



Self-Care / Prevention

- Don't smoke. Avoid secondhand smoke.
- Don't talk if you don't need to. Write notes, instead.
- Use a cool-mist humidifier in your bedroom.
- Drink a lot of fluids. Drink warm drinks, such as weak tea, with honey and/or lemon juice.
- Gargle every few hours with warm salt water ($\frac{1}{4}$ teaspoon of salt in 1 cup of warm water).
- Run hot water in the shower to make steam. Sit in the bathroom and breathe the moist air.
- Suck on cough drops, throat lozenges, or hard candy. (Don't give to children under age 5.) Take an over-the-counter medicine for pain as directed on the label.



Nosebleeds

Signs & Symptoms

- Bleeding from a nostril.
- Bleeding from the nose and down the back of the throat.

Causes

Nosebleeds are often caused by broken blood vessels just inside the nose. Risk factors include:

- A cold or allergies.
- A dry environment.
- Frequent nose blowing and picking.
- Using too much nasal spray.
- A punch or other blow to the nose.

A nosebleed is serious when heavy bleeding from deep within the nose is hard to stop. This type occurs most often in the elderly. It can be caused by: Hardening of nasal blood vessels; high blood pressure; and medicines that treat blood clots.

Treatment

Self-care treats most nosebleeds. A doctor can pack the nostril to stop the bleeding or do a treatment that seals the blood vessel that bleeds.

Questions to Ask

Is blood from a nosebleed going down the back of the throat or backward into the mouth even though you are pinching the nostril shut?



NO

Flowchart continued in next column

Did the nosebleed follow a blow to the head or nose or a severe headache? Or, does the nosebleed occur in a person taking blood-thinning medicine?



NO

In the past 48 hours, did 3 or more nosebleeds occur and did each one take longer than 10 minutes to stop?



NO

Did the nosebleed start after taking newly prescribed medicine? Or, do nosebleeds occur often?



NO



Self-Care / Prevention

- Sit with your head leaning forward. Pinch the nostrils shut. Use your thumb and forefinger to gently squeeze the nose's midsection.



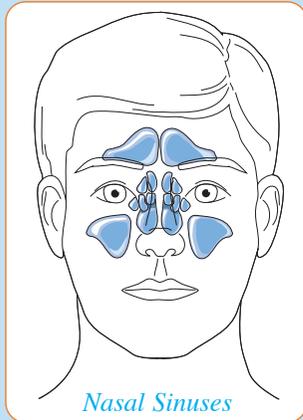
Pinching the Nostrils Shut

- Hold for up to 20 minutes without stopping. Use a clock to time this. Breathe through your mouth while you do this. Repeat a second time, if needed. If a second attempt fails, go to an urgent care center or hospital emergency department. Don't take aspirin or other nonsteroidal anti-inflammatory drugs.
- For the next 24 hours, elevate your head above the level of your heart. Also, try not to blow your nose, lift heavy objects, or exercise hard.
- Use a humidifier or cool-mist vaporizer to add moisture to household air.





Your sinuses are behind your cheekbones and forehead and around your eyes.



Nasal Sinuses

Healthy sinuses drain almost a quart of mucus every day. They keep the air you breathe wet. Your sinuses can't drain right if they are blocked, infected, or swollen. Sinus problems include:

- A sinus infection. This can be acute or chronic.
- Sinus congestion without an infection.

Sinus Problems

Signs & Symptoms

For a Sinus Infection

- Fever.
- Green, yellow, or bloody-colored nasal discharge.
- Foul-smelling or tasting postnasal drip.
- Severe headache that doesn't get better when you take an over-the-counter pain reliever. The headache is worse in the morning or when bending forward.
- Pain between the nose and lower eyelid. Cheek or upper jaw pain.
- A feeling of pressure inside the head. Stuffy nose.
- Swelling around the eyes, nose, cheeks, and forehead.
- Cough that worsens at night.
- Fatigue.

For sinus congestion without an infection, drainage is clear and there is no fever.

Causes

- Bacterial, viral, or fungal infection. Sneezing hard with your mouth closed or blowing your nose too much with a cold.
- Irritants like tobacco smoke, air pollutants, etc. Hay fever or other allergies.
- A nasal deformity. Sinuses that don't drain well.

Treatment

Sinus congestion without an infection does not need an antibiotic and can be treated with self-care. A decongestant helps break up the congestion.

An acute sinus infection usually clears up in 2 weeks with an antibiotic, a decongestant, and nose drops or a nasal spray. When this is not the case, the problem may be a chronic sinus infection which takes longer to treat and/or may need further investigation to diagnose the cause.



