PREVENTIVE HEALTH FOR THE MIND AND BODY

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PREVENTIVE HEALTH

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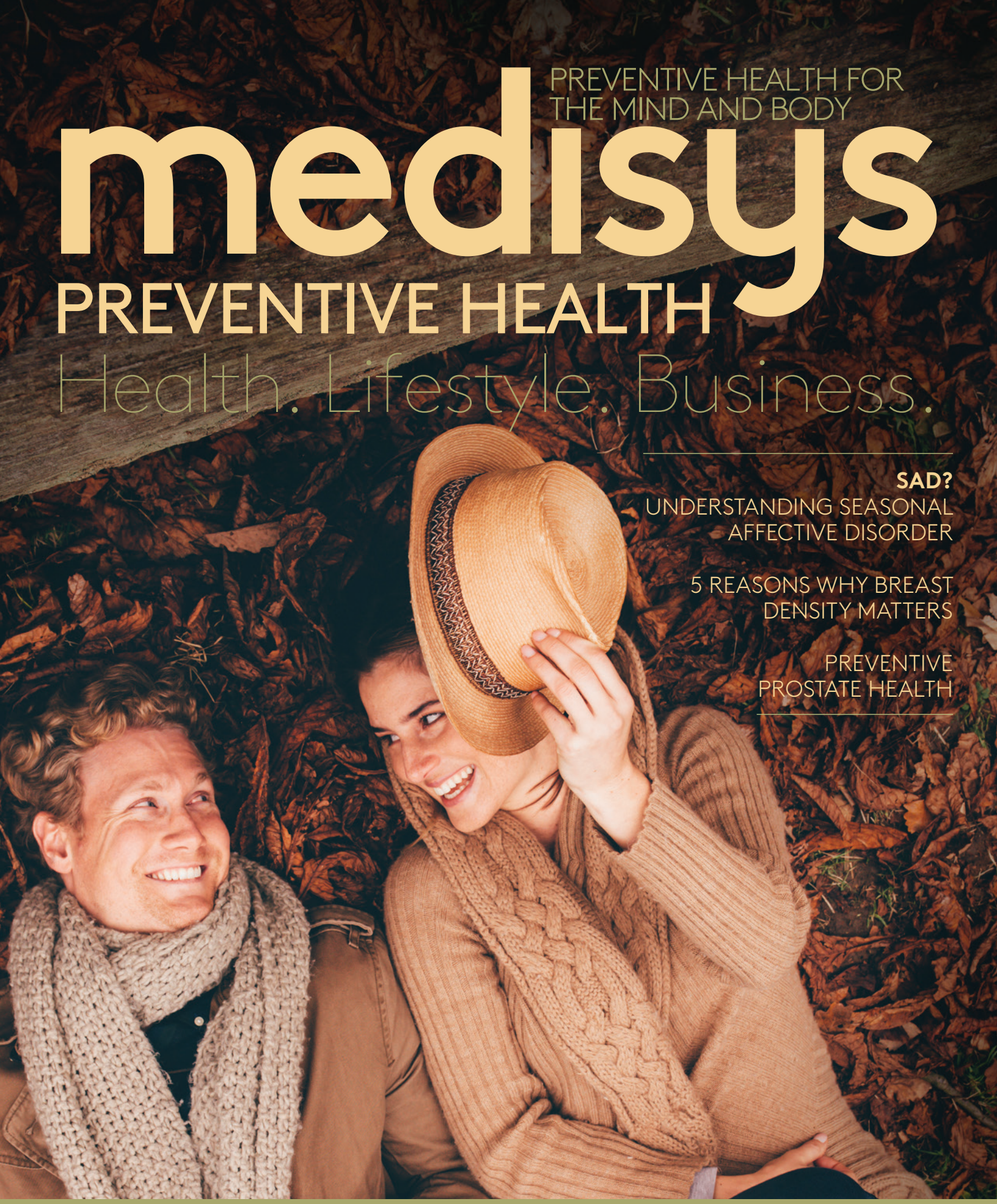

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SAD?

