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The Top Five Most Asked Nutrition Questions
Understanding the facts

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Although people ask many questions about health and diet, certain topics come up time and again in nutrition counselling. The top five involve carbohydrates, wheat, processed meat, sugar and types of fat. Learning the answers to these common questions can help improve your nutrition and overall health.

1. Are carbs bad?
   No! Your brain runs only on carbs. Think of all carbs as single, double and longer chains of sugar. The Health and Medicine Division of the National Academies, in partnership with Health Canada, suggests the average minimum amount of carbohydrate needed for the brains of children and adults is 130 grams per day. So as an example, this amount of carbohydrate would come from eating two slices of bread, one cup of rice and several pieces of fruit. In addition to this, you also need carbs to fuel your muscles for physical activity.

   Adult women need about 180 to 230 grams of carbohydrate or more per day. Adult men need about 220 to 330 grams or more per day. If you do not take in enough, you may feel tired, anxious, depressed, have difficulty concentrating, or have muscle fatigue when exercising.

   Carbohydrate stores water in your body. It is not uncommon for low-carb dieters to lose five to 15 pounds of water weight when restricting carbohydrates. If you eat more carbs than your body needs, extra calories are stored as body fat, just like when you eat too much protein or fat.

   Since carbs are very enjoyable and readily available comfort foods, it is important to control portion sizes. However, don’t remove them altogether. Depriving yourself of something enjoyable makes it likely that you will likely seek it out, obsess about it, and eventually overeat.

   Carbohydrates are found in fruits, vegetables, grains, legumes, some dairy foods and sweets. Some claim you can skip grains and just eat vegetables and fruit. However, grains provide different types of fibre, B-vitamins and other nutrients that are not found in fruits and vegetables. Remember to sample a variety of fruit each day. If you only eat certain fruits, such as blueberries and apples, you miss out on the many nutrients found in other fruits. For the best possible health, choose a wide variety of foods.

2. Does wheat give me a belly?
   A small number of people need to avoid gluten, the protein found in wheat, rye and barley. The first group are those with celiac disease, as gluten causes serious damage to their gut. (The Canadian Celiac Association estimates that celiac disease affects about one in 133 Canadians.) As well, about two to six per cent of people have a non-celiac gluten sensitivity. These individuals may find reducing gluten will help reduce digestion issues.

   There is no need to remove gluten or wheat from your diet in order to lose weight. Good nutrition plays a part in a healthy approach to weight loss. Reduce the calories you take in, increase physical activity to use more calories, or both. You do not need to cut out specific foods.

   If you are overweight, reduce calories from foods that contain carbohydrates, protein or fat to lose the same amount of weight over the long run. Simply switching from foods that contain gluten to gluten-free foods will not reduce your weight, as you still take in the same amount of calories.

   If you try a low-carbohydrate diet, do not be fooled by the extra initial weight loss. This shows that you have essentially dehydrated yourself, since carbohydrates store fluid in the body. Foods that contain wheat and gluten are high in carbs. If these are eliminated but not replaced with other carbohydrate-rich foods, you will lose five or more pounds of fluid.
Processed meat refers to meat that has been salted, cured, fermented, smoked or transformed by other processes for flavour or presentation. This includes foods like hot dogs, ham, sausages, corned beef, beef jerky and canned meat.

The International Agency for Research on Cancer (IARC) recently released a report suggesting that a daily intake of 50 grams of processed meat can increase the risk of colorectal cancer by about 18 per cent. This is the amount in one hot dog, a few slices of bacon, or two or three slices of ham.

Keep in mind, an occasional deli meat sandwich or serving of processed meat is not going to be harmful. The message about reducing processed meat is meant for people who eat deli meat sandwiches every day and rely on processed meat for much of their protein.

When it comes to health, think of processed meat and red meat differently. Fresh red meat does not contain the same sodium and preservatives as processed meat. As well, fresh red meat also supplies a high level of healthy nutrients. High quality protein, iron, zinc, vitamin B12 and other B vitamins are all found in red meat. For many women, especially those at risk for low iron levels, red meat offers one of the single best sources of highly absorbed iron in the food supply.

Some studies suggest a link between eating high amounts of red meat, such as beef, veal, pork or lamb, and colorectal, pancreatic and prostate cancer. However, other studies do not.

If you eat a reasonable portion of lean beef or pork a handful of times a week, the message to reduce red meat is not targeted to you. (The recommended portion of meat is about the size of the palm of your hand.)

If you eat red meat every day, especially meat that is heavily marbled with fat instead of leaner cuts, cutting down is recommended. If you have portion distortion, eating monstrous-sized steaks and large portions of other red meat, reducing your portion sizes would also be a good idea.

How much sugar is OK to eat?

Health guidelines suggest reducing added sugar. This includes glucose, fructose and sucrose (table sugar), as well as sugars naturally present in honey, syrups, fruit juices and fruit concentrates. Added sugar is found in foods like pop, cake, cookies, chocolate bars, frozen desserts, and granola bars.

However, this does not mean that you should reduce the natural sugar from foods like fruits, vegetables, milk and yogurt.

As when you eat too much of anything, indulging in added sugar can increase the total calories of your diet and increase the risk of obesity. It can also cause tooth decay in adults and children. What’s more, too much added sugar can take the place of other foods that are rich in nutrients like vitamins, minerals and fibre that are needed for good health.

Growing research suggests that high amounts of sugar can increase triglycerides. Triglycerides are a blood fat similar to cholesterol that can increase the risk of heart disease.

The World Health Organization (WHO) recommends that added sugars should make up less than 10 per cent of your total calories per day. Reducing that amount to less than five per cent of your total calories has further benefits, mainly for dental health.

For instance, perhaps you take in 2000 calories each day. Ten per cent of those total calories (energy) would equal about 50 grams (12 teaspoons) of added sugar. Just one can of pop has about 40 grams of added sugar (10 teaspoons).

No one food or nutrient contributes to obesity, disease and health issues. There are no bad foods, just bad overall diets. You do not need to go sugar-free. Simply consider the amount of high added-sugar foods such as pop, candy and dessert that you take in, and reduce the portion sizes.

Which type of fat is better?

In general, unsaturated fats (polyunsaturated and monounsaturated fats) found in olive oil, nuts, seeds, avocados and fish are the best for heart health. Be sure to include a moderate amount of these in your diet, as they lower LDL cholesterol (the bad kind).

One type of polyunsaturated fat, known as the omega-3 fats, improves heart health by making the blood less sticky. This reduces the risk of heart attack and stroke. Omega-3 fats also lower blood pressure and blood triglyceride levels, and assist with immune and inflammatory issues. Pregnant women need them, as they help with the baby’s brain and nervous system development. The best sources of omega-3 fats are fatty fish. Other sources include ground flax seeds, walnuts and hemp seeds.

Saturated fats may increase the ‘bad’ LDL cholesterol in the body, which harms heart health. To reduce your intake of saturated fats, limit meats that are heavily marbled with fat, and remove the skin on poultry. Be mindful of how much butter, margarine and high-fat dairy foods like cheese you eat each day.

Although coconut oil contains some saturated fat that may not have a negative effect on heart health, liquid plant-based oils like olive oil are a better choice.

Trans fats (shortening, hydrogenated vegetable oils) are found in some margarines and packaged foods like cookies, cakes, frozen meals, deep fried foods, and fast foods. The food label can help you to determine how much trans fats are in a particular food. Aim to reduce or even eliminate trans fats from your diet. Not only do they increase the ‘bad’ LDL cholesterol, they also reduce the ‘good’ HDL cholesterol in the body. Trans fats also inflame blood vessels, which increases the risk of other chronic conditions.

Remember, there are no bad foods, only bad overall diets. By enjoying foods in moderation as part of a varied and balanced diet, you can protect your health and feel your best.