Sinus Problems, Continued

An antifungal medicine helps treat a fungal infection in the sinuses. Surgery may be needed to drain the sinuses. Surgery can be done to enlarge a sinus passage that is too narrow to allow proper drainage.

Questions to Ask

With a recent headache, fever, sinus pressure and pain, and yellow, green, or bloody nasal discharge, are all of the following symptoms now present, especially in a child?

- Sudden onset of a fever.
- Redness and swelling of the eyelid(s) or area around the eye(s).
- Protruding eye(s) and pain behind the eye(s).
- Problems moving the eye(s).
- Eye pain and redness.



NO

Do you have 2 or more of the following symptoms?

- Fever. (See pages 226-227.)
- Green, yellow, or bloody-colored nasal discharge for more than 3 days. This may occur with a foul-smelling or bad-tasting drainage into the back of the throat.
- Headache that gets worse when you bend forward and that may not be relieved with over-the-counter pain relievers.
- Pain (usually throbbing) around the eye(s), cheek(s), upper jaw(s), and/or between the nose and eye socket(s).



NO

Have you been treated for a sinus infection and do symptoms not improve after taking the prescribed medicine for 48 hours? Or, do symptoms return after you are done with prescribed treatment?



Self-Care / Prevention

- Use a cool-mist humidifier especially in the bedroom. Put a humidifier on the furnace.
- Put a warm washcloth, warm or cold compress over the sinus area of your face. Use the one that helps most for the pain.
- Drink plenty of liquids.
- Take an over-the-counter (OTC) medicine for pain as directed on the label.
- Take an OTC decongestant or an OTC pain reliever with a decongestant (e.g., Tylenol Sinus). {**Note:** Some persons should not take decongestants. See the footnote and **Side Effects/Warnings/Interactions for Decongestant** use on page 28.}
- Use nose drops only for the number of days prescribed. Repeated use of them creates a dependency. Don't share nose drops with others. Throw the drops away after treatment.
- Nasal washes with salt water. Find out about this technique from the Web site listed below.



Get more information from:

National Jewish Health
877.CALL.NJH (225.5654)

www.nationaljewish.org

Flowchart continued in next column



To Learn More, See Back Cover



Signs & Symptoms

- Dry, irritated throat.
- Soreness or pain in the throat, especially when you talk or swallow. Swollen neck glands.
- The back of the throat and/or the tonsils look bright red or have pus deposits or white spots.
- Enlarged tonsils that feel tender (tonsillitis).

Fatigue, fever, postnasal drip, bad breath, headache, and/or earache can also occur.

Treatment

Self-care treats most sore throats. Your doctor may take a throat culture to see if strep or another type of bacteria is the cause. If so, an antibiotic may be prescribed. Strep throat needs medical care to prevent other health problems. Sore throats caused by viruses **do not** need an antibiotic.

Sore Throats

Causes

- Smoking. Dry air. Postnasal drip. Cough. Allergies.
- Viruses, such as with a cold or the flu. (See **Colds & Flu** on page 100.)
- Infection from bacteria, such as strep throat.

Questions to Ask

Do you have severe shortness of breath? Or, can you not swallow your own saliva?

YES



NO

With sore throat, do you have a fever higher than 102°F, swollen neck glands, ear pain, bad breath, a skin rash, and/or dark urine? Or, does the back of your throat or tonsils look bright red or have pus?

YES



NO

Have you been in contact with someone who had strep throat in the last 2 weeks, do you get strep throat often, or has a mild sore throat lasted longer than 3 weeks?

YES



NO



Self-Care / Prevention

- Don't smoke. Avoid secondhand smoke.
- Gargle every few hours with a solution of 1/4 teaspoon of salt dissolved in 1 cup of warm water. Don't eat spicy foods.
- Drink plenty of fluids like warm tea. For strep throat, have cold foods and liquids.
- Sit in the bathroom while hot water runs in the shower. Use a cool-mist vaporizer in the room where you spend most of your time.
- Suck on a piece of hard candy or throat lozenge every so often. (Don't give to children under age 5.) Rest your voice, if this helps.
- Take an over-the-counter (OTC) medicine for pain as directed on the label. Take an OTC decongestant for postnasal drip, if okay with your doctor. (See information on **Decongestant** use on page 28.)



Tinnitus (Ringing in the Ears)

Tinnitus is hearing ringing or other noises in the ears when no outside source makes the sounds. Almost everyone gets “ringing in the ears” at one time or another. This may last a minute or so, but then goes away. When hearing these sounds persists, suspect tinnitus. The noises can range in volume from a ring to a roar.

