

NIH News in Health

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No More Butts Snuff Out That Cigarette for Good

If you're a smoker, chances are you've already tried to quit. So you know from experience that it's not easy. Many ex-smokers say quitting was one of the hardest things they've ever done. But many do succeed in the end. And the health benefits they gain make quitting worth the effort.

There's no question about the harm smoking can do. Tobacco is the leading cause of preventable death nationwide. If you smoke, you're up to 6 times more likely to suffer a heart attack than non-smokers, and the risk increases with the number of cigarettes smoked. Tobacco is also

one of the strongest cancer-causing agents. Up to 90% of lung cancer deaths are attributed to smoking.

The good news is, as soon as you stop smoking, your lungs, heart and blood vessels start getting better. When you quit, you greatly reduce your risk of cancer, heart disease, stroke and early death. Within a year of quitting, you'll have cut your risk of developing heart disease by nearly half. You'll feel more energetic and breathe more easily. And you'll be protecting the health of the people around you. Quitting can even save you money. If you smoke a pack a

day, quitting could save you up to \$150 a month.

Although you know that quitting is a smart thing to do, chances are you'll still find it tough. "If you have trouble quitting, or if you've had trouble in the past, you're in the majority," says Dr. Glen D. Morgan, a scientist at NIH's National Cancer Institute (NCI). "We know that the more attempts that people make to quit, and the more they try, the greater their chances of success in the long run. People can capitalize on their previous efforts to quit, and they can learn from them."

Why is it so hard to stop smoking? After months and years of lighting up, smoking may be part of your daily routine. "Maybe you've developed certain patterns of smoking, like having a cigarette after a cup of coffee or when you're talking on the phone," says Morgan. "Or maybe you smoke when you're stressed, or when you get into the car or put on your makeup." You may light up without even thinking about it.

You might even feel uncomfortable not smoking at times or in places where you usually have a cigarette. These times and places are called "triggers" because they trigger, or turn on, cigarette cravings. For many smokers, breaking these habits is the hardest part of quitting.

Your biology can also play a role. You may be addicted to nicotine, a chemical found in all tobacco products. Nicotine can make you feel calm and satisfied, or alert and focused.

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The more you smoke, though, the more nicotine you'll need to feel good. If you become dependent on nicotine, you may not feel normal without it. And when you try to quit smoking, you may feel dull, tense and not yourself while your body gets used to life without nicotine. Called "nicotine withdrawal," this feeling usually lasts for only a few weeks, but it leads many to return to their cigarettes to feel normal again.

Several research teams have also found that **genes** can affect how hard or easy it is for you to quit. Last year, Dr. Caryn Lerman of the University of Pennsylvania School of Medicine and her colleagues reported that they'd found variations in genes that seem to influence whether a smoker has a better chance of quitting using nicotine replacement therapies or a drug called bupropion, or Zyban. "But these studies are still in their early stages," says Lerman. "More research is needed before we can translate the findings into a genetic test that can help smokers quit by personalizing therapy to their individual needs."

Some find that a combination of



Definitions

Genes

Stretches of DNA, a substance you inherit from your parents, that define characteristics like height and eye color, and possibly how hard it will be for you to quit smoking.

medication and support from friends or counselors helps them to quit, but others have had success without medication. "We know that there are many effective ways to quit smoking. There's no single 'right' way," says Morgan. "The key is that you need to be motivated, and you need to be prepared. You need to develop a plan, and put the plan into motion."

The first step, many experts suggest, is to set a quit date. Think about choosing a special day—maybe your birthday or wedding anniversary or World No Tobacco Day on May 31.

Next, tell others about your plan. It's easier to stop smoking if you have support from your friends, family and co-workers. Last year, an NIH-funded study found that changes in smoking behavior can spread through a social group. In many cases, spouses,



Wise Choices Get Ready to Quit

START your effort to quit smoking by taking these 5 steps:

Set a quit date.

Tell family, friends and co-workers that you plan to quit.

Anticipate and plan for the challenges you'll face while quitting.

Remove cigarettes and other tobacco products from your home, car and work.

Talk to your doctor about getting help to quit.



Web Links

For links to more about how to quit smoking, see this story online:

<http://newsinhealth.nih.gov/2009/May/feature1.htm>

friends, siblings and co-workers decided to start smoking or quit for good around the same time. Try asking your spouse or friends to quit with you, or at least not to smoke around you.

You should also be ready to face difficult moments. Most people who go back to smoking do it within the first 3 months. Plan for how to deal with the smoking urge before it hits. Throw away all your cigarettes and matches. And get rid of all the things that remind you of smoking in your home, in your car and at work.

For additional help, you can get over-the-counter medicines—like the nicotine patch, nicotine gum or nicotine lozenge—from your grocery store or pharmacy. For other medicines, you'll need a prescription. Talk to your doctor or pharmacist about medications that have been approved by the U.S. Food and Drug Administration (FDA) to help you quit.

For example, Lerman says, "The newest drug on the market is called varenicline, or Chantix. It reduces levels of nicotine withdrawal and craving."

NIH offers several free resources to help you quit smoking. If you live in the United States, you can call NCI's toll-free Smoking Quitline (1-877-44U-QUIT, or 1-877-448-7848) and talk with a counselor in English or Spanish. Or get confidential advice and information from NCI's online chat service at <https://cissecure.nci.nih.gov/livehelp/welcome.asp>. You can also visit Smokefree.gov, an easy-to-use web site with lots of information and tips to help you quit.

