

Coping

Lose Weight and Keep It Off

By Dr. Charles W. Faulkner

This column is the first in a series of columns to help you to understand the problems associated with losing weight and to show you how to lose weight... and keep it off permanently.

Are you no single method for determining this. Weight charts that are found in doctor's offices are only

estimates. They are too general to be used as your sole guide. If your doctor tells you that you are overweight, you should follow his advice. It is believed that you can safely lose 12-15 pounds a month without first having a medical examination. It is, nevertheless, advisable to inform your physician of any sudden and drastic change in your eating behavior.

2. Should you go on a diet? Most people are 10-20 pounds overweight and have at least 15-25 pounds of fat that can lead to both physical and psychological problems. Consult your physician to determine if you should go on a diet.

3. What kind of diet is best? The best diets consist of: A. Meals that are nutritious and low in carbohydrates and cholesterol; B. A gradual weight loss program that provides an opportunity for your body to adjust safely to the change; C. A behavior modification program that changes your bad eating habits into good ones so that you will keep the weight off permanently; D. A healthy, well-balanced exercise program (possibly involving only walking); E. A program to help you to understand why you are overweight, the effect that excess weight has on your body, and to help you to respect, protect and appreciate your body.

4. Why are you overweight? There are several reasons: A. Your metabolism has changed (this usually occurs for everyone between 25 and 35 years of age). The body is, after this time, no longer able to break down the foods that you eat and turn most of it into lean, solid tissue, now. The same foods that did not previously leave a trace of fat on your body actually are transformed into fat. You should consume fewer calories and less carbohydrates as you get older in order to counter the change in metabolism; B. You consume more calories than your body burns up. The excess calories are stored as fatty tissue on the body in places that receive little or no activity such as the neck, rear end, waist, stomach, thighs and upper arms. C. You eat food in order to eliminate stress rather than to provide your body with needed foods. You could probably refrain from eating food for a month and your body would simply utilize the fats that are already stored, and, D. Your parents apparently fed you high carbohydrates and sweets in order to pacify you when you were a child. It is now a habit that is deeply implanted in the subconscious mind. It is a compulsive need.

5. How does weight loss occur? A. When you deprive your body of food, it will burn up nutrients that are stored as fat on various parts of your body. This results in weight loss. B. When you consume more calories than your body needs, you gain weight. When you consume fewer calories than your body needs, you lose weight. If your weight remains constant, you are consuming nearly the same amount of calories as you are burning up. Most overweight people are non-active and burn up few calories.

6. What is the very first thing that I should do in starting a weight loss program? In order for any weight loss program to be successful you must be prepared to make the sacrifice of reducing calories and adhering dedicatedly to your weight loss program. It is not wise for you to begin a program until you have made this commitment. More about weight loss in my next column.

Happiness Through Health

The Stress in Doctors' Families Can Be Damaging In The Quality of Patient Care

By Otto McClarrin

According to researchers who have studied them, and the opinion of psychiatrists who have treated them, life in the medical family isn't always a permanent vacation in Hawaii.

Despite the fact that doctors' families have always been envied for their high status, their high income and their style of life, investigators say the stress in doctors' lives can be damaging not only to their children and their marital partners, but also may affect all of us in the quality a patient care and the level of medical costs.

Dr. J.C. McCue, of the University of North Carolina, in a study published in a recent issue of *The New England Journal of Medicine*, asserted that "marriages and sexual relationships are often unsatisfactory for physicians"; that a doctor's home life can evolve into nothing more than "a professional support system", and that "a progressive emotional separation from family life in the early years of practice becomes a *de facto* divorce."

SUICIDE RATE VERY HIGH

Dr. McCue asks the question, "Why do intelligent and successful physicians tolerate the failure of an unrewarding family life?" He cited studies showing that the suicide rate of physicians is two to three times that of the general population — equal, he said, "to the loss of about two medical school classes yearly" — and that drug addiction may be 30-100 times more common among physicians than in the general population.

"It is certain that physicians who harm themselves also directly or indirectly harm their patients" as well as their families, said Dr. McCue, and such physicians offer "poorer quality or uneconomical care."

The primary pressures on physicians' lives, according to Dr. McCue, include the emotional toll of constantly working with sickness and death, the responsibility for decisions that can cause pain and suffering and the high expectations of demanding patients in an era when medical knowledge is not unlimited.