**WRITTEN BY:** Andrea Holwegner, BSc, RD (Nutrition), a consulting dietitian in Calgary, AB. She provides nutrition counselling, workplace wellness initiatives and speaking engagements through her professional practice, healthstandnutrition.com.
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Flickers and Shimmers in Your Vision

What is an ophthalmic migraine?

Do you ever have times where your vision blurs or distorts, or you see flickering lights and shimmering stars?
Do these changes to your vision last between 10 to 30 minutes?
Do you have a family history or past history of migraine headaches?

These signs can be part of an ophthalmic migraine attack, a brief and painful change to your vision. Symptoms can also appear before or during a severe headache that makes it hard to function. This indicates a classic migraine.

Sometimes, symptoms of ophthalmic migraine affect only one eye. They are more likely to involve both eyes, although not necessarily to the same extent. The visual disturbance also has a pattern – it comes on suddenly, gradually gets worse, and then slowly recedes. It is like a marching band that goes by your viewing area – it gets louder as it approaches and then softer after it has gone by your location.

Environmental causes include bright, flashing or flickering lights, high altitudes, or strong odours. Experts also believe that changes in estrogen levels, a female hormone, are one reason why women have more migraines. This means factors such as puberty, birth control pills, and hormone replacement therapy may trigger an attack.

Ophthalmic migraines do not last long, so no specific treatment is required. However, if they occur when you are driving or using tools they can be frightening.

Figuring out what triggers the migraines can be helpful. Keep a diary of the activities you were doing before the migraine occurred to try to find a pattern.

It is also wise to see an ophthalmologist to rule out eye disease that can cause similar symptoms. Examples are vitreous floaters that cause spots in your vision, tears in the retina at the back of the eye, and a disturbance in circulation in the retina.

With a classic migraine headache, visual auras such as flashes of light or bright spots may appear before the headache begins. Sense of smell, or numbness and tingling on one side of the body, can also be involved. Classic migraine headaches tend to occur in younger people aged 20 to 40. Ophthalmic migraines tend to occur in people aged 50 to 70.

Several health conditions can mimic migraine, including transient ischemic attacks (TIAs or ‘mini stroke’). A TIA is likely to include other symptoms. These include numbness or tingling in half of your body, problems with speech, and dizziness or balance problems.

TIAs are very serious. They are associated with stroke, or can occur before a stroke. They warn that something serious is wrong with your circulation. A thorough medical check for anything that might interrupt the circulation to your brain is needed. Your family doctor can check for problems with your blood vessels. For instance, a blood clot or narrowed artery can affect blood flow. Plaque can build up in the carotid vessels supplying the head and neck with blood.

If you are concerned about changes in your vision, your family doctor is a great source of information. Schedule an appointment to discuss how healthy living and diet changes can reduce ophthalmic migraine, classic migraine headaches and strokes.

WRITTEN BY: J. Gary Chornell, MD, FRCS(C), an ophthalmologist practising in St. Albert, AB.

Triggers

Ophthalmic migraines have several triggers, the most common being glare, fatigue, stress, caffeine and nicotine. About 20 to 30 per cent of migraine episodes are brought on by certain foods, including citrus fruits, dairy products, peanut butter and other nuts, and specific seafood. Some people are sensitive to cheddar cheese, cured meat products like hot dogs, preservatives like MSG, and alcoholic beverages, especially red wine.

Ways to reduce ophthalmic migraines

• Avoid fatigue and stress.
• Reduce glare.
• Cut down on trigger foods, which can include chocolate, coffee, pop, tea, cheese, chicken livers, sour cream, yogurt, canned figs, soy sauce, hot dogs, wines, canned foods, beer, and Bovril.
• If you use oral contraceptives, talk to your doctor about whether this could be a factor.
Sniffles & Fevers,

Does it seem that once September hits, your child just goes from one cold to another? Have your plans been turned upside down yet again because your child cannot go to school or daycare? You may wonder if something is wrong with your child’s ability to fight off infection. Is this normal?

In most cases, there is nothing wrong with your child’s ability to fight infection. In fact, the average number of ‘colds’ per year is between six and eight. That is almost one for every month of the school year! Being exposed to common childhood illnesses, and building defences against them, is an expected part of growing up.

Thankfully, today’s list of common diseases is very different from those in our parents or grandparents’ day. Modern vaccinations mean that previously common diseases like measles or rubella, which often had very serious consequences for children, are less likely.

Many common illnesses start out the same way, perhaps with a fever, cough or sniffles. Knowing about common childhood infections is useful to any parent, and it is possible to prevent or avoid spreading them. You can also learn when it is probably safe for a child to return to school. These illnesses are relatively mild and generally get better on their own. However, seek medical advice if symptoms persist (especially fever), or are worrisome (as when your child has difficulty breathing or has no energy).

Common cold

Most of us know what a cold feels like, and it can be just as miserable for children as it is for adults. The common cold is caused by any number of different viruses, but most often by the rhinovirus. It is characterized by sneezing, nasal congestion with runny nose, sore throat, cough, headache, feeling unwell or aching. Younger kids sometimes have a low-grade fever. Older kids may not get a fever at all. Symptoms usually peak on the third day and get better after that. The cough might last several days after most of the other symptoms are gone.

The common cold does not need antibiotics. Treatment focuses on relieving symptoms in order to keep your child comfortable. This can include acetaminophen or ibuprofen for fever and aches. Offer warm fluids like soup and herbal teas to provide comfort and needed hydration. If your child is over a year old, a teaspoon of honey before bed can help with the cough. Over-the-counter cough remedies are not recommended for children under age 12. They have not been proven to work and could cause serious side effects.

The common cold is passed along from person to person, through hand contact as well as breathing in small droplets that are in the air. This is why it is very important to wash your hands frequently when they are ill. Teach them to cough into their arm or a tissue rather than directly into the air or their hands. The virus spreads when we cough or sneeze into our hands, then either touch our faces or grab a doorknob or other object.

Usually it is not necessary to seek medical care for the common cold, especially if your child is generally healthy and has up-to-date immunizations. You may want to talk to your doctor if symptoms last longer than expected (more than a week), or fever persists or returns after the first few days.

Base the decision to return to school on how your child feels. The spread of the virus peaks on the third day, usually coinciding with the peak of the symptoms. Most kids can return to school on the fourth or fifth day. If your child still has fever or feels very weak, then a day or two more at home might be best. Keep in mind that rest and fluids help speed the recovery process.

Pink eye

Many of us have experienced waking with a crusty, sticky eye that is glued shut. Once the eye finally opens, it is red and watering. This condition is called conjunctivitis (pink eye), and is an inflammation of the conjunctiva. This is the mucous membrane lining the globe of the eye and the inside surface of the eyelids. A virus or bacteria causes inflammation, making the white part of the eye look red and inflamed.

Conjunctivitis is highly contagious. It is easily spread, not only from one eye to the other but from one person to another. Spread occurs through direct contact with somebody who has it, through secretions (tears or mucus), or by touching contaminated surfaces or objects.

Viral conjunctivitis is the most common cause of pink eye. If your child wakes up with an eye that is stuck shut, clean it with a cotton ball soaked in warm water. Once the eye is open, you may notice watery discharge and some stringy mucus along with the redness. The eye may be red and watery throughout the day, then stuck shut the next morning. Your child may complain of a burning or sandy, gritty feeling in the eye.

With viral conjunctivitis, the eye actually has a ‘cold’. The viruses that normally cause
Rashes & Coughs

Recognizing common childhood illnesses

it are the same ones that cause common cold symptoms. That is why sometimes your child will cough and sneeze as part of pink eye.

More often than not, the second eye will become infected within 24 to 48 hours. The infection is self-limited, which means it will go away on its own. It usually peaks around days three to five. Treat symptoms with cold or warm compresses and perhaps non-antibiotic lubricating eye drops or ointment. These comfort the scratchy gritty eye, even if they do not speed recovery.

