

B

Section

LIFE



IN RELIGION
Grace AME Zion Church, a historic church in Uptown, has been sold.

Study finds many have 'Rage Disorder'

THE ASSOCIATED PRESS

CHICAGO — To you, that angry, horn-blasting tailgater is suffering from road rage. But doctors have another name for it — intermittent explosive disorder — and a new study suggests it is far more common than they realized, affecting up to 16 million Americans.

"People think it's bad behavior and that you just need an attitude adjustment, but what they don't know ... is that there's a biology and cognitive science to this," said Dr. Emil Coccaro, chairman of psychiatry at the University of Chicago's medical school.

Road rage, temper outbursts that involve throwing or breaking objects and even spousal abuse can sometimes be attributed to the disorder, though not everyone who does those things is afflicted.

By definition, intermittent explosive disorder involves multiple outbursts that are way out of proportion to the situation. These angry outbursts often include threats or aggressive actions and property damage. The disorder typically first appears in adolescence; in the study, the average age of onset was 14.

The study was based on a national face-to-face survey of 9,282 U.S. adults who answered diagnostic questionnaires in 2001-03. It was funded by the National Institute of Mental Health.

About 5 percent to 7 percent of the nationally representative sample had had the disorder, which would equal up to 16 million Americans. That is higher than better-known mental illnesses such as schizophrenia and bipolar disorder, Coccaro said.

The average number of lifetime attacks per person was 43, resulting in \$1,359 in property damage per person. About 4 percent had suffered recent attacks.

The findings were released Monday in the June issue of the Archives of General Psychiatry.

The findings show the little-studied disorder is much more common than previously thought, said lead author Ronald Kessler, a health care policy professor at Harvard Medical School.

"It is news to a lot of people even who are specialists in mental health services that such a large proportion of the population has these clinically significant anger attacks," Kessler said.

Four a couple of decades, intermittent explosive disorder, or IED, has been included in the manual psychiatrists use to diagnose mental illness, though with slightly different names and criteria. That has contributed to misunderstanding and underappreciation of the disorder, said Coccaro, a study co-author.

Coccaro said the disorder involves inadequate production or functioning of serotonin, a mood-regulating and behavior-inhibiting brain chemical. Treatment with antidepressants, including those that target serotonin receptors in the brain, is often helpful, along with behavior therapy akin to anger management, Coccaro said.

Most sufferers in the study had other emotional disorders or drug or alcohol problems and had gotten treatment for them, but only 28 percent had ever received treatment for anger.

Please see ROAD /2B

No Hoochie here

Belly dancing goes from exotic to newest fitness craze

By Erica Singleton
FOR THE CHARLOTTE POST

As the women walk in the room at Mid-East Dance by Yasmine, they wait for their turn on the hardwood floor. They get into position, ready to go the distance with a belly dance. As music fills the room, they sway their arms gracefully and the light sound of coins jangling co-mingles with the drumbeats when they move their hips. It's not the frenzied shaking and gyrating as

Hollywood often depicts, but by the end of the first dance, everyone has broken a sweat.

"Most of our students come at first for the fitness element," said owner and instructor Yasmine, "but they stay for a hobby, they stay for camaraderie. They find that they make friends."

From the outside, Mid-East Dance by Yasmine is just a granite building in an office park, but on the inside, it's like a dance oasis.

"Belly dance adapts to anyone who walks in, for any reason they walk in," said Yasmine. "They find something where it's just all about them, and just leave everything else at the door. It's the cheapest therapy you'll ever pay for. When you come in all you think about is drop, drop, drop," explained Yasmine, while moving her hips to the rhythm of the music.

Yasmine studied ballet, tap and jazz for 15 years before going to college at Coastal Carolina University.

After receiving her degree in physical education, she found the opportunities limited. She worked as a waitress, in sales, and as aquatic director at the YMCA in Rock Hill, before receiving the gift that changed everything — her first belly dancing lessons. From there the former ballroom dance teacher

Please see BELLY/2B



PHOTO: JOURTIS WILSON

Professional belly dance instructor Nayna demonstrates smooth moves for her students.

Prepare elders for hurricane season

By Cheri F. Hodges

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Older Americans are more vulnerable during natural disasters, and with hurricane season upon us, a new report highlights what should be done to keep them safe.