Signs & Symptoms

- Ringing, buzzing, hissing, humming, roaring, or whistling noises in the ears. These problems can persist or come and go.
- Problems sleeping.
- Emotional distress.
- Hearing loss.

Tinnitus can be quite disturbing. It can interfere with normal activities.



Most often, tinnitus affects older adults.

Causes

Exposure to loud noise which damages nerves in the inner ear is the most common cause. This can be from prolonged exposure or from one extreme incident.

Other Causes

- Ear disorders, such as **labyrinthitis**. This is swelling of canals in the ear that help maintain balance.

- Persistent allergies.
- High blood pressure.
- A reaction to some medications. These include: Aspirin; levodopa (for Parkinson’s disease); quinidine (for irregular heartbeats); propranolol (for high blood pressure, etc.); and quinine (for leg cramps).
- **Ménière’s disease**. With this, dizziness, ringing sounds, and hearing loss occur together. Symptoms come and go.

In some cases, no cause is found.

Treatment

There is no cure for tinnitus. Treatment includes:

- A hearing aid that plays a soothing sound to drown out the tinnitus.
- A tinnitus masker. This is worn behind the ear. It makes a subtle noise to distract the person from tinnitus. The masker does not interfere with hearing and speech.
- Relaxation therapy.
- Educational counseling or support groups for tinnitus.
- Sleeping pills, if needed.

Questions to Ask

Did the tinnitus start after taking too much aspirin or other medicines with salicylates, and do you have any of these problems?

- Nausea and/or vomiting.
- Confusion.
- Rapid breathing.

NO

Flowchart continued on next page





Benign Positional Vertigo (BPV)

Vertigo is a feeling that you or the room around you is spinning or moving. This is due to a problem with the inner ear, nervous system, heart, or with blood pressure.

The most common cause of vertigo is **benign positional vertigo (BPV)**. With this, the feeling of spinning occurs quickly when you change the position of your head. (You turn over in bed, bend over, etc.).



Get more information from:

The American Tinnitus Association
800.634.8978
www.ata.org

Tinnitus, Continued

With ringing in the ears, do you have any of these problems?

- Severe pain in the ear(s).
- A foreign object is in the ear that cannot be removed.
- A recent ear or head injury.
- You can't hear.

YES



NO

With ringing in the ears, do you have any of these problems?

- Feeling dizzy or like you are spinning.
- Loss of balance or your walking is unsteady.
- Vomiting or nausea.
- Drainage from the ear(s).
- Sleep habits and/or daily activities are disrupted.

YES



NO



Self-Care / Prevention

- Wear earplugs or earmuffs when exposed to loud noises. This can prevent noise-induced tinnitus.
- Treat an ear infection right away.
- For mild cases of tinnitus, play the radio or a white noise tape. White noise is a low, constant sound.
- Use biofeedback or other relaxation techniques.
- Limit your intake of caffeine, alcohol, nicotine, and aspirin.
- Talk to your doctor if you use the drugs listed in **Causes** on page 93.
- If the noises started during or after traveling in an airplane, pinch your nostrils and blow through your nose. When you fly, chew gum or suck on hard candy to prevent ear popping and ringing sounds in the ear. If possible, avoid flying when you have an upper respiratory or ear infection.



Get regular exercise. This promotes good blood circulation.



General Health Conditions

Causes

- **Allergic rhinitis.** This is caused by breathing allergens from animal dander; dust; grass, weed and tree pollen; mold spores, etc.
- Asthma.
- Food allergies. Common ones are milk, fish, nuts, wheat, corn, and eggs.
- Skin allergies.

Anaphylaxis is a sudden and severe allergic reaction. It occurs within minutes of exposure. It worsens very fast. It can lead to anaphylactic shock and death within 15 minutes if emergency medical care is not received.

Insect stings, nuts, penicillin, and shellfish are common causes of a severe allergic reaction.

Allergies

An allergy is an immune system problem to a substance (allergen) that is normally harmless. An allergen can be inhaled, swallowed, or come in contact with the skin.

Signs & Symptoms

For Common Allergies

- Sneezing. Watery eyes. Cold symptoms that last longer than 10 days without a fever. Dark circles under the eyes.
- Frequent throat clearing. Hoarseness. Coughing or wheezing.
- Skin rash.
- Loss of smell or taste.
- Ear and sinus infections occur again and again.



Allergy symptoms usually affect the breathing passages, eyes, or skin.

