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## PrimeTimes Newsletter, Summer 2011

Office of Lifespan Studies

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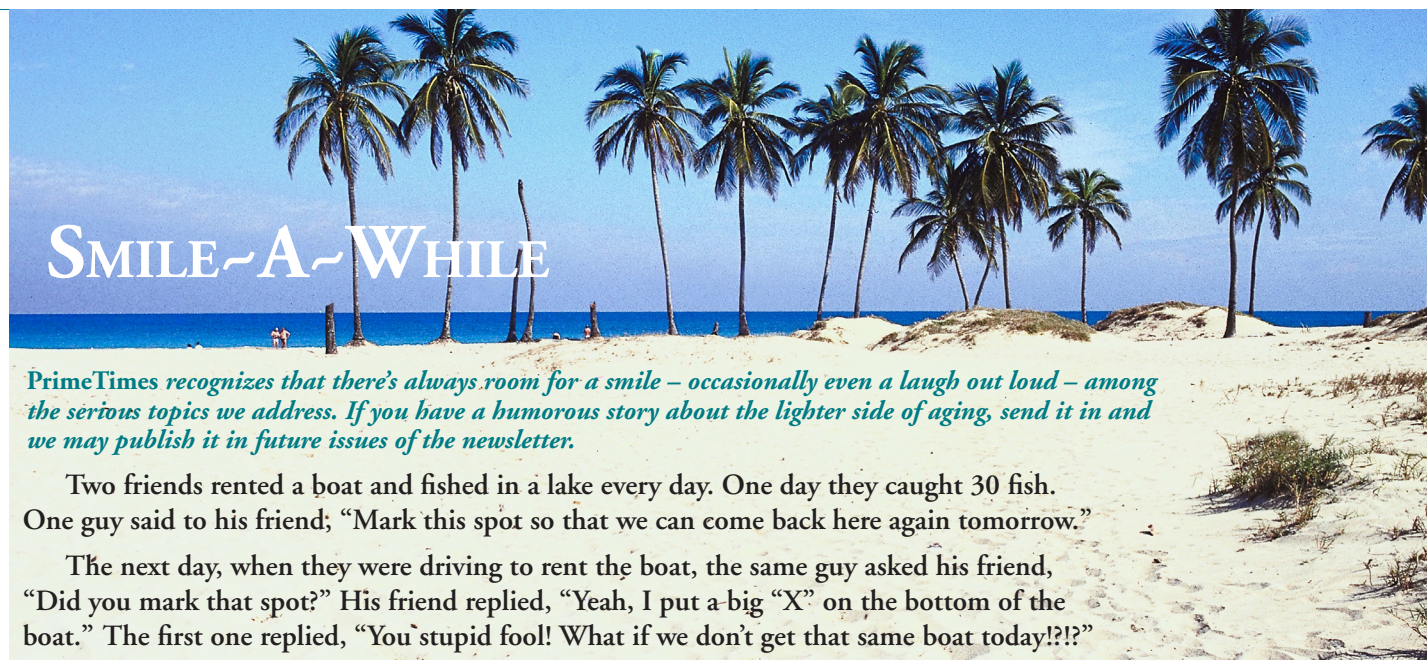
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# PrimeTimes

NEWSLETTER OF COASTAL CAROLINA UNIVERSITY'S OFFICE OF LIFESPAN STUDIES



PrimeTimes recognizes that there's always room for a smile – occasionally even a laugh out loud – among the serious topics we address. If you have a humorous story about the lighter side of aging, send it in and we may publish it in future issues of the newsletter.

Two friends rented a boat and fished in a lake every day. One day they caught 30 fish. One guy said to his friend; "Mark this spot so that we can come back here again tomorrow."

The next day, when they were driving to rent the boat, the same guy asked his friend, "Did you mark that spot?" His friend replied, "Yeah, I put a big "X" on the bottom of the boat." The first one replied, "You stupid fool! What if we don't get that same boat today!?!?"

