
HEARTBEAT

Cardiovascular Health Study

Spring 1996, Volume 2, Number 1

Nutrition survey added to clinic exam

By Laura Sampson, R.D., M.S.
Harvard Public School of Health

Do you drink milk daily or sip soda instead? Do you shun shellfish, but fare big on beef? Do you relish mustard, but seldom choose chili sauce? Can you go months without cabbage, but find your day incomplete without a cookie? Can you do without doughnuts, but not without chocolate?

Most people give little thought to what they eat and how often they eat it. But can what you eat, how often you eat it, and how you prepare it affect your cardiovascular health? Your responses to a food frequency questionnaire, which has been added to the CHS 1996-96 Exam, will help researchers study that question.

The survey, known as the Harvard University Food Frequency Questionnaire, or Willet Questionnaire, was developed by Harvard researcher Walter Willet and colleagues for use in studies at Harvard University.

The survey, which includes 131 food items, takes about 30 minutes to complete. During the survey, our interviewer will ask you how often (e.g., never, once a week, daily, several times daily) in the past year you have eaten foods from the following categories: dairy; fruits; vegetables; eggs and meats; breads, cereals, and starches; beverages; and sweets and baked goods.

You also will be asked about your consumption of miscellaneous foods, such as preserves, popcorn, nuts, peanut butter, salad dressing and salt and pepper.

Each category is broken down into specific foods. For example, in the dairy category you will be asked about your average consumption of milk, sour cream, ice cream, yogurt, cottage cheese, butter, and other dairy foods. Portion size, such as an 8 oz. glass, 1 slice, etc., will be included in each food question.

In addition, you will be asked about your food preparation habits, such as how much fat you trim from meat, types of fats you use for cooking, how often you eat food that is fried at home and how often you eat fried food away from home, how much sugar you add to beverages, and types of cold cereal you usually use.



You also will be asked about the frequency and type of vitamin preparations or supplements you use.

Your answers should be as brief as possible but they also should be as accurate as possible. When responding to each question, please average seasonal use of foods over the entire year. Finally, you will be asked if you consume certain foods at least once weekly, such as tortillas, cream sauce, custard, horseradish, rhubarb, fava beans, carrot juice, coconut, avocado, dried apricots, dates, and figs. If the interviewer misses a food item that you usually eat, you will have an opportunity at the end of the interview to list it.

Although it is not required, you may find it helpful before your Exam to recall foods you eat frequently and those you don't. Such a general "mental checklist" can help you keep responses brief and allow you to finish the survey in 30 minutes or less.

Blood pressure serves as valuable gauge of health and fitness

Bruce Psaty, MD, PhD
University of Washington

The American Heart Association estimates that as many as 50 million Americans have high blood pressure, also known as hypertension. Often called “the silent killer,” high blood pressure frequently has no symptoms and can go undetected for years. Untreated, hypertension not only doubles the risk of heart attack and triples the risk of stroke but can also damage the eyes, kidneys, and blood vessels of the legs.

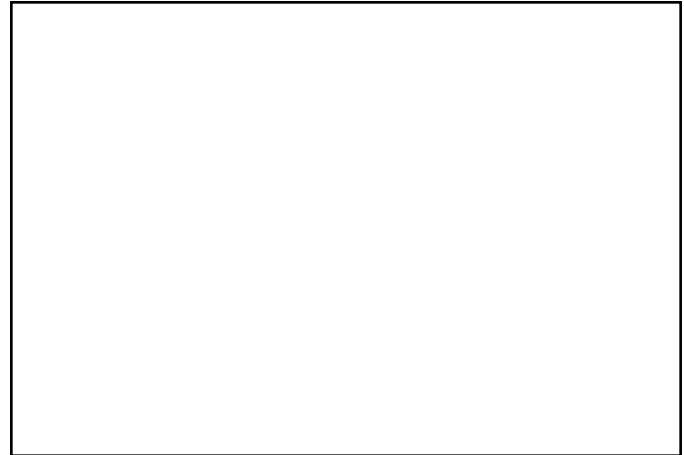
Recent studies have shown that treatment for high blood pressure can effectively prevent strokes and heart attacks in older adults. In fact, several nationwide studies have found that 35–44 percent of older adults take medication for high blood pressure; another 10–15 percent have mildly elevated blood pressure, but are not taking medication.