Signs of a Severe Allergic Reaction

- Shortness of breath. A hard time breathing or swallowing. Wheezing.
- Severe swelling all over, or of the face, lips, tongue, and/or throat.
- Feeling dizzy, weak, and/or numb.
- Pale or bluish lips, skin, and/or fingernails.
- Cool, moist skin or sudden onset of pale skin and sweating.
- Fainting. Decreasing level of awareness.

Treatment

How are allergies treated? Avoid the allergen(s). Skin tests can identify allergens. Allergy shots may be prescribed. Medications can prevent and relieve symptoms. Persons who have had a sudden, severe allergic reaction may be prescribed medicine, such as an EpiPen. This is used for a severe reaction **before** getting emergency medical care.



Allergies, Continued

Questions to Ask

Do you have any of these problems?

- **Signs of a severe allergic reaction** listed on page 208.
- Chest pain or tightening.
- Seizures.
- Cough that doesn't let up and a hard time breathing.

YES



NO

Do you have any of these problems?

- Flushing, redness all over the body.
- Severe hives.
- Hoarseness.
- Feeling restless. Anxiety. Trembling.
- Enlarged pupils.
- A severe reaction occurred in the past after exposure to a like substance.

YES



NO

Do you have any of these problems?

- Fever, fatigue, headache, or a rash that persists.
- New onset of joint pain.
- New onset of swelling in the limbs.
- Mild symptoms improve after taking an antihistamine, but come back or don't go away completely.

YES



NO



Self-Care / Prevention

For a Severe Allergic Reaction

- Take prescribed medicine, such as an EpiPen, as advised. Then get emergency care!

- Wear a medical ID alert tag for things that cause a severe allergic reaction.
- Avoid things you are allergic to.

For Other Allergic Reactions

- If mild symptoms occur after you take a medicine, call your doctor for advice.
- For hives and itching, take an OTC antihistamine, such as Benadryl. Take it as prescribed by your doctor or as directed on the label.
- Don't use hot water for baths, showers, or to wash rash areas. Heat worsens most rashes and makes them itch more.
- For itching, use an oatmeal bath or calamine (not Caladryl) lotion. You can also use a paste made with 3 teaspoons of baking soda and 1 teaspoon of water.
- Avoid things you are allergic to.
- Read food labels. Don't eat foods that have things you are allergic to. When you eat out, find out if menu items have things you are allergic to before you order them.

(See **Self-Care / Prevention** for **Hay Fever** on page 84 and **Self-Care** for **Skin Rashes** on pages 136 to 143.)



Get more information from:

Asthma and Allergy Foundation of America
800.7.ASTHMA (727.8462)
www.aafa.org





Alzheimer's Disease (AD)

Signs & Symptoms

Alzheimer's disease has a gradual onset. How quickly signs and symptoms occur and progress varies from person to person. The average time span is about 3 to 6 years after symptoms start. Survival can be as long as 20 years.

The Alzheimer's Association gives these 10 symptoms for AD:

- **Memory changes that disrupt daily life.** Persons with AD forget important dates, events, and/or information. They may also ask the same question over and over.
- **Problems doing familiar tasks.** Persons with AD may have a hard time fixing a meal or driving to a familiar place.
- **New problems speaking or writing.** Persons with AD often forget simple words or phrases or use unusual words for things. An example is calling a toothbrush “that thing for my mouth.”
- **Problems with visual images and spatial relationships.** Persons may have problems with reading, color and contrast, and judging distance.
- **Problems with planning and/or solving problems.** Persons with AD have trouble making and following plans. They have trouble working with numbers, such as balancing a checkbook.
- **Problems with awareness of time and place.** Persons with AD may forget where they are, how they got there, and how to get back home. They may lose track of dates and seasons.
- **Poor or decreased judgment.** Persons with AD neglect daily grooming and may not dress right for the weather. They show poor judgment about money.
- **Misplacing things.** Persons with AD lose things and can not retrace their steps to find them. They put things in unusual places, such as a wristwatch in a sugar bowl.
- **Changes in mood or personality.** Persons with AD can get very confused, depressed, fearful, and worried. They rely on someone else to make decisions for them.
- **Withdrawal from social activities and work.** Persons with AD get less involved with hobbies, social events, sports, and work.

About 5.3 million persons in the U.S. have Alzheimer's disease (AD). It is the most common cause of dementia – a broad term that means cognitive function declines enough to interfere with daily life activities. Nearly half of people age 85 and older may have AD, but it is not a normal part of aging.

Causes

With AD, certain protein deposits (plaques) and twisted fibers (tangles) build up in the brain. Over time, this causes large numbers of nerve cells in the brain to die.

