

Balanced Living - October 2014

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Have a Hazard-Free Halloween



When we think of Halloween, we picture children laughing in colorful costumes, jack-o'-lanterns glowing in house windows, and buckets brimming with candy and treats. Experts warn, however, that this fun-filled night can pose safety hazards. With a few precautions, the evening can be made safe and enjoyable for everyone.

Costumes

Safety begins at home, with the child's costume. Every part of the costume -- masks, beards, wigs and clothing -- should be made of flame-resistant material, according to the Consumer Product Safety Commission (CPSC). In the event that a child bumps up against a burning candle, such materials will quickly extinguish themselves. When purchasing a store-bought costume, look for a label that says "Flame Resistant." Choose costumes without big, loose sleeves, skirts or pants legs to lessen the chance of coming into contact with an open flame.

If the costume is not brightly colored, and therefore not easily visible at night, add a strip of reflective tape, which is sold at hardware stores.

Around the home

To make your home safe and inviting for trick-or-treaters, leave your front lights on so they may have a well-lit path to your door. (A well-lit home also reduces your chances of being "tricked" by holiday vandals!) Remove items such as planters, hoses and lawn decorations, so your visitors don't trip on them. Keep pets inside, out of harm's way.

If you have a candle-lit jack-o'-lantern outside, place it far away from the door, so tiny goblins won't accidentally brush against them. Keep your indoor jack-o'-lanterns away from curtains and any decorations that could catch fire. The CPSC recommends against using candle-lit Halloween luminaries along your walkway; instead, place flashlights inside the bags.

On the streets

Young children should not trick-or-treat without an adult or a responsible, older child. Instruct them to stay on the sidewalk and out of the roadway. Remind them to walk, not run, and to go to houses only where they know the people inside. They should avoid unfamiliar houses and lawns, where ornaments, furniture and even tree stumps can cause them to trip. At no time should they enter a house, unless they are with a grown-up.

While driving on Halloween, remember that the night will be filled with excited children who may forget their parents' warnings about street safety. Drive extra carefully, keeping an eye out for youngsters walking between driveways and cars, or crossing in the middle of the block rather than at the corners. Adult Halloween parties should have a designated driver, of course.

If you are not walking with your children, make sure you know who is with them -- and set a time for them to be home. Give them change for a pay phone, or let them carry a mobile phone in case of emergency.

Instruct your kids not to eat any of their goodies until a grown-up has had a chance to carefully examine them.

Make sure the kids eat a healthy meal before trick-or-treating, so they'll be less likely to over-indulge on candy.

By following these tips, you'll make Halloween safer, happier, and a little less scary for all the neighborhood boys and ghouls.

Tips for costume safety

- Purchase or make costumes that are light and bright enough to be clearly visible to motorists.
- For greater visibility during dusk and darkness, decorate or trim costumes with reflective tape that will glow in the beam of a car's headlights. Bags or sacks should also be light colored or decorated with reflective tape. Reflective tape is usually available in hardware, bicycle and sporting goods stores.
- To easily see and be seen, children should carry flashlights.
- Costumes should be short enough to prevent children from tripping and falling.
- Children should wear well-fitting, sturdy shoes. Mother's high heels are not a good idea for safe walking.
- Hats and scarves should be tied securely to prevent them from slipping over children's eyes.
- Apply a natural mask of cosmetics rather than have a child wear a loose-fitting mask that might restrict breathing or obscure vision. If a mask is used, however, make sure it fits securely and has eyeholes large enough to allow full vision.
- Swords, knives and similar costume accessories should be of soft and flexible material.

Source: Consumer Product Safety Commission

Safety tips for pumpkins

- Carve pumpkins on stable, flat surfaces with good lighting.
- Have children draw a face on the outside of the pumpkin; parents should do the cutting.
- Place lighted pumpkins away from curtains and other flammable objects.
- Don't leave lighted pumpkins unattended.

Source: Centers for Disease Control and Prevention

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Girls and Bullying



When most people picture a "typical" bully, they imagine a boy who is bigger or older than his classmates, who doesn't do well in school, who fights, and who likes it when others are scared of him. Girls usually face a different type of bully, one who may not look as scary from the outside but who can cause just as much harm.

What's She Like

The typical girl who bullies is popular, well-liked by adults, does well in school, and can even be friends with the girls she bullies. She doesn't get into fist fights, although some girls who bully do. Instead, she spreads rumors, gossips, excludes others, shares secrets, and teases girls about their hair, weight, intelligence, and athletic ability. She usually bullies in a group and others join in or pressure her to bully.

The Effects

This kind of bullying can have just as serious consequences as physical bullying. It can cause a drop in grades, low self esteem, anxiety, depression, drug use, and poor eating habits in girls who are bullied. This kind of bullying is harder to see. Most of the time adults don't realize when girls are being bullied in this way.

What You Can Do

One of the best ways to stop this form of bullying is for the girls who see it or who are stuck in the middle to speak up and say that it is not okay. But only 15 percent of girls speak up, usually because they're afraid the bully will turn on them next. Parents and other adults can help girls beat bullying by teaching them how to stand up for themselves and their friends and by taking action themselves. Here are a few things to remember:

- Encourage kids to be kind and to help others, particularly if they see someone being bullied. Praise them when they do so.
- Tell girls they are special, and point out why.
- Help girls get involved in activities outside of school so they can make friends in different social circles.
- Don't push girls to be in the "right" class or on the "right" sports team. Let them choose what to play and with whom.
- Stop bullying when you see it. Don't let anyone, even your daughter, make fun of someone else even if she says she is only "joking."
- Be a good example. Don't gossip or make fun of others in front of young girls.
- Talk to girls about their friends, what they do together, and how they treat each other. Ask them what makes a good friend, and whether their friends have these qualities.
- If you know bullying is happening at school, speak to school officials and ask what they are doing to stop it.