# PrimeTimes

NEWSLETTER OF COASTAL CAROLINA UNIVERSITY'S OFFICE OF LIFESPAN STUDIES

SUMMER 2011

## SPEECH THERAPY

provides help for a variety of health issues

By Kimberley Ady  
Speech-language pathologist,  
Conway Medical Center / Kingston  
Nursing Center

With age comes a variety of health issues that continues to grow exponentially. The aging population of today's society not only worries about diseases and disorders that are widely known, but also about those syndromes, diseases and conditions that have yet to be discovered.

Today's society has already chosen to take a role in maintaining a healthy status to increase overall lifespan. People are challenged to be more active, both physically and mentally, maintain adequate nutrition and attend routine check-ups.

Unfortunately, conditions such as strokes, dementia, laryngeal disorders, altered mental status, cancers of all types, as well as progressive neurological disorders such as Parkinson's and Huntington's, may affect a person despite any proactive steps he or she has taken. Medical research and

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## FAT BASICS

Is there any illness that has not been blamed on too much fat?

While all fats are equally high in calories – some types of fat are more healthful than others.

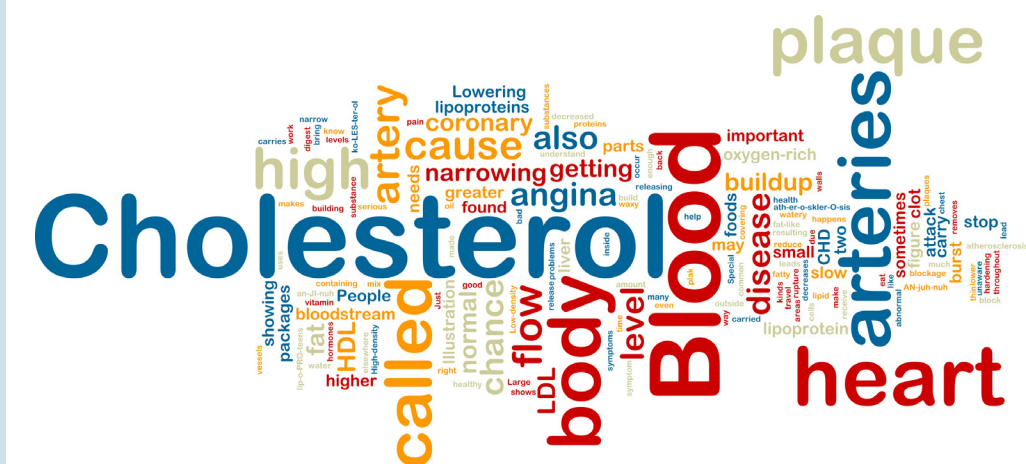
By Sharon H. Thompson, Ed.D., Professor of Health Promotion, Coastal Carolina University

First, let's clear some of the confusion about cholesterol. Dietary cholesterol and blood cholesterol are two different types of cholesterol. Dietary cholesterol is found in animal foods such as pork, chicken, eggs and beef. Blood cholesterol is a waxy substance that is necessary for sex hormones and bile and is made by our body. If blood cholesterol in the body is too high, it can stick to artery walls and cause blockage. If you have high blood cholesterol you should limit consumption of dietary cholesterol (animal products); moreover, most persons should consider limiting saturated and trans fats because these

substances can raise blood cholesterol levels. The American Heart Association [AHA] recommends that total fat comprise 30 percent or less of calories, emphasizing that saturated and trans fat intake not exceed 10 percent of total calories for healthy persons and be lower than 7 percent for those with heart disease, diabetes or high LDL cholesterol.

