

A publication of the Student Health Advisory Council and the Student Health Service

UD STUDENT HEALTH SERVICE  
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## HEARTBURN The fire within

Over 40% of Americans experience symptoms of heartburn at least once a month and about 10% have daily symptoms. These symptoms are usually described as a dull pain rising from the stomach, burning along the mid-chest and up into the throat. The medical name for this condition is **Gastroesophageal Reflux Disease (GERD)**. Several factors contribute to the symptoms, but GERD is mainly caused by stomach acid and bile reflux in the esophagus, which causes irritation and inflammation to the lining of the esophagus. This irritation causes pain and in some severe cases, can actually cause bleeding, ulcers, strictures, and permanent changes to the lining of the esophagus. Most cases are not severe though, and most people don't even seek medical care.

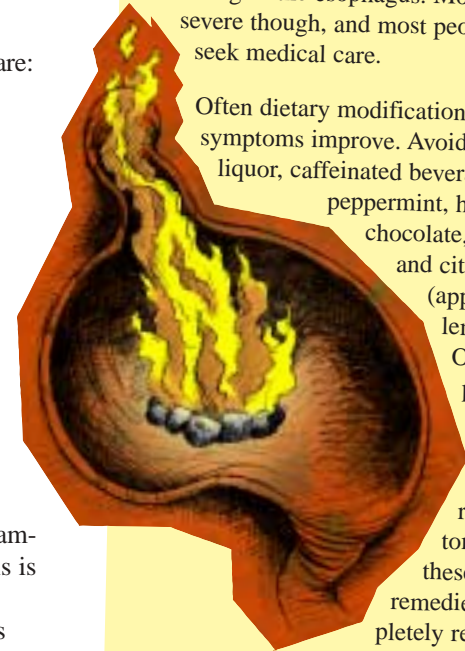
Often dietary modifications can help symptoms improve. Avoid beer, wine, hard liquor, caffeinated beverages,

peppermint, high fat foods, chocolate, spicy foods, and citrus fruit/juice (apple, orange, lemon, tomato).

Over-the-counter products such as Tums, Roloids, Maalox, and Mylanta may relieve symptoms. Trying these simple

remedies is a completely reasonable first step. But you should see a

doctor if your symptoms persist despite dietary changes and antacid use. Other warning symptoms, which should prompt a visit to the doctor, are changes in bowel habits or change in color of stool, chronic hoarseness, chronic sore throat, weight loss or vomiting after meals.



## Autoimmune diseases: A body sensitized to itself

**W**hat are autoimmune diseases? They are a group of uncommon disorders mostly affecting people in the prime of life.

They impact the patients, their families, and the workforce. Autoimmune diseases affect the immune system in a way that is poorly understood by science. The immune system attacks "self" the same way it fights off infection, causing inflammation. The effects of the inflammation produce symptoms of an autoimmune disease.

What do we know about autoimmune diseases? There are many different autoimmune diseases affecting the body in many ways. Multiple sclerosis, pernicious anemia, ulcerative colitis, type 1 diabetes mellitus, lupus, and many others are all autoimmune diseases, each affecting different target organs and systems of the body. They attack the brain in multiple sclerosis, the digestive system in ulcerative colitis, and so on. Some autoimmune diseases affect different organs and systems depending on the person. In lupus, one person's lungs will be affected, whereas another person's skin will be affected.

Women get autoimmune diseases more than men, and these diseases can run in families; however, different members of a family are affected differently. One person may get lupus, a great-niece will have psoriasis, and a cousin will have scleroderma. While people can inherit a tendency to get an autoimmune disease, they aren't "catching." You can't get an autoimmune disease by being with someone who has the disease or by touching them.

Triggered flare-ups can occur. Sunlight is known to trigger lupus and can also worsen the course of the disease. Other triggers are hormones and

stress. People with autoimmune disease should know their triggers to avoid further damage to their bodies.

Autoimmune diseases you may have heard of are:

- Multiple sclerosis
- Pernicious anemia
- Vitiligo
- Ulcerative colitis
- Rheumatoid arthritis
- Scleroderma
- Ankylosing spondylitis
- Myasthenia gravis
- Psoriasis
- Crohn's disease
- Type I diabetes
- Systemic lupus erythematosus and many others

Diagnosis is based on symptoms, physical examination, and lab tests. Sometimes the diagnosis is clear as in type 1 diabetes, but, for others, symptoms may be vague at first and diagnosis difficult. This is frustrating. Even lab tests may not be helpful. Close follow-up is needed if a person's symptoms and lab tests point in the direction of a certain disorder, but a specific diagnosis can't be made initially.

Treatment usually requires long-term management of the effects of inflammation even when the person feels well. Most can't be "cured" in the traditional sense. The goal is to produce a remission. Oral, injectable, and topical medication, life-style changes, even surgery are used depending on the disease. Immune system research is being done to prevent these diseases in the future. For more information in detail, go to the [www.NIH.gov](http://www.NIH.gov) or speak with a Student Health Service clinician.

UNIVERSITY OF  
DELAWARE

# Don't let **DIABETES** keep you down.

**D**o you know someone with diabetes? Chances are you do. Imagine not being as free as friends to eat or drink whatever one pleases—a milkshake, a piece of cake—or joining in when everyone goes out socially. Imagine sticking yourself to test your sugar level a few times a day. There are students that are part of this campus community living and dealing with it. Some find ways to go about their daily routines with very little impact on their lives and there are others that are challenged by diabetes. Some people with diabetes are comfortable sharing their diagnosis with friends, but others, trying to fit in, want to keep it to themselves. Hopefully, if we all know more about diabetes, it will be a disease that we can easily talk about with one another.

