

Employee Enhancement Newsletter

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Helpful Resources From Your Employee Assistance Program

March 21, 2012
Chat Topic:

Non-Verbal Communication

Every month, you will have the opportunity to chat on-line with a trained counselor. These live chats are held from 12:15-12:45 PM & 6:00-6:30 PM CST.

Come Join Us!

March 2012 At A Glance

**National MS Education and
Awareness Month**

March 1—31st

**Visit www.msfocus.org
for more information**

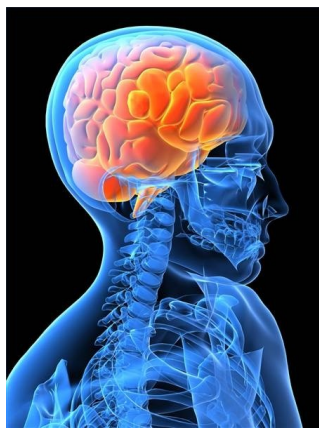
National Nutrition Month

March 1—31st

**Visit www.eatright.org for
more information**



What is Multiple Sclerosis?



Multiple Sclerosis (MS) was first described by French neurologist Jean-Martin Charcot in 1868. Yet, after more than 140 years of research into the disease, much remains a mystery. There is no known cause, and as yet, no cure. However, there are treatments that can slow the progress of the disease and manage the symptoms, and new research is expanding our understanding of this unpredictable illness.

Multiple Sclerosis (MS) is a chronic neurological disorder that affects the central nervous system, (CNS) comprised of the brain and spinal cord. In the CNS, nerve fibers or axons are surrounded by a layer of insulation called myelin. Myelin allows nerve signals to travel properly.

In MS, the myelin is destroyed (demyelination) on the brain and spinal cord. The scarring, located at multiple sites in the CNS, disrupts transmission of messages that communicate a desired action from the brain, through the spinal cord, to various parts of the body. The inflammation produced by MS damages the axons themselves and can cause permanent loss of function. In the process, the cells that produce myelin can also be damaged. This limits the ability of the brain to repair damaged myelin.

This is similar to a frayed electrical cord. The insulation assures that the electricity running along the wire reaches its destination without short-circuiting. In MS, the transmission along the nerve fibers “short-circuits,” becoming faulty or absent. This can cause problems with vision, coordination, sensation in the limbs, and other symptoms.

The course of the disease varies greatly from person to person. It is impossible to predict the severity or progression in any given individual. To better develop appropriate management plans, MS is divided into four classifications:

Relapsing-Remitting—clearly defined attacks lasting from days to weeks, with full recovery or with some remaining neurological symptoms and deficits upon recovery. Periods between relapses are stable and absent of disease progression. This is by far the most common form of the disease.

Secondary-Progressive—begins initially with a relapsing-remitting course that becomes consistently progressive and includes occasional relapses and minor remission. Deficits are accumulated without recovery between attacks.

Primary-Progressive—progression of level of disability from the onset without any distinct relapses or remissions. Temporary, minor improvements may be experienced.

Progressive-Relapsing – clear progression in disability level from the onset, but also clear acute relapses that may or may not include memory.



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Deer Oaks EAP Services, your Employee Assistance Program, is always available to you and your dependents. If you are struggling with children, finances, or just want some practical advice on health or the mind-body connection, contact Deer Oaks at:

1 (866) 327-2400

eap@deeroaks.com

www.deeroaks.com

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Symptoms of Multiple Sclerosis

Common symptoms of MS include fatigue, weakness, spasticity, balance problems, bladder and bowel problems, numbness, vision loss, tremors and depression. Not all symptoms affect all MS patients. No two persons have the same complaints; no one develops all of the symptoms. Symptoms may be persistent or may cease from time to time. Most patients have episodic patterns of attacks and remissions throughout the disease course. Symptoms may remit completely, leaving no residual damage, or partially leaving degrees of permanent impairment.

Because the symptoms that define the clinical picture of MS are the result of nerve lesions causing disturbances in electrical conduction in one or more areas of the CNS, the nature of the symptoms that occur is determined by the location of the lesion. For example: an optic nerve lesion may cause blurred vision; a brain stem lesion may cause dizziness or double vision; a spinal cord lesion may cause coordination/balance problems.

How is Multiple Sclerosis Diagnosed?