Risk factors for AD are getting older and a family history of the disease. Having heart disease, diabetes, high blood pressure, a stroke, or a brain injury may increase the risk. Staying physically and mentally active and eating healthy throughout life may lower the risk for AD.



Alzheimer's Disease (AD), Continued

Treatment

A medical diagnosis suggests (or rules out) Alzheimer's disease. Other conditions, such as depression, a severe lack of vitamin B₁₂, and blood clots in the brain can cause symptoms like AD. So can side effects of some medicines.

There is no known cure for Alzheimer's disease.

Prescribed medicines may help some persons with mild to moderate AD.

Questions to Ask

Is the person suddenly confused or disoriented? Is he or she not able to reason or communicate at all?

YES



NO

Are any of the **signs and symptoms of Alzheimer's disease** listed on page 210 present?

YES



NO

Are any of these conditions present?

- Symptoms in a person with Alzheimer's disease worsen.
- The caretaker of the person with Alzheimer's disease needs care or guidance.

YES



NO

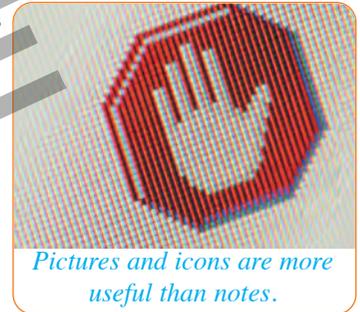


Self-Care / Prevention

There is no known prevention. Studies suggest staying physically, mentally, and socially active. Also, eat a healthy diet rich in fruits, vegetables, beans, grains, olive oil, poultry, and fish. (See the **DASH Eating Plan** on page 46.)

Good planning, medical care, and social management help both the person and caregivers cope with symptoms and maintain the quality of life for as long as possible. An **Advance Directive** (see page 38) should be done in the early stages of AD to allow for the person's wishes. It's very helpful to put structure in the life of the person in the early stages of AD. To do this:

- Maintain daily routines.
- See that the person with AD eats well-balanced meals and stays as active as he or she can. Activities like going for walks with others are good.
- Post safety signs like "Don't touch." Make "to do" lists of daily tasks.
- Put things in their proper places after use. This helps the person find things when he or she needs them.
- Make sure the person carries identification or wears a medical ID bracelet.



Get more information from:

Alzheimer's Disease Education & Referral (ADEAR) Center
800.438.4380
www.nia.nih.gov/alzheimers

Alzheimer's Association
800.272.3900
www.alz.org





Anemia means that red blood cells or the amount of hemoglobin in red blood cells is low. Hemoglobin is a protein that carries oxygen in red blood cells.

Common types of anemia are low amounts of iron, folic acid (a B-vitamin), and vitamin B₁₂.

Causes

- Anemia from low iron. Often, the cause is blood loss from menstruation in females, peptic ulcers, and other medical problems.
- Anemia from low folic acid. The cause is lack of folic acid in the diet.
- Anemia from low vitamin B₁₂. This usually results when the body doesn't absorb vitamin B₁₂ from food, not a lack of vitamin B₁₂ in the diet.

Anemia

Signs & Symptoms

- Tiredness.
- Weakness.
- Paleness. This could be pale skin or paleness around the gums, nailbeds, or the linings of the lower eyelids.
- Shortness of breath.
- Heart palpitations or rapid heartbeat.
- Cravings for unusual things, such as laundry starch, dirt, or ice.



Tiredness and paleness are signs of anemia.

When folic acid is low, extra symptoms can occur. These include: Appetite loss and weight loss; nausea and diarrhea, swollen abdomen, and a sore, red tongue that looks glazed. When vitamin B₁₂ is low, extra symptoms include: Chest pain on exertion; appetite loss and weight loss; nausea and diarrhea, a hard time concentrating, and a sore, red tongue that looks glazed. If vitamin B₁₂ is very low, nervous system problems occur. These include: Numbness and tingling of the hands and feet; walking and balance problems; memory loss, confusion, dementia, or psychosis. This is known as pernicious anemia.

Treatment

Anemia shares symptoms with many health problems. It needs to be diagnosed by a doctor. Treatment for it depends on the type and what caused it. This includes:

- Treating the problem that caused it.
- Proper diet and vitamin and/or mineral supplements, as prescribed. **{Note: Don't take iron supplements on your own. Persons with a genetic illness called **hemochromatosis** (iron overload disease) can be harmed with iron supplements.}**
- Vitamin B₁₂ shots, if needed.

Persons with severe anemia may need one or more blood transfusions.



