

NOAH

North Omaha Area Health

Delivering Health
 Information to North
 Omaha Since 1997

April 2010
 Issue #147

Stroke

8

Research at UNMC

11

Have a Happy
 Holiday



This Publication Made possible by support from
 University of Nebr. Med Center.
 5050 Ames Ave
 Omaha, Nebraska 68104



Anger is a normal, healthy emotion that we all express. Sometimes, anger can be a positive emotion, driving us to right wrongs or fix injustices. But sometimes a person's anger can become uncontrollable and harmful—and it can even lead to violent behavior.

Expressing your anger in negative ways

Just as everyone feels angry from time to time, everyone also expresses their anger in different ways.

Some ways are more constructive than others, and chances are, you've learned the ways you respond when angry and frustrated from your environment—like the people in your life or the situation you grew up in. Violent behavior, toward oneself and others, can result from anger. It is one way that people express anger and try to control the situations that they find themselves in—but violence is never a positive or constructive way to deal with your emotions.

Certain factors might put you at a greater risk of acting out violently. For example, you might be violent because the people you hang out with use violence or other types of aggression. You might think violence is more acceptable because you've seen it on television, in the movies or in videogames. You might also act violently because someone—like a bully or even a family member—is being violent toward you. If you grew up in a violent household, you might think that it's OK to deal with your feelings in a physically aggressive way. Research shows that children who grow up with disruptive home situations might have a harder time controlling



anger and are more likely to act out violently. This is often called a “cycle of violence.”

Recognizing the potential for violence

There are certain warning signs that people might have a hard time controlling their violent behavior. Here are a few examples:

- Regular loss of temper;
 - Frequent physical fighting;
 - Drug or alcohol abuse;
 - Vandalism or property destruction;
 - Harming other living things, like animals;
- Making frequent threats toward others.

Tips for breaking the cycle of violence

The good news is that any learned behavior—such as violence—can also be unlearned. The key is to first take control of situations that make you angry and manage your reaction to frustration. Here are some tips to get started: Use your anger as a signal. The next time you feel angry, stop and count to 10. Then think about the situation you're in and why it's making you feel this way. Tell yourself “I can calm down.” Think about the things that trigger your anger. By identifying common factors in the situations that seem to trigger your anger, you might be able to predict and prepare for future anger-producing circumstances. Take a ‘time out.’ If you feel that you might lose control, get yourself out of the situation that is provoking you. Take a break from the situation to reevaluate what's happening and think about your next steps and whether any actions could be potentially harmful. Again, tell yourself “I can calm down” or something like “I'm not going to let this get to me.”

Use this time out to think about what

(continued from page 1)

really is going on. For example, if you're feeling angry because your teacher or boss yelled at you, your anger might be stemming from a deeper feeling of inadequacy or disappointment in yourself.

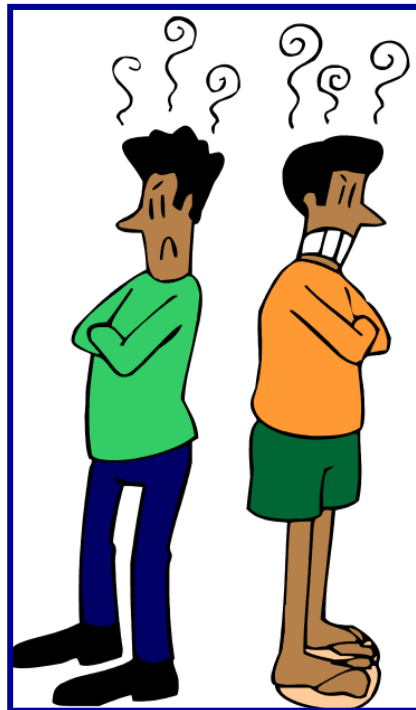
Talk to the person who is making you angry. When feeling more in control of your emotions, explain your side of things and assert your opinions in a positive way. For example, use "I statements" like "I feel this way because..." Be prepared however to keep your cool if the other person doesn't respond the way you think he or she should.