Your blood pressure is one measure by which your doctor gauges your cardiovascular health. Blood pressure is measured by a quick, painless procedure using a medical instrument called a sphygmomanometer. A blood pressure reading consists of two numbers. The first is called the “systolic” pressure and refers to the force at which blood moves through the vessels when your heart contracts.

The second is called the “diastolic” pressure and refers to the force the blood exerts on the vessels between heart beats. High blood pressure usually is indicated when you have a series of three readings on different occasions that exceed the normal range for adults of 140 (systolic) over 90 (diastolic) or 140/90 mm Hg (millimeters of a column of Mercury).

High blood pressure indicates that the heart is straining to pump blood through the arteries. It’s unhealthy because the heart can become enlarged. Also, the arteries can become damaged and less elastic (atherosclerosis) and hardened arteries may be unable to supply enough blood to the body’s organs and tissues. Furthermore, blood clots may form or lodge in a narrowed artery. Blood clots are one of several causes of heart attacks and strokes.

Blood pressure, especially systolic pressure, generally increases with age, so older adults are more



Yearly CHS exams include a blood pressure screening. Here, a participant at the University of California-Davis has her blood pressure checked by Technician Linli Kwon, left.

likely than middle-aged persons to have a condition called “isolated systolic hypertension.”

Doctors do not know what causes 90 percent of high blood pressure cases. Factors that can increase your risk of hypertension, but which you cannot control are heredity, gender, age, and race.

Although there is no cure for hypertension, it can be controlled by:

- losing weight (if you're overweight),
- reducing alcohol and salt (sodium) intake,
- exercising regularly,
- taking medication (if prescribed by your doctor).

Even if you have done all that you can with diet and exercise, your blood pressure eventually may increase such that your primary-care doctor prescribes medication.

Recent studies of older adults indicate that low-doses of diuretics, also called “water pills,” can prevent heart disease and stroke. Beta blockers also may reduce stroke and heart attack. Beta blockers are a class of high blood pressure medications that curb the effect of a hormone that stimulates cardiac output and increases blood pressure.

Low doses of high blood pressure medications generally cause no side effects. However, if you are taking a high blood pressure medicine and think it is causing troublesome side effects, you should discuss them with your doctor. Lower dosages might help. If not, a variety of other medications are available. Since you may be taking high blood pressure medication for years, it is important to find one that is right for you.

(This article was adapted from an article by Bruce Psaty that appeared in the June 1994 edition of *Northwest PrimeTime Journal*.)

Water - the “forgotten” nutrient

Peg Meyer, RN, M.Ed
University of Pittsburgh

Whether this summer finds you working in the garden, traveling, or engaging in outdoor activities, remember to keep plenty of drinking water on hand.

Older persons are at greater risk of dehydration than younger adults for a variety of reasons. They may be less sensitive to thirst and hunger sensations. Fluids may not be conveniently available, or they may restrict fluid intake to prevent having to use the bathroom at night. Some older persons may have conditions that increase their fluid needs, such as diuretic therapy.

Excessive water loss, especially in hot conditions, can cause dehydration. Dehydration symptoms progress rapidly from thirst to weakness, lowered blood pressure, exhaustion, delirium, despondency, and finally loss of consciousness. Loss of 10 percent of body water results in severe dehydration symptoms; loss of 20 percent is fatal.

In very hot conditions, you also may lose electrolytes through heavy sweating. Electrolytes are ionized salts, such as sodium, calcium, magnesium, and chloride, necessary for cell metabolism. Heat exhaustion occurs when your body experiences excessive loss or imbalance of water and electrolytes.

Replace electrolytes by eating a few soda crackers or a banana or by drinking orange juice. (Bananas and orange juice are especially high in potassium.)

The body's water needs

Humans can survive weeks without food. Without water, however, survival is possible only for about five days.