Anemia, Continued

Questions to Ask

{**Note:** See, also, **Questions to Ask in Menstrual Bleeding Problems** on page 317.}

Do you feel very weak and do you have any of these problems?

- Palpitations. Fast or irregular heartbeat.
- You feel faint and breathless.
- Chest pain on exertion.
- Memory loss. Confusion.
- Dementia. Psychosis.



NO

With blood in the stools or urine, black, tarlike stools, or heavy vaginal bleeding, do you feel lightheaded, weak, short of breath, and/or do you have severe abdominal pain?



NO

Do you feel weak and do you have any of these problems?

- You feel dizzy with exertion or when you stand up.
- Red dots of bleeding under the skin.
- Ulcers in the mouth, throat, or rectum.
- Bruising that occurs without reason.
- Ringing in the ears.



NO

Do you feel tired and weak longer than 2 weeks after using self-care measures?



NO



See Self-Care / Prevention in next column

Self-Care / Prevention

- Follow your doctor's treatment plan.

To Get and Absorb Iron

- Eat foods that are good sources of iron: Lean, red meats; green, leafy vegetables; beef liver; poultry; fish; wheat germ; oysters; dried fruit; and iron-fortified cereals.
- Eat foods high in vitamin C, such as citrus fruits, tomatoes, and strawberries. Vitamin C helps your body absorb iron from plant foods.
- Take the supplements your doctor advises.
- If you drink tea, drink it between meals. Tannins in tea block iron absorption. Or, add milk to tea. The calcium in milk binds with the tannins. (Herbal tea does not have tannins.)
- Avoid antacids, the food additive EDTA, and phosphates (found in soft drinks, beer, ice cream, etc.). These block iron absorption.

To Get and Absorb Folic Acid

- Eat good food sources of folate every day. Examples are asparagus, brussels sprouts, spinach, collard greens, broccoli, peas, oranges, cantaloupe, oatmeal, and whole-grain cereals.
- Eat fresh, raw fruits and vegetables often. Don't overcook food. Heat destroys folic acid.
- Take the supplement your doctor advises.
- Don't smoke. Don't drink alcohol.

For Getting B₁₂

- Eat animal sources of food. Good choices are lean meats, fish, poultry, nonfat or low-fat dairy products, and cereals with added vitamin B₁₂.
- Strict vegetarians (vegans) who eat no animal sources of food may need a vitamin B₁₂ supplement or foods fortified with it.





With **cancer**, body cells become abnormal, grow out of control, and are or become malignant (harmful). Cancer is a leading cause of death in the U.S. About 1 in 4 of all deaths in the U.S. is due to cancer.



Genes for some cancers run in families.



Get more information from:

Cancer Information Service
800.4.CANCER
(422.6237)

www.cancer.gov

For information on clinical trials, access:
[www.cancer.gov/clinical trials](http://www.cancer.gov/clinical_trials)

Cancer

Signs & Symptoms

Cancer can be present without any signs or symptoms. As different types of cancers grow, warning signs (see below) may occur. These could be due to problems other than cancer, too. See your doctor to find out. Pain does not usually occur in early stages of cancer.

For Bladder Cancer

- Blood in the urine. The color of the urine can be deep red or it can be a faint rust or smokey color.
- Pain when passing urine. The need to urinate often or urgently.

For Colon and Rectal Cancers

- A change in bowel habits.
- Constipation. Having stools more often and/or loose stools. Stools that are more narrow than usual. A feeling that the bowel does not empty all the way.
- Blood in or on the stool. This can be bright red or very dark in color.
- Stomach bloating, fullness, and/or cramps. Frequent gas pains.
- Weight loss for no known reason. Constant tiredness.

For Kidney Cancer

- Blood in the urine.
- A dull ache or pain in the back or side.
- An unexplained cough for more than 3 weeks.

For Throat Cancer

- Hoarseness or other changes in the voice.
- A lump on the neck or feeling of a lump in the throat.
- A cough that doesn't go away.
- A hard time swallowing. A feeling of fullness, pressure, or burning when swallowing.
- Repeated indigestion and heartburn. Frequent vomiting or choking on food.
- Pain behind the breastbone or in the throat.



Cancer, Continued

For **Breast Cancer**, see page 304; for **Cervical Cancer**, see page 308; for **Lung Cancer**, see page 109; for **Ovarian Cancer**, see page 320; for **Prostate Cancer**, see page 294; for **Skin Cancer**, see page 134; and for **Cancer of a Testicle**, see page 297.

When cancer spreads to other parts of the body, it is called **metastasis**.