Respect others' opinions and reactions. It is important to remember that you can only control your reactions to situations and you can't control the other person's. Remember, it's OK to disagree.

Don't let it all hang out! While it's important to express yourself, it isn't always best to "let it all out." In fact, fully acting on your angry feelings without taking others into consideration could actually have negative and harmful consequences.

Avoid using drugs and alcohol. Sometimes it's easy to turn to substances like drugs and alcohol to help you forget or suppress angry feelings, but the relief you get from drugs and alcohol is only temporary, and the side effects of abuse can make a situation worse.

Talk to someone. Friends and family can be great sources of support if you're feeling angry and frustrated—as long as you're talking with them in positive ways and not taking your anger out on them. If your anger is becoming increasingly disruptive and harmful, and you find yourself unable to manage your violent behavior, you might also want to consider talking to a mental health professional for extra support.



Violence can manifest itself in many different situations. If you're in a position where you're dealing with violence, it might be helpful to check out some of these fact sheets as well:

- ◆ Abusive relationships
- ◆ Intimate partner violence
- ◆ Assessing your safety
- ◆ Bullying

Everyone gets angry at one time or another. Anger is a normal human emotion. It's how a person acts when feeling angry that can be problematic. When anger builds in intensity or gets out of control, people can behave in ways that are destructive. In fact, anger can become so intense that the feeling itself may be better described as rage. When anger gets out of control, it can lead to problems in personal relationships,

particularly if anger leads to emotionally or physically abusive behavior or other acts of violence.

The good news is that people can learn to manage their anger. In some cases this means learning to express anger in healthy ways, learning to keep yourself calm and controlling your re-



Free Screening Clinic

Wednesday 5:00-7:00 PM

5050 Ames Ave.

Call 559-3813 for Quick and Confidential Screening for:

<p><u>Men</u></p> <ul style="list-style-type: none"> -Prostate Exam <p><u>Women</u></p> <ul style="list-style-type: none"> -Clinical Breast Exam -Pap Smear 	<p><u>All</u></p> <ul style="list-style-type: none"> Hypertension Diabetes Cholesterol HIV
--	--

actions when faced with something that triggers your anger and avoiding people or situations that make you angry or enraged, or leaving a situation if you feel yourself becoming angry or losing control.

Expressing anger in healthy ways

Communicating assertively - not aggressively - is a good way to express anger in a healthy way. Being assertive doesn't mean being pushy or demanding; it means expressing your feelings and needs in a way that is respectful of yourself and others.



Generally this works best if used before your anger gets out of control.

For example, let's suppose you are in a cafeteria line, just about to get your tray, when someone steps in ahead of you. An aggressive response might be "Hey, buddy, who do you think you are. Get at the back of the line". An assertive response might be "Sorry, but I think I'm next. The line forms over here".

Keeping calm

A physiological response also happens when a person gets angry. Heart rate increases and muscles become tense. These physiological responses can actually be cues that signal the person that they are becoming angry. Recognizing those cues and learning how to calm internal responses when faced with a person or situation that arouses anger can help angry feelings subside. Different relaxation strategies might also be helpful, such as breathing deeply, repeatedly telling yourself to remain calm or take it easy, counting from 10 backwards, or imagining or visualizing an image that helps you relax or feel calm. These responses can also be used before coming face to face with the person or situation - almost as a way to anticipate or prepare for what is stressful.

Remembering to slow down and stopping to think before reacting can also help you keep your cool. Reacting impulsively to what someone else says or does can fuel anger. By slowing down and stopping to think, you are better able to listen and really hear what the other person is trying to communicate. By stopping to think you can also give yourself time to think of other ways of solving the problem you might

be facing.