With bacterial conjunctivitis, your child may wake up with his eye glued shut. However, there is a difference between this condition and viral conjunctivitis. First, cleanse the eye. In this case, instead of a watery discharge, you will see a white, yellow or green discharge that appears again minutes after wiping it away. If you suspect bacterial conjunctivitis, seek medical care. Your child will need an antibiotic eye ointment for treatment. While bacterial conjunctivitis is rarely dangerous, it should be treated with more than just comfort methods.

For both viral and bacterial conjunctivitis, the best way to reduce spread is to stay home until there is no more discharge. However, this is not realistic as it can take several days for the eye to be completely clear. Most schools and day cares allow a child to return 24 hours after starting the topical therapy (eye drops or ointment).

Remember that if your child has viral conjunctivitis, an antibiotic ointment will not help. Using antibiotics when they are not required is not good for your child or the general population.

Hand foot and mouth disease

Hand foot and mouth disease is a viral illness usually caused by the coxsackievirus or enterovirus. The virus is passed through oral ingestion. It is picked up from an infected person’s feces (poop), nasal secretions or throat discharge, saliva, or sprayed droplets from coughing or sneezing. Contact with fluid from the blisters of an infected person will also cause it. The disease occurs primarily in infants and small children.

If your child starts to complain of mouth or throat pain, suspect hand, foot and mouth disease. A child who is too young to talk may show discomfort by refusing to eat. A low-grade fever is possible. There are usually not any other symptoms like sniffles or sneezes. You may see many small sores on your child’s tongue and on the sides of the mouth. A rash may appear on the hands and feet, but it is not itchy or painful. The look may vary from red spots to bumps, or bumps with a bubble appearance. The rash usually goes away three to four days after it appears. Neither the rash nor the sores in the mouth need any specific treatment. Just make sure your child takes in enough fluids. A really sore mouth can make it hard to drink.

Your child will be most contagious in the first week of the illness and should probably stay home during this time. A child with active skin lesions (fluid coming from the tiny bumps) should definitely stay home until these are crusted over. As this illness is passed through feces, hand hygiene is especially important, especially for adults handling diapers. During this time, be sure to help with keeping your young child’s hands clean.

Fifth disease (slapped cheek)

If you notice that your child’s face and cheeks have broken out in a red rash, suspect Fifth Disease. Many of us know it by the name slapped cheek. This viral infection, erythema infectiosum, is caused by human parvovirus B19. It typically has two steps, starting with non-specific flu-like symptoms. These may include mild fever, feeling unwell, muscle aches, headache and runny nose. Two to five days after symptoms appear, a classic ‘slapped cheek’ rash may appear on your child’s face. Several days later, the rash may appear on the body, legs and arms.

This illness passes from one person to another through the respiratory system (droplets in the air), even though there is not usually a cough. Young children are usually the main source. Passing it along to members of the same family is very common. The best way to prevent the spread is by careful and thorough hand washing and avoiding sharing food or drinks. It is important to note that children are no longer contagious once they have the typical rash. Children can return to school once they feel well enough, regardless of how their faces look.

Fifth disease is self-limited – it will go away on its own. It does not require medication, other than possibly acetaminophen or ibuprofen for comfort if the child is very feverish and achy.

As parents, we spend quite a bit of time teaching our young children to share. Childhood illnesses are things they share very well. If it seems that your child is sick all the time, be reassured that this is a normal stage of development. Recognizing one of these common childhood illnesses can help both of you to feel better. However, never hesitate to seek medical advice if you are unsure. Many childhood illnesses do require a doctor’s diagnosis and treatment.

WRITTEN BY: Michelle Morros, MD, CCFP
A family doctor with the Misericordia Family Clinic, University of Alberta Department of Family Medicine, and assistant professor at the University of Alberta, in Edmonton, AB.
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GETTIMG WASTED

Why binge drinking is bad for your health

What is binge drinking?

Whether you are trying to get drunk or just having a night out with friends, binge drinking means drinking a lot of alcohol quickly. For men, that means having more than four drinks on a single occasion, and for women, more than three.

What’s the problem with binge drinking?

When you binge drink, your body cannot process the alcohol as fast as you are drinking it. This makes you intoxicated (drunk). Many factors affect exactly how fast the alcohol is broken down by your body and how drunk you get. Whether you are male or female, how old you are, how much you usually drink and your weight all make a difference. However, on average, it takes your body about 90 minutes to break down and get rid of a standard drink.

Why would binge drinking affect my health?

Being drunk affects your body as well as your judgment, reflexes, and behaviour. Young people are at particular risk when they binge drink. They may not be used to drinking alcohol, and are more likely to put themselves in risky situations.

Drinking large amounts of alcohol could have a number of effects on your health and well-being, including:

• having a hangover
• getting into a fight
• having unwanted sex or pushing unwanted sex on others
• having blackouts (when you forget what happened when you were drunk)
• getting injured or killed from a fall, car accident, fire, or drowning, and
• getting sick and possibly dying from alcohol poisoning.

Over the long term, repeated binge drinking also increases your risk of:

• developing an addiction to alcohol
• damage to your stomach, liver and brain
• developing cancer
• having sexual problems, and
• developing or worsening mental health problems like depression.

In addition to health risks, binge drinking can also impact your social life. When you are drunk, you may do things that you would not normally do when sober. You may feel bad or embarrassed about your actions, or have problems with friends or loved ones because of your behaviour.

Tips for drinking safely

If you are planning to drink, try these tips to help keep yourself safe.

• Pay attention to how much you are drinking. Count your drinks. Know your limit and stay below it.
• Pace yourself. Alternate alcoholic drinks with non-alcoholic drinks. Drink slowly rather than chugging beverages.
• If you feel that you are getting drunk, stop drinking.
• Never mix alcohol with other drugs.
• If you are in a public place, keep an eye on your drink. Be sure no one has put anything into it when you are not looking.

• Before you start drinking, plan a way to get home. If you drink any alcohol, do not drive. Do not ride with a driver who has been drinking.

What should I do if I am drinking too much?

If your drinking is causing problems in your life and you want to cut down, start by organizing and doing activities that do not involve drinking. Ask friends and family members for support. If issues related to drinking continue, talk to your family doctor about resources to help you stop.

WRITTEN BY: Kristin Klein, MD, a resident physician with Public Health and Preventive Medicine, University of Alberta, Edmonton, AB.

What is a standard drink?

Drinks come in all types and sizes.

A ‘standard drink’ is:

• 341 mL (12 oz.) bottle of beer
• 142 mL (5 oz.) glass of wine
• 43 mL (1.5 oz.) of hard liquor

5% alcohol
12% alcohol
40% alcohol
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NAUSEA & VOMITING OF PREGNANCY
Practical tips for a common problem

Nausea is the most common symptom of pregnancy, and most women experience it. Though it is sometimes called ‘morning sickness’, it can occur at any time of the day or night. Most often, it happens between the first and fourth months of pregnancy, and improves after that. However, about 20 per cent of women have nausea through their entire pregnancy.

Every pregnancy is different. Some women have no nausea, or just a very mild upset stomach. A woman may be quite sick in one pregnancy, but not at all in the next one. Most pregnant women have several weeks of feeling quite nauseated. Fortunately, normal nausea of pregnancy is not harmful to the baby.

A few women get a more extreme condition called hyperemesis gravidarum, which involves severe vomiting. Some women with hyperemesis gravidarum can’t keep down any food or liquids, and must stay in the hospital for IV treatment. Hyperemesis gravidarum can sometimes be so severe that the mother loses a lot of weight. In these cases, the baby may not grow well. If you are losing weight, your midwife or doctor will monitor you closely to make sure that your baby is okay.

We don’t really understand what causes nausea and vomiting in pregnancy. It may be partly due to the hormone changes of pregnancy. Some cases of hyperemesis gravidarum happen in women with a stomach bacteria called Helicobacter pylori. If your nausea and vomiting are severe, your doctor or midwife may test you for H. pylori. If the test shows you have this bacteria, you can take medications to help get rid of it.

