

May - June 2023

May is...

- Mother's Day, May 14
- Arthritis Awareness Month
- Hepatitis Awareness Month
- Lupus Awareness Month
- Mental Health Awareness Month
- Asthma & Allergy Awareness Month
- Blood Pressure Education Month
- Healthy Vision Month
- Stroke Awareness Month
- Physical Fitness Month
- Teen Pregnancy Awareness Month
- Women's Health Month
- Older Americans Month
- Senior Health & Fitness Day, May 24
- Skin Cancer Prevention / Awareness Month
- Don't Fry Day, May 26
- No Tobacco Day, May 31

June is ...

- Father's Day, June 18
- Alzheimer's & Brain Awareness Month
- Cataract Awareness Month
- Men's Health Month
- Migraine & Headache Awareness Month
- PTSD Awareness Month
- Scleroderma Awareness Month
- Scoliosis Awareness Month

*In His Service,
H-3 Ministry*



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HAPPY MOTHER'S DAY

God's Masterpiece is Mother

By Herbert Farnham

God took the fragrance of a
flower...

The majesty of a tree...

The gentleness of morning
dew...

The calm of a quiet sea...

The beauty of the twilight
hour...

The soul of a starry night...

The laughter of a rippling
brook...

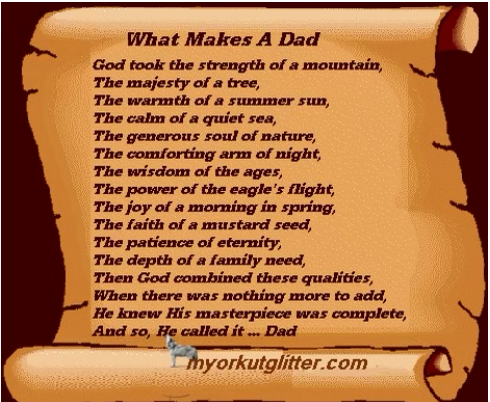
The grace of a bird in
flight...

Then God fashioned from
these things

A creation like no other,
And when his masterpiece
was through

He called it simply - Mother.

www.feliciagraves.com



MAY IS NATIONAL ARTHRITIS AWARENESS MONTH

SAVE LIVES WITH PREVENTION AWARENESS

May is recognized each year as National Arthritis Awareness Month. Arthritis is a disease that impacts more than 50 million Americans, making it the number one cause of disability in the country. That means 1 in every 5 adults, 300,000 children and countless families are affected by arthritis. These numbers are only going to keep growing—unless we take a stand.

The Arthritis Foundation is leading the way to conquer arthritis and its effects through our advocacy efforts at the state level and on Capitol Hill, our cutting-edge scientific research, and our tools and resources that help you live your best life.

The first steps in conquering arthritis are learning the facts, understanding your condition and knowing that help is by your side. Below, you'll find some telling statistics about the current impact of arthritis on the U.S. population, resources to help you learn more about arthritis, and additional information on how you can help and get involved.

ARTHRITIS BY THE NUMBERS:

- Nearly 53 million adults have doctor-diagnosed arthritis; that number is expected to grow to 67 million by 2030.
- Almost 300,000 babies, kids and teens have arthritis or a rheumatic condition.
- Arthritis is the nation's No. 1 cause of disability.
- Working-age men and women (ages 18 to 64) with arthritis are less likely to be employed than those of the same age without arthritis.
- 1/3 of working-age people with arthritis have limitations in their ability to work, the type of work they can do or whether they can work part time or full time.
- People with osteoarthritis and rheumatoid arthritis –two major kinds of arthritis – miss a combined 172 million workdays every year.
- Arthritis and related conditions account for more than \$156 billion annually in lost wages and medical expenses.
- There are nearly 1 million hospitalizations each year due to arthritis.
- 57% of adults with heart disease have arthritis.
- 52% of adults with diabetes have arthritis.
- 44% of adults with high blood pressure have arthritis.
- 36% of adults who are obese have arthritis.
- 1/3 of adults with arthritis age 45 and older have either anxiety or depression.

THE DIFFERENT TYPES OF ARTHRITIS AND HOW TO TREAT YOUR ARTHRITIS

While May is a time to celebrate the start of summer, this month is also National Arthritis Awareness Month. With 100 plus different types of arthritis and related conditions, more than 50 million adults and 300,000 children have some type of arthritis. While arthritis affects both men and women, it is actually more common in women. So, what are the most common types of arthritis and how can they be treated?

OSTEOARTHRITIS

Osteoarthritis, also known as degenerative arthritis, is one of the most common types of arthritis. Over time, the cartilage in the joints can wear away, leaving the bone rubbing against bone. This can cause pain, swelling, and stiffness in the joint. Some risk factors for this type of arthritis can include excessive weight gain, family history, age, and previous injury. When the joint symptoms of osteoarthritis are mild or moderate, they can be managed by balancing activity with rest, using hot and cold therapies, regular physical activity, healthy weight, strengthening the muscles around the joint for added support, assistive devices, over-the-counter pain relievers and anti-inflammatory medicines, and avoiding excessive repetitive movements.