Water composes 55-60 percent of the human body, or about two-thirds of the body's weight. It is part of every cell. Most of the body's water is contained within the cells, and the remainder bathes the cells and tissues.

A major component of blood, water is a solvent for transporting water-soluble nutrients throughout the body. Likewise, it plays a key

role in plasma volume maintenance. Water is necessary for digestion and removal of body wastes. It also acts as a lubricant and helps regulate body temperature.

Water intake and output

About 50 percent of the body's water needs can be met by solid food intake. Hence, water sometimes is called the “forgotten nutrient.”

The most obvious source of water is water consumed as a beverage. Other beverages also contain some water as do most solid foods. (The percentage of water in solid foods ranges from 96 percent in lettuce to 1 percent in dry sugar.)

The body also uses water released from the metabolism of carbohydrates, proteins, and fats.

A normal adult eliminates between 51-61 oz of fluid daily through the kidneys and about 3 oz

(continued on Page 4)

Safe drinking water: bottled water versus tap water

Walk through the beverage aisles of most supermarkets and you'll probably find a whole section devoted to bottled waters.

Bottled waters have captured a wide following of health-conscious consumers who are willing to pay premium prices for it. But bottled water may be no better for you than water from your kitchen faucet, many public health experts say.

About 700 brands of bottled water are sold in the United States. The 2 billion gallons of bottled water Americans drink each year are required to meet the same standards for purity as public drinking water—no more, no less.

However, current regulations do not require bottled water labels to list the water source, although many volunteer the information. While most bottled water comes from protected wells and springs,

25 percent is taken from the same sources that flow through your tap.

To defend against disease, most public water supplies are treated with chlorine, whereas most bottled water is ozone-treated. But ozone doesn't always guarantee the safety of bottled water, according to the EPA. Ozone can react with chemicals in water supplies to form cancer-causing agents.

(continued on Page 4)

(bottled water, cont.)

However, bottled water contains virtually no lead - a contaminant known to cause health problems.

In contrast, public drinking water may be safe when it leaves treatment plants, but may become contaminated with lead from pipes and faucets.

If the quality of your tap water concerns you, have your water tested or call the EPA Safe Drinking Water Hotline at (800) 426-4791 for more information.

If you prefer bottled water, you don't have to buy it at a premium. Expensive brands do not necessarily taste better and are no safer than cheaper brands. Domestic brands usually cost less. If you pay much more than 90 cents a gallon, you're probably financing fancy packaging or advertising for a well-known brand rather than the content. For safety assurance, you may call the International Bottled Water Association (IBWA) to check if the bottler is a member: (703) 683-5213.

(Adapted from "Safe drinking water: is bottled water really better?" by Elizabeth Ward, *Environmental Nutrition*, Oct. 1994, page 2.)

(water, cont.)

through stool loss. About 12 oz are lost as perspiration and 10-20 oz is excreted through respiration.

The committee on the Recommended Dietary Allowance (RDA) recommends that mature adults consume six to eight cups of fluid daily, or 1 1/2 to 2 quarts a day. (More is required if you are sweating profusely or are having excessive bouts of vomiting or diarrhea.)

About half of your daily water requirement can be obtained from food itself exclusive of liquids, given you consume a normal diet.

Remember, however, that your degree of thirst may not always reflect your body's demand for water —some people can have fluid depletion and never feel thirsty.

A good rule of thumb is to consume sufficient liquid so that 1 qt or more of urine is produced daily. Daily weighing, especially during hot weather, also may help you gauge water loss and adjust intake accordingly.

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Martha Gustafson enjoys lifetime avocation of volunteer-

When a Los Angeles hospital clinic put out a call for volunteers one summer 50 years ago, Martha Gustafson responded.

Every day that summer found the Los Angeles teenager at the clinic, volunteering an extra hand for whatever needed to be done.

"I was kept fairly busy," she said. "Once, I even helped assist a doctor with a minor surgery.

"I wanted to keep volunteering at the clinic after school resumed, but my father would allow me only to volunteer in the summers," she said, chuckling.