"To some doctors, their wives' or children's needs can seem terribly pedestrian, dwarfed by the need to rescue seriously ill people," said Dr. Robert T. London, director of the short-term psychotherapy unit at the New York University Medical Center. Dr. London is a psychiatrist who has treated other doctors, his father was a physi-

cian, and there are many doctors in his family. "Many people believe doctors are godlike, and some doctors start to believe their own myth, he said. "They become perfectionists, and they wonder why their families don't run with the precision and orderliness of their medical practice."

"The figure of the doctor is reversed," he said. "And their own families and can find it hard to see them realistically. It's tough for a kid to say to his doctor father, 'hey, you're a jerk', even when he is being a jerk."

Furthermore, Dr. London believes, doctors as a group, tend to deny the seriousness of their own problems. Encountering another doctor, "they may resort to the 'elevator consultation' for themselves. So, entirely too often, all they ever get is an elevator response."

WHEN DOCTORS FACE GREATER PRESSURES

For women who are doctors, the pressures on family life can be even more intense, according to Dr. Helen A. DeRosis, a New York psychiatrist who has treated them and who has studied the effects of stress on women in general. "It's hard for any woman to juggle dual career and family roles," she said, "but it's often harder for women physicians because they have always attained such a high level of achievement. As a group, women physicians are highly intelligent, resourceful and energetic, and they think they can do anything. If they can't do something, even something like child care, they blame themselves. To not succeed is to fail."

Dr. DeRosis cited a recent study that found that of 85 women who are physicians, a third had no domestic assistance and that 75% of them did all their own cooking, shopping, money management and child care. Twenty-five per cent of those who had a full-time practice had no help at all.

Many physicians marry other doctors, she said, and although the husbands may sympathize with their wives' situation, this may not translate itself into any practical help. "If a woman's partner is a physician," she said, "he may be overinvolved in his practice, and he may not be supportive at all. So not only do these women have the difficulty that any doctor has in finding time for family life, but they also have the problem of being married to a doctor as well."

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About Your Medicines

by The United States Pharmacopoeial Convention, Inc.

THIAZIDE DIURETICS

This medicine is a thiazide or thiazide-like diuretic. It is commonly used to treat high blood pressure. It is used also to help reduce the amount of water in the body by increasing the flow of urine. Thiazide diuretics may also be used for other conditions as determined by your doctor. They are available only with your doctor's prescription.

This information applies to the following medicines. Some commonly used brand names are included in brackets.

- Bendroflumethiazide (ben-dro-floo-meth-EYE-a-zide) [Naturetin]
- Benzthiazide (benz-THYE-a-zide) [Aquasol, Aquasol, Exna, Hydrex]
- Chlorthalidone (klor-oh-THYE-a-zide) [Diuril, SK-Chlorthiazide]
- Chlorthalidone (klor-THAL-i-doan) [Hygroton, Uridon]
- Cyclothiazide (sy-eh-kloe-THYE-a-zide) [Anhydron]
- Hydrochlorothiazide (hye-droe-klor-oh-THYE-a-zide) [Esidrix, Hydro-Aquil, HydroDIURIL, Oretic]
- Hydroflumethiazide (hye-droe-floo-meth-EYE-a-zide) [Diucardin, Saluron]
- Methyclothiazide (meth-ee-kloe-THYE-a-zide) [Aquatensin, Duretic, Enduron]
- Metolazone (me-TOLE-a-zone) [Diulo, Zaroxolyn]
- Polythiazide (pol-i-THYE-a-zide) [Renese]
- Quinethazone (kwin-ETH-a-zone) [Hydro-mox]
- Trichlormethiazide (trye-klor-meth-EYE-a-zide) [Metahydrin, Naqua]

Proper Use of This Medicine

• This medicine may cause you to have an unusual feeling of tiredness when you begin to take it. You may also notice an increase in the amount of urine or in your frequency of urination. After taking the medicine for a while, these effects should lessen. In order to keep the increase in urine from affecting your nighttime sleep:

- if you are to take a single dose a day, take it in the morning after breakfast.
 - if you are to take more than one dose a day, take the last dose no later than 6 p.m., unless otherwise directed by your doctor.
- However, it is best to plan your dose or doses according to a schedule that will least affect your personal activities and sleep. Ask your doctor, nurse, or pharmacist to help you plan the best time to take this medicine.