INFLAMMATORY ARTHRITIS

The immune system's job function is to protect the body. This system generates internal inflammation to get rid of the infection and prevent diseases. But the immune system can go awry, mistakenly attacking joints with uncontrolled inflammation, causing joint erosion, and damaging internal organs, eyes, and other parts of the body. These types of arthritis include rheumatoid and psoriatic arthritis. Most researchers believe that inflammatory arthritis is caused by a combination of genetics and environmental factors like smoking, which

trigger an autoimmune response. Early diagnosis and aggressive treatments are critical when experiencing inflammatory arthritis. Slowing down the disease's activity can help minimize or even prevent permanent damage. The goal of treatment is to reduce pain, improve function, and prevent further joint damage.

INFECTIOUS ARTHRITIS

Infectious arthritis is caused by a bacterium, virus, or fungus that enters the joint and triggers inflammation. Some organisms that cause this type of arthritis include salmonella, shigella (food poisoning or contamination), chlamydia, gonorrhea, and hepatitis C. In many cases, timely treatment with antibiotics can clear up the joint infection but arthritis may become chronic even after treatment.

With the right treatments and therapies, you may be able to live a normal life with your arthritis. For more information on easing your arthritis pains, call Pain and Spine Specialists today!



OLDER AMERICANS MONTH: MAY 2023

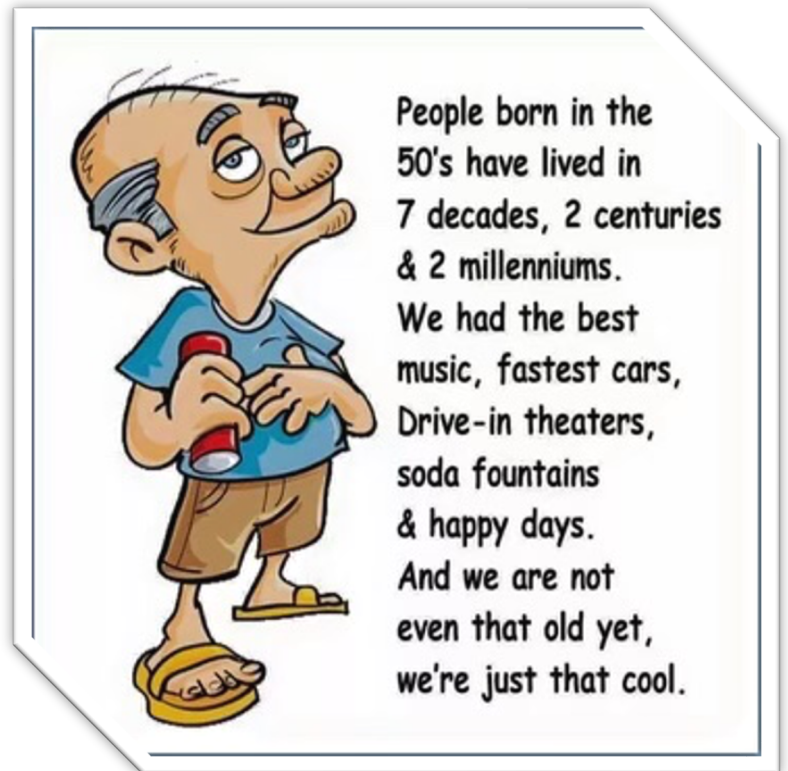
FROM THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ADMINISTRATION FOR COMMUNITY LIVING,

HISTORY OF OLDER AMERICANS MONTH:

“When Older Americans Month was established in 1963, only 17 million living Americans had reached their 65th birthday. About a third of older Americans lived in poverty and there were few programs to meet their

needs. Interest in older Americans and their concerns was growing. A meeting in April 1963 between President John F. Kennedy and members of the National Council of Senior Citizens led to designating May as 'Senior Citizens Month,' the prelude to 'Older Americans Month.'

"Historically, Older Americans Month has been a time to acknowledge the contributions of past and current older persons to our country, in particular those who defended our country. Every President since Kennedy has issued a formal proclamation during or before the month of May asking that the entire nation pay tribute in some way to older persons in their communities. Older Americans Month is celebrated across the country through ceremonies, events, fairs, and other such activities."



LUPUS AWARENESS

LUPUS IS A DISEASE THAT CAN AFFECT PEOPLE OF ALL AGES, RACES, AND ETHNICITIES. THE SIGNS AND SYMPTOMS MIMIC THOSE OF OTHER DISEASES, MAKING IT HARD TO DIAGNOSE. LEARN MORE.

WHAT IS LUPUS?

Lupus is a chronic, autoimmune disease that affects many different parts of the body. An autoimmune disease occurs when the body's immune system attacks itself because it cannot tell the difference between healthy tissue and foreign invaders, such as bacteria and viruses.