UNDERSTANDING SEASONAL AFFECTIVE DISORDER

BY MARY POLYCHRONAS, PSYCHOLOGIST, MEDISYS MONTREAL

Do the fall and winter months get you down? Do you feel sluggish, sad, irritable, unmotivated or just generally out of sorts around the same time each year? You may be suffering from seasonal depression, also known as Seasonal Affective Disorder (SAD).

STATISTICS

- About 2 to 3% of Canadians will experience SAD in their lifetime (1)
- 90% of those diagnosed are women (1)
- Another 15% will experience a milder form of SAD that leaves them only slightly depressed (1)
- Age of onset is typically between 20 and 30 years of age (1)
- Prevalence amongst the 20 to 30 years of age is approximately 3 times higher than those of 60 years and older (2)
- People in northern countries or cities are more likely to experience SAD than those who live close to the equator (1)

Seasonal depression is a mood disorder that reoccurs each year at the same time. The essential feature of SAD is the onset and remission of the depressive episodes. SAD typically begins in the fall or winter and ends around spring or early summer. Although far less common, some individuals experience "Summer Depression", beginning in late spring or early summer and ending in the fall.

SAD SYMPTOMS

According to the DSM-V (Diagnostic and Statistical Manual of Mental Disorders 5th Edition), 5 or more of the following symptoms must be present in the past 2 weeks, representing a change in one's ability to function. One of the symptoms must include either i) depressed mood or ii) loss of interest or pleasure in preferred activities;

1. Depressed mood (sadness, emptiness, hopeless)
2. Diminished interest or pleasure in preferred activities
3. Significant weight loss (without dieting) or significant weight gain
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation (restlessness or being slowed down)
6. Fatigue or loss of energy
7. Feelings of worthlessness or excessive or inappropriate guilt
8. Difficulties concentrating or making decisions
9. Recurrent thoughts of death, or suicidal ideation with or without a plan

These symptoms must be present for most of the day, nearly every day for a period of at least 2 consecutive weeks (2). Symptoms often cause distress and may affect work, relationships and other important areas of one's life. In cases which there exist seasonal related psychosocial stressors (being unemployed every winter, school schedule) SAD is not applicable. It is important to note, in children and adolescents, symptoms may differ and include irritable mood rather than sadness.

"90% of those diagnosed with sessional affective disorder are women"

WHAT CAUSES SAD?

Temperament: SAD often affects those with high levels of negative affectivity (3)

Environment: Environmental triggers may include adverse childhood experiences, stressful life events (3)

Genetics and Physiology Factors May Include:

- hereditary factors increase the probability of major depressive episodes (4)
- functional abnormalities in specific neural systems supporting emotional processing, reward seeking, and emotional regulation in adult (2)
- lower levels of serotonin have been shown to be linked to depression (1)
- melatonin, a sleep-related hormone secreted by the pineal gland in the brain. This hormone, which can affect sleep patterns and mood, is produced at increased levels in the dark. Therefore, when the days are shorter and darker the production of this hormone increases. This can result in some of the symptoms associated with seasonal depression. (1)

Other: non-mood disorders; substance abuse, personality disorders and anxiety are amongst the most common presenting depressive symptoms (2)

Typical features of all depressive disorders include the presence of sadness, feeling empty, irritable mood, along with somatic and cognitive changes which may affect one's capacity to function. Anxiety and the inability to tolerate stress are associated symptoms affecting work, social and general responsibilities. It is characterized by significant changes in expression of emotions, cognition and functioning.

Individuals with SAD may isolate themselves, refuse invitations, not answer messages and avoid social situations. They may sleep longer hours or stay in bed. Other sleep disturbances include difficulties falling asleep or maintaining sleep leading to increased fatigue. However, staying in bed and/or isolating oneself will exacerbate symptoms and contribute to negative thinking patterns and sadness that prevails. A disinterest in physical contact and intimacy can affect close relationships as well.

As with any depressive episode, mood, patience, tolerance, memory, concentration and the willingness to engage in preferred activities becomes demanding. Relationships both personal and work related are equally challenging. There has come to be little gratification and fulfillment in life. The decline in the depressive symptoms tends to be gradual leading to drastic changes in behavior and an increase in negative thinking. People often question what they can do but tend to feel whatever they do, won't make a difference and they therefore remain "stuck".

