

Smoking Boom Catches Up With Women

Nov. 29) -- For Jean Rommes, the crisis came five years ago, on a Monday morning when she had planned to go to work but wound up in the hospital, barely able to breathe. She was 59, the president of a small company in Iowa. Although she had quit smoking a decade earlier, 30 years of cigarettes had taken their toll.

Chronic obstructive pulmonary disease actually comprises two illnesses: one, emphysema, destroys air sacs deep in the lungs; the other, chronic bronchitis, causes inflammation, congestion and scarring in the airways. The disease kills 120,000 Americans a year, is the fourth leading cause of death and is expected to be third by 2020. About 12 million Americans are known to have it, including many who have long since quit smoking, and studies suggest that 12 million more cases have not been diagnosed. Half the patients are under 65. The disease has left some 900,000 working-age people too sick to work and costs \$42 billion a year in medical bills and lost productivity.

Dr. James Crapo, a professor at the National Jewish Medical and Research Center.

Experts consider the statistics a national disgrace. They say chronic lung disease is misdiagnosed, neglected, improperly treated and stigmatized as self-induced, with patients made to feel they barely deserve help, because they smoked. The disease is mired in a bog of misconception and prejudice, doctors say. It is commonly mistaken for asthma, especially in women, and treated with the wrong drugs.

Although incurable, it is treatable, but many patients, and some doctors, mistakenly think little can be done for it. As a result, patients miss out on therapies that could help them feel better and possibly live longer. The therapies vary, but may include drugs, exercise programs, oxygen and lung surgery.

Dr. Byron Thomashow, the director of the Center for Chest Disease at NewYork-Presbyterian/Columbia hospital.

Still others are overtreated for years with steroids like prednisone, which is meant for short-term use and if used too much can thin the bones, weaken muscles and raise the risk of cataracts.

It is essential to quit smoking.

Patients also need antibiotics to fight lung infections, vaccines to prevent flu and pneumonia and lessons on special breathing techniques that can help them make the most of their diminished lungs. Some need oxygen, which can help them be more active and prolong life in severe cases. Many need dietary advice: obesity can worsen symptoms, but some with advanced disease lose so much weight that their muscles begin to waste. Some people with emphysema benefit from surgery to remove diseased parts of their lungs.

Above all, patients need exercise, because shortness of breath drives many to become inactive, and they become increasingly weak, homebound, disabled and depressed. Many could benefit from therapy programs called pulmonary rehabilitation, which combine exercise with education about the disease, drugs and nutrition, but the programs are not available in all parts of the country, and insurance coverage for them varies.

Most cases, about 85 percent, are caused by smoking, and symptoms usually start after age 40, in people who have smoked a pack a day for 10 years or more. In the United States, 45 million people smoke, 21 percent of adults. Only about 20 percent of smokers develop chronic lung disease.

The illness is not the same as asthma, but some patients have asthma along with their other lung problems. Most have a combination of emphysema and chronic bronchitis. In about one-sixth of cases, emphysema is the main problem. Women are far more likely than men to develop chronic bronchitis, and are less prone to emphysema.

The reason is that although quitting slows the disease, it can develop later.

Cigarettes are the major cause worldwide, but other sources are important in developing countries, especially smoke from indoor fires that burn wood, coal, straw or dung for heating and cooking. Women and children are most likely to be exposed. Outdoor air pollution plays less of a part: it can aggravate existing disease, but is believed to cause only 1 percent of cases in rich countries and 2 percent in poorer ones. Occupational exposures in cotton mills and mines may contribute.

Researchers have differed about whether passive smoking plays a role, but a Lancet article in September predicted that in China, among the 240 million people who are now over 50, 1.

Many patients with lung disease have other illnesses as well, like heart disease, acid reflux, hypertension, high cholesterol, sinus problems or diabetes. Compared with other smokers, those with C.O.P.D. are more likely to develop lung cancer as well. Researchers suspect that all the ailments stem partly from the same underlying condition, widespread inflammation, a reaction by the immune system that can affect blood vessels, organs and tissues all over the body.

Lung disease can creep up insidiously, because human beings have lung power to spare. Millions of airways, with enough surface area to cover a tennis court, provide so much reserve that most people would not notice it if they lost the use of a third or even half of a lung. But all that extra capacity can hide an impending disaster.