Lupus symptoms can show up in many different ways and are often mistaken for symptoms of other diseases. This is why it can be hard to diagnose and is often called "the great imitator." Lupus symptoms can range from mild to life threatening, so early diagnosis and treatment by a rheumatologist are important. A rheumatologist is a doctor who has additional training and experience in the diagnosis and treatment of arthritis, lupus, and other diseases of the joints, muscles, and bones.

LUPUS HEALTH DISPARITIES

Systemic lupus erythematosus, or SLE, is the most common type of lupus and can affect multiple organs. While SLE can occur in anyone, it is more common among Black and Latina women and women of childbearing age (15 to 44). Ninety percent of people with lupus are women. Among women, Black and Latina women are 2 to 3 times more likely than White women to develop lupus and have more severe disease progression. In [a](#) study examining death rates among people with SLE, Black people had higher rates of death than White people, and deaths occurred sooner after diagnosis. Among those with SLE, Black people were significantly younger when they died than White people (average age of 52 vs. 64).

SIGNS AND SYMPTOMS OF LUPUS

People with SLE can have many different symptoms, including:

1. Fatigue or extreme exhaustion no matter how much they sleep
2. Muscle and joint pain or swelling
3. Skin rashes (in particular a butterfly-shaped face rash across the cheeks and nose)
4. Fever
5. Hair loss
6. Recurring mouth sores
7. Additional symptoms or conditions can include:
8. Sensitivity to the sun
9. Lung problems
10. Chest pain when deep breathing
11. Fingers or toes turning blue or white or feeling numb
12. Heart problems
13. Kidney problems

14. Psychosis (disruptive thoughts and perceptions about what is or is not real)
15. Blood cell and immunological abnormalities (anemia or clotting problems)
16. Eye diseases
17. Memory problems

People with SLE can have periods of lupus symptoms called flares, followed by symptom-free periods called remissions. They may have flares often, or years apart, throughout their life and with varying severity. There is no cure for SLE, but many people with the disease can manage their symptoms with proper treatment and lead a full, happy life. Getting an early diagnosis and getting treatment are critical to preventing long-term consequences and managing symptoms.

HOW IS LUPUS DIAGNOSED?

There is no single test for SLE. To diagnose SLE, a doctor will take into account the patient's symptoms, signs observed during physical exams, and the results of X-rays and lab tests. SLE may be hard to diagnose because its signs and symptoms are not specific and can look like signs and symptoms of other diseases. SLE may also be misdiagnosed, so it is important to see a doctor who specializes in rheumatology for a second opinion.

OTHER TYPES OF LUPUS AMONG ADULTS

Cutaneous lupus (skin lupus) affects the skin in the form of a rash or lesions. This type of lupus can occur on any part of the body but usually appears where the skin is exposed to sunlight.

Drug-induced lupus is similar to SLE, but it is caused by a reaction to some medicines. Symptoms usually appear 3 to 6 months after starting a medicine and disappear once the medicine is stopped.

HOW IS LUPUS TREATED?

Although there is no cure for lupus, it can be managed with proper treatment, and people with lupus can go on to live long, happy lives. The goals of treatment are to manage current symptoms, prevent future flares, and prevent damage to joints and organs by calming the immune system. Because the symptoms of lupus vary widely, management depends on a person's individual symptoms and needs. Seeing a doctor regularly and following the prescribed course of treatments is important. Beyond that, adopting healthy behaviors and learning skills to manage the disease can also be beneficial.

To improve overall health and quality of life, people with lupus should:

- Be physically active
- Eat healthy meals
- Get plenty of rest
- Avoid smoking
- Wear sunscreen and avoid excessive sun exposure

Self-management education workshops, such as the Chronic Disease Self-Management Program, can help people with lupus learn how to manage daily life, medications, and interactions with doctors, as well as improve energy and pain management. Visit [Learn More. Feel Better.](#) for more information about self-management education programs and other tools and resources that can improve quality of life for people living with lupus.

MENTAL HEALTH AWARENESS MONTH

Mental Health Awareness Month has been observed in the U.S. since 1949. Every year during the month of May, NAMI joins the national movement to raise awareness about mental health. Together, we fight stigma, provide support, educate the public and advocate for policies that support the millions of people in the U.S. affected by mental illness. Read below to learn more about how you can get involved.

SUMMARY

Mental Health Awareness Month was established in 1949 to increase awareness of the importance of mental health and wellness in Americans' lives and to celebrate recovery from mental illness. For the past 20 years, the Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized Mental Health Awareness Month (MHAM) every May to increase awareness about the vital role mental health plays in our overall health and well-being.

988 SUICIDE & CRISIS LIFELINE

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.

MAY IS STROKE AWARENESS MONTH

May is National Stroke Awareness Month, a time to raise awareness about the symptoms and risk factors of stroke. The latter is so important as most strokes are thought to be preventable with lifelong control of risk factors, especially high blood pressure. This month is also an opportunity to recognize progress in advancing stroke research and care as well as opportunities for improving outcomes and health equity. Moreover, new efforts are underway to develop and test drugs that might protect brain tissue after stroke.