• In order to help remember to take your medicine, try to get into the habit of taking it at the same time each day.

• If you miss a dose of this medicine, take it as soon as possible. If it is almost time for your next dose, do not take the missed dose at all and do not double the next one. Instead, go back to your regular dosing schedule. If you have any questions about this, check with your doctor.

• For patients taking this medicine for high blood pressure:

—Importance of Diet—When prescribing medicine for your condition, your doctor may also prescribe a personal diet for you. Such a diet may be low in sodium (salt). Medicine is usually more effective when this diet is properly followed.

Also, it may be very important for you to go on a reducing diet. However, check with your doctor before going on any diet.

—Many patients who have high blood pressure will not notice any signs of the problem. In fact, many may feel normal. It is very important that you take your medicine exactly as directed and that you keep your doctor's appointments even if you feel well.

—Remember that this medicine will not cure your high blood pressure but it does control it. Therefore, you must continue to take it as directed if you expect to keep your blood pressure down. You may have to take medicine for the rest of your life. If high blood pressure is not treated, it can cause serious problems such as heart failure, blood vessel disease, stroke, or kidney disease.

Precautions While Using This Medicine

• It is important that your doctor check your progress at regular visits.

• This medicine may cause a loss of potassium from your body. To help prevent this, your doctor may want you to:

- eat or drink foods that have a high potassium content (for example, orange or other citrus fruit juices), or
- take a potassium supplement, or
- take another medicine to help prevent the loss of the potassium in the first place.

It is very important to follow these directions. Also, it is important not to change your diet on your own. This is more important if you are already on a special diet (as for diabetes), or if you are taking a potassium supplement or a medicine to reduce potassium loss. Extra potassium may not be necessary and, in some cases, too much potassium could be harmful.

• Check with your doctor if you become sick and have severe or continuing vomiting or diarrhea. These problems may cause you to lose additional water and potassium.

• Caution: Diabetics—Thiazide diuretics may raise blood sugar levels. While you are using this medicine, be especially careful in testing for sugar in your urine. If you have any questions about this, check with your doctor.

• A few people who take this medicine may become more sensitive to sunlight than they are normally. When you begin to take this medicine, avoid too much sun or use of a sunlamp until you see how you react, especially if you tend to burn easily. If you have a severe reaction, check with your doctor.

• For patients taking this medicine for high blood pressure:

—Do not take other medicines unless they have been discussed with your doctor. This especially includes over-the-counter (non-prescription) medicines for appetite control, asthma, colds, cough, hay fever, or sinus.

Side Effects of This Medicine

• Along with its needed effects, a medicine may cause some unwanted effects. Although not all of these side effects appear very often, when they do occur they may require medical attention. Check with your doctor if any of the following side effects occur:

- Rare**
- | | |
|--|------------------------------|
| Severe stomach pain with nausea and vomiting | Unusual bleeding or bruising |
| Skin rash or hives | Yellowing of eyes or skin |
| Unexplained sore throat and fever | |
- Signs of too much potassium loss**
- | | |
|------------------------|-------------------------------|
| Dryness of mouth | Muscle cramps or pain |
| Increased thirst | Nausea or vomiting |
| Irregular heartbeats | Unusual tiredness or weakness |
| Mood or mental changes | Weak pulse |

• Other side effects may occur which usually do not require medical attention. These side effects may go away during treatment as your body adjusts to the medicine. However, check with your doctor if any of the following side effects continue or are bothersome:

- Less common**
- | | |
|---|---|
| Diarrhea | Increased sensitivity of skin to sunlight |
| Dizziness or lightheadedness when getting up from a lying or sitting position | Loss of appetite |
| | Upset stomach |

• Other side effects not listed above may also occur in some patients. If you notice any other effects, check with your doctor.

NOTE: The above information is abstracted from the 1981 editions of *About Your Medicines* and *USP Dispensing Information*. It is not sufficient to make an evaluation as to the risks and benefits of taking a particular drug in a particular case or to provide medical advice for individual problems and should not alone be relied upon for these purposes. Should you desire additional information or if you have any questions as to how this information may relate to you in particular, ask your doctor, nurse, or pharmacist.

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