



Avoid eye injuries from sports activity

BY DR. PAUL A. EDWARDS
SPECIAL WRITER

Since the invention of the sling shot, parents have warned their children: "Be careful. You'll poke your eye out!"

But parents have every right to be concerned about eye safety. It is estimated that 1.6 to 2.4 million Americans sustain eye injuries annually. About 40,000 become legally blind in the injured eye.

People who play sports are particularly vulnerable. Although eye injuries occur in every sporting activity, most injuries are associated with baseball, basketball, football, hockey, lacrosse, tennis, racquetball, squash and paint ball.

The nature of injuries ranges from minor bruising to severe injuries such as corneal abrasions and lacerations, bleeding in the eye, cataracts, retinal detachment and fractures of the bone surrounding the eye. Any severe injury can cause blindness or varying degrees of visual impairment. Injuries can even be severe enough to require removal of the affected eye.

The good news is that more than 90 percent of sports-related eye injuries can be prevented by wearing protective eyewear and headgear. This recommendation is for any sports format, including league and competitive play, as well as summer family get-togethers and one-on-one basketball in the backyard.

Last year, I cared for a patient who participated in an after-work softball league. A pitcher, he was struck in his left eye by a line drive. The eyeball ruptured and he had a torn retina, internal eye bleeding and bone fractures. We were able to save the eye, but he lost a significant amount of vision. His injuries would definitely have been prevented if he had been wearing protective eyewear.

Regular eyeglasses do not provide adequate protection for sports. When buying protective eyewear and headgear, make sure it has been tested and certified by an agency such as the American National Standards Institute (ANSI), American Society of Testing and Materials (ASTM), Hockey Equipment Certification Council (HECC) or the Canadian Standards Association (CSA). Or check out the Protective Eyewear Certifying council at www.protecteyes.org. Most devices need to be impact-resistant up to 90 miles an hour for projectiles such as hockey pucks and baseballs.

Participants of basketball, football and other contact sports should wear protective glasses or goggles with lenses that are at least 3 mm thick. The frames should be made of silicone, polycarbonate or other soft protective material that helps reduce facial trauma. For activities involving hockey pucks, baseballs, footballs or

Please see HOUSE, C5



Warning! Don't ignore the symptoms

BY RENEE SKOGLUND
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Gary Monico, 42, of Farmington, a manager of busy Target store in Livonia, thought he was getting the flu a few weeks ago when the usual trip to the parking lot to retrieve carts proved exhausting. He ignored the symptoms, which included aching joints, and a few days later went to the YMCA to work out.

"I ran a few miles and came back to work. I felt terrible," he said.

When his symptoms didn't subside after a week and his temperature soared to 103 degrees, Monico contacted his doctor. The diagnosis of pneumonia surprised him.

"I've never been sick a day in my life," he said.

Last September, an elderly patient of Dr. Joan Vangel, a staff physician at Henry Ford West Bloomfield Clinic, was too absorbed watching the events of World Trade Center tragedy unfold on her television to pay attention to her persistent cough and runny nose. However, two weeks later the Farmington Hills senior, desperate for relief, drove herself to Vangel's office without an appointment.

She, too, was diagnosed with pneumonia. Unfortunately, pneumonia is an insidious disease. Its beginning is often benign, nothing more than a cold. Even as its symptoms progress — in spite of a regimen of aspirin and over-the-counter cough products — they are frequently ignored.

Pay attention to symptoms, warns Vangel. A physician needs to make a diagnosis through careful listening of the chest, an overall medical evaluation, and a chest X-ray.

"I always tell my patients they never waste my time by coming in and getting checked," she said.

Causes and symptoms

Pneumonia is a serious infection or inflammation of the lungs, in which the air sacs fill with pus or other fluids. Because oxygen has trouble reaching the blood, body cells are deprived of necessary food. Combine oxygen-starved cells with a spreading infection throughout the body and the outcome can be lethal.

Until 1936, pneumonia was the number one cause of death in the United States. Since then, the use of antibiotics have brought it under control. In 1997, pneumonia and influenza combined ranked as the sixth leading cause of death, according to the American Lung Association. It ranks even higher in other categories.

"It is the leading cause of death from infectious disease," said Dr. Gregory Neagos, director of Respiratory Care and Medical Intensive Care, St. Joseph Mercy Hospital, Ann Arbor.

Although children and seniors may be more susceptible to pneumonia, it is really an equal opportunity disease. For the most part, it is a matter of being in the wrong place at the wrong time.

"The truth is that pneumonia can occur with anybody. It just happens. It's a matter of bad luck," said Vangel.

There are over 30 different causes of pneumonia, including the five main causes. Bacteria, viruses, mycoplasmas, other infectious agents, such as fungi, including pneumocystis; and various chemicals. Typical pneumonia symptoms include a severe cough, fever, chest pain and shortness of breath.

"People think they have a bad cold, but the symptoms don't clear. The chest becomes more congested, and the patient becomes weaker. They generally feel debilitated," said Vangel.

Symptoms often present differently in the elderly.