Stroke can happen to anyone, at any age. Do you know the warning signs of a stroke? Visit our Know Stroke webpage to explore and share toolkits, videos, brochures, and other stroke resources. Our colleagues at the American Stroke Association are also launching a host of resources for #StrokeMonth to help people learn about stroke.

In recent years, the biggest advances in stroke research have been in acute treatment of ischemic stroke. Restoration of brain blood flow (i.e., reperfusion therapy), during the minutes to hours immediately following the onset of stroke symptoms due to blocked blood vessels can prevent brain injury. Results from international clinical trials showed that removing a stroke-causing clot using special catheters that are inserted into the brain's arteries has benefit for patients in preventing large strokes. These new results from endovascular treatment trials build on previous evidence and guidelines for clot-dissolving medication that can be injected

quickly through a vein. Ongoing research is also focused on enhancing the benefit of intravenous therapies by combining more than one anti-clotting drug.

In addition to the success of endovascular therapies to return blood flow to the brain, researchers are also developing novel approaches to stroke recovery and rehabilitation. For example, brain and nerve stimulation therapies are being tested to help patients regain mobility, even many months after having a stroke. In an early study, researchers funded by the Brain Research Through Advancing Innovative Neurotechnologies® (BRAIN) Initiative adapted epidural spinal cord stimulation to restore arm and hand movement in two stroke patients. Researchers are also testing tele-rehabilitation strategies to help stroke survivors recover in their own homes.

Other efforts to develop novel treatments that may protect brain tissue and improve long-term outcomes after ischemic stroke are underway. Preclinical studies in animal models are bringing promising new neuroprotective drugs into the pipeline. The Stroke Preclinical Assessment Network (SPAN), the largest preclinical network in stroke, has designed a rigorous preclinical assessment to identify candidate drugs that might enhance the benefits of early reperfusion therapy in humans and encourages partnerships between researchers and industry, small businesses, or non-governmental organizations.

Ultimately, evidence needed to bring improved interventions for stroke prevention, treatment, and rehabilitation to people depend on rigorous, well-designed clinical studies. By connecting a nationwide network of hospitals, the NIH StrokeNet works to conduct clinical stroke trials faster and more efficiently. To explore innovative ways to further expand, optimize, and augment the use of endovascular therapies, StrokeNet is adding platform trials that will test several interventions in parallel. Additionally, the network is launching a new multi-center clinical study that will test the safety and efficacy of a novel investigational biologic agent developed with NINDS support that can be given in concert with reperfusion therapies, to reduce disability in subjects with moderate to severe acute ischemic stroke. If successful, this could be the first drug to treat acute stroke since 2003.

Another longstanding study, called REasons for Geographic and Racial Differences in Stroke (REGARDS), has enrolled more than 30,000 Black and White participants aged 45 and older in the southeastern part of the country with very high rates of cardiovascular disease and stroke, known as the “Stroke Belt.” The study helped us realize that a ‘one size fits all’ approach does not work for stroke prevention and that risk factor management should be tailored to patients based on their sex, race, and age. Last year, REGARDS researchers found that light-intensity physical activity, such as doing household chores and leisurely walks, can protect against stroke in older adults.

Other NINDS studies continue to answer important questions about stroke and raise awareness about stroke symptoms in populations most at risk. Stroke outcomes and disparities were exacerbated by the COVID-19 pandemic, making our focus on equity even more important. NINDS is tackling health disparities for stroke and other neurological conditions through strategic planning and other collaborative efforts. I recently highlighted a symposium and report led by the Brain Attack Coalition on improving equity in access to stroke care, from the emergency setting to inpatient hospital care.

High blood pressure or hypertension is a leading cause and controllable risk factor for stroke and for dementia later in life. Black men in their late 20s to mid-40s are at high risk for developing hypertension, and stroke is more common and deadly in middle-aged Black people compared to White people. Our Mind Your Risks® public health campaign encourages Black men to take charge of their health to reduce their risk of stroke and dementia. Over the past several months, we teamed up with Morehouse College to host two educational webinars for alumni and students, where Richard Benson, MD, PhD, Director of the NINDS Office of Global

Health and Health Disparities, discussed tips for controlling high blood pressure, research updates, and other risk factors for stroke and dementia. NBC Sports Washington also helped us spread the word, and on May 17, World Hypertension Day, we joined the DC Metro HBCU Alumni Alliance for a Facebook Live chat on high blood pressure, stroke, and dementia. Mind Your Risks® is part of a national effort to make hypertension prevention, detection, and control more equitable. NINDS also participates on the Federal Hypertension Control Leadership Council, where we're working on ways to increase self-monitoring for blood pressure.

With insights into stroke risk factors, more improved treatments on the way, and a focus on health equity, please join NINDS in promoting awareness about stroke this month and year-round. Together, I hope our work will inform new ways to improve the recovery process after stroke as well as prevent and treat stroke in all individuals and across the lifespan.