Controlling your reactions

At times the things we say to ourselves - or how we think-- when faced with a situation or person who makes us angry, can actually fuel the angry feeling. The scientific term for changing your thinking is "cognitive restructuring" and it's a technique rooted in cognitive behavioral therapy. Changing the way you think means switching up the irrational kinds of messages you give yourself to those that are more logical. For example, switching from "this is how things 'must' be" to "I'd 'prefer' this, but I can survive if it's not...".

Avoiding or leaving a stressful situation

In some cases, a person can identify the situations that often trigger their anger. Staying away from the situation isn't always an option, but in some instances it could be. For example, if you know that it really pisses you off to see your old girlfriend hanging with her new boyfriend, you might want to avoid going to their favorite place to hang out. It

doesn't mean you will never go where they are, but maybe avoiding them initially while you are getting over the break up might help you keep your cool.

Also, if you feel yourself getting angry, another option is to leave the situation before things escalate. Sometimes people feel that leaving isn't always easy to do because "reputations" or "being respected" might be involved. Cognitive restructuring might be useful as a way of challenging these thoughts.



How might counseling help?

All of the above mentioned anger management techniques, and others, are skills that a counselor or other mental health professional can help you develop. If you feel that your anger is out of control and it's affecting your relationships and other important parts of your life, you might consider counseling to learn how to better manage your anger. Cognitive behavioral therapy has been shown to be effective in helping people manage anger and aggressive and violent behaviors.

No Matter What Happens PTSD Post-Traumatic Stress Syndrome

By Laura Russell Ph.D., MFT

I picked the painting of storm clouds to represent life's difficulties. This painting serves a dual purpose. It also represents the many aspects of painful life events.

Storms are universal, and can be very destructive. They are strong forces of nature. Out of our control. Not our fault. Lightning, tornados, hurricanes do real damage to people's lives. And they do not occur for any reason related to you. No matter how hard weather scientists have tried, storms remain essentially unpredictable.

So it is with all other painful life events:

- Airplane crash
- Earthquake
- Death of a loved one
- Accidents
- Gang violence
- School failure
- Cancer
- Handicapped Child
- Witnessing a crime
- Explosions
- Business failure
- Divorce
- Fire
- Marital problems
- Accidents
- Gang violence
- School failure
- Marital problems
- Personal injury
- Natural Disaster
- Financial reverses
- Loss of job
- Death of a friend
- Crime
- Illness

Most people have some incorrect ideas about life's events. I believe this comes from good intentions. Many outstanding therapists have presented in the media to help suffering people. We want everyone to know that it is absolutely wrong to abuse another person. Somehow, however, their ideas have been misunderstood and misapplied. These beliefs branch off in different directions. All of which have the effect of limiting your life.

Particularly destructive is the false idea that a person cannot have a full and satisfying life due to what has happened to them. I walk a very fine line when I write and talk about this. On one side of that line is the destructive belief that 'it' is your fault, whatever 'it' is. And on the other side of that line is the totally untrue belief that you are helpless to do anything at all about your current circumstances. 'It' is not your fault. Life happens to everyone. You cannot control what happens to you anymore than you can control



the weather. No one lives without experiencing major problems. No one had a totally happy childhood. And no one has a totally happy, satisfying adulthood.

There is not one person who lives without personal flaws, idiosyncrasies, and just plain strangeness. These faults are not the reason for your painful life events. Painful life events are just that-life events.

Furthermore, today, in your present, you do not have to be a victim. If you learn what to do about your dilemmas, you are not helpless. There is much you can do today about your problems, faults, idiosyncrasies, and painful life events. This is my main point. You cannot control life, other people, or your past. But you can choose to do something about your present living circumstances.

Regardless of the event, I tell every trauma survivor who comes to see me that they can use their experience to improve their life. At the beginning of his or her therapy, no one believes me. At the conclusion of therapy, we discuss how empowered he or she has become.