- **Unsaturated fats** Monounsaturated and polyunsaturated fats are primarily composed of unsaturated fats and help your body get rid of newly formed

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# THE HEALTH BENEFITS OF PLAYING GOLF

By Will Lyerly, Ph.D., Assistant Professor of Exercise Science and Sport Studies, and Greg Martel, Ph.D., Associate Professor of Exercise Science and Sport Studies, Coastal Carolina University

Physical inactivity has been classified as a major public health problem and has been associated with a decrease in physical function and the increased risk of several diseases, including cardiovascular disease (CVD), obesity, diabetes, hypertension, dyslipidemia (high cholesterol) and several forms of cancer. Physical inactivity is also the fourth-leading risk factor for global mortality. South Carolina ranks among the highest in the nation for several of the diseases mentioned above. These include CVD (15th), diabetes (10th) and obesity (9th). Horry County's statistics are close to the state average in CVD (4.7 percent vs. 4.3 percent, respectively), diabetes (8.3 percent vs. 9.6 percent, respectively) and obesity (60.3 percent vs. 65.4 percent, respectively). The World Health Organization states that currently at least 60 percent of the world's population fails to engage in the recommended amount of physical activity needed to cause health benefits. The Centers for Disease Control and Prevention reports that greater than 50 percent of U.S. adults and 53 percent of South Carolina adults

don't acquire enough physical activity to receive health benefits, and that 25 percent of both U.S. and South Carolina adults are not physically active at all. Evidence of this problem has been documented in several U.S. reports, namely the 2008 Physical Activity Guidelines Advisory Committee Report, a collaborative report by the Centers for Disease Control and Prevention and the American College of Sports Medicine, a Surgeon General's Report, and a National Institutes of Health Consensus Conference.

The most alarming statistics concerning South Carolina include that obesity rates have increased by 19 percent in the past 10 years, and that 12 percent of all CVD deaths are attributed to physical inactivity. Barriers to physical activity such as lack of time, lack of social support, bad weather, disruptions in routine, facility inaccessibility and dislike of vigorous exercise are commonly cited as reasons for not engaging in a program of regular physical activity.

Traditionally, exercise prescriptions use frequency, intensity and duration of sessions to specify the amount or volume of exercise. These prescriptions, which are very structured, include recommendations to exercise three to five days per week, for 20 to 60 minutes each session, and at an intensity of 60 to 85 percent of maximal heart rate (American College of Sports Medicine, 2005). The traditional exercise prescription stresses relatively intense activity and often seems very intimidating to those who are sedentary. The 2008 Physical Activity Guidelines, published by the U.S. Department of Health and Human Services, has restated the recommendations in a less structured format. These new recommendations state that individuals must satisfy one of the following to receive health benefits: 1.) Achieve 150 minutes a week of moderate-intensity physical activity or 2.) achieve 75 minutes a week of vigorous-intensity physical activity. However, these recommendations still state that one must

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## Cinnamon Spice Makes Diabetes Play Nice

By Larissa Gedney, MS RD LD,  
Clinical Nutrition Manager, Conway Medical Center

Cinnamon has long been used as a spice to give foods like apple pie a warm and inviting taste and smell. But the uses of cinnamon are starting to extend beyond the culinary spectrum and into the medicinal world. Cinnamon supplements have become easily available at most health food stores touting claims to lower blood sugars and decrease cholesterol. As with all supplements and new diet plans, it is best to consult with a physician or registered dietitian before starting to be sure it is an appropriate option for you.

The verdict is still out about the role of cinnamon in lowering the blood sugars of diabetics, but recent studies are starting to suggest a positive effect by the tasty spice. In a study by the *Diabetes Care Journal*, intakes of cinnamon in even small amounts seemed to lower fasting blood glucose levels of people with type 2 diabetes. It may even decrease the risk factors of cardiovascular disease associated with type 2 diabetes. The most significant results were seen in people who had poorly controlled diabetes with a hemoglobin A1C level greater than 7 percent. Hemoglobin A1C is an indicator of average serum glucose levels over two or three months.

