

The Wellness Exchange



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Breast Cancer Awareness

Although October is breast cancer awareness month, increased understanding of breast cancer issues are important all year long. Breast cancer awareness has become increasingly visible in the past decade: pink ribbons, walks, runs and media blitzes have increased awareness and research dollars. Early detection through screening mammography, clinical breast examinations, and self-examinations is critical for women aged 20 years or older.

What is Breast Cancer

Breast cancer occurs when cells in the breast begin to grow out of control and invade nearby tissues or spread throughout the body. Large collections of this out-of-control tissue are called tumors. The tumors that can spread throughout the body or invade nearby tissues are considered cancerous and are called malignant tumors. Cancerous tumors in the breast usually grow very slowly; by the time one is large enough to be felt as a lump, it may have been growing for as many as ten years. However, some tumors are not cancerous because they cannot spread or threaten someone's life. These are called benign tumors. Eight out of ten breast lumps are not cancerous. **Remember, if you find a lump, don't panic. However, it is important for you to call your doctor for an appointment.**

The Facts

Breast cancer is the most common cancer for women worldwide. Although rare, breast cancer can also occur in men. According to statistics, **every 2 minutes a woman is diagnosed with breast cancer.** 1 in 7 women in the U.S. will likely develop breast cancer in their lifetime and more than 200,000 women will be diagnosed with breast cancer this year. When breast cancer is found early, the five-year survival rate is 96%. This is good news! Over 2 million breast cancer survivors are alive in America today.

Examine Your Risk

According to The Susan G. Komen Breast Cancer Foundation, the causes of breast cancer aren't fully known. However, health and medical researchers have identified a number of factors that may increase a woman's chances of getting breast cancer. These factors include:

- getting older
- inherited genetic mutations
- having a mother, daughter, or sister who has had breast cancer
- having a previous biopsy showing *hyperplasia* or *carcinoma in situ*
- being young (under 12 years) at the time of your first period
- starting menopause after age 55
- having more than one drink of alcohol per day
- being overweight after menopause or gaining weight as an adult
- taking birth control pills for five years or longer
- never having children or having your first child after age 30
- using combined estrogen and progesterone hormone replacement therapy (HRT)
- being exposed to large amounts of radiation at a young age

Some of the risk factors you can control, and others you can not. Talk to your doctor about your risks and take steps to lead a healthy lifestyle.

Detecting Breast Cancer

An Early Breast Cancer Detection Plan should include:

- Clinical breast examinations every three years from ages 20-39, then every year thereafter, depending on previous findings.
- Monthly breast self-examinations beginning at age 20. 70% of all breast cancers are found by self-exams.
- Baseline mammogram by the age of 40. Mammogram every one to two years for women 40-49, then annual exams are recommended.
- A personal calendar to record your self-exams, mammograms, and doctor appointments.
- A low-fat diet, regular exercise, and no smoking or drinking.



Looking for more information on breast cancer?

Try these sites:

www.cancer.gov
www.cancer.org
www.komen.org

Understanding Anxiety Disorders

For more information call 1-800-765-3277 or visit www.bhsonline.com



Halloween is just around the corner and for many of us, it a time to face fears of skeletons, ghosts, and morbid creatures with excitement and a sense of humor. For some people, though, that fear is not exciting. It is neither an experience to seek nor an emotion to induce on purpose. While samhainophobia, a fear of Halloween, is probably not all that common, this time of year may remind people of other fears: cats (ailurophobia), witches (wiccaphobia), ghosts (phasmophobia), spiders (arachnophobia), the dark (nyctophobia), and cemeteries (coimetrophobia). While having a little bit of fear is not uncommon, it is not considered a phobia. A person experiencing a phobia may feel an overwhelming, irrational fear and may suffer from an anxiety disorder.

What is an Anxiety Disorder?

Anxiety disorders range from feelings of uneasiness to immobilizing bouts of terror. Most people experience anxiety at some point in their lives and some nervousness in anticipation of a real situation. However, if a person cannot shake unwarranted worries, or if the feelings are jarring to the point of avoiding everyday activities, he or she could have an anxiety disorder.

According to the National Mental Health Association (NMHA), anxiety disorders are real, diagnosable, and treatable. In fact, they're the most common mental illnesses in America, affecting more than 40 million American adults each year. Anxiety disorders commonly occur along with other mental or physical illnesses, including alcohol or substance abuse, which may mask anxiety symptoms or make them worse. In some cases, these other illnesses need to be treated before a person will respond to treatment for the anxiety disorder.

Anxiety disorders can fall into several categories.

Generalized Anxiety Disorder – This disorder involves chronic, exaggerated worry about routine life events and activities, lasting at least six months. A person with this disorder almost always anticipates the worst even though there's little reason to expect it. It can be accompanied by physical symptoms, such as fatigue, trembling, muscle tension, headache, or nausea.

Panic Disorder - This disorder is characterized by panic attacks and sudden feelings of terror that strike repeatedly and without warning. Physical symptoms of panic disorder include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, and fear of dying.

Obsessive-Compulsive Disorder – This disorder involves repeated, intrusive, and unwanted thoughts or rituals that seem impossible to control.

Post-Traumatic Stress Disorder – This disorder involves persistent symptoms that occur after experiencing a traumatic event such as war, rape, child abuse, natural disasters, or being taken hostage. Nightmares, flashbacks, numbing of emotions, depression, and feeling angry, irritable, distracted and being easily startled are common.

Social Phobia – This disorder involves extreme, disabling, and irrational fear of something that really poses little or no actual danger. This fear leads to avoidance of objects or situations and can cause people to limit their lives.

Treatment Options

In general, anxiety disorders are treated with medication, specific types of psychotherapy, or both. Treatment choices depend on the problem and the person's preference. Before treatment begins, a doctor must conduct a careful diagnostic evaluation to determine whether a person's symptoms are caused by an anxiety disorder or a physical problem.

Medications- Medication will not cure anxiety disorders, but it can keep them under control while the person receives psychotherapy. Medication must be prescribed by physicians, usually psychiatrists, who can either offer psychotherapy themselves or work as a team with psychologists, social workers, or counselors who provide psychotherapy.

Psychotherapy - Psychotherapy involves talking with a trained mental health professional, such as a psychiatrist, psychologist, social worker, or counselor, to discover causes of the anxiety disorder and how to deal with its resulting symptoms.

Cognitive-Behavioral Therapy (CBT) is very useful in treating anxiety disorders. The cognitive part helps people change the thinking patterns that support their fears, and the behavioral part helps people change the way they react to anxiety-provoking situations.

If you think you have an anxiety disorder, you should first see your family doctor. A physician can determine whether your symptoms are due to an anxiety disorder, another medical condition, or both. If an anxiety disorder is diagnosed, the next step is usually seeing a mental health professional.

Need help getting started? We are here to help. You can call us 24/7 to speak with a Master's Level clinician.

1-800-765-3277



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www.aada.org
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