"It's not so much a cough or a fever, but confusion or failure to thrive. They may become incontinent or fall. Then I'm much more concerned that pneumonia is going on," said Dr. Michael Maddens, director of the Division of Geriatrics, Beaumont Hospital, Royal



Health check: Dr. Michael Maddens, director of the Division of Geriatrics, Beaumont Hospital, meets with patient Eileen Zolad. Zolad's visit was not related to pneumonia.

Oak.

Treatment

According to the ALA, over half the pneumonia diagnosed is viral. A culture of the phlegm or blood determines if the origin is viral or bacterial, which usually produces a more serious form of the disease.

Pneumococcal pneumonia, caused by a bacteria called *Streptococcus pneumoniae*, or "pneumococcus," is the most common form of bacterial pneumonia. It can infect the upper respiratory tracts of adults and children and can spread to the blood, lungs, middle ear or nervous system. The Centers for Disease Control estimates *S. pneumoniae* causes 40,000 deaths and 600,000 cases of pneumonia annually in the United States.

Pneumococcus lives in the noses and throats of up to 70 percent of healthy people at any given time. It is spread from person to person by coughing, sneezing or close contact. Why it suddenly invades the lungs and bloodstream to cause the disease remains a mystery.

Because it is difficult to determine if pneumonia is viral or bacterial in origin during an initial examination, doctors usually prescribe antibiotics. However, some bacterial pneumonia has come resistant to antibiotics.

"Bacteria seem to be smarter than we are," said Maddens. "We have a resistant strain that has evolved over the last 10 or 15 years. Now, 30 to 40 percent of pneumonia is not sensitive to penicillin."

Additional treatment measures include supportive care, breathing treatments, cough medicines and lots of rest. Although the fever may subside in a week or two, a full recovery often takes two to three months, said Maddens. Fortunately, most pneumonia patients do not require hospitalization.

While relapse is not common, it can be more serious than the first attack, warns the ALA. Doctors emphasize the importance of completing the course of antibiotics. Resuming normal daily activities is subjective.

"I tell them to let their body be their guide," said Neagos. "But if they have a fever that's an indication there's still an infection and they should continue to rest."

Vaccination

Because pneumonia is a common complication of influenza, the ALA recommends getting a flu shot every fall. Vaccine also is available to help fight pneumococcal pneumonia, one type of bacterial pneumonia. Your doctor will help you determine if you're a candidate for the pneumonia vaccine.

The greatest risk of pneumococcal pneumonia exists among people who:

- Have chronic illnesses such as lung disease, heart disease, kidney disorders, sickle cell anemia or diabetes.
- Are recovering from severe illness.
- Are in a nursing home or other chronic care facility.
- Are age 65 or older.

While the pneumococcal vaccination offers protection against almost 90 percent of the pneumococcal bacteria that cause pneumonia, it is not a guarantee against the disease. Also, it does not protect against viral pneumonia. For most people, one vaccination lasts a lifetime; however, those with certain blood cancers or without a spleen may be eligible for re-vaccination.

Unfortunately, people are not taking advantage of the influenza and pneumonia vaccination, said Maddens. "Both are underutilized."

Keep warm to save your heart

People who are outdoors in cold weather should avoid sudden exertion, like lifting a heavy shovel full of snow. Even walking through heavy, wet snow or snow drifts can strain a person's heart. Winter sports enthusiasts who don't take certain precautions can suffer accidental hypothermia.

Hypothermia means the body temperature has fallen below normal. It occurs when your body can't produce enough energy to keep the internal body temperature warm enough. It can kill you. Heart failure causes most deaths in hypothermia.

Symptoms include lack of coordination, mental confusion, slowed reactions, shivering and sleepiness. Children, the elderly and those with heart disease are at special risk. As people age, their ability to maintain a normal internal body temperature often decreases.

Because elderly people seem to be relatively insensitive to moderately cold conditions, they can suffer hypothermia without knowing they're in danger.

People with coronary heart disease often suffer chest pain or discomfort called angina pectoris

Besides cold temperatures, high winds, snow and rain also can steal body heat. Wind is especially dangerous, because it removes the layer of heated air from around your body. At 30°F in a 20-mile-per-hour wind, the cooling effect is equal to calm air at four degrees. Similarly, dampness causes the body to lose heat faster than it would at the same temperature in drier conditions.

To keep warm, wear layers of clothing. This traps air between layers, forming a protective insulation. Also, wear a hat and head scarf. Much of your body's heat can be lost through your head. And ears are especially prone to frostbite. Keep your hands and feet warm, too, as they tend to lose heat rapidly.

Don't drink alcoholic beverages before going outdoors or when outside. Alcohol gives an initial feeling of warmth, but this is caused by expanding blood vessels in the skin. Heat is then drawn away from the body's vital organs.

Information from the American Heart Association, www.americanheart.org

Independent-living seniors helped by Beaumont program

If you are an older adult who needs assistance around the house but can't hire full-time help, you can find a helping hand through Beaumont Hospital in Royal Oak.

"Helping Hands," a non-profit program managed by Beaumont's Department of Older Adult Services, provides companionship and personal assistance to independent-living and homebound senior citizens in the community.

The program serves communities within a 15-mile radius of the hospital.

Services provided by Helping Hands include assistance with bathing, shopping, meal preparation, light housekeeping and transportation.

Please see SENIORS, C8

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