How cinnamon works to lower blood glucose levels is still being reviewed, but cinnamon seems to aid insulin

*If you have questions about this article, Larissa Gedney can be reached at Conway Medical Center at 843-347-8241.*



activity and increase glucose uptake by the body. For most people, adding cinnamon to their morning oatmeal or sprinkling some in their coffee is a harmless way to add flavor to their food and possibly help their blood sugars too. Because the studies suggest improved glucose levels with as little as a half teaspoon of cinnamon daily, buying specialty cinnamon pills is most likely unnecessary. But regardless of the proposed effects of cinnamon on diabetes, it should not be used as a substitute for healthy eating of a well-balanced, carbohydrate controlled diet. §

- *Diabetes Care*. Cinnamon Improves Glucose and Lipids of People with Type 2 Diabetes December 2003 vol. 26 no. 12 3215-3218. Available at: [http://care.diabetesjournals.org/content/26/12/3215.abstract?ijkey=448e62cd286ae7358ed5db8469d8cb3d953a103&keytype2=tf\\_ipsecsha](http://care.diabetesjournals.org/content/26/12/3215.abstract?ijkey=448e62cd286ae7358ed5db8469d8cb3d953a103&keytype2=tf_ipsecsha)
- *Effectiveness of Cinnamon for Lowering Hemoglobin A1C in Patients with Type 2 Diabetes: A Randomized, Controlled Trial*. The Journal of the American Board of Family Medicine 22 (5): 507-512 (2009) Available at: <http://www.jabfm.org/cgi/content/full/22/5/507>

## We want to hear from YOU!

If you have comments or questions about articles in this issue, want to submit a letter to the editor, ask a question or make a comment, or if you would like to suggest appropriate subjects for consideration in future issues, the *PrimeTimes* staff wants to hear from you. If you want to be added to the *PrimeTimes* mailing list, just email, call, fax or write to let us know. Previous issues of *PrimeTimes* can be viewed at [www.coastal.edu/lifespan](http://www.coastal.edu/lifespan).

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But sometimes the footprints were left in special places where they remained undisturbed, and the sun would bake the ground dry and I'd go back a day or two later and my tracks would have hardened into a sort of permanence. For all I know, they may still be there. A few years ago, some archaeologists discovered footprints a prehistoric woman had left in the East African soil. Events had conspired to preserve them through the millenniums, through flood and drought, through earthquakes and volcanic eruptions. They were there – a permanent record of her passage on earth. I'd like to think that somewhere, embedded in the coastal loam of southeastern North Carolina, there are footprints I have left – mementos of my existence that will tell future archaeologists that I was there and that in some small way I made a difference.

Yet, though the wind and rain and the abrasions of change may have wiped my footprints from the surface of the earth, I am confident that I have left footprints on hearts, just as countless individuals have left footprints on my heart. These are the footprints that count. They are the evidences that someone made a difference.

I might have looked like a field without promise to many a person who saw a country bumpkin in mailorder clothes and feed-sack dresses making her way through high school and college. I had grown up in a home that cultivated the work ethic and inculcated strong moral values. But education was not a priority and, in many ways, was seen as a corrupting influence. Our home had no books and magazines other than religious publications. *Time* and *Life* and even *Progressive Farmer* carried tobacco ads, and many magazines and newspapers carried liquor ads (No TV set in our household, either). My parents shuddered at the thought of their seven children being exposed to these evils.

Higher education was seen as particularly irrelevant for a girl. What good was a college degree to someone whose role in life was to bear children, wash clothes, shell beans, can fruit and vegetables, and cook meals?

But I was blessed with a hunger for knowledge and a thirst for achievement. Throughout my life, I encountered caring people who saw in me a field of potential, and were unwilling to let the field lie fallow. They cultivated what was there, and in the process left indelible footprints on my heart. There was the first-grade teacher who left permanent footprints by opening the eyes of an insecure little girl to the wonders of learning. There was the high-school principal who left permanent footprints by driving me to a small North Carolina college, personally interceding with the college president, and contributing \$100 from his own pocket to launch me on my college career.