Nausea and vomiting in pregnancy can interfere with your ability to work or care for your family. It can cause a lot of stress and misery. It’s important for family members, friends and co-workers to be supportive and understanding.

Being tired is a major trigger for nausea in pregnancy. You may notice that if you are very busy at work or at home, your nausea becomes worse. If food smells cause nausea or vomiting, you may not be able to cook. Ask family members and friends for help during this time. One easy way they can assist is to make some meals for your freezer. This can make life much easier if you are tired or if nausea makes it hard to cook.

Finally, help yourself by resting whenever possible; even if it means leaving some work undone. Getting enough sleep is key.

Does it matter what I eat?

Women have tried many food ‘tricks’ to help with nausea. For instance, you might try taking liquids and solids at different times instead of together, or cut out fatty foods. However, when scientists studied these tricks, there was no proof that any of them really help.

Many women do notice that some foods are easier to manage, while other foods make nausea worse. These foods may be different for each person. You will quickly figure out which foods work best for you, and which ones you need to avoid. Bread, rice, crackers, and noodles are usually easy on the stomach, while meats and eggs can make nausea worse.

Some women find nausea is worse if they have an empty stomach. Try eating many small snacks, instead of big meals. Keep dry cereal or a plate of crackers by your bedside. Eat them at bedtime, during night trips to the bathroom, and before getting up in the morning. Doing this may help keep nausea away.

The same is true for liquids. Take small sips of fluid often during the day. Avoid drinks with caffeine, such as coffee, tea and cola.

Although good nutrition is important in pregnancy, women with a lot of nausea
When a Toothache Strikes and the dentist is out of reach

Instant pain relief for toothaches
and vomiting should not worry too much about eating a perfect diet. Within reason, eat whatever makes you feel best. Stay away from foods that make your nausea worse. Usually, nausea won’t last forever. There will be plenty of time to eat a more nutritious diet later in your pregnancy, once you feel better. Studies of nutrition in pregnancy show that eating an unbalanced diet for a short time isn’t harmful to the woman or her baby.

**Other possibilities**

Acupuncture and acupressure might help. You can do acupressure for yourself, and it is considered very safe in pregnancy. The easiest way to use acupressure is by wearing a special acupressure wristband, such as a Sea-Band, which you can buy from a pharmacy. These elastic bands have plastic buttons on them, which apply pressure at certain spots on your wrist.

**What about vitamins and herbal remedies?**

Taking a prenatal vitamin every day is important for the health of you and your baby. However, some women find the vitamin makes their nausea much worse. This is usually due to the iron in the vitamin. If it is a problem, try taking the vitamin after a meal or at bedtime. If the prenatal vitamin still causes problems, switch to a regular women’s multivitamin without iron until the nausea improves. Once you feel better, start the prenatal vitamin again. It is also possible to get a prenatal vitamin with less iron in it, but you will need a prescription. Ask your doctor or midwife if you are interested in trying it. The most important vitamin early in pregnancy is folic acid, so make sure that the vitamin you use has folic acid. There is no benefit to taking very large doses of any vitamin in pregnancy.

Some natural products can help with nausea and vomiting. Small amounts of ginger may help settle your stomach. It can be found in teas, ginger ale, foods, candies and tablets. We don’t know whether it’s safe to use large amounts of ginger, so limit ginger tablets to 1000 milligrams per day or less.

Other herbal products include raspberry leaf tea, peppermint, and chamomile, but none of these have been studied to find out whether they work.

**Medications**

Of all the prescription medications for nausea in pregnancy, doxylamine with pyridoxine (brand name Diclectin) is the one that doctors and midwives usually try first. It has been available for years, has been studied the most, and is known to be safe and effective for moms and babies. Diclectin contains a type of medicine called an antihistamine (similar to some allergy medications) and vitamin B6. The biggest side effect is drowsiness, which is caused by the antihistamine. Each pill starts to work about eight hours after you take it, so you can’t take it as needed, but must use it regularly. Taking it two or more times a day will usually prevent nausea. Once your nausea is better, talk to your doctor about slowly lowering the number of pills you take.

If diclectin causes too much drowsiness, using plain vitamin B6 may work. The usual dose is 30 to 75 milligrams per day, and you can buy it without a prescription.

Dimenhydrinate (Gravol) is also very safe in pregnancy, but can cause drowsiness too. One of the nice things about this drug is that it works more quickly than diclectin. You can take a pill just when you start to feel sick, instead of all day long. You can buy Gravol without a prescription.

If these medications don’t work or aren’t enough, a number of other prescription medications might be helpful. Ask your doctor or midwife for more information.

**There is hope!**

Nausea and vomiting are very common problems in pregnancy. Often they only last a short while. You can try medications and other strategies to help. Talk to your doctor or midwife for ideas. Make sure you tell them if you are vomiting every day. Do your best to eat and drink enough, and sleep whenever you can. Don’t be afraid to ask your friends and family to help you during this difficult time. We hope you will be feeling better very soon!

*Written by: Heather Wrigley, MD, BSc, CCFP, a family doctor practising at the Low-Risk Maternity Clinic in Calgary, AB.*
As medical science makes progress, pregnancy prevention is becoming simpler, more reliable and with less side effects. While no method of birth control is perfect, having control over our fertility has never been more accessible.

More than 20 different options for contraceptive methods now exist. Numerous reliable sources of information about contraception are available on the Internet. Whether a woman is in her teens or approaching menopause, she should have a conversation with her family doctor about ways to prevent pregnancy. Even in this day and age, close to half of all pregnancies are not intended. Up to 40 per cent of unexpected pregnancies end in abortion. Different women explore different options for very different reasons.

**IUDs and hormonal implants**

Women appear to be most concerned with how well a particular birth control method will prevent pregnancy. Currently, the most reliable, easy to use and long lasting yet reversible method is the Intrauterine Device (IUD) or hormonal implant. An IUD with a hormone (Levonorgestrel) is over 99 per cent effective. An IUD without a hormone, such as the Copper T, is also over 99 per cent effective.

The stories of Joanne and Katie explain why a hormonal IUD is the best option for them.

**Joanne**

Joanne is a 43 year-old mom of two boys who does not plan to have any more children. After her periods became a bit heavier over the last few months, her family doctor found her issues were due to fibroids in her uterus (womb). While these growths are not cancerous and are very common, they can cause heavier and more painful periods. To date, Joanne and her husband have used condoms to prevent pregnancy. However, Joanne would like an even better method of contraception. She wants to avoid taking pills every day. Nor does she like the idea of surgery, such as a tubal ligation for herself or a vasectomy for her husband. Joanne’s family doctor suggests that an IUD may be her best option. A hormonal IUD such as Mirena can be inserted into the uterus in a quick procedure at the family doctor or gynecologist’s office, without a need for anesthesia. It is a plastic T-shaped device about a size of a toonie that glides into the uterus and stays there for about five years. The progesterone hormone in this device works locally on the lining of the uterus to prevent pregnancy. This hormone also makes periods much lighter, which is an excellent way to manage heavier periods caused by fibroids. The Mirena IUD is designed to provide contraception for five years. It can be removed at any time if Joanne does decide to have another baby.
Katie

Katie is a 21-year-old university student who does not plan to start a family for at least a few more years. Katie has already tried taking oral contraceptive pills. Although she was usually excellent at taking one every day, she did forget to take it for a few days during busy exam time four months ago. She was sexually active with her boyfriend at the time. Once she realized that she did not take her birth control pill as prescribed, she was very worried that she could be pregnant. Luckily, Katie’s pregnancy test was negative. Still, this stressful incident prompted Katie to ask about other forms of contraception. Her family doctor suggested a hormonal IUD, slightly smaller than the Mirena IUD and with less progesterone in it. This IUD is made to last three years and is less expensive than Mirena. It is intended for younger women who do not have concerns about very heavy periods. If Katie chooses this form of contraception, she will not have to worry about unplanned pregnancy for three years. It would allow her to avoid the stress of remembering to take a birth control pill every day.