Often, the diagnosis is not made until the disease is advanced. Even though breathing tests are easy to perform and recommended for high-risk patients like former and current smokers, many doctors do not bother. People who do get a diagnosis frequently are not taught how to use the inhalers that are the mainstay of treatment. Access to pulmonary rehabilitation is limited because Medicare has left coverage decisions to the states. Some programs have shut down, and there are bills in the House and Senate that would require pulmonary rehabilitation to be covered by Medicare. Medicare may also reduce coverage for home oxygen.

Meanwhile, billions are spent on treating exacerbations, episodes of severe breathing trouble that are often caused by colds, flu or other respiratory infections.

A recent study of 1,600 consecutive hospitalizations for chronic lung disease in five New York hospitals found that once patients were in the hospital, their treatment was generally correct, Dr. Thomashow said.

For many, trying to control the disease, rather than be controlled by it, is a daily struggle. Diane Williams Hymons, 57, a social service consultant and therapist in Silver Spring, Md., has had lifelong problems with bronchitis, allergies and asthma. In the last five or 10 years, her breathing difficulties have worsened, but she was told only three years ago that she had C.O.P.D. It motivated her to give up cigarettes, after smoking for more than 30 years.

They have discussed surgery to remove part of her lungs, which helps some people with emphysema, but she said no decision had been made yet because it is not clear whether her main problem is emphysema or asthma. She is not sure what her prognosis is.

A Risky Approach

Ms. Williams Hymons has been taking prednisone pills for years, something both she and her doctor know is risky. But when she tries to cut back, the disease flares up. She has many side effects from the drug.

A recent study of 25 primary care practices around the United States treating chronic lung disease found that most did not perform spirometry, a simple breathing test used to diagnose or monitor the disease, even when they had the equipment to do so. The test takes only a few minutes, but doctors said there was not enough time during the usual 15-minute visit. Similarly, the practices did not offer much help with smoking cessation.

The author of the study (published in August in *The American Journal of Medicine*), Pamela L. Moore, said many of the doctors felt unable to help smokers quit, and believed that as long as patients kept smoking, treatments for lung disease would be for naught. But Dr. Moore said research had found that people are more likely to quit or start cutting back if doctors recommend it.

Like many patients, Ms. Rommes has both emphysema and chronic bronchitis, along with asthma. She had symptoms for years before receiving the correct diagnosis.

She began smoking in college during the 1960s, when she was 18. People whom she admired smoked, and it seemed cool. She smoked for 30 years.

When she quit in 1992, it was not because she thought she was ill, but because she realized that she was organizing her day around chances to smoke. But she almost certainly was ill. She was only 50, but climbing a flight of stairs left her winded. From what she found in medical dictionaries, she began to suspect she had lung disease.

By 2000 she was so short of breath that she consulted her doctor about it.

He gave her a spirometry test. In one second, healthy adults should be able to blow out 80 percent of the total they can exhale; her score was 34 percent, which, she knows now, indicated moderate to severe lung disease.

She is hooked on exercise now, getting up every morning at 5 a.m. to walk for 45 minutes on the treadmill. She goes at it hard enough to break a sweat, wearing a blood oxygen monitor to make sure her level does not dip too low (if it does, she slows down or uses special breathing techniques to bring it up). She walks outdoors, as well, and three times a week, she works out with weights at a gym.

This habit is the worst thing I have ever faced, I think(actually know) it's too late now to do anything, and it's true, people just say " Hey, you know and have known it's bad for you, sooo" like well you deserve what you get !! For cripes sake !!! I had a Dr. who blamed every illness on smoking !! they are frustrated with it ! if more health plans paid for rehab for 30 days, think of the Millions they would save in hospital costs !! just think about it !!

The opposite of class, the opposite of attractiveness, the height of discourtesy.

Rude, annoying OBNOXIOUS. But, when you object and wish to keep smokers away, the actually think you are worried about THEIR health (???) and start saying what about fatty food, etc, or, what's next.

Nothing is "next", there is nothing with such a drastic impact on others, that also needs to be banned.

The Smoking Boom was a result of great marketing. Convincing the buyer they cannot live without a certain product. It seems that many of those who bought into this idea have been assured by tobacco advertisements, that they would enjoy life more, be more popular, more sophisticated, and more. Young people have always been most susceptible to this lure, and still are.

For that brief period when smoking does what it promises, those months or couple of years in the beginning, that time will often be taken off the total years of health, or life as payment, and at a very high interest rate.

Many smokers defend their choice, and hate those who complain about them, but after many decades of smoker rights being held above all others, they are not afraid to complain about the unpleasant environment they must endure to smoke now that the scale has tipped against them.

Enjoy, take that long lingering puff, you deserve it.