Thanks to the efforts of these people and many others, I no longer walk the fields barefooted. I have long since acquired the habit of wearing shoes – even high heels – to work. My vocational milieu has shifted from the open field to the enclosed office; from the rural pathway to the urban street. Yet I have managed to pursue my career in small towns where you could walk out your back door and catch a whiff of honeysuckle in the spring, pick a watermelon fresh from the patch in the summer, gather a bucket of pecans in the fall, and breathe the scent of wood smoke from a hog-killing in the winter. My rural upbringing has left positive imprints on my life, and I'd like to think that I have left positive imprints on other lives. That is one of the cherished rewards of the teaching profession, which I chose to pursue, which I married into, and which has been my life and love since the first day I walked into a classroom.

My life has been devoted to helping people succeed. I have worked one-on-one with children of the rural poor and with the offspring of affluent suburbanites in a prosperous state capital. I have worked with genius-level students and with learning-disabled people. I have taught in colleges, have served as a director of guidance, have worked as a school psychologist, and have worked in school administration as a director of staff development and as assistant superintendent in a district with more than 25,000 students. And I have worked with my own life, enriching it far beyond the dreams of the little farm girl who followed her parents and siblings up and down the rows of crops near Tabor City. Today I pursue a rewarding career as a motivational speaker, passing on to audiences large and small the wisdom and experience I have gleaned through the years from the lives I touched and those that have touched mine. §

*The above is an excerpt from Muriel O'Tuel's book Footprints on the Heart. Her new book, Heartprints are Forever is scheduled for publication in 2012. She can be reached at Muriel O'Tuel Presentations at 843-249-6903 or at P.O. Box 509, North Myrtle Beach, S.C. 29597 or at Muriel@murielotuel.com.*



# EXERCISE AS PAIN MANAGEMENT

By Tara Saville, Assistant Director, Campus Recreation, Coastal Carolina University

It's inevitable. It's how our bodies were designed. Many of us try different strategies to keep it at bay, but one day we come to the realization that our bodies are not functioning as they used to. We've gotten older. Instead of looking at this reality with negativity or frustration, it's important to stay positive and find out what you can do to maintain your quality of life now and in the years to come.

According to the National Pain Foundation, "Pain is a common problem in older adults:

- 73 percent to 80 percent of the entire elderly population have reported pain symptoms;
- 78 percent of independent, healthy people aged 60 to 69 report chronic pain; and
- 64 percent of independent, healthy people aged 80 to 89 report chronic pain." (Martinez, 2006)

With these statistics, it's important to know your options and to seek ways for a quality of life despite how your body is feeling. Pain can have an effect on our mood and our ability to do daily activities. In 2004, a study was conducted to determine: "Can Exercise Enhance Physical Function and Mood of People with Fibromyalgia?"

In this study researchers were able to confirm not only an improvement in mood after exercise, but that it also improved physical function of the fibromyalgia subjects (Gowans, deHueck, Voss, Silaj, & Abbey, 2004).

For folks living with chronic pain day in and day out, whether it is arthritis or fibromyalgia, there are great benefits to using exercise to manage that pain. Most individuals feel pain and want to stop activity because it's too painful. But sometimes lack of activity can cause more longterm problems for our health. Overcoming the negative thoughts and focusing on the benefits can help provide the motivation to make "moving" a priority. It's important to seek guidance from your physician or healthcare provider to find an activity plan that is right for you.

Regular moderate exercise offers a whole host of benefits to those living with chronic pain. How would

you define moderate? The American College of Sports Medicine defines moderate as, "on a scale of 1 to 10, you should be working at a six, still able to have a conversation" ("Physical activity &,"). Exercise actually reduces joint pain and stiffness. Your balance can get better, your flexibility can increase and your pain may be managed by moving through the water. When you use water activities as your mode of exercise, the properties of water allow your body to feel "weightless" due to the buoyancy provided. With buoyant support you are able to do things you may not be able to do on land. Always remember to see professional help for guidance in any exercise program.