Martha volunteered at the clinic for the next few summers and, eventually, had what started as an activity to fill the long days of vacation evolved into a lifetime avocation of volunteerism.

More than 50 years later, she still volunteers in her community four days a week, including the UCDMC CHS Field Center, where she volunteers on Tuesdays.

At the CHS Field Center, Martha assembles questionnaire packets for study participants, of which there are about 1,500. She also does some filing, searches for charts when necessary, and generally helps out whenever needed.

Martha learned of the CHS through a weekly newsletter of the Retired Senior Volunteers Program (RSVP), an organization that furnishes volunteers for various programs.

"Martha is very reliable, we can always count on her to be here," said Eileen Casillas, data manager. "If she can't make it or is going to be late, she always calls ahead of time. Plus, she's very conscientious. She's quick to notice if something is incomplete or not right and she lets us know about it right away."

Fridays find her at the Sutter Resource Center, a medical library at the medical center. She started volunteering there about nine years ago when the library opened.

One of 10 volunteers at the Center, Martha's responsibilities include keeping the Center's mailing list current, which is used to mail about 4,000

newsletters quarterly. She also types spine labels for books and videos and files documents and other materials.

In all, Martha has logged more than 1,200 hours of volunteer time at UCDMC and more than 3,000 hours with the Sutter Resource Center.

In addition to her work at the medical center, Martha volunteers at her church on Wednesdays, where she sorts mail, answers phones, fixes bulletin boards, types, etc. Whatever task needs to be done, Martha offers to do it.

Since the 1960s, Martha has volunteered one day weekly at the Cancer Dressing Center for Eastern Star, where she helps make bedpads and gauze dressings of all types.

And, she spends one morning a week tutoring students in reading at Jonas Salk Middle School in Sacramento.

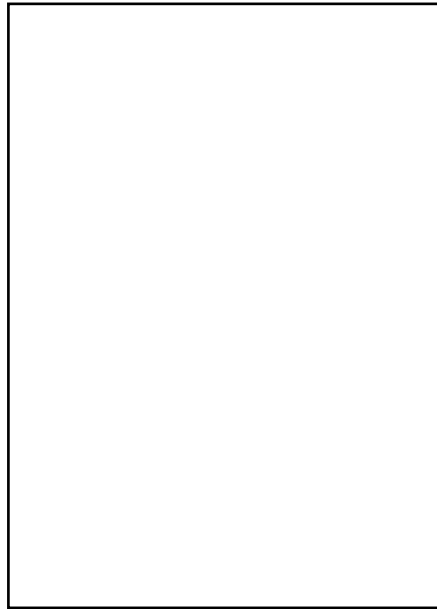
After her first volunteer job at the Los Angeles hospital clinic, Martha moved to Denver with her husband, where, during World War II, she volunteered at the Red Cross Center and in the maternity ward at St. Luke's Hospital.

She and her husband later moved back to L.A. and eventually moved to the Sacramento area in 1955, when her husband was transferred here with Aerojet.

In addition to her lifelong volunteer activities, Martha raised five children, who have presented her with 13 grandchildren and seven great-grandchildren.

In her spare time, she likes to knit and crochet and also walks daily. When her family was younger, they frequently enjoyed camping and fishing excursions. She also has traveled extensively across the United States.

"I have always enjoyed doing any kind of volunteer work," she said. "My children and grandchildren do not live nearby, so my volunteer activities give me something to look forward to each week."



Martha Gustafson

Accident prevention starts at home

Your home may feel comfortable and inviting, but is it safe?

The National Safety Council reports that each year in the United States, more than 6 million persons have disabling accidents and about 20,000 of these mishaps result in death — most of these accidents occur in the home and are preventable.

Falls, especially from ladders and stepstools, are a leading cause of accidents among older persons. More than 130,000 Americans are injured each year while climbing, according to the Consumer Product Safety Commission.

Persons between the ages of 55 and 70 are at especially high risk for falls. Also, women have twice as

many falls as men.

