

Health

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STUDENT ATHLETES TREATING CONCUSSIONS

Back in the game

Many schools taking concussions more seriously

By Susan Bloom :: For NJ Press Media

One Tuesday in September, 19-year-old Brookdale Community College sophomore and star athlete Devin Hope played defense as she always did for her school's soccer team — aggressively, giving it her all. But something about the shot she blocked during that day's game was different.

"The ball hit me in my right temple, and it really hurt," she said. "I didn't go down, I just kept playing, but all the way home I was really dizzy and nauseous and my head was in excruciating pain, like I had a migraine. I'm usually hungry after games, too, but I couldn't eat at all ... I couldn't even look at food."

Arriving back home in Howell, Hope told her parents what had happened and they took her to her pediatrician, who deduced that Hope had suffered a concussion.

"He told me to relax, refrain from physical activity and come back for a checkup when my head stopped hurting," she said.

Hope adhered to her doctor's wishes, but thanks to her school's progressive concussion management program, she was able to tap into a new, more objective measure of her post-concussion status, one that's helping student athletes throughout New Jersey assess their real-time recovery from concussions and determine an appropriate return-to-play strategy.

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A CONCUSSION DISCUSSION

Concussions can lead to a range of symptoms, including headaches, nausea and vomiting, balance issues, grogginess, difficulty concentrating, loss of memory, irritability, sadness, anxiety and excessive sleeping.

Source: Dr. David Bertone, doctor of physical therapy



Dr. David Bertone, a physical therapist, performs a balance test on Devin Hope, 19, who in September suffered a concussion while playing soccer. BOB BIELK/STAFF PHOTOGRAPHER

WOMEN'S HEALTH A COMMON CONDITION

Restless legs syndrome may boost pressure

HealthDay

Middle-aged women who suffer from a common condition called restless legs syndrome may be at increased risk of high blood pressure, U.S. researchers report.

Restless legs syndrome is a sensory motor disorder that causes intense, unpleasant leg sensations, and an irresistible urge to move the legs, often at night. The condition, which may affect between 5 to 15 percent of U.S. adults, can disrupt sleep and cause daytime drowsiness.

"For those who experience restless legs syndrome symptoms, please consult your doctor regarding this issue," said lead researcher Dr. Xiang Gao, an assistant professor of medicine at Harvard Medical School. "The risk of hypertension can be substantially reduced by following a healthy life style, including a healthy diet, regular physical activity, and keeping optimal body weight," he added.

Unabated, hypertension, also known as high blood pressure, can have dire consequences. In 2006, it contributed to 326,000 deaths in the United States, according to background information in the study, published online Oct. 10 in Hypertension.

For the study, Gao's team collected data on almost 98,000 women, averaging about 50 years of age, who took part in the Nurses Health Study II. In 2005, the women were asked about symptoms that could indicate restless legs syndrome (RLS) and also about their blood pressure.

Specifically, they were asked if they had unusual crawling

Researchers say that middle-aged women who suffer from restless legs syndrome may be at increased risk of high blood pressure.

sensations, or pain combined with motor restlessness plus an "urge to move." Women with five or more episodes a month were considered to have RLS, and more than 65,500 were included in the final analysis.

The researchers found a significant connection between RLS and blood pressure. The worse a woman's RLS, the higher her blood pressures, they reported.

More than one-quarter (26 percent) of the women with five to 14 incidents of RLS a month had high blood pressure, according to the study, among women with 15 or more episodes a month, one in three had high blood pressure.

The link between restless legs syndrome and increased blood pressure remained even after the researchers took into account the women's age, weight, smoking, and stroke or heart attack. However, the overall differences in blood pressure were small, the

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People's Pharmacy

By Joe Graedon & Teresa Graedon

Why get a flu shot every year?

Q. Can you tell us about flu vaccinations? I don't understand how the vaccine can wear off so quickly that it's required every year. What other vaccine acts like this?

How can we be so confident in guessing which viruses will be prevalent in the coming season? I keep wondering if the vaccine really makes sense, since I doubt that many people actually die from flu.

A. Flu viruses evolve quickly, which is why each year the vaccine is made to protect against different strains. If you catch the flu, your body will recognize that particular strain, but not the slightly different one that may emerge next year or the year after. You are right that most other vaccines work for much longer than a flu vaccine. Those organisms do not mutate as rapidly as influenza viruses.

Because virologists have to predict which flu strains will become a problem many months ahead of time, they don't always guess correctly. Nonetheless, the flu vaccine saves lives. Experts estimate that during the past three decades, anywhere from 3,000 to 49,000 people die annually from complications of influenza.

Q. I am desperate for help with my dandruff!

A. Dandruff can cause itching and flaking of the scalp that is both uncomfortable and unsightly. Scientists now think that bad dandruff is caused by a yeast infection (Malassezia). This fungus can even cause inflammation around eyebrows and the creases of the nose, lips and ears.

Although there are many dandruff shampoos, we continue to hear from readers that they get relief using home remedies such as Listerine soaks, Vicks Vapo-Rub, milk of magnesia or dilute vinegar rinses.

Q. I'm a critical-care nurse with a daughter who's a transplant recipient. I know that hospital housekeeping departments do the best they can. Often, though, the cleaning staff doesn't think to sanitize every surface patients and staff touch. This should definitely happen after one patient is discharged and another is admitted, but it doesn't always.

When I'm at work, before any admission, I am careful to thoroughly clean things like call lights, phones and monitor wires. I clean my shoes and stethoscope at the end of my shift, and I don't reuse my white jackets without laundering.

A. As you know, the immune systems of transplant recipients are suppressed to prevent rejection of the organ. As a result, they can't fight off infections like healthy people do. We spoke with Dr. Robert Muder about his successful infection-control program at the Veterans Affairs Pittsburgh Healthcare System. He found that recruiting housekeeping staff to the team and reframing the job as preventing infections rather than just cleaning rooms really helped.

Write to the Graedons via their website, www.PeoplesPharmacy.com.

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