Injectable hormones, pills, patches and rings

Hormonal methods of preventing pregnancy have been available for decades. Medical research showed that women do not need to use as high a dose of hormone as previously thought. Smaller doses mean fewer side effects. Often two hormones, estrogen and progesterone, are combined in one method. This is no longer limited to just the daily pill, but also comes as a weekly patch or monthly vaginal ring.

Progesterone-only options are available as a pill, or can be injected every three months. These methods are considered more than 90 per cent effective if used exactly as prescribed. Some women may not be good candidates for the estrogen-progesterone hormone combinations due to certain personal or family medical history, for example a family history of clotting disorders.

For Grace and Gloria, one of these methods seemed best.

Grace

Sixteen-year-old Grace is a high school student who recently started dating. Although she has never had intercourse, a few of her friends have. Grace is not sure how she feels about potentially being sexually active. Her mom, Virginia, is very concerned about the threat of unplanned pregnancy because she herself became pregnant in high school. Virginia made the difficult decision to have an abortion, and does not want Grace to go through the same thing. Grace also has acne on most of her face. She has tried a few over-the-counter remedies with only a slight improvement.

Grace’s family doctor suggests an oral contraceptive pill with both progesterone and estrogen hormones in it. This may help Grace’s acne, and would prevent an unplanned pregnancy if she does become sexually active. Grace is a responsible teen. She thinks that if she sets a reminder alarm on her phone, she will not have any trouble remembering to take the pill every day. She takes the prescription, and agrees to return for a follow-up visit in two to three months. This will allow her doctor to check whether Grace is happy with her birth control pill, and if she remembers to take it every day at the same time. If after the trial Grace decides that remembering to take the pill every day is more difficult than she thought, they can review other options together.

Gloria

Gloria is a 31-year-old teacher. Three months ago, she gave birth to a healthy baby boy and is nursing him exclusively. Gloria’s period has not returned yet, but she knows that she can still become pregnant. Her chances are lower because she is nursing. Gloria and her husband Ben have resumed sexual activity. They are not ready to become pregnant again and so were using condoms. Three weeks ago, the condom broke. The couple realized that they would appreciate another form of contraception, just in case.

Before she became pregnant, Gloria took birth control pills. However, she heard from a friend that she can’t take the pill while nursing. Her family doctor confirms that taking the usual progesterone and estrogen oral contraceptive pill might affect Gloria’s milk supply. A better option might be a progestin-only pill. It would prevent pregnancy and make Gloria’s periods much lighter when they do return. It is a very popular method of contraception for nursing mothers, and should be taken at the same time every day. Gloria’s family doctor tells her that once she and her baby are ready to stop nursing, Gloria can restart her regular oral contraceptive pill.
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Barrier methods and fertility awareness

Condoms are accessible to virtually anyone. They are made for both men and women in male and female versions. Condoms are available without a prescription and are an excellent means of preventing many sexually transmitted infections and pregnancy. Condoms are about 80 per cent effective when used according to instructions. No other birth control methods can significantly prevent infection. If a woman is not in a monogamous sexual relationship or her partner’s sexual history is uncertain, she should use a condom along with her other birth control method.

Diaphragms, sponges and spermicidal jelly are less effective than condoms in preventing pregnancy. For this reason, they are not as popular with most women these days.

A woman who has a regular period can also map fertile days in her menstrual cycle. During fertile times, she should avoid intercourse or use condoms. This strategy is usually about 80 per cent effective.

Withdrawal, where the male partner withdraws from the vagina before ejaculation, is another way to avoid unplanned pregnancy. It is also only about 80 per cent effective when followed carefully.

For women such as Erin and Alice, these methods seem best even though they are less effective.

Erin

Erin is a 49 year-old geologist whose first marriage ended in divorce few years ago. She has met a man that she may want to be intimate with, but doesn’t want to commit to a regular or long lasting contraceptive method just yet. Erin has regular periods and knows she can still become pregnant, though she is getting close to the age of menopause. While condoms are reliable, she wonders if other options are similar. Erin’s family doctor tells her about female condoms, abstaining from intercourse on fertile days, diaphragms, and spermicidal applications.

Alice

Alice, 23, is a university student who is about to get married and have intercourse for the very first time. Although Alice is looking forward to having children soon, she would like to finish her university education before her first baby arrives. Her periods are regular. While Alice does not want to use a contraceptive prescription or barrier method because of her religious beliefs, she still would like control over her fertility. Her family doctor takes time to explain the fertility awareness method to her. By observing changes in her vaginal discharge and body temperature during her menstrual cycle, Alice can map out fertile days when she would be most likely to become pregnant. On those days, she and her husband will not have intercourse.

Surgical methods

Tubal ligation in a woman and vasectomy in a man are very effective ways to prevent unplanned pregnancy. However, they are considered permanent and require surgery. For Richard and Marie, and for Lorrie, surgical methods are preferable.

Richard and Marie

Richard is a 42 year-old truck driver and a father of four school-aged children. He is married to Marie, a 40 year-old stay-at-home mom. Richard and Marie decided together that they do not want to become pregnant again. Marie experiences migraines with auras and has high blood pressure. This means she should not take estrogen-progesterone combination pills, or use patches or vaginal rings. Marie tried a hormone IUD, but her doctor removed it after a month when she started having new pelvic cramping that did not go away. Marie did not want to try the IUD again, and asked her doctor about tubal ligation. After a longer discussion of options, the family doctor suggested that Richard consider a vasectomy. It is almost as effective as a tubal ligation, but much simpler to perform and with far fewer surgical risks.

Lorrie

Lorrie, 39, is a store clerk. She has been in several relationships with male partners and does not wish to ever have children. Earlier in life, Lorrie became pregnant while taking a birth control pill. This was very stressful and ended with a therapeutic abortion. As a result, she does not want to use a hormonal method of contraception. Lorrie considered using an IUD until menopause, but finally decided on tubal ligation. She likes the idea that it’s a permanent treatment. Her family doctor refers her to a gynecologist to perform the surgery.

No birth control method is perfect or completely reliable. However, a wide variety of available choices allow women and their partners to choose when and if to start a family. Talk to your doctor about which options might be right for you.

WRITTEN BY: Agnes Thompson, MD, CCFP, a family doctor practising in Calgary, AB.
Q. Recent changes have left me feeling very off balance. How can I get back on track?
A. Talking to others and finding new coping tools can help.

When life circumstances change, we must adjust. Change is stressful, and stress can cause physical and emotional symptoms as we learn to cope with a new reality.

Sometimes change occurs quickly and without warning. At other times, it is more predictable. Change can sometimes be a good thing, as with a promotion or a retirement. At other times it is not, as with job loss, the death of a loved one, or illness. However it happens, change is a form of stress and can have more of an impact than we might expect. Adjusting can be difficult.

**Stress response syndrome**

Adjusting to life’s changes, even good changes, can trigger a type of depression. Symptoms can be emotional and physical. People may find it hard to function, and may feel sad, hopeless, or anxious. They may have difficulty sleeping, feel tense or tired, have little appetite and difficulty concentrating, or lose interest in their usual hobbies.

When change triggers depression symptoms that make it hard to cope from day to day, doctors call this condition adjustment disorder. More recently, the name has been changed to stress response syndrome. Informally, it is also known as situational depression. As people adjust to the situation, their symptoms improve. How long this process takes is different for each person.

Now, you may think that not feeling well during tough times is normal, and you are right. Feeling stressed during change is a common human experience. Still, the emotions can be severe. Although change may cause the symptoms, the experience can be as challenging as major depression.