Feeling trapped can develop into a familiar routine and a new set of patterns. Individuals with moderate to severe SAD may often choose to remain "stuck" as the thought of doing something different increases anxiety. There is a familiarity to the depressive symptoms that are often preferred, as feeling better has become foreign and therefore can be avoided.

The severity of the depressive episode is categorized as either mild, moderate or severe. Mild symptoms may not be as apparent. However, even mild symptoms can affect an individual physically and emotionally where daily responsibilities become challenging. A severe depression can be debilitating. The severe depressive episode can result in difficulties attending to basic needs such as hygiene and grooming, or in extreme cases an individual suffering from SAD can become mute or catatonic.

TREATMENT OPTIONS

- Cognitive Behavioral Therapy (CBT) has been proven to improve the quality of life for individuals with SAD. Psychotherapy offers individuals the opportunity to channel both thoughts and behaviors in a manner, which can decrease the intensity and duration of SAD. (1)
- Phototherapy which suppresses the brain's secretion of melatonin has shown to be effective. Patients undergo treatment in bright light with high intensity a couple of hours a day. They may carry on normal activities while undergoing treatment. (1)
- Pharmacotherapy such as an antidepressant drug may prove effective in reducing or eliminating symptoms.
- Self-help (for mild SAD) activities such as regular exercise, a healthy diet, proper sleep habits, socializing, balanced thinking techniques, and managing stress have been proven to reduce symptoms of depression. Self-help strategies can also help along with treatment for moderate to severe symptoms.

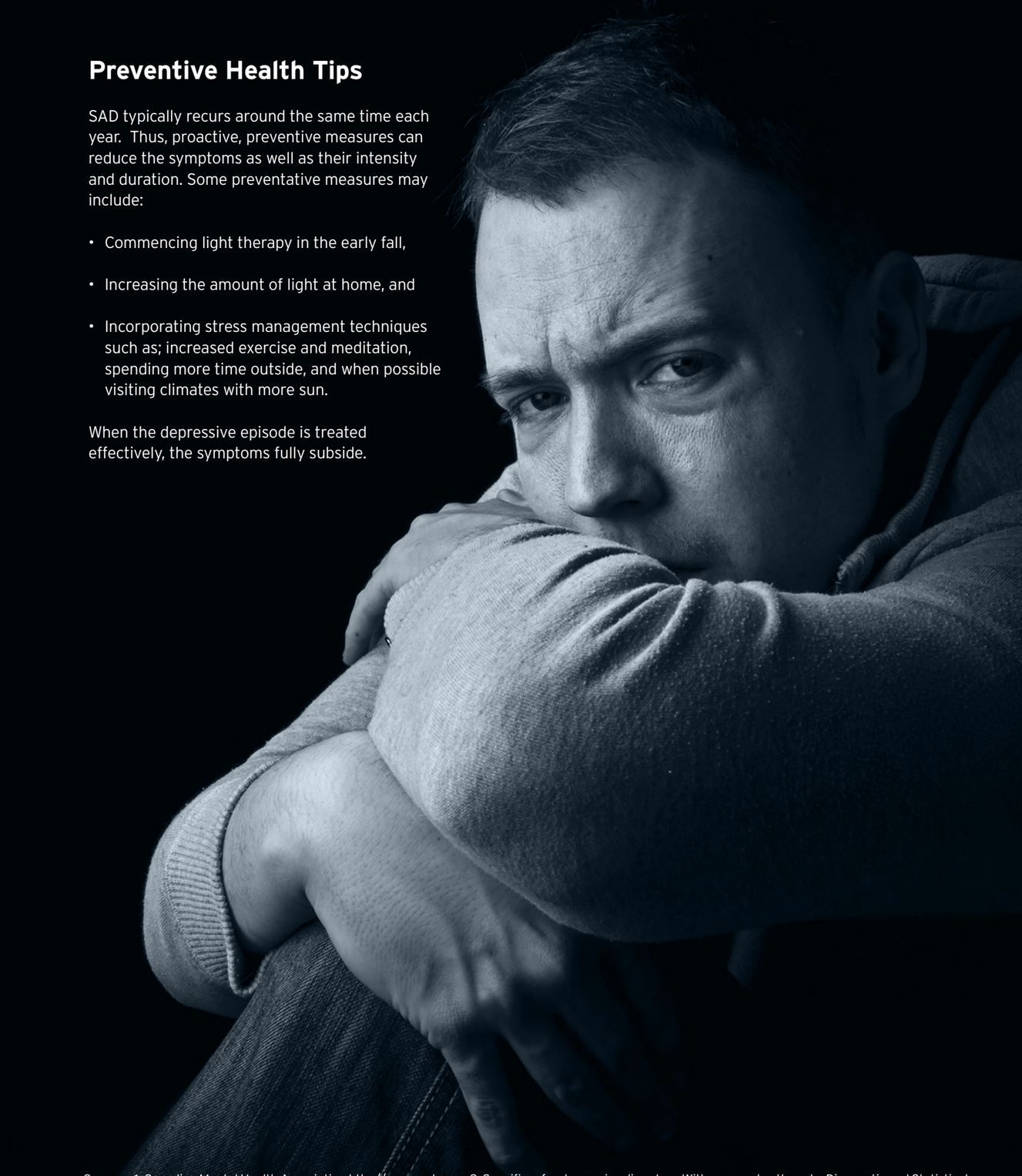
At Medisys we have licensed professionals who specialize in Depression and SAD. For more information on services and availability, call **1-800-361-3493.**