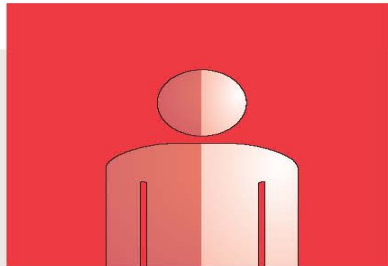
You can choose to take your personal power back. Instead of breaking, you can slowly face your painful life events, and grow. In this way, you give these awful events some positive meaning in your life. This is empowering. You take control of what has happened to you this way. And you end up with more personal power and more personal healing than you had before your painful life event. Do not worry if this seems overwhelming right now with time and maybe with help you will heal.

For more information on PTSD please call Doris Moore at
the Center for Holistic Development 502-9788

STROKE

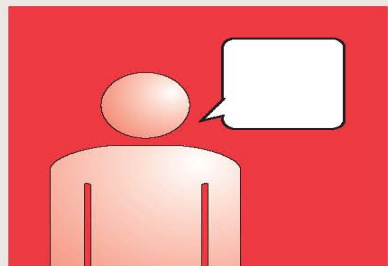
KNOW THE WARNING SIGNS

If you experience any of these symptoms, CALL 9-1-1 or your local emergency number immediately.



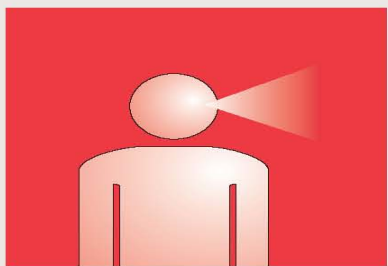
Weakness

Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.



Trouble speaking

Sudden difficulty speaking or understanding or sudden confusion, even if temporary.



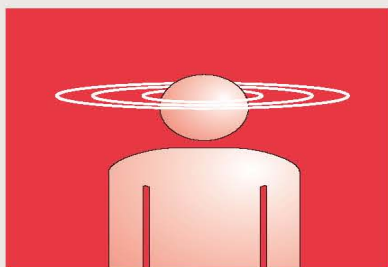
Vision problems

Sudden trouble with vision, even if temporary.



Headache

Sudden severe and unusual headache.



Dizziness

Sudden loss of balance, especially with any of the above signs.

SEE WHAT HAPPENS WHEN
YOU PUT YOUR HEART INTO IT.™



**HEART &
STROKE
FOUNDATION**

Finding answers. For life.

heartandstroke.ca




American Heart Association 
Learn and Live.

Time for a warning you may not know.

While some heart attacks can be sudden and intense, most start slowly, with mild pain and discomfort. Learn the warning signs. If you experience one or more of the signs, call 9-1-1 immediately.

© 2005 American Heart Association. 0505 30 030




American Heart Association 
Learn and Live.

Time for a warning you may not know.

While some heart attacks can be sudden and intense, most start slowly, with mild pain and discomfort. Learn the warning signs. If you experience one or more of the signs, call 9-1-1 immediately.

© 2005 American Heart Association. 0505 30 030



American Heart Association 
Learn and Live.

Time for a warning you may not know.

While some heart attacks can be sudden and intense, most start slowly, with mild pain and discomfort. Learn the warning signs. If you experience one or more of the signs, call 9-1-1 immediately.

© 2005 American Heart Association. 0505 30 030

HEART ATTACK WARNING SIGNS

- 1 UNCOMFORTABLE PRESSURE, SQUEEZING, FULLNESS, OR PAIN IN THE CENTER OF THE CHEST THAT LASTS MORE THAN A FEW MINUTES OR GOES AWAY AND COMES BACK.
- 2 PAIN OR DISCOMFORT IN ONE OR BOTH ARMS, THE BACK, NECK, JAW, OR STOMACH.
- 3 SHORTNESS OF BREATH WITH OR WITHOUT CHEST DISCOMFORT.
- 4 OTHER SIGNS SUCH AS BREAKING OUT IN A COLD SWEAT, NAUSEA, OR LIGHTEADEDNESS.

