

Of local interest

Doctor's Orders: High blood pressure can occur at any age

Of the 35-40 million Americans who have high blood pressure, only about one-half know that they have the condition—also known as hypertension. Part of the reason for this lack of awareness is that high blood pressure often produces no symptoms.

High blood pressure occurs at any age—even in the thin, active individual. Those who are most likely to be hypertensive, however, are over-weight, are over 40 years of age, and have a history of high blood pressure in their families. Men are affected more often than women, blacks more often than whites.

Women taking birth control tablets often have higher pressures than women who do not take "the pill". Individuals who eat salty foods (sodium in its various forms)

also tend to have high blood pressures. In Japan, for example, where sodium consumption is high, people often have high blood pressure and its complications: kidney damage, eye damage, stroke, etc.

Detection and monitoring of high blood pressure is possible in the home with the traditional cuff and stethoscope, or one of the newer electronic devices. The newer devices show blood pressure readings as larger numbers on a screen, and do not require good eyesight or hearing, as is required using the cuff and stethoscope method.

If you do not have the proper device, and are unsure of how to take your own blood pressure, or suspect that you may have high blood pressure, it is a good idea to consult your doctor.

The detection of this major

health problem is within the grasp of virtually all adults. The important thing to remember is that once high blood pressure is detected, it can be controlled.

Here are five ways to reduce high blood pressure and its consequences:

1. Salt restriction: Reducing one's consumption of salt and food products containing sodium can have a dramatic effect in reducing high blood pressure. The "typical" American eats 3-5 teaspoonsful of salt (sodium chloride) every day. This is about 20 times more than is required by the body for proper function.

A few suggestions for reducing salt ingestion (hidden or otherwise) include:

- Not salting prepared foods.
- Using a substitute for salt as a

flavoring aid (for example, lemon juice).

-Avoiding foods which definitely taste "salty".

-Examining labels of products for sodium content.

-Eating fresh fruits and vegetables which are often high in potassium and low in sodium.

2. Weight Control: Researchers have shown that blood pressure can be lowered by simply reducing one's weight to the top of the normal range. One need not become "skin and bones" to accomplish significant reductions in blood pressure. Moderate diet-low in fat and sodium—and an increase in physical activity are proven routes to achieving appropriate weight and lower blood pressure.

3. Exercise: In and of itself (even without weight loss) exercise can lower blood pressure. A properly designed exercise program appears to reduce blood pressure as a result of dilation of the blood vessels. Reductions in pressure vary with each individual. Patients over 40 years of age and those with medical problems who have not exercised before should consult with their physician before beginning an exercise program.

4. Relaxation: Studies of industrial workers who were taught certain "relaxation techniques" have demonstrated that blood pressure can be lowered through relaxation. Yet many persons find that they have trouble finding time to relax. Others simply cannot discipline

themselves to setting aside time for relaxation. For those who do take time and discipline themselves, a variety of relaxation techniques, breathing exercises and meditation programs appear to be beneficial—especially when combined with low-salt diets and modest use of medication.

5. Medicines: When appropriately prescribed drugs are taken according to directions, medicines have been highly successful in controlling hypertension. Almost 40 percent of hypertensive persons achieve an adequate blood pressure control with only a diuretic. The remaining 60 percent usually require the addition of a second, third, or fourth blood pressure reducing medicine.

Medicaid bill introduced

A bill that would expand Medicaid coverage for pregnant women and children and possibly reduce the state's infant death rate was introduced into the N.C. General Assembly by Rep. Walter B. Jones, Jr., D-Pitt.

House Bill 393 would expand Medicaid coverage for pregnant women and for children up to 12 months old if their family income is equal to or less than 185 percent of the federal poverty guidelines. In other words, a family of three with a gross annual income of \$18,000 would be eligible.

If approved by the legislature, the bill would provide the maximum allowable Medicaid coverage for poor pregnant women and children. The bill would expand Medicaid coverage to an estimated 9,700 women and 10,100 children.