Causes

Cancer could result from a mix of: Viruses, a person's genetic makeup and immune status, and other risk factors. These include:

- Exposure to the sun's ultraviolet (UV) rays, nuclear radiation, X-rays, and radon.
- Use of tobacco and/or alcohol.
- Polluted air and water.
- Dietary factors, such as a high-fat diet, the use of nitrates and nitrites in cured meats, etc.
- Exposure to certain chemicals, such as asbestos, benzenes, vinyl chloride, etc.

Treatment

In many cases, cancer can be cured, especially when it is found and treated early.

Cancer treatment depends on the type of cancer, the stage it is in, and the body's response to treatment. In general, this includes: Surgery; radiation; and/or chemotherapy. Biological therapy, hormonal therapy, and stem cell or bone marrow transplants may be used to treat some cancers.

Questions to Ask

Is any **cancer warning sign** on pages 109, 134, 214, 215, and 348 present?



Self-Care / Prevention

- Medical treatment, not self-care, is needed to treat cancer. Follow your doctor's guidelines.
- Do regular self-exams as advised.
- Get routine tests that can help detect early signs of cancer. (See **Tests & What They Are For** on page 21.)
- Do not smoke or use tobacco products. Avoid secondhand smoke. Limit exposure to asbestos, radon, pesticides, and herbicides.
- Have X-rays only when necessary. Limit exposure to the sun's ultraviolet (UV) rays. (See page 135.)
- Eat plenty of fruits, vegetables, and whole-grain breads and cereals.
- Avoid or limit salt-cured, salt-pickled, and smoked foods.
- Drink alcoholic beverages only in moderation, if at all. (See "Use Alcohol Wisely" on page 51.)
- Reduce stress. Emotional stress may weaken the immune system which fights off stray cancer cells.





Chest Pain

Signs & Symptoms	What It Could Be	What To Do
<ul style="list-style-type: none"> Chest pressure, squeezing, burning, tightness, or pain (may spread to the arm, neck, back, tooth, or jaw). Chest discomfort with: Shortness of breath; sweating; nausea; fast or uneven pulse; lightheadedness; fainting. Other Heart Attack Warning Signs listed on page 387. Chest pain that does not respond to medicine for a person with angina or heart problems. 	Heart Attack.	Call 9-1-1! See Heart Attack on page 387.
<ul style="list-style-type: none"> Severe chest pain with extreme pain felt across the whole upper back that came on within 15 minutes (may follow lifting a heavy object, but can occur for no reason). The pain can spread to the abdomen. A knife-like sensation from front to back. Dizziness and fainting. 	Dissecting aortic aneurysm. This is a tear in the main artery from the heart.	Call 9-1-1 or go to the emergency department of a hospital! Do not take aspirin.
<p>Chest pain that gets worse when taking deep breaths and occurs with any of these conditions:</p> <ul style="list-style-type: none"> Sudden shortness of breath and severe problems breathing. Rapid heartbeat. Cough with bloody sputum. Sudden onset of chest pain with calf pain. Long periods of being immobile from bed rest, recent surgery, or prolonged travel. 	Blood clot(s) to the lungs.	Call 9-1-1 or go to the emergency department of a hospital!
<ul style="list-style-type: none"> Sudden and sharp chest pain or tightness with breathing. Increasing shortness of breath. 	Collapsed lung. Trauma to the chest is the main cause.	Call 9-1-1 or go to the emergency department of a hospital!
Squeezing, pressure, indigestion feeling, or pain (often dull) in the chest. The pain may spread to the arm, neck, jaw, or back. Symptoms come on or are made worse by stress or physical exertion. They ease with rest.	Angina.	See Angina on page 232.