If you experience one or more of these signs, call 9-1-1 immediately.

American Heart Association 
Learn and Live.

Controlling diabetes makes a huge difference.



I'm controlling my diabetes so I'll be around for my family... for my friends... for life. Control your diabetes. For life. For more information, please call 1-800-438-5383.

Or visit us at <http://ndep.nih.gov>

A joint program of the National Institutes of Health and the Centers for Disease Control and Prevention.



NATIONAL
DIABETES
EDUCATION
PROGRAM

A PUBLIC SERVICE OF THIS PUBLICATION



MIRACLE DRUGS:

SOAP.

PROTECT YOURSELF FROM THE FLU.

WASH YOUR HANDS OFTEN.

What is Stroke?

A stroke occurs when the blood supply to part of the brain is suddenly interrupted or when a blood vessel in the brain bursts, spilling blood into the spaces surrounding brain cells. In the same way that a person suffering a loss of blood flow to the heart is said to be having a heart attack, a person with a loss of blood flow to the brain or sudden bleeding in the brain can be said to be having a "brain attack."

Brain cells die when they no longer receive oxygen and nutrients from the blood or when they are damaged by sudden bleeding into or around the brain. *Ischemia* is the term used to describe the loss of oxygen and nutrients for brain cells when there is inadequate blood flow. Ischemia ultimately leads to *infarction*, the death of brain cells which are eventually replaced by a fluid-filled cavity (or *infarct*) in the injured brain.

When blood flow to the brain is interrupted, some brain cells die immediately, while others remain at risk for death. These damaged cells make up the *ischemic penumbra* and can linger in a compromised state for several hours. With timely treatment these cells can be saved.

Even though a stroke occurs in the unseen reaches of the brain, the symptoms of a stroke are easy to spot. They include sudden numbness or weakness, especially on one side of the body; sudden confusion or trouble speaking or understanding speech; sudden trouble seeing in one or both eyes; sudden trouble walking, dizziness, or loss of balance or coordination; or sudden severe headache with no known cause. All of the symptoms of stroke appear suddenly, and often there is more than one symptom at the same time. Therefore stroke can usually be distinguished from other causes of dizziness or headache. These symptoms may indicate that a stroke has occurred and that medical attention is needed immediately.

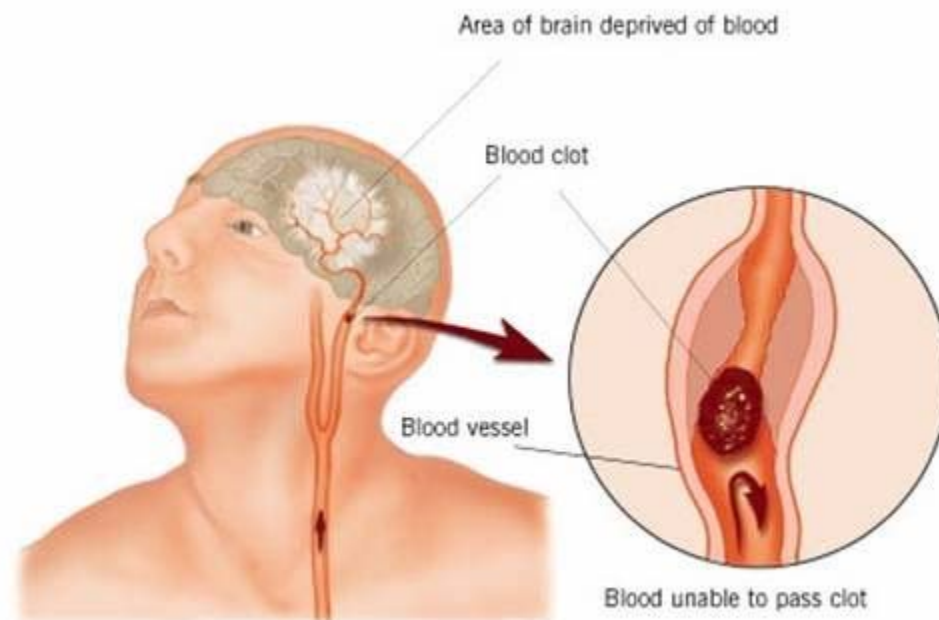
There are two forms of stroke: *ischemic* – blockage of a blood vessel supplying the brain, and *hemor-*