To conclude, don't let your pain keep you from staying active. Inactivity can sometimes worsen our conditions. It's important to know that there are alternatives. Water exercise and activity, like water walking, can provide great benefits for pain management. Stay positive, keep moving and enjoy the water! §

For further reading on some of the references in the article, check out:

- Gowans, S.E, deHueck, A., Voss, S., Silaj, A., & Abbey, S.E. (2004). Can exercise enhance the physical function and mood of people with fibromyalgia? *Arthritis & Rheumatism (Arthritis Care & Research)*, 51 (6), 890-898.
- Martinez, Elisa. (2006, May) Pain and age - the older adult. Retrieved from <http://nationalpainfoundation.org/articles/161/pain-and-age--the-older-adult>
- Physical activity & public health guidelines. (n.d.). Retrieved from [http://www.acsm.org/AM/Template.cfm?Section=Home\\_Page&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=7764](http://www.acsm.org/AM/Template.cfm?Section=Home_Page&TEMPLATE=/CM/HTMLDisplay.cfm&CONTENTID=7764)

*Tara Saville wants PrimeTimers to know that the Department of Campus Recreation offers a program for older adults. The ABLE program (A Better Lifestyle Experience) offers both land and water exercise five days a week. If you are interested in getting involved, contact Tara at 843-349-2815 or [tsaville@coastal.edu](mailto:tsaville@coastal.edu).*



# CCU's Exercise and Sport Science Program: Recent Research...



The Coastal Carolina University Exercise and Sport Science (EXSS) Program made a strong

showing in February 2011 at the annual Southeast American College of Sports Medicine (SEACSM) meeting held in Greenville, S.C. CCU faculty and students have been working on various research projects that led to five presentations. Will Lyerly, Hope Epton, and Kelly Fitzsimmons each presented on the potential health benefits of playing golf (Lyerly is an EXSS assistant professor while Epton and Fitzsimmons are current EXSS students). Stacey Beam (EXSS Laboratory coordinator) presented on the effects of strength and conditioning on CCU athletes, and Ashleigh Gaspari (also an EXSS student) presented on the ability to accurately predict individual maximal heart rates to be used for exercise prescription.

Physical inactivity is a major public health problem that has been associated with the increased risk of several diseases, including cardiovascular disease and hypertension. Since golf is a form of physical activity that is both enjoyable and inviting to a large variety of people, the sport may offer great potential for individuals of a wide variety of health levels to improve their health by lowering blood pressure or helping to maintain an ideal body weight. Lyerly's study compared the cardiovascular responses between walking while carrying one's clubs vs. using a pull-cart to play nine holes of golf. It was found that heart rate significantly increased while playing golf whether using the pull cart (38 beats per minute higher as compared to rest) or carrying the clubs (almost 18 beats per minute higher than resting heart rate). Interestingly, heart rate rose more, on average, while walking with a pull cart as compared to walking while carrying a golf bag. This rise

*By Greg Martel, Ph.D., Exercise and Sport Science Program Coordinator and Research Coordinator for the Smith Exercise Science Laboratory*

in heart rate (in either case) indicates that playing golf may be enough activity to produce beneficial changes in cardiovascular health.

Although it is assumed that riding in a cart while playing golf requires minimal physical activity as compared to walking, few studies have compared the acute cardiovascular responses to playing golf while walking vs. riding. Some individuals with low endurance or the inability to walk for two hours (the average time it takes to play nine holes) may benefit from playing golf while riding, even if the intensity is not quite the same. After all, any physical activity is better than none at all! Fitzsimmons reported that both walking and riding led to significantly increased heart rates while playing. Walking increased heart rate by about 25 beats per minute over resting heart rate, while riding led to an increase in heart rate of about 8 beats per minute. The heart rate responses to walking and riding were equivalent to 52.3 percent and 42.5 percent of the subjects' age-predicted maximal HR, respectively. This study suggests that although walking leads to greater heart rate responses than riding (not surprising), one should not ignore the benefits of playing golf while riding as a form of physical activity for those with low endurance, even if just as a starting point.