Chest Pain, Continued

Signs & Symptoms	What It Could Be	What To Do
The pain is on only one side of the chest and is not affected by breathing. A burning feeling and a skin rash are at the site of the pain.	Shingles.	See Shingles on page 132.
Vague pain in the chest (if any). Shortness of breath; chronic fatigue; cough with phlegm or blood; night sweats; appetite and weight loss; and fever.	Tuberculosis (TB). Chronic lung infection with a certain bacteria.	See doctor.
Burning feeling in the chest or just above the stomach that comes and goes before, during, or after eating. It gets worse when you bend over or lie down.	Heartburn or hiatal hernia. { <i>Note:</i> This could also signal a heart attack.}	See Heart Attack on page 387, Heartburn & Indigestion on page 161, Hiatal Hernia on page 167, and Peptic Ulcers on page 171.
Chest pain that worsens with deep breaths, coughing, or touching the chest or ribs.	Pleurisy. The membrane that surrounds the lungs is inflamed. Muscle strain or rib injury.	See doctor for diagnosis. See, also, Sprains, Strains & Sports Injuries on page 404.
Chest pain with fever and coughing up green, yellow, or gray mucus.	Flu, pneumonia, bronchitis, or other upper respiratory infection.	See doctor. See Colds & Flu on page 100, Pneumonia on page 110, and Bronchitis on page 98.
Sudden, sharp pain below the left nipple that lasts less than a minute or so.	Precordial catch syndrome. This harmless, recurrent problem usually occurs in young adults.	See doctor for diagnosis. Try daily stretching exercises to reduce getting these pains.
Pain and tender feeling in the upper part of the chest. The pain gets worse when pressure is applied to the area. It can get worse with deep breaths, too.	Costochondritis. This is inflammation where the ribs attach to the breastbone.	See doctor for diagnosis. Take an OTC medicine for pain and swelling. Apply a heating pad set on low or a hot water bottle to the area of pain.





Chronic Pain

Chronic pain is pain that persists. It can last for weeks, months, or even years.

Signs & Symptoms

Symptoms vary due to the cause of the pain, the kind of pain, how severe it is, and the person's response to it. With the physical feeling of pain, symptoms often include:

- Anxiety.
- Depression.
- Fatigue.
- Irritability.
- Sleep problems.
- Stress.

Chronic pain can cause a person to be less active or not active at all. It can overwhelm a person's life.

Causes

Common causes of chronic pain include:

- Arthritis.
- Fibromyalgia.
- Headaches.
- Low back pain.
- Chronic illnesses, such as cancer.
- Damage to the nervous system. An infection, injury, or chronic disease, such as diabetes can cause this.
- Nervous system disorders. One is **trigeminal neuralgia**. This affects a large nerve in the head that sends impulses from areas of the face to the brain. With this, a sudden and severe pain is felt on one side of the cheek or jaw. Another one is **postherpetic neuralgia (PHN)**. This can occur after having shingles.

Often, more than one factor causes chronic pain. Sometimes, the cause is not found.

Treatment

Treatment depends on the cause and type of pain and the person's response to it. The first step is to find the cause. Early treatment for some causes, such as shingles, can prevent or lessen chronic pain.

Treatment for chronic pain includes:

- Self-care measures. (See page 219.)
- Medications. These include over-the-counter and prescribed pain medicines, antidepressants, and medications to treat the illness that causes the pain.
- Acupuncture.
- Meditation. Yoga. Massage therapy.
- Brain or local electrical stimulation.



Meditate to help relieve chronic pain.



Chronic Pain, Continued

- Physical and occupational therapy.
- Counseling. Behavior changes.
- Hypnosis.
- Biofeedback.
- Surgery.

Questions to Ask

Does pain keep you from doing daily activities or getting proper sleep?

YES



NO

Does prescribed treatment for chronic pain not work?

YES



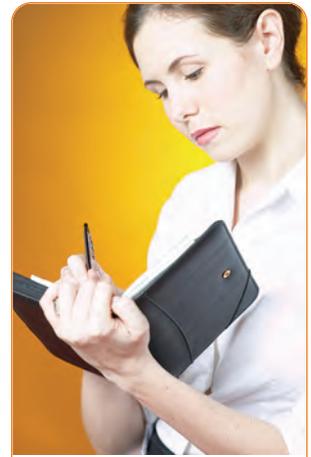
NO



Self-Care / Prevention

- Get regular exercise. Follow your doctor's and/or physical therapist's advice. Aerobic exercise helps your body release endorphins. These are natural pain relievers.
- Maintain good health habits. Eat well, get regular sleep, etc.
- Take pain medication as prescribed by your doctor. Discuss the benefits and harms of pain medicines that contain narcotics. If you do take them, use them for the least amount of time as possible.
- Practice relaxation exercises. (See **Manage Stress** on page 53).

- Keep a pain log.
 - Record when, where, and how often you have pain.
 - Describe the type of pain and how intense it is.
 - List what makes the pain better or worse.
 - Discuss what you found out with your doctor or pain specialist.



Keep a record of your pain. Discuss this with your doctor.

- Try to keep a positive outlook. Accept that life is not "pain-free." Focus on being in control of your pain. Alter activities that cause or increase the pain. Use aids to help you reach items, bathe, do chores, etc.
- Join a support group for persons who have chronic pain.



Get more information from:

American Chronic Pain Association (ACPA)
800.533.3231
www.theacpa.org