rhagic – bleeding into or around the brain. The following sections describe these forms in detail.

Ischemic Stroke

An ischemic stroke occurs when an artery supplying the brain with blood becomes blocked, suddenly decreasing or stopping blood flow and ultimately causing a brain infarction. This type of stroke accounts for approximately 80 percent of all strokes. Blood clots are the most common cause of artery blockage and brain infarction. The process of clotting is necessary and beneficial throughout the body because it stops bleeding and allows repair of damaged areas of arteries or veins. However, when blood clots

develop in the wrong place within an artery they can cause devastating injury by interfering with the normal flow of blood. Problems with clotting become more frequent as people age. Blood clots can cause ischemia and infarction in



two ways. A clot that forms in a part of the body other than the brain can travel through blood vessels and become wedged in a brain artery. This free-roaming clot is called an *embolus* and often forms in the heart. A stroke caused by an embolus is called an *embolic stroke*. The second kind of ischemic stroke, called a *thrombotic stroke*, is caused by *thrombosis*, the formation of a blood clot in one of the cerebral arteries that stays attached to the artery wall until it grows large enough to block blood flow.

Ischemic strokes can also be caused by *stenosis*, or a narrowing of the artery due to the buildup of *plaque* (a mixture of fatty substances, including *cholesterol* and other lipids) and blood clots along the artery wall. Stenosis can occur in large arteries and small arteries and is therefore called *large vessel disease* or *small vessel disease*, respectively. When a stroke occurs due to small vessel disease, a very small infarction results, sometimes called a *lacunar infarc-*

tion, from the French word "lacune" meaning "gap" or "cavity."

The most common blood vessel disease that causes stenosis is *atherosclerosis*. In atherosclerosis, deposits of plaque build up along the inner walls of large and medium-sized arteries, causing thickening, hardening, and loss of elasticity of artery walls and decreased blood flow.

Hemorrhagic Stroke
In a healthy, functioning brain, neurons do not come into direct contact with blood. The vital oxygen and nutrients the neurons need from the blood come to the neurons across the thin walls of the cerebral capillaries. The glia (nervous system cells that support and protect neurons) form a *blood-brain barrier*, an elaborate meshwork that surrounds blood vessels and capillaries and regulates which elements of the blood can pass through to the neurons.

When an artery in the brain bursts, blood spews out into the surrounding tissue and upsets not only the blood supply but the delicate chemical balance neurons require to function. This is called a hemorrhagic stroke. Such strokes account for approximately 20 percent of all strokes.

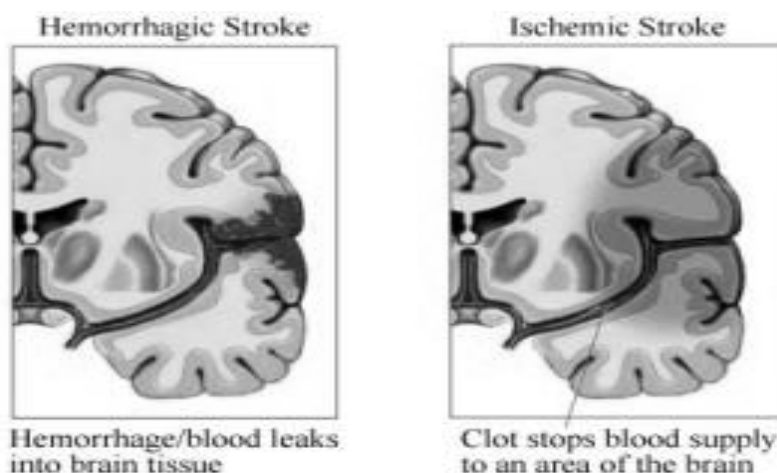
Hemorrhage can occur in several ways. One common cause is a bleeding *aneurysm*, a weak or thin spot on an artery wall. Over time, these weak spots stretch or balloon out under high arterial pressure. The thin walls of these ballooning aneurysms can rupture and spill blood into the space surrounding brain cells.