Situational depression symptoms can be similar to those of depression. While with depression, symptoms may appear with or without a trigger, in this case they always start after a specific life event. Symptoms are usually short-term in nature, and generally improve within a few weeks to months after the event. Most commonly, people start to feel better within about six weeks. It is unusual for symptoms to last longer than six months. For adults with this condition, thoughts of suicide are uncommon. Research suggests that 10 per cent of all adults will be affected by adjustment disorder at some time in their lives. However, that number could be higher.

Note that stress response syndrome is different from post-traumatic stress disorder. In post-traumatic stress disorder, people are more likely to experience unpleasant flashbacks of a traumatic or life-threatening event. Post-traumatic stress symptoms tend to last a long time.
In contrast, stress response syndrome symptoms are similar to grief, in which there is an emotional response to a loss. Grief involves feeling deep sorrow, as when a family member or loved one dies.

Stress response syndrome is more common in children and teens, affecting about 30 per cent. In young people, stress response syndrome may look different than it does in adults. Adolescents are more likely to act impulsively as they react to a difficult life event. They may experiment with substances, act out, skip school, fight, or even self-harm. These outbursts are often not in keeping with their usual behaviour. Such actions may show that a young person’s coping skills are less well developed.

As life events unfold, adults may feel that they do not know how to respond to their new emotions. People describe feeling as if the rug has been pulled from under their feet. They feel rudderless and overwhelmed, like they have lost their identity or sense of self. Depending on the type of stress that they have experienced, even core values and beliefs may be questioned. When such feelings come on quickly, it can be frightening.

Strategies that help

Although symptoms will resolve with time, certain strategies can help. Going back to basics is a good first step. Work toward getting enough sleep, good nutrition, and moderate exercise like a brisk walk every day. These essentials are especially important for children. Talking to a friend or partner can help you to cope. Support can also come from someone who is not close to the situation, such as a psychologist or counsellor.

People are often reluctant to visit a counsellor, seeing it as a sign of weakness. However, short-term talk therapy has been proven to be helpful for people with stress response syndrome. If you had a badly sprained ankle, you wouldn’t hesitate to see a physiotherapist. Think of talking to a counsellor in the same way. A physiotherapist may prescribe exercises (tools) to help the ankle feel better. In the same way, a counsellor can help you to think about types of tools you have used to cope with stress in the past. Some of those tools may be helpful now, or it may be time to develop new coping tools.

A counsellor is like a physiotherapist for the brain. Most people do not feel it makes you weak to visit a physiotherapist to heal a physical injury. In the same way, seeking appropriate treatment for stress is a wise way to care for your health.

If a change in your life is causing you stress, it often helps to talk about what has happened and how you are feeling. Telling your story and feelings to a friend or family member is a good start. And certainly, do not be too shy to talk to a health care provider such as a counsellor, doctor or nurse. They will have ideas to help you. Discuss your experience and get counselling. Know that you do not have to cope alone.

Written by: Laura Bennion, MD, CCFP, Dip Sport Med, a family doctor practising in Calgary, AB.
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When you are in pain, it can be difficult to think about anything else. A visit to the dentist may seem inconvenient and costly. However, pain in your jaw, head or neck may indicate a serious health problem. Understanding possible symptoms can help you to decide whether it is worth the trip.

Although we know the importance of oral health, people still show up at the dentist’s office with some pretty scary and often neglected problems. Sometimes, visiting a pharmacist may be a good first step in managing the pain until a dentist can be consulted. Certain signs mean that you should seek care from a dental professional or go to emergency as soon as possible.

 Symptoms
When deciding whether you should visit your dentist, consider the symptoms you are experiencing. If one or a combination of these symptoms appears and doesn’t resolve in a few hours, it is a good idea to see a health professional.

• **Pain** – This is nature’s way of telling us that something is amiss. If your teeth are hurting you, pay attention to what you are experiencing. It will help your dentist to know whether the pain is constant, throbbing (with each heartbeat), dull, or triggered by hot or cold drinks. Pain on chewing could mean a cracked tooth or perhaps an abscess.

• **Swelling** – This can mean an infection, an abscess, or perhaps a hematoma (a local collection of blood). Inflammation can also cause swelling.

• **Fever** – This tell-tale sign means that the body is trying to deal with a problem. A rising temperature signals a general infection. For instance, an abscessed tooth may have leaked into the bloodstream or lymph system. Your immune (defence) system will kick in, trying to fight off infection.

• **Discharge** – Unusual fluid may be bloody or contain pus. If you have an abscessed tooth, the pain may ease greatly if it begins to drain. However, the abscess will remain until properly treated.

• **Change of colour or coatings on the tongue** – This can occur for a variety of reasons, such as a lack of certain vitamins or a fungal infection.

• **New growth of tissue** – Pay attention to bumps or tissues that are growing. If you can feel an enlarged area with your tongue or fingers, it could mean a salivary or sebaceous gland is enlarged, or even signal a tumour.

• **Changes to your sense of smell, taste or sensation (feeling)** – Numbness can occur along with swelling, or with a nerve problem. A change in sensation, bad breath or foul smelling discharges can indicate periodontal disease or gingivitis (gum disease). The tongue has many sensory functions that can help diagnose what is happening.

Injuries to the head and neck
Head and neck injuries are serious, and can include damage to soft tissues, the jaw and surrounding bone structure. These guidelines can help you decide if you need immediate professional help.

• **A tooth that has been knocked out (avulsed)** – If the tooth is completely out of the mouth, and emergency dental services can be accessed within an hour or so, drop the tooth into a small container with some cow’s milk or water covering it. The dentist can assess the situation with X-rays to see if re-implantation may be possible. If a child’s front tooth is knocked out, a professional evaluation can determine whether it is a baby tooth or a permanent one.

• **Cracked or chipped teeth** – A damaged tooth can be very uncomfortable. This is especially true if the pulp chamber inside the tooth is open, exposing the tooth’s nerve. Sometimes a blow to a tooth will cause the tooth to split or

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crack. It may look fine, but you feel pain when chewing or touching the tooth at a particular angle.

- **Concussions** – We are beginning to realize that concussions are not to be taken lightly. Symptoms like headache, loss of consciousness or confusion following a blow or jolt to the head or body mean that professional assistance from qualified medical people is needed. In the sports world today, the guidelines for treating concussions are strict. Whether the injury happens during sport or not, take concussion very seriously. Anyone who has had a trauma to the head and neck should be checked immediately, and reassessed later. Often the injured person is not aware of the possible danger with this type of injury. If you suspect concussion, take the lead in making sure that person gets proper care as soon as possible. To better understand, prevent and treat concussion, access the *Keep Your Head in the Game* article online at familyhealthonline.

- **Jaw injury** – The jaw joint (temporomandibular joint or TMJ) is the most complex joint in the human body. Blows to the face can fracture the jawbones or the supporting facial bones. Sometimes the jaw joint partially or completely absorbs the blow, resulting in soreness and inflammation because of damage to the supporting tissues of the joint. In a head or face injury, a disk of tissue in the TMJ can move or be damaged. If the jaw does not open or close or moves to the right or left during opening or closing, professional help is needed. Evaluation and X-rays can assess the damage, so proper treatment can begin. In some cases, treatment can be as simple as moist heat packs and pain medication.

- **Damage to soft tissue** – Bruising, tears and cuts can affect both the inside or outside of the mouth. Have these injuries checked and properly cleaned. Stitches may be needed for proper healing and to minimize scarring.

**Tooth removal**

It is not unusual for people who have had a tooth removed to bleed immediately afterward, and slightly for 72 hours. If bleeding does not completely stop two to three hours after extraction, it is considered prolonged.