To make ladder use safer:

- Avoid tall, narrow stools — they tip easier than short, wide stools.
- Don't overload your hands; instead, hand off items to a helper on the ground. Try not to extend your body too far to either side or you may lose your balance.
- Make sure the ladder is on level solid ground. If not, place a board under the ladder.
- Face the ladder or step stool as you climb up and down. Never use them as a set of stairs.
- When setting up the ladder, follow the 4-to-1 rule: for every 4 feet of height from the ground to the top point of support, move the ladder 1

foot from the wall.

Safer cleaning products

Many household cleaning products contain hazardous materials. Improper use, storage, or disposal of these products can make yourself and others ill and harm the environment.

To reduce the use of hazardous products, choose supplies with labels that say "caution" or "warning" over those that say "danger." Buy small amounts of cleaning products and use water-based products;

Use up what you have, give it to someone who can use it, or recycle it. If these options don't work for you, take it to a household hazardous waste collection site. Call your local health department or waste collection site for details.

New food labels are easier to understand

"Low," "Lite," or "Lean?" What do they really mean?

Finally, you can digest these and other food labeling lingo — such as "fat free," "saturated fat," "no calories," or "low cholesterol" — because of new federal laws. And you can trust what you read.

New food labels, which now appear on all food and beverage labels, can include nutritional claims only if the food meets government standards. The new laws are intended to make nutritional labeling about the content of foods and beverages more detailed and understandable.

The new label regulations are strict concerning food claims. For example, "fat-free" means less than 0.5 grams of fat per serving and no added fat or oil. "Low-fat" is restricted to three grams of fat, or less, per serving. The description "light" or "lite" is restricted to products that have one-third fewer calories or no more than one-half the fat of the

higher-calories, higher-fat version.

Following are a few tips on what the various items on the food labels mean, according to a new brochure produced by the American Heart Association (AHA) and the Food and Drug Administration, "*How to Read Food Labels.*"

- Calories per serving are listed along with amount of calories from fat. The AHA suggests cutting back on calories and fat if you're overweight.

- Fat, saturated fat, carbohydrates, fiber, and protein are listed in grams per serving.

- Cholesterol and sodium amounts are listed in milligrams (mg) per serving. The AHA recommends consumption of no more than 300 mg of cholesterol and 3,000 mg of sodium per day.

- The percent of daily values are listed for all of the above. For nutrients such as fat and cholesterol, the daily value percentage tells your upper limit based on a 2,000-calorie-

per-day diet.

For example, if a product contains three grams of fat, the daily value column will tell you that the fat in the product is 5 percent of your recommended maximum daily fat intake.

- The labels include total daily value numbers for both a 2,000-calorie-per-day diet and a 2,500-calorie-per-day diet. However, not everyone needs to eat that many calories a day. Person who don't should eat less fat and cholesterol, according to the AHA.

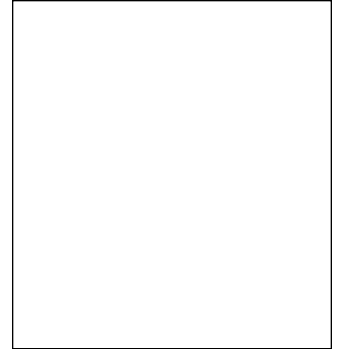
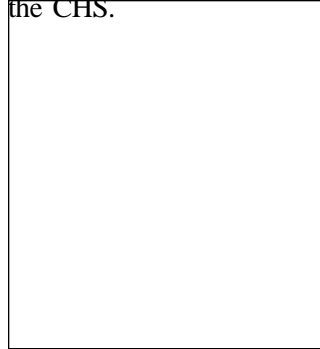
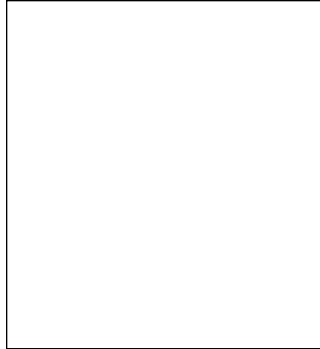
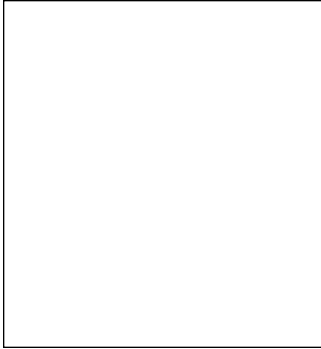
- To earn a "cholesterol-free" label, the product must contain fewer than two milligrams of cholesterol and two grams or less of saturated fat per serving.