Hemorrhage also occurs when arterial walls break open. Plaque-encrusted artery walls eventually lose their elasticity and become brittle

and thin, prone to cracking. *Hypertension*, or *high blood pressure*, increases the risk that a brittle artery wall will give way and release blood into the surrounding brain tissue.

A person with an *arteriovenous malformation (AVM)* also has an increased risk of hemorrhagic stroke. AVMs are a tangle of defective blood vessels and capillaries within the brain that have thin walls and can therefore rupture.

Bleeding from ruptured brain arteries can either go into the substance of the brain or into the various spaces surrounding the brain.



Intracerebral hemorrhage occurs when a vessel within the brain leaks blood into the brain itself. *Subarachnoid hemorrhage* is bleeding under the meninges, or outer membranes, of the brain into the thin fluid-filled space that surrounds the brain.

The subarachnoid space separates the arachnoid membrane from the underlying pia mater membrane. It contains a clear fluid (*cerebrospinal fluid* or *CSF*) as well as the small blood vessels that supply the outer surface of the brain. In a subarachnoid hemorrhage, one of the small arteries within the subarachnoid space bursts, flooding the area with blood and contaminating the cerebrospinal fluid. Since the CSF flows throughout the cranium,

within the spaces of the brain, subarachnoid hemorrhage can lead to extensive damage throughout the brain. In fact, subarachnoid hemorrhage is the most deadly of all strokes.

Transient Ischemic Attacks
A *transient ischemic attack (TIA)*, sometimes called a *mini-stroke*, starts just like a stroke but then resolves leaving no noticeable symptoms or deficits. The occurrence of a TIA is a warning that the person is at risk for a more serious and debilitating stroke. Of the approximately 50,000 Americans who have a TIA each year, about one-third will have an *acute stroke* sometime in the future. The addition of other risk factors compounds a person's risk for a recurrent stroke. The average duration of a TIA is a few minutes. For almost all TIAs, the symptoms go away within an hour. There is no way to tell whether symptoms will be just a TIA or persist and lead to death or disability. The patient should assume that all stroke symptoms signal an emergency and should not wait to see if they go away.

Recurrent Stroke
Recurrent stroke is frequent; about 25 percent of people who recover from their first stroke will have another stroke within 5 years. Recurrent stroke is a major contributor to stroke disability and death, with the risk of severe disability or death from stroke increasing with each stroke recurrence. The risk of a recurrent stroke is greatest right after a stroke, with the risk decreasing with time. About 3 percent of stroke patients will have another stroke within 30 days of their first stroke and one-third of recurrent strokes take place within 2 years of the first stroke.



American Stroke
Association™
A Division of American
Heart Association

American Heart
Association® 
Learn and Live™

Don't supersize him.

Childhood obesity is a growing epidemic that increases death and disability from heart disease. Requiring minimum standards for physical education, such as 150 minutes per week of physical education for elementary schools and 225 minutes for middle schools, gives children a fighting chance against obesity and heart disease. And, coordinated school health programs will ensure that children have sound minds and healthy bodies. You can prevent supersized children who suffer more health problems and grow into unhealthy, less productive and disabled adults. Don't miss your chance to shape a whole new generation of Americans and stop the nation's No. 1 killer—heart disease.

