

Skin self-examinations help detect skin cancer

How much do you know about the skin you're in? For example, did you know that you have 21 feet of skin that weighs seven pounds? What about the fact that half an inch of your skin contains 10 hair, 15 sebaceous glands, 100 sweat glands, and more than three feet of blood vessels?

You also probably didn't know that the first sign of a potentially deadly skin cancer will appear on your skin, and that you may actually save your life by taking a few minutes to perform regular skin self-examinations. The exam, which takes no more than 10 minutes, can detect skin cancer and melanoma, the deadliest form of skin cancer.

"Recognizing changes in the skin is the best way to detect melanoma, because if it's caught early, the disease is highly treatable," says Dr. Fred F. Castrow II, president of the American Academy of Dermatology (AAD). "Since only one person in four dies from melanoma, it's very important to perform regular skin self-examinations. If you notice any abnormal changes in the skin, you should visit a dermatologist as soon as possible."



1 Examine your body front and back in the mirror, then right and left sides arms raised.



2 Bend elbows and look carefully at forearms and upper underarms and palms.



3 Look at the backs of the legs and feet - spaces between toes, and soles.



4 Examine backs of neck and scalp with a hand mirror. Part hair for a closer look.



5 Finally, check back and buttocks with hand mirror.

A skin self-examination is easy. To prepare, all you'll need is a well-lit location and a hand-held mirror. Examine your skin, especially your scalp, the soles of your feet, between your toes, and the palms of your hands. Use the mirror for those hard-to-see areas.

Melanoma may suddenly appear on your skin without warning, but it can also develop from or near a mole. Melanomas are found most frequently on the upper backs of men and

women or on the calves of women, but they can occur anywhere on the body.

If you notice any changes in the size, color, shape or texture of a mole, the development of a new mole, or any other unusual changes in the skin, you should make an appointment with a dermatologist immediately.

ABCD RULE

It's helpful to keep the simple ABCD rule in mind while studying

your skin. The ABCD rule will give you an idea of what to look for in a changing mole.

- A** Asymmetry - One half does not match the other half.
- B** Border irregularity - The edges are ragged, notched or blurred.
- C** Color - The pigmentation is not uniform. Shades of tan, brown or black are present. Dashes of red, white and blue add to the mottled appearance.
- D** Diameter - The width is

greater than six millimeters (about the size of a pencil eraser). Any growth of a mole should be of concern. Call your dermatologist immediately.

The skin self-examination is so important because each year an estimated one million new cases of skin cancer are diagnosed in the United States. This year, 7,400 people will die from melanoma: 4,700 men and 2,700 women.

However, the skin self-examination isn't the only tool

to help keep your skin safe. The AAD also recommends following these sun safety precautions year-round:

- Avoid "peak" sunlight hours - between 10 a.m. and 4 p.m. - when the sun's rays are the strongest.
 - Apply a broad-spectrum sunscreen with a Sun Protection Factor (SPF) of at least 16.
 - Apply sunscreen 15-30 minutes before going out doors, and reapply every two hours.
 - Wear protective, tightly woven clothing, such as a long-sleeved shirt and pants during prolonged periods of sun exposure. And don't forget to wear a wide-brimmed hat and sunglasses when outdoors.
 - Stay in the shade whenever possible.
- Remember: Early detection in the best prevention against melanoma. Perform a monthly skin self-examination and see a dermatologist immediately if you notice any change.
- For more information contact the AAD at (888) 462-DEEM or visit www.aad.org.

Alternatives to HRT help many women

Women seeking alternatives to Hormone Replacement Therapy (estrogen alone or estrogen plus progesterone) are advised by The North American Menopause Society to consider the following:

- Discuss with your healthcare provider whether stopping therapy is appropriate. This will be determined if the potential risks for you are thought to exceed your individual potential benefits. Every woman is unique. Do no stop without speaking with your healthcare provider.

- If you and your healthcare provider determine that HRT therapy should be stopped, tapering off is advised to lessen the chance of rebound hot flashes. Do not stop abruptly.
- Estrogen is an "umbrella" therapy that treats many symptoms. When estrogen is not an option, one specific therapy must be chosen to treat each specific symptom.

- After going off HRT therapy, determine what menopause-related symptoms are severe enough to warrant treatment. Many women need no treatment at all, as some of these symptoms will stop on their own over time. The most common symptoms are hot flashes, difficulty sleeping and vaginal dryness. Below are suggested treatments:

Hot flashes:

- Try lifestyle changes. Avoid getting too warm by dressing in layers and sleeping in a cool room. Avoid drinking hot beverages and eating hot soups. Avoid hot flash triggers, such as alcohol and spicy foods.
- Reduce stress. If you feel a hot flash coming on, take slow, deep breaths and the hot flash may be lessened or avoided altogether. Do not smoke.
- Some research suggests that mild hot flashes can be relieved by consuming a serving of soy foods daily or taking a supplement of black cohosh. Effects, if any, may take a few weeks.
- Several prescription drugs that are FDA-approved for other uses have been found to be helpful for some women: the antidepressants Effexor, Prozac and Paxil; and the cardiovascular drug Catapres.

Difficulty sleeping:

- With hot flashes treated, sleep quality should improve.

Vaginal dryness:

- Over-the-counter vaginal lubricants and moisturizers can ease intercourse.
- Severe cases of vaginal dryness only respond to prescription estrogen products, such as creams, vaginal estrogen tablets and vaginal estrogen plastic rings. The estrogen from these products is not absorbed to any great extent

into the circulation. Estrogen used this way will help with hot flashes or any other condition, but it is not associated with any side effect.

OSTEOPOROSIS

After menopause, a woman's risk of osteoporosis increases, making it more likely to sustain a fracture. Talk to your healthcare provider about determining the strength of your bones, perhaps by getting a bone scan.

Make sure you get adequate vitamin D and calcium. If you are at definite risk for osteoporosis, you may need a bone-strengthening drug. There are many well-proven prescription therapies from which to choose.

Also, establish a regular exercise program.

HEART DISEASE

After menopause, a woman's risk of heart disease increases. Talk to your healthcare provider about your risk. Know your cholesterol levels. There are several well-proven prescription therapies to treat high cholesterol levels and high blood pressure.

Also, control your blood sugar if you have diabetes, as risk for heart disease increases when you don't.

Source: The North American Menopause Society

HRT

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cautions. Too much black cohosh can cause upset stomach, uterine contractions and a slow heart beat.

For women, managing menopause is a matter of education and early intervention, said Rao. "The sooner the patient sees her doctor, the more likely symptoms can be brought under control."

"The person has to do their homework. They have to be in partnership with their physician, whether they are going natural or taking medication." Lifestyle changes, especially diet, play an important role, said Rao. Women should eliminate or cut back on coffee, tea and alcohol, and decrease their consumption of animal protein, which produces an "acidic milieu" in the body.

"The body then has to combat the acidity by taking calcium out of the bones," she said.



Dr. Michael Gatt counsels a patient on Hormone Replacement Therapy. Gatt believes in the future more estrogen medications will be available that "go to a particular site, rather than the breast."

Rao also recommends women increase their intake of phytoestrogen foods - soy milk, alfalfa sprouts, flax seeds, lentils, miso, papaya, seaweed, almonds, cashews and peanuts.

Changing a lifestyle is definitely the "more difficult route" in dealing with menopause,

said Rao. However, the rewards include reduced risks for heart disease and diabetes, as well as breast cancer.

Ultimately, living with menopause starts with acceptance, said Rao. "Change is not easy. But it is a wonderful change ultimately. And there's a reason for it."

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