For more information about healthy eating made easier, contact your local AHA or call 1-800-AHA-USA1 (1-800-242-8721).

Know your CHS support staff

You may not see them on your annual clinic visit, but the support staff helps keep the study running smoothly. From driving vans to conducting tests to processing data, each support staff person brings diverse experience and expertise to their respective CHS duties.

But they all have one common goal: to make your annual clinic visit more convenient, comfortable, and efficient. If you recognize any of these faces on your next visit, consider giving them a nod of appreciation, for their efforts make it easier for you to participate in the CHS.



Howard Bethune

Howard, who is a Van Driver, has worked at Pitt for two years. He is semi-retired from the police force and lives in Homestead. Howard has two grandchildren, ages 4 and 2. He enjoys fishing, hunting, and basketball, and is a Scout Master with the Boy Scouts.

Eric Bruno

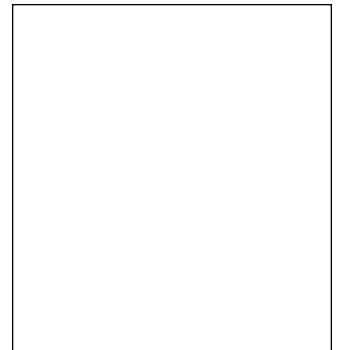
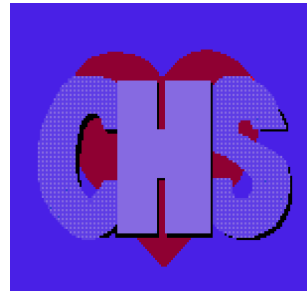
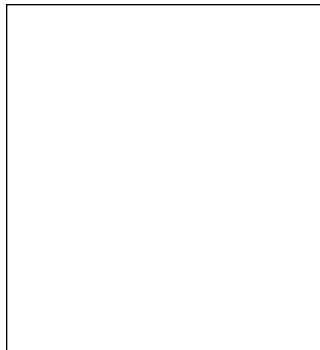
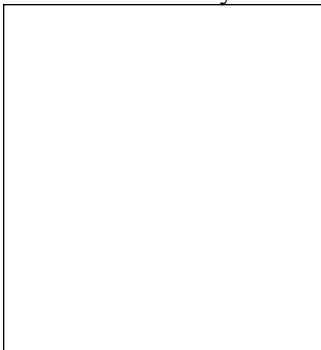
Eric has done data processing for the CHS for four years. He lives in Pittsburgh with his father and two brothers. He enjoys weightlifting and is an avid sports fan.

Janet Fair

Janet, who is an Administrative Assistant, has been with CHS since April 1994. She enjoys reading and cross stitching and is preparing for her daughter's July wedding.

Rich Foran

A Research Specialist, Rich brings to the CHS six years of combined lab experience from Johns Hopkins and Pitt. He and his wife, Martha, have two daughters, Sarah and Rebecca.



Marjorie Geason, RN

Marge, who makes the six month surveillance phone calls, earned her bachelor's degree in nursing in 1981 from Ohio State University and her master's degree from Pitt in 1991. She has worked at Pitt since 1983. She has three children and enjoys outdoor sports, including snowskiing.

Cindy Granny, CMA

Cindy, a Bone Scanner, began working at Pitt three years ago for another clinical study, where she met her new husband, Joel, who also works for CHS. She has been with CHS since June 1994. When she's not enjoying basketball with her son, Jeff, and daughter, Tina, she enjoys exercising, cooking, and gardening.