HB 393 asks the state to appropriate \$7.1 million in 1989-90 fiscal year and \$14.1 million in the 1990-91 fiscal year to cover the costs of expanded services. The bill also asks the state to appropriate during the 1990-91 biennium an additional \$1.8 million, which will be given to county departments of social services to hire staff necessary to provide expanded services.

"North Carolina has one of the nation's highest infant mortality rates," said Rep. Jones. "A baby born in 45 other states has a better chance of seeing his first birthday than a baby born in North Carolina. North Carolina's children deserve better than those odds. Passage of this bill would increase access to quality prenatal care for thousands of women and would reduce the likelihood of medical problems that lead to infant death. The recent news that our state's infant death rate is increasing is alarming. Passage of this bill could help reduce that upward trend."

National studies have shown that for every dollar spent on prenatal care, there is a three dollar savings on long-term health care costs,

according to the final report of the state's Indigent Care Study Commission. The cost savings come from a reduced need for neonatal intensive care and treatment of mentally retarded children.

Because the federal government contributes approximately \$2 for every \$1 a state spends on Medicaid, the 1989-90 expenditure of \$7.1 million will generate \$17.2 million in federal funds for North Carolina.

North Carolina's infant death rate in 1987 was 12.5 per one thousand births. That marks an increase from the 1986 death rate of 11.6 per one thousand births.

If approved, the expanded coverage for Medicaid patients would be effective January 1, 1990.

House Bill 393 contains two other major provisions:

An appropriation of \$650,000 in 1989-90 and \$1 million in 1990-91 to expand the Rural Obstetrical Care Incentive Program. Established in 1988, the Rural Incentive Program compensates family physicians and obstetricians who agree to provide prenatal and obstetrical services to residents in counties where neither public or private maternity care is available. The money will be used to help pay the difference between a physician's malpractice insurance with obstetrical services and without those services.

An appropriation of \$950,820 in 1989-90 and \$1.3 million in 1990-91 to be used to increase physician reimbursement for maternity care services. Currently, the average fee for prenatal care and delivery ranges from \$1,200 to \$1,500. Medicaid usually pays only about 54 percent of what a physician charges. State funds would be used to increase the amount of money paid to physicians for obstetrical services from roughly \$625 to \$950 per patient.

A companion bill to HB 393 was introduced in the N.C. Senate by Sen. Russell Walker, D-Randolph.



State highway workers have been busy lately redesigning the intersection by Hardees. The area is much safer with the new stoplight functioning completely.

Card of Thanks

To all the employees of Jackson Wholesale, I wish to thank each and everyone of you for your assistance when my auto caught fire. Your quick thinking and brave action prevented it from being a disaster. The kindness of the office staff was appreciated. Your kindness will always be remembered.

Thanks To Everyone,
Evelyn S. Tinkham

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- 1 - 1966 International Truck (2 ton)
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Sealed bids will be accepted at the Winfall Town Office thru 12:00 noon, May 8, 1989.

May be seen at "Town of Winfall" Water Plant, Winfall, N.C.

The town reserves the right to refuse any or all bids.

D.L. Barber, Jr.
Town Clerk

PUBLIC NOTICE

The Hertford Zoning Board will meet May 3, 1989, Municipal Building in Hertford to consider the following:

1. To upgrade properties on Market St. from East Academy to Covent Garden, also on Market Street from Hyde Park to Covent Garden. Properties be up-graded from R-8 to R-10.
2. Remove nursing homes as a permitted use in R-A zoned territory, add nursing homes to C-2 zoned territory.
3. That Brian Center and Don Juan property zoning be changed from R-A to C-2.

William L. Tilley, Chairman
Hertford Zoning Board

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	Annual Yield	Base Rate	Annual Yield	Base Rate
24-60 Months	9.85%	9.40%	9.65%	9.21%
18-23 Months	9.80%	9.35%	9.65%	9.21%
12-17 Months	9.75%	9.30%	9.55%	9.12%
4-11 Months	9.60%	9.17%	9.45%	9.03%

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