Epton reported on the caloric expenditure associated with playing golf while riding vs. walking. The 2008 Physical Activity Guidelines suggest that a minimum expenditure of 712.5 kilocalories per week is required in order to realize health benefits. Few studies have been conducted to determine if lifetime activities, such as golf, meet these guidelines. Furthermore, little is known about the potential benefits associated with riding while playing golf, which may be an alternative mode for those with limited functional ability as mentioned above. The results of the study indicate that walking nine holes of golf yields a caloric expenditure of over 700 kilocalories, while riding required an expenditure of almost 360 kilocalories. Although it is not surprising that walking nine holes expends more energy than riding, the fact that riding just nine holes of golf may help one expend well over 300

*...continued on page 6*

## SCAM WATCH...

# Acai Berry Weight Loss Products

*Supplied by Kathy Graham, President/CEO, Better Business Bureau, Coastal Carolina, Inc. 843-488-0238, 843-488-0998 fax, or by email: kathygraham@sc.rr.com.*

In conjunction with the Federal Trade Commission's (FTC) recent lawsuits on acai berry weight loss products, the Better Business Bureau is warning consumers to be wary of phony "news" announcements of free trial offers for online diet pills.

According to the FTC, millions of consumers are being lured to websites that imitate those of reputable news organizations. The "reporters" on these sites have supposedly done independent evaluations of acai berry supplements, and claim that their products cause major weight loss in a short period of time with no diet or exercise. In reality the websites are deceptive advertisements placed by third-party or "affiliate" marketers. The websites are aimed at enticing consumers to buy the featured acai berry weight-loss products. These fake news operations are the subject of a nationwide law enforcement initiative.

Ubiquitous deceptive online ads for the acai berry weight loss products can be found posing to be from popular outlets like ABC, Fox News, CBS, CNN, *USA Today* and *Consumer Reports*. According to the FTC, the defendants collectively have paid more than \$10 million to advertise their fake news sites, and have likely received well in excess of that amount in ill-gotten commissions.

In 2010, the FTC filed an action against acai berry marketer Central Coast Nutraceuticals which has an F rating with BBB. According to the more than 2,800 complaints to the Central, Northern and Western Arizona BBB the company deceptively marketed acai berry supplements as weight-loss products, and "colon cleansers" along with a variety of refund and exchange issues.

"Fighting deceptive free trial offers online continues to be a game of whack-a-mole," said Kathy Graham, President and CEO of the Better Business Bureau of Coastal Carolina. "Just as soon as one company is put out of business it's replaced by another with the same model of ripping consumers off under the guise of a no-risk free trial offer."

"Before signing up for any free trial offer, read the fine print carefully and always check the company out with BBB. You'll save time and money by avoiding the hassle and recurring charges of some unscrupulous offers," added Cox.

Additional advice on signing up for free trial offers is available at [www.bbb.org/us/article/free-trial-offers-are-they-good-deals-425](http://www.bbb.org/us/article/free-trial-offers-are-they-good-deals-425). Consumers who believe they have been misled by a free trial offer can file a complaint online with the BBB at [www.bbb.org](http://www.bbb.org). Visit [www.bbb.org/us](http://www.bbb.org/us) for more information. §





do at least 10 minutes of physical activity per session for the total number of minutes described above to receive benefits. For many individuals, this method may also seem very intimidating. Approaches such as these have led to the misconception that one must exercise at a relatively intense level and in a structured exercise plan, such as described above, in order to receive health benefits. This misconception contributes to the public's resistance to performing regular physical activity. Another approach to meeting the guidelines described above that may be less intimidating focuses on caloric expenditure. Using the above recommendations, it has been estimated that an individual must have a weekly energy expenditure of 9.5 kilocalories per kilogram of body weight per week (kcal/kg/wk) to obtain health benefits.

One mode of physical activity that has been understudied in relation to its energy expenditure and potential for health benefits is golf. Golf is a recreational sport that is widely played in the state of South Carolina, especially the Myrtle Beach area, due to its year-round temperate climate. This sport offers great potential for individuals of a wide variety of health levels and ages to increase their physical activity levels into the range necessary to result in increased health benefits. However, few studies have examined the energy expenditure or health benefits associated with playing golf.