Heart disease. You're the Cure.

Research in Our Community

Volunteers with type 2 diabetes needed for study

Volunteers with type 2 diabetes or individuals with impaired glucose tolerance are needed for a research study using an investigational drug, canakinumab. This study drug is an antibody to IL-1 that may reduce inflammation of the beta cells, which produce insulin. Study visits include measurements of blood pressure, pulse, & weight, an EKG, fasting lab work, review of medications and follow-up. Effect of the drug on insulin secretion will be evaluated one month after a single injection of the medication. Participants will receive a physical exam, glucose meter, glucose strips, results of lab work, study medication and a stipend. The primary investigator is Dr. James Lane. For more information, please contact Kelly Treude 559-8472 or Judi Erickson 559-4838

Smokers needed for a stop smoking research study using investigational nicotine vaccine (NicVAX®)

Volunteers with type 2 diabetes or individuals with impaired glucose tolerance are needed for a research study using an investigational drug, canakinumab. This study drug is an antibody to IL-1 that may reduce inflammation of the beta cells, which produce insulin. Study visits include measurements of blood pressure, pulse, & weight, an EKG, fasting lab work, review of medications and follow-up. Effect of the drug on insulin secretion will be evaluated one month after a single injection of the medication. Participants will receive a physical exam, glucose meter, glucose strips, results of lab work, study medication and a stipend. The primary investigator is Dr. James Lane. For more information, please contact Kelly Treude 559-8472 or Judi Erickson 559-4838

Are You Behind? Get Screened.



If you are 50 and over, you may qualify for a FREE or low-cost colon cancer screening test. Call the Nebraska Colon Cancer Program at:

1-800-532-2227



Make Your Life Smoke-free.



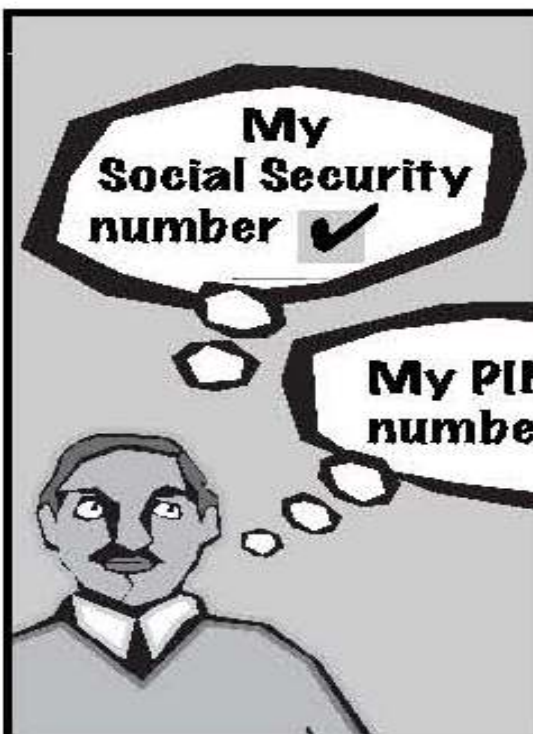
Celebrate the refreshing difference of air free from secondhand smoke!
Smoke-free air benefits everyone. It's good at home, at work, and at play.

Breathe it. Love it. Live it.

Find out more at motac.org



This project is supported in part by Region 8 Behavioral Health care through funding provided by the Nebraska Department of Health and Human Services/Tobacco-Free Nebraska program as a result of the Tobacco Master Settlement Agreement.



Know your diabetes ABCs

Just like you know your other numbers.

If you have diabetes, lower your risk of a heart attack or stroke by controlling the ABCs of diabetes:
A1C, **B**lood pressure, and **C**holesterol.

Talk to your health care provider today.

www.ndep.nih.gov 1-800-438-5383

A message from the National Diabetes Education Program,
sponsored by the National Institutes of Health and the
Centers for Disease Control and Prevention