My friend Paul died two years ago from lung cancer :(He was 52. I always told him I didn't like the cough he had (which he had for a long time), and that horrible cancer got into his heart and it was just awful.

He was a smoker since a long time ago (decades).

I miss him. And this was a man I was friends with, I can imagine how bad it must be for family members to lose someone :(

DON'T SMOKE. NEVER SMOKE.

Author: ZOU Zheng Xiao-ping Source: Health professional and technical qualification examinations and guidance of professional psychological treatment _

A hospital treatment

Treatment of anorexia nervosa is that the primary purpose of restoring the individual nutritional status, as long as the emergence of eating bad dehydration and electrolyte imbalance can cause serious problems, even weight can cause death. Therefore, in critical condition, while difficult to care at home, should be recommended as soon as possible hospitalization.

Hospital treatment should be based comprehensive treatment, including cognitive - behavioral therapy, spiritual dynamics treatment, family therapy, and sometimes even to merge drug treatment. Ward s medical staff must pay attention to practice what they preach to patients create a binding, but with the treatment of the environment. We should make full use is enhancement (recognition) and the negative enhancement (penalties), at the same time, we should give full attention to mobilize the enthusiasm of the patients themselves, in order to consolidate effect.

Close observation during hospitalization to eat, the general requirements of the daily energy intake for three thousand hot cards, and to ensure that patients should not eat after spontaneous or induced vomiting Tuha.n

For less than six months duration, not overeating and vomiting patients, if their parents can actively participate in family therapy and support can be carried out in outpatient treatment. Only the body in the event of serious complications, or have a serious depression or suicide attempts have strong

when it is required hospitalization.

Second, psychological treatment

Nervous anorexia and nervous hyperphagia have similar pathological psychological mechanisms, but also unhealthy eating similar acts, many nerve Bulimic patients is a continuation of anorexia, the two often co-exist. So their treatment there are also many common places, almost all the psychological treatment system have emphasized self-monitoring. Nervous anorexia psychological therapy there are many, many of these methods especially for out-patient treatment. Currently the more common method for the psychological dynamics were treated. However, as the patient s impedance is very obvious, it is very difficult to treatment.

Treatment is the first step to establish a good relationship between doctors and patients, the patient s cooperation, the primary goal of treatment is to restore the patient s nutritional status to normal. circumstances through psychological treatment in order to obtain behavioral change is very difficult.

1. Cognitive behavioral therapy

The nerve of anorexia and nervous hyperphagia psychological treatment, mainly to behavioral therapy, which operable conditioned reflex method is the most effective. According to the increase in body weight is enhancement of, including increased physical activity, family visits, social activities and so on. It must be noted that doctors and patients agreed to strengthen the positive is the only basis of weight gain. This is important, because this can be avoided by doctors and patients patients how to eat? , The number of patients to eat? And What the patient to eat and argued with such a problem, resulting in tense relations between doctors and patients, only weight the objective is to increase the target.n

Japan Society, stay observation room 2-3 hours in order to stop these acts by them.

Awareness - in the implementation of behavioral therapy can be divided into four phases, the first phase of the mission is through acquisition history, in particular through self-monitoring patients for eating, induced hyperphagia and sickness, patients assessed the extent of the problem. The task of the second phase, as far as possible, allow patients to maintain three meals a day, so that patients gradually become normal eating behavior. Phase III is mandated to rectify patients caloric intake, body shape, weight, and other aspects that distort cognitive concepts. The fourth task is to practice various relapse prevention measures (such as practicing how to handle high-risk situations). Such treatment normally a period of six months, an average of 20 times.

Nervous anorexia patients have strong food, dieting and weight cognitive errors, which are both treatment obstacles At the same time, if we do not change these cognitive errors, once from the treatment of the environment, is to make patients relapse factors. Therefore, cognitive therapy for the treatment of anorexia and the launching of the consolidation have a very important significance. Cognitive therapy is the key to change these cognitive errors.

2. Family therapy

Patients with the mother s relationship is not normal, often with the father s relationship with Oedipus the characteristics of the conflict. The patient s parents are often poor relations, the conflict is related to eating habits can, but also sexual, and rely on the prestige of the problem. Family neurosis situation is not uncommon, as the symptoms of patients carriers will be family problems in the form of barriers to eating demonstrated in the treatment of family members from the often strong resistance from the patient to deal with all the parents and or family members of patients living with a family once a comprehensive and thorough analysis to determine what forms of family therapy to help patients more appropriate. The younger patients, including psychological treatment, parents or family psychotherapy further more important. The patient s symptoms to family relations, and the establishment of working families Union, showing family instability, chaos or rigid model, the therapist is committed to the goal of the missing function of the family to change, the change in the family interaction context, the patient s symptoms and behavior change will eliminate the resulting.