With this type of problem, it is important to know whether a blood thinner or even aspirin has been taken. Such medications can have something to do with the prolonged bleeding. In this situation, remember basic first aid. Most bleeding from tooth sockets will stop if the following steps are taken:

- Keep calm and quiet.
- Sit upright and apply cold packs to the affected part of the face.
- At the same time, bite down firmly on gauze sponges, a clean, damp cloth, or a black tea bag wrapped in gauze. Keep up the pressure for 30 minutes.
- Next, change the gauze inside the mouth and reaply the cold pack.
- Repeat these steps for at least two hours.

If you take blood thinners or anticoagulating medication, it is always a good idea to phone the dental surgeon or nurse. If bleeding seems extreme, make the trip to an emergency clinic or local hospital where a dentist is on call.

Sometimes the healing clot may be lost from a tooth socket. This can result in a condition called dry socket, which can be very painful. Packing the tooth socket with analgesic (pain killing) gauze for a short time can help control the pain. This is a task for a professional.

If you take pain medication, always follow the instructions on the label. Too much acetaminophen or ibuprofen will not help your health or even reduce pain in some cases. If the pain persists, seek professional advice. Your pharmacist is an excellent source of information.

**Cavities and gum disease**

With dental cavities (caries), often there may be no pain until the process has gone so far that the tooth cannot be saved. In other cases, some discomfort following chewing can signal problems with the teeth, gums or supporting tissues. If these problems are not detected or treated properly, even perfectly healthy teeth with diseased supporting tissues or caries can reach a point where they cannot be salvaged. For this reason, it is wise to see your dentist regularly.

These common issues with oral health require professional advice and care. However, no one rule applies to every situation. If pain persists, bleeding continues, swelling does not subside, taste and feeling are changed, or the jaw does not move as it should, see your dental care provider – the sooner the better.

Remember, prevention is always the best treatment. Daily dental hygiene is your first line of defense. Stay aware of your mouth and supporting structures. As well, always follow instructions when teeth are removed and after any kind of oral surgery.

**Written by:** Wayne Raborn, DDS, MS, Professor Emeritus, School of Dentistry, Faculty of Medicine and Dentistry, University of Alberta, Edmonton, AB.
If someone you know is suddenly confused and has trouble concentrating, this could be delirium. Delirium is confused mental functioning. Older people are at greater risk for developing the condition. It is absolutely essential that delirium be treated quickly. It is a medical emergency.

Delirium is a change to a person’s usual functioning, and develops over a day or a few days. Someone who usually manages well may suddenly not be able to do simple tasks or have a conversation that makes sense. A person who is usually mentally sharp may not know where he or she is, or what year it is. Those with delirium can first be agitated or worried, and then unusually sleepy and sluggish.

Keep in mind that both delirium and dementia can look like confusion. However, they are different illnesses.

Delirium has many causes. It may accompany a physical illness like pneumonia or a stroke. Medications could be the problem. It could also be the first warning of medical illness. Delirium affects nearly a third of people admitted to hospital. Depending on the cause, delirium may range from a short episode to a few days, but can even last weeks or months.

Regardless of the cause, delirium is a serious medical condition. Recognizing and treating it early is essential. Family and friends play an important part in helping a confused person to recover. Delirium is usually reversible, and prompt treatment improves recovery.

What does delirium look like?

If you suspect someone is delirious, look for the following signs.

A sudden, fluctuating condition
- Delirium appears suddenly, and worsens over hours or days.
- It can change, with periods of agitation and restlessness.

Impaired attention
- The person has difficulty paying attention or concentrating on conversation.
- Familiar tasks are challenging.
- Being easily distracted makes it hard to follow simple commands.

Disorganized, confused thinking
- Delirious people may not know where they are, or what day it is.
- They may not remember the meaning of words. Speech may be rambling or jumbled, and not make sense, as with “I have lost the B from the alphabet.”
- They may do things that do not make sense or are unsafe, such as turning on all the stove elements and walking away.

Suspicion or paranoia
- The person is unusually anxious – for example, being afraid of someone hiding in the closet, or thinking that health care providers are not to be trusted.
- Hallucinations are a possibility – for example, seeing mice running on the floor, thinking call bells in the hospital are a choir practicing, or feeling like the bed is on the ceiling.

Changing level of consciousness (alertness)
- In hyperactive delirium, the person is agitated. Mood swings and angry, belligerent, or aggressive behaviour towards caregivers are all possible. For example, after surgery the person may try to climb out of bed, yell at caregivers, or pull out a catheter and IV lines.
- Hypoactive delirium is the opposite, appearing as extreme drowsiness, fatigue, and lethargy. These episodes may be misinterpreted if caregivers believe the person is just ill or resting.

Risk factors
- Certain factors make some people more likely to develop delirium:
  - advanced age
  - impaired mental function or dementia – older people with dementia are especially at risk
  - a history of previous episodes of delirium
  - having many medical conditions
  - taking many medications
  - severe stress, such as a move to a new environment, recent injury or surgery
  - too little sensory stimulation.
  - A lack of sensory stimulation may appear if a person cannot see and hear well, or is socially isolated. Not wearing glasses or a hearing aid can contribute to the problem.

The difference between delirium and dementia
- As dementia and delirium share some common features, know how to tell them apart (see table). Dementia is a chronic, slowly progressing loss of memory and function. In contrast, delirium develops quickly. It warns of a serious underlying medical condition.

Get medical help
- Noticing and treating delirium early is critical. This condition is a sign of a serious underlying medical condition. Older people with delirium are also at risk for injuries, falls, dehydration, pressure sores, and malnutrition. Of course, being confused can also lead to dangerous actions.
Delirium is a medical emergency. If someone you know shows signs of sudden confusion, call the doctor or go to the emergency department.

How can you help?

Remember, someone who is confused cannot describe the problem. Medical professionals may not know how that person normally functions. You play an important role by explaining changes in behaviour.

Be ready to provide the following information:
- past medical problems
- current medication list
- history of any previous times of delirium and the cause, and head injuries
- details of everyday functioning and thinking before the confusion.

You can also help ease the symptoms of delirium.
- Understand that the person cannot help how they are talking and behaving.
- Talk to the person calmly. The sound of your familiar voice can be reassuring.
- Help the person to eat and drink, whether at home or at the hospital. Assist with physical activity if the person is able.
- If the person usually wears glasses or hearing aids, make sure they are used.
- Have a calendar and clock in the room.
- Have appropriate lighting for the time of day.
- Keep the environment calm, quiet and uncluttered.
- Protect the person from hazards, such as falling, and from doing things that are not safe.

It can be upsetting when someone you care about is confused, and not speaking or behaving as they normally would. However, you are key to spotting the condition and ensuring that it is treated. If you suspect someone you love is delirious, get medical help as soon as possible.

**Dementia vs delirium**

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<tr>
<th>Dementia</th>
<th>Delirium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance</td>
<td>slow onset over months or years</td>
</tr>
<tr>
<td>Course</td>
<td>progressive</td>
</tr>
<tr>
<td>Speech</td>
<td>normal</td>
</tr>
<tr>
<td>Attention</td>
<td>normal</td>
</tr>
<tr>
<td>Memory</td>
<td>gradual and progressive</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>possible</td>
</tr>
<tr>
<td>Level of alertness</td>
<td>normal</td>
</tr>
<tr>
<td>General health</td>
<td>usual</td>
</tr>
</tbody>
</table>

**Causes of delirium**

Many medical conditions and other problems can lead to delirium. If you suspect this condition, the acronym DELIRIUM can remind you of possible causes.