By themselves, there are no specific tests that can determine if a person has MS or is likely to have it in the future. Current diagnosis of definite MS involves both clinical (history and neurological exam) and paraclinical (MRI, Spinal Tap, Evoked Potentials) evidence.

The diagnosis evolves from a discussion between the patient and the physician. A careful medical history is taken; symptoms and signs are assessed. Other ailments are ruled out. The diagnosis is highly dependent on the accuracy of the patient's medical history and the physician's skill in eliciting and evaluating this information. The diagnosis is sometimes obvious and sometimes very difficult. Even in the hands of experts, the diagnosis is correct only 90 - 95 percent of the time. The physician will ask about past surgeries, illnesses, allergies, any family neurological disorders including MS, geographic locations where you have lived, if adversely affected by heat, medications taken, history of substance abuse (alcohol, drugs, and tobacco).

The physician must be able to find neurological evidence of lesions or plaques in at least two distinct areas of the Central Nervous System white matter, evidence that the plaques have occurred at different points in time, and most importantly, that these plaques have no other reasonable explanation thus ruling out other illnesses that mimic MS. For some patients no tests beyond medical history and neurologic exam are necessary to diagnose. However, most physicians will not rely entirely on this type of evaluation and will do at least one other test to confirm the diagnosis. In this era, even a clear-cut diagnosis will usually be confirmed with an MRI of the brain, one of the major diagnostic tools currently used.

Treatment

The treatment of MS has changed dramatically in the last decade. A more favorable outcome and better quality of life are definitely more attainable by people with MS through appropriate and aggressive management. The treatment of MS generally falls into two categories: treatments that address symptom management, and treatments that change the course of the disease by modifying the number and severity of attacks and the progression of disability.

EAP Spotlight



On-line Legal Document Library



Logon to www.deeroaks.com to access a free legal document library where you can obtain numerous legal documents, from a power of attorney to a contractors agreement for home repairs.

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National Nutrition Month



The newly released 2010 *Dietary Guidelines for Americans* offer a practical roadmap to help you make changes in your eating plan to improve your health.

Balancing Calories to Manage Weight

The first step is to focus on balancing calories with physical activity and consuming an overall healthy eating pattern. This will put you on the road to achieving or maintaining a healthy weight and reducing the risk of developing diet-related chronic diseases. The *Dietary Guidelines* recommend shifting eating patterns to eat more of some foods and nutrients and less of others. A healthy eating pattern will allow you to meet the recommendations while staying within your calorie needs.

Foods and Nutrients to Increase

The *Dietary Guidelines* encourage Americans to eat more:

- **Whole grains:** Increase whole grains by choosing whole grain breads and cereals, brown rice and whole wheat pasta. Make at least half your grain servings whole grains.
- **Vegetables:** Eat a variety of vegetables, especially dark-green, red and orange vegetables plus beans and peas. Most adults need 2 ½ cups of vegetables per day.
- **Fruits:** Add fruit to meals and snacks—fresh, frozen or canned—to get about 2 cups each day.
- **Low-fat or fat-free milk, yogurt and cheese or fortified soy beverages:** Include 3 cups per day for calcium, vitamin D, protein and potassium. Lactose-free milk is also an option.
- **Vegetable oils such as canola, corn, olive, peanut and soybean:** These are high in monounsaturated and polyunsaturated fats. Use in moderate amounts in place of solid fats.
- **Seafood:** Include a variety of seafood more often in place of some meat and poultry.

Foods and Food Components to Reduce

More than one-third of all calories consumed by Americans are solid fats and added sugars. The 2010 *Dietary Guidelines* recommend eating less:

- Added sugars • Solid fats, including trans fats • Refined grains • Sodium

Sodium

The recommendation for sodium remains the same—no more than 2,300 milligrams of sodium—for most people. However, a reduction to 1,500 milligrams per day is recommended for people over age 51, African-Americans and those with a history of high blood pressure, chronic kidney disease and diabetes.

Fats

For optimal health, most people should reduce their intake of solid fats and trans fat by replacing them with monounsaturated and polyunsaturated fats. Solid fats are found in fatty animal-based foods such as well-marbled meat, poultry skin, bacon, sausage, butter and whole milk products. Trans fat is found in foods made with vegetable oils that have been partially hydrogenated such as cookies, donuts, pastries and crackers. Most fats should be polyunsaturated or monounsaturated such as liquid vegetable oils like canola, olive, corn, peanut and soybean. Plant-based foods like nuts, seeds, olives and avocados also contain these healthy fats.