3. Spirit dynamics treatment

To clarify various psychological causes of eating disorders must first think that eating is the first and most important needs of life or life, the children eat and drink from the first experience in the meet with the instinctive discomfort (hunger) mitigation. In accordance with the spirit of the theory, annexation means eating, eating, children occupy something is the only possible because of possession will damage the interests of others or that others pay the referral, therefore, can be feelings of the attack, it is a sin experience one of the root causes, such possession - offensive in the sense of sin Anorexia patients have been identified. Eating here is not a pure natural process, but a complex behavior, it may experience through the instinct

to family relations or other interpersonal relationships be affected, can cause very serious obstacles.

Department comfortable feeling, but also to stimulate consumption and pornography link, therefore, suppressed sexual instinct activities to be early development stage because of the retrogression in eating reflected.

Anorexia patients of mental retardation, physical attitude of the patients demonstrated excessive narcissism and contradictions: on the one hand is more to love, care, attention, but is anxious to emphasize instinct and the harmful effects of activities with which alienation. Female patients can not accept adult female roles, loss of appetite and vomiting obstacles to the performance of the offensive. In the neurosis of retrogression in the process of eating and pregnancy, weight gain and pregnancy was unconsciously equate to shape not only their own emaciated female physique, and is unconscious defense against pregnancy. Patients do not want to be a wife or mother, to rip that responsibility. In accordance with the spirit of the theory, the formation of neurosis anorexia is a second phase suppressed: As a first defense failed to adequate mental neurosis symptoms and therefore there was physical defense process.

Male anorexia patients on the spirit of kinetics, it is likely to be ideal self (with or without children as sex) and the continuous development of the conflict between the reality of the decision but also with the mother and the strong dependence on women the shared.

In a good doctor-patient relationship and treatment on the basis of the United Democrats, so that patients get to know some people in the consumption of all kinds of complex inner expression. Young children often refuse to eat the way for the mother's love, so that mothers worried that he is sick. Some patients in the subconscious of arising due to jealousy attacks against thinking of these ideas from guilt flu, so I have to enjoy eating does not allow the sense of pleasure. Some patients because of such attacks, a hunger strike against ideas for atonement, like repentance of Ramadan. Some patients in the subconscious to harm himself and others with the idea to their jealousy troubled characters. Therapists so that the patients understand the complex where he and I take the psychological defense methods, and how to lead a more enjoyable life. Fear of loss of control capacity, we must rely on the fear of loss of autonomy, their own assessments too low, excessive demands perfect realm, and the requirements for parental feelings of jealousy, and so are the treatment of the need to discuss the issue.

The need for further pointed out is that this series of interpretation and amendment - the need to choose the right time, premature or excessive intervention, it will undermine treatment, the patients difficult to accept, and ultimately refused treatment.

Third, medication

1. Nervous anorexia drug treatment can be roughly divided into the following two categories: the first category is the attempt to influence drug and related hunger or satisfaction or neurotransmitter neuropeptide, so as to achieve therapeutic purposes; second category of drug treatment and is trying to neurogenic anorexia other mental disorders coexist, so as to achieve the treatment of anorexia purposes. Common:

(1) antidepressant agent: clomipramine; new antidepressant (SSRI), such as 20-80 mg / day of fluoxetine can severely emaciated nerve anorexia patient body weight increased.

(2) Wash hands before eating a certain dose of insulin used.

(3) dextral appetite inhibitor such as fenfluramine patients can be effective in reducing the number of hyperphagia and lure Tuha.

About the Author

From news.aol.com:

A mental health therapist helps the client unravel and solve emotional and psychological problems underlying the eating.

Behavioral therapy has proven effective in achieving this goal. Psychotherapy has proven effective in helping to prevent the eating disorder.

Eating Disorder Therapy for the East Lansing or Michigan State University.

This is an important element when the person with anorexia denies having an eating disorder. Group therapy. Allows persons with anorexia.

Offers individual and group eating disorder therapy, workshops and other community resources for women and teens with eating.

Eating Disorders, Addiction, Find a Therapist, Online Therapy. The Something Fishy Website on Eating Disorders is one of the largest, oldest.

Eating disorder treatment is an area in which our clinic takes great pride, if you or a loved one needs an eating disorder treatment program.

In order to tailor our eating disorder treatment programs to the needs of each of our clients, The Renfrew Center offers a comprehensive.