- **Drugs**
  - taking many medications
  - recently starting or stopping medication
  - changes in medication dosage
  - over-the-counter medications
  - herbs
  - alcohol

- **Electrolytes**
  - minerals in the body are out of balance
  - dehydration can be a factor

- **Lack of drugs**
  - stopping certain medications
  - alcohol withdrawal

- **Infection**
  - examples include urinary or respiratory tract (system) infections like a bladder infection or pneumonia, or blood or wound infection after an injury or surgery

- **Reduced sensory input**
  - poor or uncorrected vision or hearing can reduce sensory stimulation

- **Intracranial (problems in the brain)**
  - causes include stroke

- **Urinary or bowel problems**
  - being unable to empty the bladder or bowel can contribute

- **Myocardial (heart) and lung problems**
  - causes include heart attack, pneumonia, or other condition that causes a lack of oxygen in the blood and the brain

For more information

**ALBERTA HEALTH SERVICES**
Confusion, Memory Loss, and Altered Alertness - Delirium
This site explains delirium, causes, risk factors, and how to recognize it. Click on the link to treatment for information about caring for a person with delirium.

goo.gl/pZxkHy

**MERCK MANUALS**
**Delirium**
Provides information about delirium, including its causes, symptoms, treatment and recovery.

goo.gl/ZEUTGh

**WRITTEN BY:** Lesley Charles, MBChB, CCFP, CAC, COE, assistant professor and program Director at the Division of Care of the Elderly, Department of Family Medicine, University of Alberta, in Edmonton, AB.
A baby has arrived in your family and you are thrilled. Of course, you want to take the best possible care of your little one. Checking your baby's hearing is part of providing that care.

- Does your baby respond to loud noise?
- Does your three-month-old coo, and quiet when you speak?
- Does your six-month-old baby gurgle and babble, and respond to changes in the tone of your voice?
- Does your one-year-old child try to imitate speech sounds, testing words like dada or mama?

Hearing issues in newborns

These are some general milestones for speech and language development. Every child develops at his or her own pace. However, if you are concerned about your baby's hearing, read on to discover why identifying hearing issues early is key.

**How much can babies hear?**

Babies are able to hear when they are born. In the last few months before birth, babies can hear sounds clearly. Even most babies who are born early can hear at birth.

**Newborn hearing loss**

Hearing is important in daily activities. It is also essential to normal oral language development. In infants, learning to speak depends on hearing sound and imitating what is heard. If newborns have hearing problems, language development may be affected. Since hearing and oral language abilities are important to communication and social interaction, this can have a serious effect.
Hearing issues during the first few years of life can affect language skills later on. Even if hearing loss is corrected later, it can be difficult to catch up. If hearing issues do exist, it is best to know about them as early as possible.

Newborn hearing problems

Hearing issues are a common problem in newborns. About two to three out of every 1000 babies born will have permanent hearing problems. The chance of hearing problems increase if a baby has:
- a family history of newborn or childhood hearing loss
- developmental concerns
- a premature birth (arriving before 28 weeks of pregnancy)
- a low birth weight (less than 2.76 pounds/1250 grams)
- any condition requiring intensive neonatal care after birth
- a severe infection that occurred during the pregnancy or at birth.

Finding hearing problems early

Babies are not able to tell us if they can hear. The easiest way to learn whether hearing is normal or not is by observing the response to sounds and voices. Watch how your newborn responds to loud sounds, especially during sleep. Babies usually have an obvious response to sounds like a door slamming. They may twitch, or even wake and cry when they hear very loud sounds.

In addition to observation, certain quick and easy medical tests can confirm if babies have hearing problems. Screening programs for newborn hearing are available in some hospitals. Ask to have your baby's hearing tested.

An audiologist (hearing specialist) or nurse can identify most babies with hearing problems using these non-invasive screening tests. If there is a concern, babies are referred for further tests to confirm. Although these screening tests are not perfect, they are very useful for finding problems early.

Treating hearing issues

Many ways exist to help babies with hearing problems. Usually, these babies are assessed and treated by a team of hearing specialists. Audiologists, ear, nose and throat specialists, and speech-language pathologists can all be part of the team.

A range of treatments is available. If babies have some hearing, the most common treatment is to wear hearing aids. These devices amplify sound to make up for the hearing loss. Certain issues can be corrected or improved by surgery. Other supports to enhance communication and learning can be helpful. Sign language is also an option.

Enjoy a lifetime of sound

Issues with hearing are common in newborns. Many methods can be used to detect a hearing problem. Discovering and treating hearing problems early will make a difference to your baby's oral language skills and learning. If problems are caught early, babies have the best chance to enjoy the beautiful sounds of the world.

Written by: Steven Ting-Kuang Chao, MD, MPH, PhD, a public health and preventive medicine resident at the University of Alberta in Edmonton, AB.
Sushi is a popular choice on restaurant menus across Canada, and varies from traditional Japanese fare to fusion cooking. Not only do Canadians enjoy sushi when eating out, but many people are also preparing it at home. This healthy food choice is high in protein and low in fat, and the colourful arrangements can be tempting. However, before you try preparing sushi, keep a few health and safety points in mind.

Sushi 101

First, clarifying some terms around sushi and how it is prepared can be helpful. Sushi refers to dishes containing rice prepared with rice vinegar. It is made in many different ways, and served with seafood, vegetables, and cooked or raw fish. Sashimi is very fresh raw fish or meat cut into thin slices.

Raw fish, acidified rice, and health risks

Sushi is healthy and tasty. However, raw fish (sashimi) can pose a health risk if precautions are not taken.

The main food safety concern is the risk of parasites like roundworms and tapeworms. Abdominal pain, vomiting and diarrhea are some symptoms that have been reported after consumption. There have been cases where surgery was required to remove parasites consumed in raw fish.

Acidified sushi rice can also be a concern. Traditionally, rice is held at temperatures that promote the growth of bacteria. These risks mean that food safety standards must be applied when preparing sushi and the raw fish used in it.

What is ‘sushi grade’?

The label of ‘sushi grade’ refers to the manner in which the raw fish is stored. The fish is typically frozen below –35 C until solid, and stored for 15 hours or –20 C for seven days. Provincial regulations ensure that fish that is intended to be eaten raw is frozen under these conditions before being sold to restaurants or consumers. These regulations may vary across Canada.

Food safety tips for amateur sushi chefs

Some basic steps help ensure homemade sushi is safe. The following guidelines for raw fish and acidified rice have been adapted from Alberta Health Services recommendations.

Raw fish

- Obtain seafood products only from approved sources that meet sushi grade freezing requirements. Fish must be frozen to –20 C or below for seven days, or at –35 C or below until solid and stored at this temperature for 15 hours. This destroys parasites that might be in the raw fish.
- Avoid cross contamination between raw and cooked ingredients.
- Food handlers must wash their hands after handling raw seafood products.
- Bamboo mats used for sushi preparation should be wrapped in food-grade plastic wrap. Replace the wrap every two hours, as well as every time there is contact with a different species of raw fish.
- Thoroughly clean and sanitize other surfaces that come into contact with raw seafood or raw fish before other foods are prepared on that surface.

Sushi and pregnancy

Canada’s Food Guide recommends that pregnant women consume at least 150 g (five ounces) of cooked fish each week. However, Health Canada advises that pregnant women thoroughly cook raw fish and seafood. Eating raw or partially cooked fish and seafood may increase the risk of getting a food-borne illness.

Health Canada also suggests that pregnant women pay attention to the types of fish they eat to minimize potential contaminants like methyl mercury. Choose types of fish that tend to have lower levels of contaminants. These include salmon, trout, herring, haddock, and canned light tuna.

With a little knowledge and advance preparation, you can enjoy this healthy and delicious food at home.

Written by: Mila Luchak, MD, a medical resident in public health and preventive medicine at the University of Alberta, Edmonton, AB.

Resources for pregnant women

Food Safety for Pregnant Women, Government of Canada: goo.gl/1XvqgL
Prenatal Nutrition Guidelines for Health Professionals – Fish and Omega-3 Fatty Acids, Health Canada: goo.gl/9LkOje
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**Sniffles, Fevers, Rashes & Coughs**
Recognizing common childhood illnesses

**Reproductive Freedom**
Finding your best birth control option

**Coping With Change**
Tools for adjusting to new life circumstances