National Crime Prevention Council

Breast Cancer



Breast cancer is the most common cancer among women, except for nonmelanoma skin cancer, and the second most common cause of cancer death in American women (lung cancer is the most common cause). Each year in the United States, more than 210,000 women learn they have this disease. Early detection increases the chances of survival. Women with small, localized breast cancers (where the cancer has not spread beyond the breast) have an excellent chance of living many years after cancer treatment.

Risk Factors

Factors that can increase the risk of developing breast cancer include:

- **Family history.** Your risk roughly doubles if your mother, sister or daughter has had breast cancer. It is even higher if they developed breast cancer before menopause.

- **Premalignant cells on biopsy.** Women who have had a previous breast biopsy that was benign but showed atypical hyperplasia or lobular carcinoma in situ are at increased risk. Atypical hyperplasia is not a cancer, but a condition in which an increased number of cells look abnormal. Lobular carcinoma in situ means abnormal cells found in lobules of the breast.
- **Age.** Two-thirds of all breast cancer occurs in women over age 50. As you grow older, your risk increases.
- **Alcohol use.** Some studies have shown that alcohol consumption may be linked to breast cancer. If you drink alcohol, having more than one drink per day could put you at risk.
- **Childbirth and menstruation.** Never having children or giving birth to your first child after age 30 increases your risk of breast cancer. Getting your first period before the age of 12 or starting menopause after the age of 55 may also add to your risk.
- **Estrogen.** Some studies suggest that the longer a woman is exposed to estrogen, the more likely she is to develop breast cancer. Beginning menstruation before the age of 12, experiencing menopause after the age of 55, never having children, or taking hormone replacement therapy for long periods are factors that increase the risk because they increase the amount of time a woman is exposed to estrogen.
- **Genetic alterations.** Hereditary forms of breast cancer constitute only 5 to 7 percent of breast cancer cases overall. If the genes BRCA1 or BRCA2 undergo changes, it increases a woman's risk for breast cancer. In women with a family history of breast cancer, testing can sometimes show specific changes in these genes that increase the risk for this illness.
- **Other Factors.** Other factors linked to breast cancer include obesity and a history of ovarian, colon, endometrial or previous breast cancer, or radiation therapy to the chest. Even so, the most important risk factors are growing older and being a woman. About 80 percent of women who get breast cancer do not have a personal or family history of the disease.

Breast Cancer Screening

Beginning in their early 20s, women should be told about the benefits and limitations of breast self-examination (BSE). The importance of prompt reporting of any new breast symptoms to a health professional should be emphasized. Women who choose to do BSE should receive instruction and have their technique reviewed on the occasion of a periodic health examination (PHE). It is acceptable for women not to do BSE or to do BSE irregularly.

For women in their 20s and 30s, it is recommended that clinical breast examination (CBE) be part of a PHE, preferably at least every three years. Asymptomatic women aged 40 and over should continue to receive a clinical breast examination as part of a PHE, preferably annually.

Begin annual mammography at age 40 prior to each annual PHE.

Clinical Breast Examination

Many doctors do routine breast exams for women of all ages during general physicals or pelvic exams. The doctor will check each breast using fingertips to feel for lumps and to look for other suspicious changes, such as dimpled, scaling, or puckered skin or fluid leaking from the nipple. When combined with a mammogram, a breast exam by a doctor is the best way to detect cancer in its early stages.

Mammograms

Mammograms can detect breast cancers while they are very small, sometimes 2 years earlier than they can be felt by a woman or her doctor.

A mammogram is an examination in which a low dose of radiation (an X-ray) is passed through the compressed breast. Compression of the breast tissue is necessary to ensure the highest quality image. Compression is not dangerous to your breast tissue, and any mild discomfort you experience should be temporary.

"Routine" or "screening" mammograms are for patients without symptoms. If your mammogram is routine, a radiologist may not look at the mammogram before you leave the office. Sometimes the radiologist needs to clarify findings on the mammogram, and you may be asked to return for additional views or procedures soon after your initial screening. A follow-up exam may be scheduled 3 to 6 months after your mammogram. Follow-up is common and doesn't necessarily mean that cancer is suspected. Occasionally, the radiologist may have difficulty deciding whether the shadows on the x-ray film represent a fluid filled cyst or a tumor and may recommend an ultrasound exam.

"Nonroutine" mammograms are scheduled for patients who have known abnormalities or conditions, such as a lump, dimpling, or nipple discharge, for the first year following breast cancer diagnosis or breast surgery. If you are one of these patients, a radiologist reviews films before you leave, reducing the chance of being called back for additional views.

Breast cancer usually does not cause pain in its early stages. There may be no symptoms when it is first developing. There are some signs to watch for.

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For additional online information and resources about maintaining well-being and wellness as well as trainings and self searches for child and eldercare resources, go to <https://www.eapconsultants.com/member-access/> and enter your password. If you do not know your password, send an email to password@eapconsultants.com and include the name of your employer.