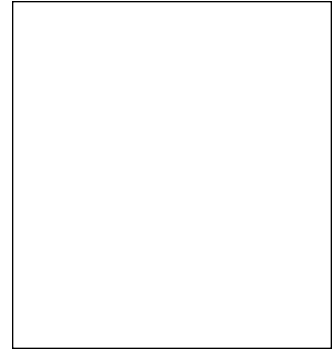
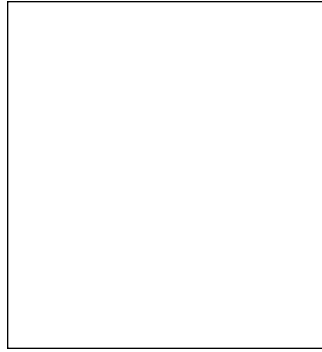
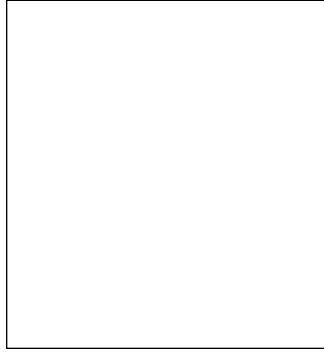
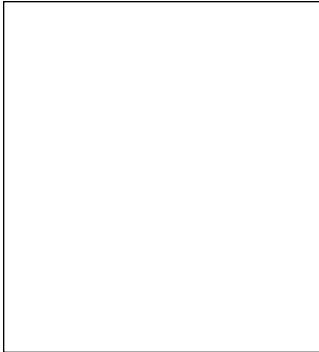
Joel Granny

(not pictured) Joel, who is the Driving Coordinator, has been employed at Pitt since 1992. He lives in North Braddock with his wife, Cindy, and her two children. Much of Joel's leisure time revolves around sports.

Dave Lau

Dave, who is a Driver, began working for the Health Studies Office in 1993. He spent 13 years in the United States Navy and was discharged under the voluntary separation program in 1992. Dave is the father of two children. For recreation, he enjoys fishing, hunting, bowling, and playing tennis and golf.

Support Staff (continued from Page A)



Jean McCormick

A Bone Scanner, Jean has worked on research projects at Pitt for the past 14 years. She has three grown children and three grandchildren. She is a member of her church choir, and enjoys reading, needlework, and spoiling her three grandchildren.

Bett McLaughlin

Bett, our Data Manager, has been with CHS since its inception in 1989. Currently a part-time student at Pitt, Bett recently was inducted into the Golden Key National Honor Society. Also, for the second consecutive year, she was named a University Scholar. In her free time, Bett takes Tai chi, exercises on her NordicTrak and reads science fiction.

Peg Meyer, RN, M.Ed

Peg, who is Coordinator of Clinical Studies, has been at Pitt for more than 10 years. Her husband, Chris, is an administrator at the Allegheny County Department on Aging. They have two children, Julie, 13 and Eric, 19. Peg wants everyone to know that her health is stable and she appreciates all the gestures of concern and well wishes.

Kathleen Schiller, RDMS, RTR, VT

Kathy is a registered diagnostic medical sonographer and vascular technologist and a registered radiologic technician. She lives in Kittanning with her husband and two teenage daughters and participates in sports programs and her daughters' school functions. She enjoys cooking, traveling, playing the piano, and crafts.

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Bouquets to our CHS participants — we appreciate your commitment

While you enjoy the season of Spring, we invite you also to reflect on your generosity to the CHS. As the Study begins its eighth year, we have many reasons to say "thanks" to each of you. Here are a few:

In 1989, 1,302 of you responded to our call to engage in a study of health problems associated with persons over age 65. Each year since, you not only have answered our questions over the phone every six months but also have come to the Center and allowed us to prod and poke you for various examinations.

During the first year, 428 of you were "wired" for research by wearing an ambulatory ECG machine, which monitored your heart rate for 24 hours. We were late with the results, but you didn't complain. Now you are wearing the monitors for a SECOND time.

Between 1993-94, 827 of you participated in the Magnetic Resonance Imaging examination. You kept your appointments, despite the weather. And you allowed technicians to put you in a long tube that

photographed your brain while you listened to the magnet's jackhammer sounds.