It takes time to break the smoking habit. Don't give up too soon. You may need more than one try to quit for good. But others have succeeded, and so can you. ■

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A Window to Your Health

Your Eyes Reveal a Bigger Picture

Your vision seems great. Your eyes feel completely fine. So you may be putting off that visit to the eye doctor. But if you haven't seen your eye care professional in a while, you might have an eye problem that you don't know about.

"Many eye diseases have no early warning signs," says Dr. Janine Austin Clayton, an ophthalmologist and deputy director of NIH's Office of Research on Women's Health. "You may not notice anything. So it's critical to have your eyes examined on a regular basis."

A comprehensive dilated eye exam involves looking at all the parts of your eye. It also tests eye movement, the reaction of your **pupil** to light and the fluid pressure inside your eyes.

"It's critical to pay attention to your eye health, because eye health actually is a reflection of overall health," Clayton says. Changes in the eyes, for example, can tip a doctor off that you have **diabetes**.

Comprehensive dilated eye exams can catch problems that could lead to blindness and visual impairment while they can still be halted or reversed. If you have **glaucoma** or diabetic eye disease (a group of eye problems that can accompany diabetes), you may notice a problem only when it's too late to regain your lost vision.

Glaucoma, for example, first affects your side, or peripheral, vision, which can be hard to notice. If left untreated, the vision loss will continue to move toward the center of your vision. "It's a painless process," Clayton says, "much like hypertension or high blood pressure can be painless."

Having regular eye exams can help detect eye diseases in their early stages, when they can still be treated. Regular eye exams are important for everyone, but especially for African Americans over age 40, those with a family history of eye disease, people with diabetes and everyone over 60.

An eye exam can also spot uncorrected refractive errors, meaning your eye is out of focus. Uncorrected refractive errors affect more than 11 million Americans, according to a recent study by NIH's National Eye Institute. Eye care professionals



usually prescribe eyeglasses or contact lenses to solve the problem. More than 150 million Americans now use corrective eyewear.

How often you should have your eyes examined depends on your age, family history and other risk factors. Your eye care professional can tell you when your next exam should be.

If you haven't had an eye exam for a while, now's the time. Your eyes are an important part of your health. Healthy vision can help keep you safe while you're driving, participating in sports and taking part in recreational activities. It can also help you maintain a healthy and active lifestyle well into your golden years. ■



Wise Choices Where to Get an Eye Exam

Here are some tips for finding an eye care provider:

- Ask family members and friends about their providers.
- Ask your family doctor for the name of a local eye care specialist.
- Ask your insurance company or health plan what eye care professionals are covered under your plan.
- Contact the department of ophthalmology or optometry at a nearby hospital or university medical center.
- Contact a state or county association of ophthalmologists or optometrists to see if they have eye care professionals listed by specialty and experience.
- Ask a library reference specialist for resources about finding health care professionals.



Definitions

Diabetes

A disease in which the body has trouble controlling the level of sugar in the blood. It can lead to serious problems including heart disease, kidney failure and blindness.

Glaucoma

A group of eye diseases caused by fluid pressure building inside the eye. This can damage blood vessels and eventually the optic nerve—the bundle of nerve fibers that sends visual information to the brain.

Pupil

The opening at the front of your eye that lets in light.



Web Links

For links to more about healthy vision, see this story online:

<http://newsinhealth.nih.gov/2009/May/feature2.htm>



Health Capsules

For links to more information about these topics, visit this page online:
<http://newsinhealth.nih.gov/2009/May/capsules.htm>

Exercise Helps After Heart Failure

Regular exercise is safe for some people with chronic heart failure, and it can significantly improve their quality of life, a new study shows.

About 5 million people nationwide have heart failure, in which their hearts have trouble pumping blood throughout their bodies. The condition often improves with healthy lifestyle changes and medicines.

Some small studies have hinted that these patients could also benefit from exercise training.

But many patients and their doctors have worried about the possible risks of exercise.

To investigate, NIH-supported scientists followed more than 2,300 patients with heart failure for up to 4 years. All were medically stable and received standard medical care. About half also received 36 sessions of exercise training (walking or stationary cycling) for up to 35 minutes, 3 times per week. They were then asked to exercise at home 5 times per

week for the remainder of the study.

The exercise group scored significantly higher on a quality-of-life questionnaire throughout most of the study. The exercise training also proved to be well tolerated and safe.

The results suggest that regular aerobic exercise is not only safe for heart failure patients, but can also improve their lives in meaningful ways. If you have chronic heart failure, be sure to talk to your doctor before starting an exercise program. ■

Catch Oral Cancer Early

Oral cancer can affect the mouth and the back of the throat. Chances of survival drop once the cancer spreads to other parts of the body. That's why it's so important to find oral cancer early, when it can be treated more successfully.

Most cases of oral cancer are linked to cigarette smoking, heavy alcohol use or both. The disease usually occurs after age 40. African-American men are at especially high risk.

On average, about 60% of people with oral cancer survive more than 5 years. But only about 36% of African-American men with the disease survive that long.

An oral cancer exam is painless and takes only a few minutes. Your doctor or dentist will check your face, neck, lips, entire mouth and the back of your throat for signs of cancer.

Ask your doctor about getting an oral cancer exam. It's quick, it's painless, and it could save your life. ■



Wise Choices Signs of Oral Cancer

See your doctor or dentist if these changes to your mouth last for more than 2 weeks:

- A thick patch or sore in your mouth, lip or throat
- A white or red patch in your mouth
- Trouble chewing or swallowing
- A feeling that something is caught in your throat
- Difficulty moving your jaw or tongue
- Numbness in your mouth or tongue
- Swelling of the jaw that makes your dentures uncomfortable
- Pain in one ear without hearing loss



Featured Web Site Go Local

<http://medlineplus.gov/golocal>

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