Preventive Health Tips

SAD typically recurs around the same time each year. Thus, proactive, preventive measures can reduce the symptoms as well as their intensity and duration. Some preventative measures may include:

- Commencing light therapy in the early fall,
- Increasing the amount of light at home, and
- Incorporating stress management techniques such as; increased exercise and meditation, spending more time outside, and when possible visiting climates with more sun.

When the depressive episode is treated effectively, the symptoms fully subside.



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5 REASONS WHY BREAST DENSITY MATTERS

BY DR. VIVIEN BROWN, MEDISYS TORONTO

Millions of Canadian women have dense breasts. Most women don't know what their breast density status is and don't understand the potential implications of having dense breasts. Having dense breasts is completely normal; research suggests that about 40% of women over 40 have dense breasts (1). A growing body of evidence shows that women with dense breasts have a moderately increased risk of breast cancer relative to women with fatty breasts (2). Specifically, women with the densest breasts (density above 75%) have 4-6 times higher the chance of getting breast cancer than women with the least dense breasts (3).

The link between breast density, the risk of breast cancer, and the benefits of supplemental screening is currently under investigation in Canada. Sufficient evidence is lacking to advocate for routine additional breast cancer testing among women with dense breasts. Clinically validated data indicating improved screening outcomes for women with dense breasts, and specifically, proof of mortality reduction in randomized trials, is required before new Canadian guidelines surrounding supplemental screening in women with dense breasts are implemented. Research has shown, however, that ultrasound finds small, invasive node-negative cancers that can be missed on mammograms in women with dense breasts.

1. Reduced sensitivity of mammography for early breast cancer detection.
- Having dense breasts can result in cancer being missed by mammography. This is because both cancer and normal dense breast tissue show up on a mammogram image as white.

2. Increased risk for breast cancer.
- Increased breast density is associated with moderately increased risk of breast cancer. Women with the highest category of density are up to twice as likely to develop cancer as women with average density.

3. Increased risk of an interval cancer.
- Women with extremely dense breasts are more likely to have breast cancer discovered between routine mammogram screenings (when cancer masses are larger and can be felt during a physical breast exam).

4. Increased risk of cancer in the opposite breast.
- Women with dense breasts who have been diagnosed with breast cancer are more likely to develop cancer in the opposite breast.

5. Dense breasts are normal and common.
- About 40% of women over 40 have dense breasts.

What are the implications of having dense breasts as it relates to cancer screening?

It is important to note that women with dense breasts experience reduced sensitivity of mammography to detect early breast cancer. Every woman's breasts are composed of both fat and breast tissue, but the proportions of each vary from woman to woman. Dense breasts have a higher proportion of breast tissue, whereas fatty breasts have a higher proportion of fat. As it relates to screening mammography, fat tissue appears dark gray or black, whereas breast tissue and cancer both appear white, making the cancer more difficult to spot.

What are the Canadian guidelines surrounding the subject of breast density?