When we asked 300 of you to participate in the Memory in Aging Study, you said "yes" and came to the Center, where John Grissinger or Trudy Littenberg tested your memory in a two-hour examination. Although many found it tiresome, you did it with a smile and returned for repeat tests the second year. You truly are a dedicated bunch of people.

Another 300 of you agreed in 1993 to participate in The Caregivers Study, which meant that at least some of you were caring for a spouse.

We came to your homes and

asked you a long series of questions about your health and that of your spouse.

For the control group of 100 persons (people who were not caring for a spouse), we asked a series of questions about personal health issues.

You have allowed us into your homes each year since so that when the study is complete, we will have three annual interviews and much useful data for the medical community.

Many of you have volunteered in a variety of ways, such as serving on the Advisory Council, providing transportation to participants who don't drive, handling office paper work, and "hosting" study participants.

We can't say enough to thank each of you for all your contributions. You have enriched our work and lives as we have had the opportunity to get to know you.

Our hats off to you. We look forward to many years of working with you.

Caregivers are more likely to perceive their health as poor. Also, a larger proportion of the caregivers reported that they have significantly less time to exercise, do not get enough rest, are not able to slow down when they get sick, forget to take medications, and have trouble making time for health-care appointments for themselves.

Healthy behaviors such as exercise, adequate rest, and preventive health care positively affect health. The negative health effects caregivers can experience may be remedied through greater emphasis on healthy lifestyle behaviors and by seeking appropriate and timely

Caregivers apt to forego personal preventive health care

About 300 persons in the Cardiovascular Health Study in Washington County are participating in the Caregivers Study, an ancillary study of CHS. The following information appeared in a recent newsletter to Caregivers Study participants.

Research has shown that caring for an ill family member can affect the health and emotional well-being of those who provide care. The Caregivers Study is examining how health difficulties in one family

member affect the physical and mental health of the caregiver.

Initial findings suggests that caregivers may compromise their own good health behaviors while caring for another family member. Caregivers in this study are defined as persons who provide care to a family member who has difficulty with certain activities of daily living, such as walking, climbing steps, eating, or personal care. The control group, or non-caregivers, are persons who do not provide such care.

Compared to non-caregivers,

Accident prevention starts at home

The National Safety Council reports that each year in the United States, more than 6 million persons have disabling accidents and about 20,000 of these mishaps result in death. Most of these accidents occur in the home and are preventable.

Falls, especially from ladders and stepstools, are a leading cause of accidents among older persons. More than 130,000 Americans are injured each year while climbing, according to the Consumer Product Safety Commission. Persons between the ages of 55 and 70 are at especially high risk for falls.

To make ladder use safer:

- Avoid tall, narrow stools that tend to tip.
- Try not to extend your body too far to either side or you may lose your balance.
- Make sure the ladder is on level solid ground. If not, place a board under the ladder.
- Face the ladder or step stool as you climb up and down. Never use them as a set of stairs.
- When setting up the ladder, follow the 4-to-1 rule: for every 4' of height from the ground to the top point of support, move the ladder 1' from the wall.

New column to feature CHSers with unique life experiences

We want to begin a new column in the center-fold of the Washington County Field Center *Heartbeat*. This new feature will focus on some of our participants who lead interesting lives.

For example, we know that some of you have traveled extensively or

lived in other countries. We know that some have taught, others have entertained; still others have begun their own businesses. Some are leaders in your communities or organizations, such as the AARP or other groups concerned with the issues of persons over age 65.

To give you the opportunity to share your lives and unique experiences with other participants, we are beginning the "CHS — You Are Unique" Award. The award is paraphrased from a similar award established by Maryland's former governor, which

recognized the unique, volunteer contributions and experiences of Maryland citizens.

Who do you think is unique? You may nominate yourself or someone you know who is in the CHS. Simply fill out the form below and return it to the address listed on the form.

"You Are Unique" Award — Nomination Form

Name _____

Telephone _____

Nominee's Name _____

What makes the person UNIQUE:

Send this information (or bring it to your next visit , or call us at 733-8860) to The Cardiovascular Health Study, 5 Public Square, Hagerstown, MD 21740, Attn: Joel G. Hill, Project Manager.