

## Soper

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How about sharing some of the remembrances you have of things past. How about sharing some ideas you have of things you would love to see happen in the new century.

I would love to see rugs that never hold a stain, clothes that never fade, bread that doesn't dry out and peace around the world.

With that happy thought I leave you for this week and hope to hear from you this new year.

Until next time!  
Marge's Mailbag at soperfly@albemarle.net.com or mail to The Chowan Herald, P O Box 207, Edenton, NC 27932.

## Hess

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samples, you can relax for a while, every three or four years is often enough to test your soil, and if your plants are doing well, and you are not fertilizing heavily, you can go for a longer stretch.

As a matter of fact, several years ago we took a battery of soil samples from several different flower beds. Since some beds had received numerous amendments, and other areas of our yard had none, we could see at a glance what each mini-garden needed and streamline treatment accordingly.

There were some surprises in the results. On the basis of general folk wisdom that said our soil was acid and should be limed, we had

limed away. But tests showed that our soil was actually close to neutral, even in places where no lime had been added. In fact, our azaleas actually needed acid for optimum health. Yoila, the pale, sulky azaleas recovered when we added aluminum sulphate to acidify the soil.

For accurate test results, take care when collecting soil. Dig to a depth of 6 to 12 inches and take a few scoops from different locations in your bed. Put it all in a bucket and mix the soil thoroughly before boxing up your sample. Fall and winter are good times to have your soil tested. If your soil is acid, you can add the lime now, prior to planting or tilling. By the time spring comes, the lime will have acted and you can begin fertilizing.

Your garden will appreciate your gift for many years to come.

# Effective nutrition critical to managing diabetes; to be focus of January program at area hospital

AHOSKIE, NC — If you are a caregiver or clinical care provider for someone with diabetes, you know that bad eating habits and meal preparation are important keys to managing diabetes. Knowing how to help the person who has diabetes with successful meal planning and preparation can be challenging.

A panel discussion entitled "Making the Nutrition Plan Work for Patients with Diabetes" is being sponsored by Roanoke-Chowan Hospital, HealthEast, University Health Systems of Eastern Carolina, Department of Health Education and Promotion at East Carolina University, and Eastern AHEC as a way to help health care providers assist their patients with diabetes. The workshop/panel discussion will be held Tuesday, Jan. 18, 6-8 p.m. in the Chowan Room at Roanoke-Chowan Hospital.

"Changing lifestyles such as eating habits and meal preparations are keys to effective care management plans," said Paul Bray, Physician Network Specialist at HealthEast in Greenville. "Successful self-management of diabetes involves education, counseling, coaching, praising and a lot more. This panel discussion will provide methods to help caregivers design realistic and workable nutrition plans for patients with diabetes."

The panel discussion will be moderated by David White, Ed.D., Department of Health Education at East Carolina University and will focus on the outpatient clinical population. Nurses, clinical support staff, nursing home and adult care home staff, health department, social services, and other community agencies working with clients and patients who have diabetes are encouraged to attend.

Panelists are scheduled to include: Sylvia M. English, MS, RN, CDE, Diabetes Clinical Nurse Specialist from University Health Systems/Pitt County Memorial Hospital Department of Care Management; Annette Peery, MS, RN, CDE, from the East Carolina University School of Medicine and Heather Summer, RD, Roanoke-Chowan Hospital.

The discussion will offer clinical practice recommendations, stages of change related to medication nutrition therapy, and dietary differences when working with African-American patients with diabetes. The speakers will present practical ideas to help guide clients toward healthier food choices.

This workshop includes 2.4 contact hours of credit and is co-sponsored by Eastern AHEC which has been granted approval as an approved provider of continuing nursing education by the North Carolina Nurses Association (accredited by the American Nurses Credentialing Center's Commission on Accreditation).

The workshop is free and registration is on-site. For more information about the workshop/panel discussion, call Community Relations, Roanoke-Chowan Hospital, at (252) 209-3248.

# Glaucoma's lack of symptoms presents a challenge

With lost eyesight from glaucoma directly affecting the quality of life, Dr. Frank Cashwell, an ophthalmologist and member of Prevent Blindness North Carolina said health care providers should take a more active role in encouraging their patients to get regular dilated eye exams.

"Dilated eye exams should be made a routine part of health maintenance," Dr. Cashwell said. "Glaucoma has no early warning signs of possible vision loss. So by the time people realize they are losing vision, the vision they have already lost is gone forever. That is why those at risk for glaucoma need to get regular dilated eye examinations to help detect this blinding eye disease."

January is Glaucoma Awareness Month, and Prevent Blind-

ness North Carolina, along with the National Eye Institute (NEI) and 32 other organizations, are highlighting the importance of good vision and eye care.

Dr. Cashwell said a dilated eye exam, in which drops are placed in the eye to dilate the pupils, is the best way to detect glaucoma. "Eye pressure may not be increased at all times in early glaucoma. Thus a dilated eye exam allows the eye care professional to obtain a better view of the eye's optic nerve to look for early signs of glaucoma," he said. "With treatment, glaucoma usually can be controlled and remaining vision can be protected."

In many people, glaucoma occurs when the normal fluid pressure inside the eye progressively increases, leading to optic

nerve damage and reduced peripheral (side) vision. As the disease worsens, the field of vision gradually narrows and blindness may result. Glaucoma is a leading cause of irreversible vision loss in the United States and affects about three million Americans.

"Up to one-half this number may be unaware they have the disease," Dr. Cashwell said. "Higher risk population groups are everyone over the age of 60, African-Americans over the age of 40, and people who have a family history of glaucoma. These people need to receive a dilated eye exam at least every two years."

Carl Kupfer, MD, director of the NEI, on the federal government's National Institutes of Health, said if glaucoma is detected and treated early in its progression, it can be slowed and serious vision loss can be delayed.

"People at risk for glaucoma often presume that if their vision is fine, there is no reason to be concerned," he said. "It is only when they notice vision loss that they take action. And while steps can be taken to preserve remaining vision, such as with eye drops or laser surgery, vision already lost from glaucoma is lost forever."

Prevent Blindness North Carolina is dedicated to preventing blindness, preserving and restoring sight, and promoting good vision for all. Through volunteer efforts, Prevent Blindness conducts direct service screening programs, public and professional awareness campaigns, and research. Their mission is to reach people before blindness strikes. For more information, call 1-800-543-7839 or visit [www.preventblindness.org/nc](http://www.preventblindness.org/nc) on the Internet.

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