The Canadian Task Force Guidelines on the subject of breast density are due to be updated as it relates to disclosure to women of their breast density, as recorded in a mammogram report. This October, British Columbia became the first province in Canada to provide information about breast density to women and their doctors after their mammogram screening tests. Read full article here: *https://globalnews.ca/news/4476224/bc-breast-density-screening.*

Speak to your doctor about your breast density status to understand the best course of action for you, based on your current health status and risk factors.

How is breast density classified?

Scientifically speaking, breast density is a measure of the extent of radiodense fibroglandular tissue in the breast, and the impact of breast density on screening accuracy is a recognized risk factor for breast cancer (4). Several classification systems can be used to distinguish breast density ranging from almost entirely fatty, scattered fibroglanduar tissue, heterogeneously dense, and extremely dense. Commonly, a density of between 50 percent and 100 percent is considered "dense", whereas a density of 75 percent or more would be considered "extremely dense".

My breasts are firm. Does that mean they are dense?

Breast density cannot be determined by breast size or by touch. Dense breasts can feel soft, lumpy or firm and so can fatty breasts. Breast density can only be determined on a mammogram.

I've already had a mammogram, how do I find out if I have dense breasts?

- In BC, as of October 15, 2018, breast density results appear in mammogram results letters (5).
- In AB, NB, QC, YT, speak with your doctor about what your mammogram results say about your breast density.
- In NS, after receiving a mammogram, women can submit a request to find out their breast density records. Speak with your doctor.
- In ON, SK, NL, PEI, NWT and MB density is recorded as either "less than 75%" or "over 75%" and thus, women in the 50-75% category cannot find out their density based on standard mammogram results letters.
- In ON, SK, NL, PEI, NWT women with >75% density are recalled annually for a mammogram.

I have been diagnosed with dense breasts, what should I do?

If you have been diagnosed with dense breasts and are concerned about your risk of breast cancer, speak to your doctor about your breast density and its potential implications, as well as any additional risk factors you may have for breast cancer. It is recommended that eligible women have regular screening mammograms, as advised by their doctor, because research shows that women who have screening mammograms are 40-44% less likely to die of breast cancer, than women who don't.

For women with dense breasts, a normal mammogram result may not always be accurate. You and your doctor may wish to consider additional testing such as supplemental ultrasound. Supplemental ultrasound screening in specific situations can lead to earlier detection of breast cancer (eg. identification of cancers that have not yet spread to the lymph nodes); however, supplemental ultrasound screening is not recommended for routine screening in Canada. It is important to note that currently in Canada, screening mammography remains the recommended tool for breast cancer detection and consistently has demonstrated a reduction in breast cancer mortality. Canadian guidelines surrounding the subject of breast density have yet to be established. However, women with elevated risk are encouraged to speak with their doctor if they would like to consider ultrasound for adjunctive screening, after weighing benefits and risks. Speak to your doctor to discuss the best plan of action for you.

What can I do to reduce my risk?

Some risk factors (like our genetic makeup) are out of our control, but we can all control modifiable risk factors like maintaining a healthy diet, exercising regularly, reducing stress, not smoking, and limiting alcohol consumption to decrease our overall cancer risk and to improve our overall health. Being proactive about your health also includes preventive health screening. Detecting cancer at the earliest possible stage typically results in less invasive treatment and the best health outcomes. It is also important to note that no screening procedure or combination of procedures is 100% effective in detecting all possible health risk issues including all cancers.

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PREVENTIVE PROSTATE HEALTH

1 in 7 Canadian men will be diagnosed with prostate cancer in their lifetime, making it the most commonly diagnosed cancer among Canadian men.

Preventive screening for prostate cancer results in catching the cancer before it causes symptoms. The goal of prostate cancer screening is to identify and treat the cancer before it spreads. Screening for prostate cancer begins with a blood test called a prostate specific antigen (PSA) test. This test measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate. Higher PSA levels in the blood are associated with higher likelihood of a prostate issue – but higher PSA levels do not indicate prostate cancer. Other factors such as age, race, certain medications, prostate infections, and individual differences between prostate glands can cause fluctuation in PSA levels.