KNOW YOUR RISK FOR STROKE

Anyone can have a stroke at any age. But certain things can increase your chances of having a stroke. The best way to protect yourself and your loved ones from a stroke is to understand your risk and how to control it.

While you can't control your age or family history, you can take steps to lower your chances of having a stroke.

WHAT HEALTH CONDITIONS INCREASE THE RISK FOR STROKE?

Many common medical conditions can increase your chances of having a stroke. Work with your health care team to control your risk.

PREVIOUS STROKE OR TRANSIENT ISCHEMIC ATTACK (TIA)

If you have already had a stroke or a transient ischemic attack (TIA), also known as a "mini-stroke," your chances of having another stroke are higher.

HIGH BLOOD PRESSURE

High blood pressure is a leading cause of stroke. It occurs when the pressure of the blood in your arteries and other blood vessels is too high.

There are often no symptoms of high blood pressure. Get your blood pressure checked often. If you have high blood pressure, lowering your blood pressure through lifestyle changes or medicine can also lower your risk for stroke.

HIGH CHOLESTEROL

Cholesterol is a waxy, fat-like substance made by the liver or found in certain foods. Your liver makes enough for your body's needs, but we often get more cholesterol from the foods we eat. If we take in more cholesterol than the body can use, the extra cholesterol can build up in the arteries, including those of the brain. This can lead to narrowing of the arteries, stroke, and other problems.

A blood test can tell your doctor if you have high levels of cholesterol and triglycerides (a related kind of fat) in your blood.

HEART DISEASE

Common heart disorders can increase your risk for stroke. For example, coronary artery disease increases your risk for stroke, because plaque builds up in the arteries and blocks the flow of oxygen-rich blood to the brain.

Other heart conditions, such as heart valve defects, irregular heartbeat (including atrial fibrillation), and enlarged heart chambers, can cause blood clots that may break loose and cause a stroke.

DIABETES

Diets high in saturated fats, trans fat, sodium, and cholesterol have been linked to stroke. Find healthy recipes and meal plans at the Million Hearts® Heart-Healthy Recipes page.

Diabetes increases your risk for stroke. Diabetes causes sugars to build up in the blood and prevent oxygen and nutrients from getting to the various parts of your body, including your brain. High blood pressure is also common in people with diabetes. High blood pressure is the leading cause of stroke and is the main cause for increased risk of stroke among people with diabetes.

Talk to your doctor about ways to keep diabetes under control.

OBESITY

Obesity is excess body fat. Obesity is linked to higher “bad” cholesterol and triglyceride levels and to lower “good” cholesterol levels. Obesity can also lead to high blood pressure and diabetes.

SICKLE CELL DISEASE

Sickle cell disease is a blood disorder linked to ischemic stroke that affects mainly Black children. The disease causes some red blood cells to form an abnormal sickle shape. A stroke can happen if sickle cells get stuck in a blood vessel and block the flow of blood to the brain.

WHAT BEHAVIORS INCREASE THE RISK FOR STROKE?

Your lifestyle choices can increase your risk for stroke. The good news is that healthy behaviors can lower your risk for stroke.

Talk with your health care team about making changes to your lifestyle.

- Eating a diet high in saturated fats, trans fat, and cholesterol has been linked to stroke and related conditions, such as heart disease. Also, getting too much salt (sodium) in the diet can raise blood pressure levels.
- Not getting enough physical activity can lead to other health conditions that can raise the risk for stroke. These health conditions include obesity, high blood pressure, high cholesterol, and diabetes. Regular physical activity can lower your chances for stroke.

- Drinking too much alcohol can raise blood pressure levels and the risk for stroke. It also increases levels of triglycerides, a form of fat in your blood that can harden your arteries.
 - Women should have no more than one drink a day.
 - Men should have no more than two drinks a day.
- Tobacco use increases the risk for stroke.
 - Cigarette smoking can damage the heart and blood vessels, increasing your risk for stroke.
 - Nicotine raises blood pressure.
 - Carbon monoxide from cigarette smoke reduces the amount of oxygen that your blood can carry.
 - Exposure to secondhand smoke can make you more likely to have a stroke.

FAMILY HISTORY AND OTHER CHARACTERISTICS THAT INCREASE RISK FOR STROKE

Family members share genes, behaviors, lifestyles, and environments that can influence their health and their risk for disease. Stroke risk can be higher in some families than in others, and your chances of having a stroke can go up or down depending on your age, sex, and race or ethnicity.

The good news is you can take steps to prevent stroke. Work with your health care team to lower your risk for stroke.

GENETICS AND FAMILY HISTORY

When members of a family pass traits from one generation to another through genes, that process is called heredity.