Approximately 15.7 million people or 5.9 per cent of the population of the United States have diabetes. While an estimated 10.3 million have been diagnosed, 5.4 million people are not aware that they have the disease. Each day about 2,200 people are diagnosed with diabetes. About 798,000 people will be diagnosed in our country this year. Medical professionals feel that the rate of diabetes in America is reaching epidemic proportions. Diabetes is the seventh leading cause of death (sixth leading cause of death by disease) in the United States.

## WHAT IS DIABETES?

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone produced in the pancreas. Insulin is needed to convert sugar, starches, and other food into energy needed for daily life. When the pancreas produces too much insulin, or the body can't use the insulin properly, blood sugar levels rise, causing it to overflow into the urine and be carried out of the body, instead of being used by the body's cells for growth and energy.

There are two major types of diabetes and one temporary type:

**Type 1:** An autoimmune disease in which the body does not produce any insulin, most often occurring in children and young adults. People with Type 1 diabetes must take daily insulin injections to stay alive. Type 1 diabetes accounts for 5-10 per cent of diabetes.

**Type 2:** A metabolic disorder resulting from the body's inability to make enough, or properly use, insulin. It is the most common form of the disease. Type 2 diabetes accounts for 90-95 per cent of diabetes. Type 2 diabetes is nearing epidemic propor-

tions due to an increased number of older Americans and a greater prevalence of obesity and sedentary lifestyles.

**Gestational Diabetes:** A third type of diabetes, gestational diabetes, appears in pregnancy and usually disappears after delivery. Women with gestational diabetes need to be followed closely during pregnancy. They are also at greater risk of developing Type 2 diabetes later in life.

Diabetes is a silent killer. Many people first become aware that they have diabetes when they develop one of its life-threatening complications:

- **Blindness** Diabetes is the leading cause of new cases of blindness in people ages 20-74. Each year, from 12,000 to 24,000 people lose their sight because of diabetes.
- **Kidney disease** Diabetes is the leading cause of end-stage renal disease, accounting for about 40% of new cases.
- **Nerve diseases and amputations** About 60-70 percent of people with diabetes have mild to severe forms of diabetic nerve damage, which, in severe forms, can lead to lower limb amputations. Diabetes is the most frequent cause of non-traumatic lower limb amputations. The risk of a leg amputation is 15-40 times greater for a person with diabetes. Each year, more than 56,000 amputations are performed among people with diabetes.
- **Heart disease and stroke** People with diabetes are 2 to 4 times more likely to have heart disease, which is present in 75 percent of diabetes-related deaths (more than 77,000 deaths due to heart disease annually). They are 2 to 4 times more likely to suffer a stroke.

## RISK FACTORS

Those at risk for diabetes include those over 40, especially people who are overweight and lead a sedentary lifestyle.

Others at risk include those with a family history of diabetes, Native Americans, African Americans, Latin Americans, and Native Hawaiians and Pacific Islanders.

## SIGNS & SYMPTOMS

Signs and symptoms of diabetes include, but are not limited to:

- Increased thirst
- Change in appetite
- Unexplained weight loss
- Difficulty with wound healing
- Visual disturbance

There is currently no cure for diabetes; however, the more diabetes is controlled with diet, exercise, weight control, and regular monitoring of blood sugar levels, the greater the chances of reducing complications.

## Helping a friend with an **EATING DISORDER**

- Learn all you can about anorexia nervosa, bulimia nervosa, and binge eating disorders. Genuine awareness will help you avoid judgmental or mistaken attitudes about food, weight, body shape, and eating disorders.
- Discourage the idea that a particular diet, weight, or body size will automatically lead to happiness and fulfillment.
- Choose to challenge the false belief that thinness and weight loss are great, while body fat and weight gain are horrible or indicate laziness, worthlessness, or immorality.
- Avoid categorizing foods as "good/safe" vs. "bad/dangerous." Remember, we all need to eat a balanced variety of foods.
- Decide to avoid judging others and yourself on the basis of body weight or shape. Turn off the voices in your head that tell you that a person's body weight says anything about their character, personality, or value as a person.
- Avoid conveying an attitude that says, "I will like you better if you lose weight, or don't eat so much, etc."
- Become a critical viewer of the media and its messages about self-esteem and body image. Talk back to the television when you hear a comment or see an image that promotes thinness at all costs. Rip out, or better yet, write to the editor, about advertisements or articles in your magazines that make you feel bad about your body shape or size.
- If you think someone has an eating disorder, express your concerns in a forthright, caring manner. Gently but firmly encourage the person to seek trained professional help.
- Be a model of healthy self-esteem and body image. Recognize that others pay attention and learn from the way you talk about yourself and your body. Choose to talk about yourself with respect and appreciation. Choose to value yourself based on your goals, accomplishments, talents, and character. Avoid letting the way you feel about your body weight and shape determine the course of your day. Embrace the natural diversity of human bodies and celebrate your body's unique shape and size.
- Support local and national nonprofit eating disorders organizations—like EDAP—by volunteering your time or giving a tax-deductible donation.

For more information, contact Eating Disorders Awareness and Prevention, Inc. at 603 Stewart St., Suite 803, Seattle, WA 98101, 1-800-931-2237, [www.edap.org](http://www.edap.org)

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