Current research in prostate health suggests that in addition to routine prostate cancer screening, preventive health measures including dietary changes can translate into very meaningful benefits. Interestingly, many studies have shown that obese men have a greater risk of dying from prostate cancer, developing a more aggressive cancer, and experiencing disease recurrence after surgery or radiation therapy; and the Cancer Prevention Study demonstrated that men with a body mass index (BMI) of greater than 32.5 kg/m2 were 35% more likely to die of prostate cancer than men whose BMI was less than 25.

Although diet and nutrition appear to play a role in the development of prostate cancer, and although some foods have been linked with reduced risk of prostate cancer, there is no evidence that a specific diet can prevent or alter the growth of an existing cancer. Most recommendations for a prostate healthy diet, however, are very similar to a heart healthy diet and would be beneficial to most men.

To improve your prostate health, try to find a healthy fat and protein balance in your diet. Dietary fats and cholesterol play a role in the production of androgens, male hormones associated with prostate-cancer development. As a result, current nutrition guidelines recommend eating a balanced diet with emphasis on plant sources.

Prostate Health Tips

- Reduce your consumption of foods that are high in fat, especially processed meats and red meat (ex: deli meat, bacon, sausages, cheese and cream). For example, 62% of calories found in a t-bone steak come from fat.
- **Avoid sugar-sweetened drinks such as sodas or juices.**
- **Increase your consumption of plant-based protein sources, such as legumes, dried split peas and beans.**
- **Incorporate the following foods into your diet: broccoli, cauliflower, cabbage, Brussels sprouts, garlic, Omega-3 fats and green tea.**
- **Eat at least five serving of fruits and vegetables each day. Go for those with deep, bright colour.**
- **When choosing your pasta, bread or cereals, opt for whole grains over processed and refined grains.**
- **Limit your sodium intake**
- **Limit alcohol intake.**

According to the Prostate Cancer Free Foundation, there are a variety of dietary nutrients and supplements that may reduce the risk of developing prostate cancer. They are readily available in foods and are generally thought to be better if ingested as food rather than as an artificial supplement.

RDI*	Sourses	Nutrient
Unspecified, Dose-dependent	• Tomato Paste • Tomato Sauce • Canned Tomatoes • Watermelon • Pink or Red Grapefruit	Lycopene (anti-oxidant)
80-160 g/day	• Tofu, Non-fermented • Soy Protien Powder • Soy Milk • Soy Cheese	Soy
1000 IU Vitamin D3/day	• Cooked Salmon • Cooked Mackerel • Canned Sardines in Oil • Fortified Milk • Fortified Soy Milk • Cooked Beef Liver • Egg Yolk	Vitamin D
27 mg/day	• Dried, Unblanched Brazil Nuts • Whole-Wheat Flour • Pearled Barley • Tuna, Canned in Oil • Oven-Roasted Turkey Breast • Cooked Cod (Dry Heat) • Enriched, Boiled Noodles • Chicken (Meat Only)	Selenium

* RDI: Recommended Daily Intake. Reference: Passeportsente.net; SELECT Health Study 2008.

Important notes

Vitamin E and Selenium Supplementation: Recent studies have found that supplementation of these nutrients do not have a preventative affect against prostate cancer. Vitamin E and selenium supplementation can actually increase the risk of the disease.

Calcium: A diet high in calcium is currently being studied as a possible risk factor. So far, research tells us that the levels of calcium have to be very high – much higher than the average man's diet – for it to be a concern. Therefore, it is recommended that you continue to have the recommended number of servings of milk and substitutes each day.

During treatment, adjusting your diet may help you manage treatment side effects, and eating well after treatment may lower your risk for secondary cancers as well as improve your overall health.

Don't forget to exercise

Of course, all health related articles mention exercise, and it's not to bother you! When it comes to prostate health, staying physically active is essential.

A joint study conducted by the University of California at San Francisco and the Harvard School of Public Health reports a connection between brisk walking and a lowered risk of prostate cancer advancement.

The study found that among the men diagnosed with early stage prostate cancer, men who walked briskly (not leisurely) for at least three hours a week were 57% less likely to have their cancer progress than those who walked less often and less vigorously.

