| HEALTH |

PET/CT scanners help in cancer detection FITNESS FROM PAGE C6

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cer in our patients and pin-point its exact location in their

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Indialogy at UMHS, says will really bencht people across he state.
We arr creation to the patient are tremenduss - earlier diag-nosia, accurate staging and localization, precise treatment indiagnostic capabilities of the autochology allows Shreve. The new technology allows shreve. The new technology allows up attents get a better chance at a more necurately detect can-a more necurately detect can-signt is exact location in their He adds that it will also help

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dle a couple of miles a day). It's easy to do — we all know how to walk — and the only equipment needed is a good pair of shoes and a safe place to walk. A high school track is good for an out-door walk and a large shopping mall provides a foul-weather alternative.

LISTING AND MEASURING

LISTING AND MEASURING Writing down what we est — and that includes bite-stor tasts and nlibbles — is the only way to assure that we dowl go of our fool plan. Studies allow that keeping a daily record of food consumption is the best way to achieve weight loss suc-cess. Also, keeping a food Jour-nal of what, when and why we can make uncover cating habits and show us areas where we can make positive changes. In addition to the food Jour-nal, I write down the night before what J plan to cat the next day. This way I can be are that J have nutrillous foods in the house so I can stay on my healthy food plan. If I dowl have the foods I noed, a late-night or carly-morning tip Is make to weight loss success, specially in this country of mega-por-tions. When portion sizes go up, so do the calories. And, as we all know, it's not so much what we

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eat, but how much we cat. This is why my sisters and I are being more consistent in ensuring that we cat smaller (and the correct

is why my sisters and 1 are being more consistent in ensuring that we eat smaller (and the correct-size of) food portions. The final two Wa are for Weight Watchers. All three of us independently chose this pro-gram as the way to go. We could each find a time and meeting that fit into our buy schedules: Weight Watchers is based on caloric control using a point system. Every food is assigned a point based on calories, fit and fiber. Assigned point ranges ary determined by a person's weight Members choose whatever they wont to cat as long as they stay. Harticpants are encouraged to eath healthy and make positive information and a meeting near you, call 1-688-3-FLORINE. Weight Watchers in the only way to achieve success. Uther weight loss programs that are available in our area have worked for others. If I report on these programs and successful participants in future Issues. By the way, Ive lost seven. Durth so forever ' challenge on Aug-pound a week in my 60-pound weight loss goal. How are you doing?

State's diabetes rate higher than average

About 200,000 Michigan About 200,000 Michigan adults may have diabetes and not know it, pushing the state's diabetes rate to more than 10 percent. That's according to an EPIC-MRA/Michet survey result released today by Oakwood Healtheare System, St. John Health System and the Beaumont Hospitals. The survey found that 7 per-cent of Michigan adults have been diagnosed with the dis-ose, bicher than the national

The survey young that, y ... cent of Michigan adults have been diagnosed with the dis-ease, higher than the rational average of 6 percent. Another 3 percent report having three or more diabetic symptoms, but have not been tested for the diagnee

disease. According to the survey, the average reported rate of dia-betes in the Detroit region, which includes Wayne, Oakland, Macomb and St. Clair

counties, is 7.7 percent. The region has the highest rate (13 percent) of people who have three or more diabetic symp-tums, but have not been tested

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for the disease, indicating that the number of people with dia-betes in the region may be higher. Macomb County has the region's highest diabetes rate at 9.8 percent, followed by Oakland County at 8.2 percent, St. Chir County at 7.5 percent and Wayner County at 5.5 per-cent.

St. Chin' County at 7.5 percent and Wayne County at 5.5 per-cent. The survey also found that 7.7 percent of Michigan men have been diagnosed with dia-betes compared to 6.1 percent nationally. For women, it's 7.2 percent statewide, compared to 5.9 percent nationally. Major symptoms of the dis-case include extreme faitgue, fainting spells, unexplained weight loss or gain, blurred vision, frequent urination, extreme hunger, unusual thirst and swelling of the gums. Obesity is a well-known risk factor for diabetes. This survey lates revealed that 15 percent of obese Michigan residents have been diagnosed with diabetes.

CENTER HENRY FORD HEALTH SYSTEM

The survey also found obese persons are more than three times as likely to become diatics

times as intery to become uni-betics. A major contributing factor in obesity is fatty foods. Of those surveyed, 64 percent said they consume high-fat snacks and fast food daily or weekly. Family history is also an impor-tant factor for diabetes, and the survey found that 43 percent of the people with diabetic symp-toms have a family member with the disease. The survey showed that many of the undiagnosed peo-ple are still making lifestyle choices that could aggravate their symptoms.

choices that could aggravate their symptoms. Of those surveyed, 42 per-cent report drinking alcohol in the past month, 39 percent symoke and 60 percent say they do not exercise. This statewide survey of 1,800 people has a 2.3 margin of error. More information is available at www.MIDNET.org.

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SYNDROME

with LQTS never have symp-toms. The arrhythmia prompted by LQTS usually occurs during physical exertion or emotional excitement, such as fear or star-tle (sirens, telephone, alarm clock, for cazample). It is less likely to occur at rest. Syncope resulting from exer-cise usually occurs during the exertion. In patients who experi-ence this condition, the heart's hythen usually reverts to nor-

and the patient regains con and use patient regulas con-sciousness; however, when the abnormal rhythm persists for a longer time, it can degenerate into ventricular fibrillation. The outcome, says SADS, is death "unless electrical defibrillation is provided.".

Fainting in young people should be respected, said Falzon. "If they had any fainting spells or loss of consciousness, don't let the doctor discount it because he or she thinks it's due to a result sourt in puberty or heat

growth spurt in puberty or heat exhaustion." When Falzon took her son to

When Falzon took her son to the emergency room after his fainting spell, where he remained incoherent for much of the time, no EKG - the most likely diagnostic tool for LQTS -likely diagnostic tool for LQTS -

was taken. And no EKG was taken at a follow-up physical a few days later.

According to SADS, all symp-tomatic patients should receive treatment, which can range from beta-blockers to pacemak-ers or the implantable defibrilla-tor, depending on the type of LQTS diagnosed. Falzon has made public avarentss of Long QT Syndrome her mission. She is proud that the first international SADS conference will take place in London this October. "It's a way to honor my son,"

"It's a way to honor my son," she said about her efforts on behalf of SADS. "And, hopefully, more lives can be saved."

Falzon is planning a road raily for SADS Sunday, Oct. 12. Interested participants may contact her at (248) 683-1861. For more information on the causes and symptoms of Long OT Syndrome, visit the SADS Web site at www.sads.org or call the SADS Foundation toll-free num ber at (800) STOP SAD (786-7723).

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Interface to certain medications or stroke. Inherited LQTS, whose symp-toms most commonly first occur during pre-teen and teenage years, often goes unmilignessed and untreated. Its symptoms include loss of consciousness - the medical term is "symope" - and sudden death. Some people affected with LQTS never have symp-toms. CAUTION

rhythm usually reverts to nor-mal within about one minute