

Aging differences

(NAPS)—Although most people would say they want to grow older, few want to feel older. Fortunately, biotechnology holds out some hope for a more vigorous old age.

Carl B. Feldbaum, president of the Biotechnology Industry Organization, predicts we will one day see headlines like the following: "80-Year-Old Runs New York Marathon in Less Than Three Hours," and "115-Year-Old Couple Renews Wedding Vows."

As unlikely as those headlines sound they won't be the real news. According to Feldbaum, the big story will be the lack of surprise when they appear. "Most of us share some common hope that we will live longer than our parents and grandparents. But we must question, will our longer lives be what we expect them to be? Will there be," Feldbaum asks, "more life in life?"

Recently, his group, the world's largest industry organization to serve and represent the biotechnology industry, co-hosted a symposium

to look into that question with the Alliance for Aging Research (AAR). "More than 100 biotechnology companies are engaged in research and development for new medicines to treat age-related disorders. Aging is one of our industry's most significant areas of research," added Feldbaum.

The program featured a national survey on attitudes and concerns about growing older.

Staying mentally sharp, the study found, is more important to most women than appearance and sex drive. Men, on the other hand, tended to rank sex drive and appearance as more vital concerns.

Overall, however, the survey found that staying healthy was the predominant choice between being "healthy, wealthy, or wise."

Recent biotechnology research suggests the human immune system may hold the key to overcoming or controlling many diseases. Researchers believe they can use the body's own immune system to more effectively fight cancer and other diseases associated with aging.

Calcium blockers used for Blacks with hypertension

(NAPS)—At age 22, Kevin Greenlee thought he had to worry about. Yet, like thousands of young African Americans, he discovered that he had to live with a disease that required him to make lifestyle modifications involving diet, exercise and a daily medication to control his blood pressure.

This story is not uncommon among African American young adults.

In fact, African Americans develop hypertension at a much earlier age and with increased severity than white Americans. This early rate of development contributes to the nearly one-third (32.4 percent) of all black adults that suffer from hypertension versus only 22 percent of the general population.

Young African Americans have to be aware of their increased risk says Dr. W. Dallas Hall of Emory University School of Medicine.

"It is not uncommon to see an African American man or woman, in their 20's, with severe hypertension, whereas it is

extremely uncommon in Caucasians."

Early diagnosis is crucial because untreated hypertension can eventually lead to stroke, heart disease and renal failure. The exact reasons for the difference in rate and severity have not been clearly determined; however many physicians such as Dr. James W. Reed of the Morehouse School of Medicine in Atlanta, cite various factors including socioeconomic status, genetic predisposition and dietary habits.

Many physicians, including Drs. Hall and Reed, agree that stress related to a low-economic status may contribute to health problems in many black hypertensive patients.

Although many treatments for hypertension are available, cost may be a barrier to the most effective treatments for particular patients. According to Dr. Reed, many calcium channel blockers have shown to be effective in the African-American population. However, among this diverse group

of drugs there is also a wide range in terms of cost.

A new study, Calcium Antagonists in Blacks (CAB) is the first study designed to specially compare the efficacy of three commonly used once-daily calcium channel blockers (Adalat CC, Procardia XL and Norvasc) in the African American population.

"All three drugs used in this study have proven to provide 24-hour blood pressure control in the general population, and if this is true in African Americans, we can begin to explore and reap the benefits of cost differences between each drug," Dr. Reed said. This is good news for doctors who treat patients of all races and ages given the fact that among these three drugs, there are considerable price differences.

The CAB study data, likely to be released in summer, 1997 will be especially important to African Americans who have a greater chance of developing the disease.

Saving face for spring

(NAPS)—With warm weather just around the corner, now is a good time to evaluate your skin care regimen and take steps to ensure your skin is soft and beautiful for the season ahead.

Dermatologist Dr. Debra Wattenberg offers the following advice:

Drink, drink, drink. Eight glasses of water a day will give your skin the essential moisture it needs—from the inside out.

You are what you eat. For healthy, supple skin, make sure your diet includes five to nine daily servings of fruits and vegetables.

Cleanse skin frequently. Breakouts are common during warmer weather, as people are more active, so be sure to shower immediately to remove perspiration and oils.

Avoid using soap which can leave skin dry and flaky. Instead, try a mild, moisturizing beauty bar, which doesn't dry your skin like soap.

Take shorter showers. Using lukewarm water instead of hot helps skin retain natural body oils.

Less is more. Switch to a lighter, oil-free moisturizer with a 15+ SPF, as skin needs less hydration in warmer weather because of higher humidity.

Beware, the demon sun. Never leave the house without a hat, or sunscreen, which should be applied at least 20 minutes before going outside.

Test your current cleanser. If your skin feels extremely dry, oily, itchy or tight after washing, it may be time to switch to a moisturizing soap.



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