In an analysis from the Health Professionals Follow-up Study, men diagnosed with localized prostate cancer who engaged in vigorous activity at least three hours each week had a 61% lower chance of dying from the illness, compared to men who engaged in vigorous activity less than one hour a week. By moving more, you will be able to control and maintain your body weight, boost your immune system, making you less likely to develop prostate problems, and helping your body resist inflammation which contributes to prostate disease. Already looking for excuses to not move more? We have your back! Read our article on the 4 main excuses people use to stay on their couch instead of moving.

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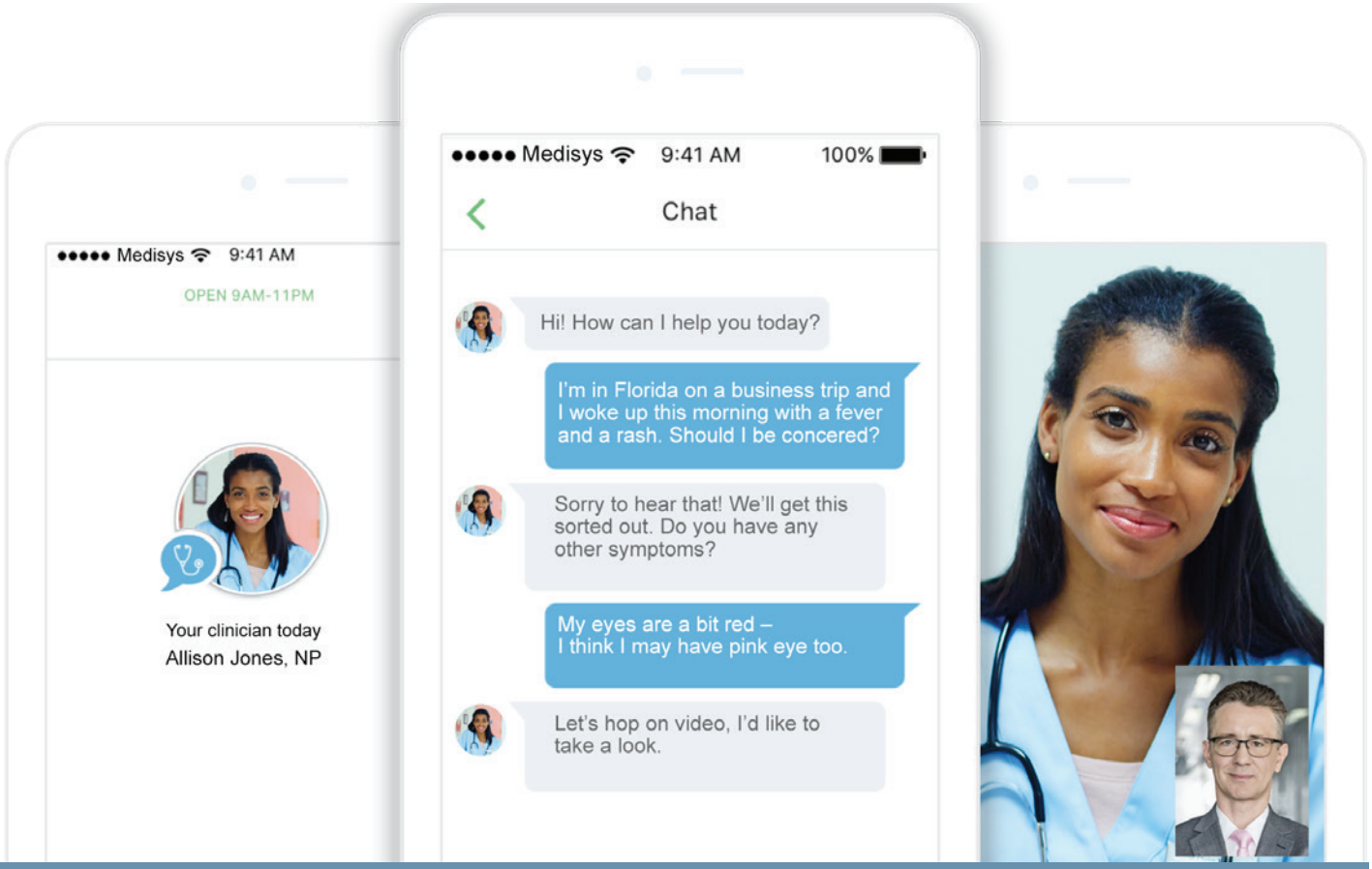

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