Matters of the Heart



Low-Sodium Lemon Chicken

Grilling season is around the corner and with it will come the return of salty cookout foods such as hotdogs, burgers, wings, chips and dips. Take care of your bones and your heart with this low-sodium recipe.



Ingredients

- 4 skinless, boneless chicken breast halves (about 1 1/4 pounds total)
- 1/2 cup reduced-sodium chicken broth
- 1 tablespoon finely shredded lemon peel (zest)
- 1/4 cup lemon juice
- 1 tablespoon finely snipped fresh lemon thyme or thyme
- 1/4 teaspoon ground black pepper
- 2 lemons, halved
- Fresh lemon thyme or thyme sprigs, optional

Directions

Place the chicken in a re-sealable plastic bag in a shallow bowl. For marinade, in a small bowl stir together chicken broth, lemon peel, lemon juice, 1 tablespoon thyme, and pepper. Pour over chicken. Seal bag. Marinate in the refrigerator for 1 to 2 hours, turning bag occasionally. Drain chicken, reserving marinade.

Grill chicken on the rack of an uncovered grill directly over medium coals for 12 to 15 minutes or until no longer pink (170 degrees F), turning and brushing with marinade halfway through grilling. Discard any remaining marinade. Add lemon halves to grill for the last 3 minutes of grilling. Serve chicken with grilled lemons and, if desired, top with additional fresh thyme.

<http://my.hearthealthyonline.com/recipe/chicken/grilled-lemon-chicken/>

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Lose Weight and Debt this Year



Every New Year, shedding weight and debt is at the top of the list for millions of people resolving to change for the better. According to a recent Time magazine news report, these two are also among the most often broken resolutions.

While experts have offered numerous techniques and strategies for losing weight and paying down debt, the basic fundamental lifestyle change required to be successful at both is the same: Consume less. Financial stability begins with spending less than you make, followed by paying more on what you owe. Losing weight begins with consuming fewer calories, and becoming more active.

If you are among the millions vowing to finally achieve a healthy waistline and a healthy bottom line, consider the following five steps:

1. **Make the commitment.** When considering any major lifestyle adjustment, the first step is to decide – are you ready to make the commitment to do what it takes to improve your health and financial wellbeing? Are you ready to accept responsibility for changing your situation? Do you believe that you can and will change the way you make decisions about food and money? It isn't until you can truthfully answer yes to these questions that you will be ready to face the challenges of creating a healthier physical and fiscal lifestyle.
2. **Create a plan.** Creating a budget and a meal plan starts with tracking – tracking expenses and tracking calories. Consider carrying a pocket notebook for noting every penny spent and calorie consumed. Review your results and look for areas where you should and can make cut backs.
3. **Develop SMART goals.** One of the most vital aspects to success in these areas is to set clear goals that are specific, measurable, achievable, trackable and rewarding. Remember to create short-term, or milestone, goals as well as a target accomplishment. If your ultimate goal is to become debt free, celebrate when you pay off 25 percent. The same goes with weight lost. If you aspire to lose 50 lbs., acknowledge ever five to 10-lb. loss as a huge accomplishment. Treat yourself to an occasional outing for a treat when you reached a short-term goal weight.
4. **Eliminate temptations.** Once you have a clear calorie and spending budget outlined, remove any obstacles that may hinder your success. Don't carry your credit cards in your wallet and don't keep high-calorie sweets in the house. Leave your cards at home in a safe place and only take them out when you have a planned purchase and a pay-off strategy. The same is true for food temptations. If you know you're going to be in an environment where you'll be tempted to indulge, prepare yourself by carrying a granola bar with you, or eat a light snack before you leave the house.
5. **Stay flexible.** Don't get discouraged if you don't see the pounds or debt melting away as quickly as you had hoped. Change doesn't happen overnight; and there are no quick fixes. This is why it's important to remain committed and flexible. If you aren't meeting your goals, revisit and adjust your plans as often as necessary.

Tanisha Warner, 1/6/12

About Money Management International

Money Management International (MMI) is a nonprofit, full-service credit-counseling agency, providing confidential financial guidance, financial education, counseling and debt management assistance to consumers since 1958. MMI helps consumers trim their expenses, develop a spending plan and repay debts. Counseling is available by appointment in branch offices and 24/7 by telephone and Internet. Services are available in English or Spanish. To learn more, call 800.432.7310 or visit www.MoneyManagement.org.