- Genetic factors likely play some role in high blood pressure, stroke, and other related conditions. Several genetic disorders can cause a stroke, including sickle cell disease. People with a family history of stroke are also likely to share common environments and other potential factors that increase their risk. The chances for stroke can increase even more when heredity combines with unhealthy lifestyle choices, such as smoking cigarettes and eating an unhealthy diet. Find out more about genetics and disease on CDC's Office of Public Health Genomics website.
- Family health history is a record of the diseases and health conditions that happen in your family. Family health history is a useful tool for understanding health risks and preventing health problems. To help people collect and organize their family history information, CDC's Office of Public Health Genomics worked with the U.S. Surgeon General and other federal agencies to develop a web-based tool called My Family Health Portrait.

AGE

The older you are, the more likely you are to have a stroke. The chance of having a stroke about doubles every 10 years after age 55. Although stroke is common among older adults, many people younger than 65 years also have strokes.

In fact, about one in seven strokes occur in adolescents and young adults ages 15 to 49.³ Experts think younger people are having more strokes because more young people have obesity, high blood pressure, and diabetes.

SEX

Stroke is more common in women than men, and women of all ages are more likely than men to die from stroke.⁴ Pregnancy and use of birth control pills pose special stroke risks for women.² Learn more about stroke in men and stroke in women.

RACE OR ETHNICITY

People who are non-Hispanic Black or Pacific Islander may be more likely to die from a stroke than non-Hispanic Whites, Hispanics, American Indian or Alaska Natives, and Asians are.⁴ The risk of having a first stroke is nearly twice as high for Blacks as for Whites. Blacks are also more likely to die from stroke than Whites are.⁴

WHAT IS CONSIDERED STROKE-LEVEL HIGH BLOOD PRESSURE?


A severe increase in blood pressure (BP) that can lead to a stroke is called a hypertensive crisis. Extremely high blood pressure can damage blood vessels and weaken arteries in the brain, increasing the risk of stroke.

Blood pressure readings above 180/120 mmHg are considered stroke-level, dangerously high, and require immediate medical attention.

Blood pressure readings of 160/100 mmHg are considered hypertension stage II according to the table below.

High blood pressure, or hypertension, is the leading cause of strokes in the U.S. However, understanding risk factors and blood pressure readings can help people seek appropriate treatment:

Table. Stages of hypertension IQ

BP category	Systolic (mm Hg)	Diastolic (mm Hg)
Normal	Less than 120	Less than 80
Prehypertension 	120 to 129	Less than 80
Hypertension stage I	130 to 139	80 to 89
Hypertension stage II	140 or above	90 or above
Hypertensive crisis	More than 180	More than 120

WHAT ARE THE SYMPTOMS OF HIGH BLOOD PRESSURE?

While hypertension is sometimes called the silent killer because most people show no symptoms, a few common signs of the condition include:

- Severe headaches
- Fatigue
- Confusion
- Pounding in the chest, neck, or ears
- Dizziness
- Sweating
- Chest pain
- Vision problems
- Trouble sleeping

Rare symptoms may include:

- Nosebleed
- Nausea and vomiting
- Difficulty breathing
- Irregular heartbeat
- Blood in the urine
- Nervousness
- Facial flushing
- Blood spots in eyes

WHAT CAUSES BLOOD PRESSURE TO SPIKE SUDDENLY?

Hypertension is often called a “silent killer” because it may cause no noticeable symptoms.

It can be a result of the following:

- Age (BP increases with age)
- Gender (men are more likely to develop hypertension than women)
- Family history
- Unhealthy lifestyle (lack of exercise and consumption of junk and processed foods are modifiable factors)
- Excessive salt intake
- Decreased or no physical activity
- Obesity
- Diabetes
- High cholesterol
- Stress
- Pregnancy
- Alcohol consumption
- Smoking



NATIONAL ASTHMA AND ALLERGY AWARENESS MONTH

Since 1984, the Asthma and Allergy Foundation of America (AAFA) has declared May to be “National Asthma and Allergy Awareness Month.” It is a peak season for people with asthma and allergies and a perfect time to educate patients, family, friends, co-workers, and other people about allergic diseases.

QUICK FACTS

- More than 100 million people in the United States have asthma and/or allergies. Some people may have more than one of these conditions.
- Nearly 26 million people in the U.S. have asthma (20.7 million adults and 4.8 million children).^{1,2}
- About 20 million people in the U.S. have food allergies (16.0 million adults and 4.3 million children).^{3,4}
- About 80 million people in the U.S. have rhinitis due to nasal allergies, also called “hay fever” (66.4 million adults and 13.9 million children).^{3,4}
- There is no cure for asthma or allergies.

These numbers paint a picture of how many people in the U.S. are managing asthma and allergies. But they don’t paint a picture of the overall impact these diseases have on people, their caregivers, and communities.

ALZHEIMER’S AND BRAIN AWARENESS

Alzheimer’s and Brain Awareness Month is observed in June as an opportunity to spread the word about and discuss Alzheimer’s disease and other dementias. Throughout the month, the Alzheimer’s Association encourages people around the globe to support the movement by wearing purple and training their brains to fight the disease.

