

Are there any ways to prevent a stroke?



ON AGING
RENEE MAHLER

Q. My wife keeps telling me that I am a perfect candidate for a stroke. I'm a little overweight and smoke. I know these things are not good for me but I'm beginning to worry that my wife may be right. Is there any way to prevent a stroke?

A. According to the American Heart Association of Michigan stroke holds the frightening honor of being the No. 1 killer of older adults and the No. 3 killer of American adults. Strokes occur when the blood flow to the brain is stopped either due to a burst blood vessel or blood clot. The result is damage to the brain cells. When the cells are damaged, portions of the body, controlled by those cells, may become disabled or the victim may die.

Reducing the factors that may cause a stroke is probably a good way to keep it from happening. The greatest risk is from high blood pressure. Other preventative actions include eating a low-cholesterol, low-fat diet; watching your weight and following a pro-

gram of physician-prescribed exercise; not smoking; and reducing your intake of salt and sodium.

There are warning signs that, regardless of how long they last, should not be ignored. The heart association has prepared the following anagram describing these warning signs:

- Dizziness or unsteadiness
- A temporary loss of memory or change in mental ability
- Numbness or weakness in face, arm or leg
- Garbled speech or difficulty understanding speech
- Eye problem, a temporary dimness, loss of sight, double vision
- Recent severe, sudden headaches

For additional information concerning stroke or heart disease, call your local American Heart Association office. It is listed in your telephone book.

Renee Mahler is a gerontologist and the director of communications and admission at a Rochester Hills nursing facility. She is a former member of the Michigan State Commission on Services to the Aging. Send your questions to her at the Observer & Eccentric, 805 E. Maple, Birmingham 48009.

Their body image concerns females

Responses from students in Professor Haworth-Hoeppner's classes at Oakland University in Rochester are similar — the males are "content" with their bodies — but the women are not.

"The female students have a distorted body image and see their bodies in a state of transition," explains Susan Haworth-Hoeppner. The professor says that "even one woman who was classically beautiful by Western standards" wanted an inch more here and inch less there, and she even saw her creamy white complexion as a problem.

The researcher queries her students as part of an ongoing research project looking for clues to link the stress of living up to feminine identity in our Western culture and eating disorders. She is concentrating on anorexia nervosa and "distorted body image," one standard for the disease.

Haworth-Hoeppner says "distorted body image" is one of four diagnostic criteria for anorexia nervosa (the relentless pursuit of thinness through self starvation) as defined by the American Psychiatric Association. She cites the other three criteria as "an intense fear of gaining weight, loss of at least 15 percent of body weight below that expected, and absence of three consecutive menstrual cycles when those cycles would otherwise be expected to occur."

The researcher notes that 90 to

95 percent of the victims of anorexia are female and primarily between the ages of 14 and 18. She adds a cultural as well as a gender factor, citing the disease as primarily a white, middle to upper class, Western phenomenon.

In addition to her classroom work with male and female students, she has studied the medical literature to try to locate what is defined as normal body image. Currently, the distinction in the medical literature is unclear between the "pathological and the normal," the researcher says. Haworth-Hoeppner notes that women in each category "distorted" their body image.

The scientist says it is possible that women in Western cultures are trapped by the institutional definitions and expectations of feminine beauty into measuring their bodies against some "nebulous ideal" that will never be achieved.

A report at the August meeting of the American Psychological Association tended to support Haworth-Hoeppner. There a Marquette University researcher claimed that women tended to be harder on themselves than men when viewing their bodies part by part. The report claimed that men looked on their bodies as objects of action while women saw themselves as "objects of attention."

Haworth-Hoeppner says there

are no easy answers to the problems of anorexia nervosa or other eating disorders. She suggests that a combination of physical and mental treatments is needed to aid those who are afflicted.

She reports anorexia nervosa

can and does have lethal effects: one in 200 to 250 females are victims of the disease and its severity is reflected in the finding that anorexia has the highest mortality rates of the psychiatric illnesses.

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