To help decision makers at all levels better understand how to better protect this population, AARP released a report: "We Can Do Better"

Lessons Learned for Protecting Older Persons in Disasters." The report focuses on three broad areas including planning and communications, identifying who needs help and what kind of help, and evacuating elders.

In a post-Hurricane Katrina study of 280 victims by the New York Times, most were over age 65.

"The recent tragedies are

reminders that disasters imperil us all, but are especially serious threats to older Americans and people with disabilities," said AARP CEO Bill Novelli. "Let's act with resolve now to minimize the needless loss of life when the next disaster strikes."

One of the overarching conclusions of the report is that integrating the needs of vulnerable older people and

people with disabilities in existing emergency planning efforts is paramount. The report also identifies critical challenges that need to be overcome. They include:

- More clearly defining "who should do what when" among the array of organizations that have responsibilities during a disaster.
- Providing education and

Please see SENIORS/4B

Restaurants get help to fight obesity

THE ASSOCIATED PRESS

WASHINGTON — Those heaping portions at restaurants — and doggie bags for the leftovers — may be a thing of the past, if health officials get their way.

The government is trying to enlist the help of the nation's eateries in fighting obesity. One of the first things on their list: cutting

portion sizes.

With burgers, fries and pizza the Top 3 eating-out favorites in this country, restaurants are in a prime position to help improve people's diets and combat obesity. At least that's what is recommended in a government-commissioned report released Friday.

The report, requested and

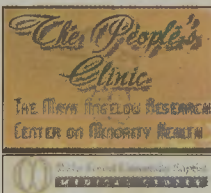
funded by the Food and Drug Administration, lays out ways to help people manage their intake of calories from the growing number of meals prepared away from home, including at the nation's nearly 900,000 restaurants and other establishments that serve food.

"We must take a serious look at the impact these

foods are having on our waistlines," said Penelope Slade Royall, director of the health promotion office at the Department of Health and Human Services.

The 136-page report prepared by The Keystone Center, an education and public group based in

Please see RESTAURANTS/4B



The legacy of sickle cell disease

September has been designated as National Sickle Cell Awareness Month. There are more than 70,000 Americans, primarily African Americans, who suffer from this disease. Many important advances have been made over the past 50 years in both the diagnosis and management of sickle cell disorders. Many myths about the disease persist, however, and treatment remains unavailable or suboptimal in many cases. The term 'sickle cell disease' (SCD) refers to a group of inherited disorders of hemoglobin (Hb) production. Hemoglobin is a protein in the blood that carries oxygen. Sickle disorders are found throughout the world, in Africa, India, the Mediterranean (including Turkey, and Lebanon), the Caribbean, and South and Central America. It is found most often in people of African ancestry, and its migration to many of these areas followed the paths of the slave trade beginning in the mid-1600s.

The four most common types of sickle cell disease are Sickle Cell Anemia, Hemoglobin SC disease and the Hemoglobin — thalassemias (HbS — and — 0 thalassemia). If you or a family member have sickle cell disease, it is important to know what type it is. The type can affect the severity of the condition as well as how it can be inherited. All forms of sickle cell disease are characterized:

1) by the production of abnormal hemoglobin, 2) a low blood count (anemia), and 3) acute and chronic tissue damage due to vascular obstruction. Many parents are surprised when they learn their child has SCD. They are often unaware that they and their partner carry the gene for SCD, known as sickle cell trait. One in every 8 African Americans is a carrier of sickle trait, and the trait itself usually has no symptoms at all. Both parents must pass on the trait for a child to be born with the disease. If each parent has the silent trait, there is a 1 in 4 chance with each pregnancy that the child will receive both traits and be born with SCD. There is a chance that the child will themselves be a carrier of the trait.

Newborn screening, in the form of a blood test, is now mandatory in 44 states and voluntary in 6 states, irrespective of race. Newborn screening can also determine whether a child has been born with the silent sickle cell trait. Because newborn screening was available in fewer than 14 states as late as the 1970s, many people remain unaware of their own sickle cell gene status. Detecting the disease early allows families to obtain comprehensive pediatric management, including the use of daily penicillin to prevent life-threatening infections during infancy and childhood.

Pain is the hallmark of SCD. As the single most common clinical sign and most frequent cause of hospitalization, it often interrupts the lives of those with SCD without warning. The frequency with which a person with SCD has painful episodes varies widely. Most persons with SCD will have pain requiring medical inter-

Please see PAIN/3B