HISTORY OF ALZHEIMER’S AND BRAIN AWARENESS MONTH

The occurrence of dementia goes way back to before it was named. Ancient Egyptians, in 2000 B.C., were aware of the fact that memory declines as people grow old.

In the second century A.D., Turkish doctor Aretheus described dementia by putting it in the same group as delirium. Delirium is the reversible (acute) disorder of cognitive function while dementia is an irreversible chronic disorder.

The fall of the Roman Empire in the fifth century led to the domination of theocracy during the Middle Ages. Dementia was thus regarded as a punishment from God for sins committed and the patients were considered to be possessed by demons and subject to hatred. During the 14th and 15th centuries, such patients were also victims of witch hunts.

Saint Isidore, archbishop of Seville, first used the word 'dementia' in his book "Etymologies" in around 600 A.D. The word is of Latin origin: 'de' meaning loss or deprivation, 'ment' meaning mind, and 'ia' indicating a state. So, 'dementia' means 'loss of the state of the mind.'

In 1906, German physician Alois Alzheimer described the case of Auguste Deter, a 50-year-old woman with profound memory loss. This was the first recorded case of Alzheimer's disease, although it was not called so then.

President Ronald Regan initiated the observance of Alzheimer's and Brain Awareness Month in 1983 to raise awareness about Alzheimer's and get people involved in the recognition of the diseases as well as the types of care required by someone suffering from it.

ALZHEIMER'S AND BRAIN AWARENESS MONTH FAQs

IS JUNE ALZHEIMER'S AWARENESS MONTH?

June is Alzheimer's and Brain Awareness Month.

WHAT IS ALZHEIMER'S AWARENESS MONTH?

November is Alzheimer's Awareness Month. Awareness about Alzheimer's disease is heightened during this time, and support is given to more than 6 million Americans suffering from it.

IS THERE AN ALZHEIMER'S AWARENESS DAY?

World Alzheimer's Day is on 21 September each year.

HOW TO OBSERVE ALZHEIMER'S AND BRAIN AWARENESS MONTH

1. Donate time or money to an Alzheimer's organization

You can either donate money online by looking up the Alzheimer's Association website or you can donate your time by volunteering at charitable organizations that need dedicated volunteers, and encourage others to participate as well.

2. Take part in seminars

Communities around the world hold public events and seminars to spread awareness about Alzheimer's. Take part in them and find out more about the diseases and how you can contribute to the fight.

3. Wear purple and join the social media campaign

Purple represents the fight against Alzheimer's. Share an image of you wearing purple and show your solidarity in the fight against Alzheimer's. Use the hashtag #EndAlz and #AlzheimersAndBrainAwarenessMonth.

5 FACTS ABOUT ALZHEIMER'S THAT YOU DIDN'T KNOW

1. Around the world

An estimated 47 million people around the world are living with Alzheimer's and other dementias, and if a change doesn't come by 2030, this number will grow to 76 million.

2. Each second counts

A person develops Alzheimer's disease in the United States every 65 seconds.

3. Caregivers

In America, more than 16 million people take care of family or friends with Alzheimer's or dementia, and that, too, without pay.

4. A leading disease

In the U.S., Alzheimer's is the sixth leading cause of death and 6.2 million of those living with Alzheimer's disease are over 65.

5. One out of three deaths

Alzheimer's or other dementia kills one in three seniors and deaths due to this disease are more than prostate cancer and breast cancer combined.

ALZHEIMER'S DISEASE

Alzheimer's disease is a degenerative brain disease and the most common form of dementia. It causes a slow decline in memory, thinking, and reasoning skills. Schedule an appointment with your doctor if you notice any of these ten signs and symptoms:

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood and personality

MIGRAINE AND HEADACHE AWARENESS MONTH

HEADACHE DISORDERS ARE SOME OF "THE MOST COMMON DISORDERS OF THE NERVOUS SYSTEM." (WHO)

Everyone has a headache now and then, but not everyone with a headache has a headache disorder such as chronic migraine or cluster headaches. The WHO also states that 1 in 7 adults worldwide has migraine, and that it can be 3 times more common in women than men.

ADDRESSING THE STIGMA

June is National Migraine & Headache Awareness Month (#MHAM), and the full headache, migraine and cluster communities are working together for our diseases to be recognized. A disease awareness month plays a vital role in raising public knowledge, addressing stigma and building a stronger community of patient advocates.

Headaches and migraines are among the most common disorders of the human nervous system. It has been estimated that more than half of the adult population has had at least one headache in the last year. Symptoms range from excruciating migraines, dull and throbbing head pain, piercing cluster pain, neck pain and tension, nausea, and hypersensitivity to light, sound and smells.

When left unresolved, headaches and migraines can lead to depression and isolation and self-medication.



FACTS ABOUT MIGRAINE

The World Health Organization places migraine as one of the 10 most disabling medical illnesses on Earth.

Migraine impacts over 37 million men, women and children in the United States.

Non-specific oral preventative medications reduce headache frequency by 1/2 in about 40% of patients who take these medications – more than 80% discontinue them by 12 months.

It's estimated that up to 148 million people in the world suffer from chronic migraine.

americanmigrainefoundation.org

PEDIATRIC MIGRAINE



Colic in infants may be the earliest sign of migraine attacks.



Children with one parent suffering from migraine have a 50% chance of having it too.



Approximately 10% of children experience migraine.



The risk of children having migraine increases to 75% if both parents have it.

For more than 90% of those affected, migraine interferes with education, career or social activities.



1 in 4 households in America has a member with migraine.

In 2018, the FDA approved three preventative treatments for migraine.



Migraine is the third most common disease in the world, affecting 1 out of every 7 people globally.

Fewer than 5% have been seen by a health care provider, received an accurate diagnosis, and obtained appropriate care.

Migraine is 3x more common in women than men. Migraine affects over 30% of women over a lifetime.

Most people with migraine have a few attacks per month, but 2% of the population have chronic migraine, and experience headache on more than 15 days per month.

Costs more than \$20 million each year in the United States due to direct medical expenses and lost productivity.

AMERICAN MIGRAINE FOUNDATION






Cataract Risk Factors



Age
60% of people with cataracts are over 70 years old



Diseases
Diabetes, high blood pressure and other health conditions that impact the health of your eyes



Lifestyle Choices
Smoking, excessive alcohol consumption, long-term steroid use and obesity



Genetics
Family history of cataracts increases your risk




Eye Health Issues
Eye injuries, inflammation of the eye and other eye diseases



Sun Exposure
Prolonged exposure to sunlight without proper UV protection (sunglasses)

Sources:
<https://nei.nih.gov/health/cataract/infographic>
<https://www.preventblindness.org/know-risk-factors-cataract>




CATARACT

A CLOUDING OF THE LENS IN THE EYE THAT AFFECTS VISION.

PREVALENCE DATA



RISK FACTORS



AGING.
60% of people with cataracts are over THE AGE OF 70.



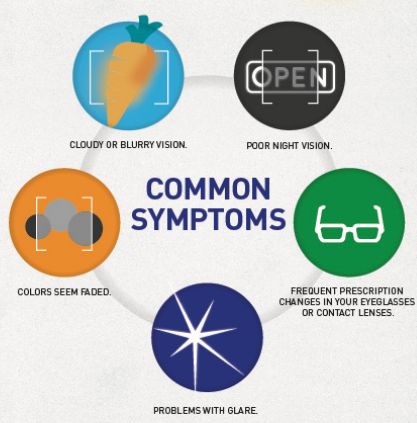
CERTAIN DISEASES.
Having conditions like **DIABETES INCREASES RISK.**



PERSONAL BEHAVIOR.
Cataracts are linked to **SMOKING AND ALCOHOL USE.**



THE ENVIRONMENT.
Prolonged exposure to **SUNLIGHT INCREASES RISK.**



PROTECT YOUR VISION

- GET AN EYE EXAM**
at least once every year, if you are age 60 or older.
- WEAR SUNGLASSES AND A HAT**
with a brim to block ultraviolet sunlight.
- AVOID SMOKING**
- EAT A HEALTHY DIET**
that includes green leafy veggies, fruits, and fish.

For more information:
www.nei.nih.gov/health/cataract

5 Tips On How To Prevent Cataract



- (1) Reduce exposure to sunlight
 - a. Wear proper sunglasses
 - b. Use a cap / hat
- (2) Quit smoking
- (3) Control your diabetes well if you are diabetic
- (4) Protect your eyes from eye injury
- (5) When using steroid creams on the face, try to avoid getting them into the eye

<http://www.dragarwal.com/>

Normal Eye Cataract Eye



JUNE IS

CATARACT
AWARENESS MONTH

Resources:

<http://blog.arthritis.org/news/arthritis-awareness-month/>
<https://painandspinespecialists.com/may-is-national-arthritis-awareness-month/>
<https://www.census.gov/newsroom/stories/older-americans-month.html>
<https://www.cdc.gov/lupus/features/lupus-awareness/index.htm>
<https://www.nami.org/Get-Involved/Awareness-Events/Mental-Health-Awareness-Month>
<https://www.samhsa.gov/programs/mental-health-awareness-month>
<https://988lifeline.org/>
<https://www.ninds.nih.gov/news-events/directors-messages/all-directors-messages/may-stroke-awareness-month-2023>
https://www.cdc.gov/stroke/risk_factors.htm
https://www.medicinenet.com/what_is_stroke-level_high_blood_pressure/article.htm
<https://aafa.org/get-involved/asthma-and-allergy-awareness-month/>
<https://nationaltoday.com/alzheimers-brain-awareness-month/>
<https://hospiceatyourside.com/alzheimers-and-brain-awareness-month/>
<https://discoveryeve.org/june-is-cataract-awareness-month/>
<https://www.chcw.org/june-is-migraine-and-headache-awareness-month/>