The Department of Exercise and Sport Science (EXSS) received funding through a CCU Research Enhancement Grant for a pilot study to determine the amount of energy expenditure (physical activity level) required to play golf when walking versus riding in a cart. The ongoing study uses accelerometers to collect data regarding physical activity and collects other information, such as heart rate and blood pressure before and after each round. All of the information collected will be ultimately used to determine if golf is a viable alternative form of physical activity capable of producing health benefits. The question of the differences in energy expenditure between walking and riding may seem obvious. However, no known study has quantified and/or compared these modes of play. The information collected during this study will give us a better understanding of how much physical activity one is performing during a round of golf and will be used in future grant proposals aimed exclusively at examining the health benefits potentially associated with golf in individuals of all ages.

Our study has obtained data that was recently presented at the Southeastern Chapter of the American College of Sports Medicine (ACSM) and will be presented at the upcoming ACSM national meeting. These presentations included data on the energy expenditure and cardiovascular responses of playing nine holes of golf while either walking (carrying their clubs or using a pull-cart) or riding. Our data suggest that walking nine holes of golf yielded a caloric expenditure of 710.46±44.11 kcal (7.66±0.29 kcal/kg), while riding yielded a caloric expenditure of 357.63±22.12 kcal (3.88±0.18 kcal/kg).

Our data also suggest that individual heart rates (HR) increased to an equivalent of 52.3 percent and 42.5 percent of age-predicted HRmax in walking and riding, respectively. These levels put the activity into the light- to moderate-intensity level categories. These results suggest that playing golf has the potential to elicit health benefits. Further research is warranted, however, to determine the necessary duration and frequency of each mode of play (walking carrying bags, walking using pull-cart, or riding).

The benefits associated with this study are numerous. We will not only continue learning valuable information regarding the potential health benefits of golf in individuals of all ages and abilities, but also giving our CCU students an excellent learning experience in a rapidly emerging field of research. This study is exposing our students to community-based and field-based research, in addition to the already established lab-based research. The hands-on experience is greatly improving their knowledge and giving them valuable skills needed in the areas of research, professional advancement and social interaction.

Lastly, the CCU community will benefit by having a local research project aimed at increasing the health benefits, especially cardiovascular benefits, of individuals of all ages and abilities in a region that is among the top in the nation for risk of CVD, diabetes and obesity. §

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# PALLIATIVE CARE, HOSPICE AND HEALTH CARE IN THE 21<sup>ST</sup> CENTURY



*By Charles Sasser, M.D., Medical Director, Mercy Care*

*PT Note: In a recent article in USA Today (Feb. 23, 2011) attention was drawn to the differences between palliative care and hospice and the fact that few people, for whom it could be very important, know about palliative care and the availability of it outside of hospitals. PT asked Mercy Care for an assist to inform our readers and Dr. Sasser agreed.*

There is much debate about the need for health care reform in this country. Many would argue our health care is the best in the world, so why fix what isn't broken? So far, the issue of unaffordability, by itself, has not been convincing. The two most important causes of exploding costs are technology and the growth of the aging population. It is said that by 2030, 20 percent of the national population will be over 65. Guess what: in Horry County, it's already 18 percent. It is this population who are more likely to have several chronic, incurable illnesses, whose illnesses aren't always a good fit for hospitals designed to treat acute, curable diseases, and whose needs a palliative care team is specifically designed to address.

A bragging point distinguishing U.S. medicine from other industrialized countries touting universal health coverage has been: "Here, you still get to choose your own physician." But in the last two decades there has been a seismic shift in the nature of health care delivery, generally unrecognized by lay America. To appreciate this, ask your family doctor, "Will you attend me if I am sick in the hospital?" In this county, and in most of the country, over half of primary care physicians are either office or hospital-based, but not both. In times of life threatening illness requiring hospitalization, where tough decisions are often required, you are likely to be under the care of strangers. Especially in situations where complex, chronic, incurable illness has flared, and your care is shared by a number of specialists, it's often hard to tell who's in charge.

The reasons for such a shift are beyond the scope of this discussion; an unwelcome side effect, however,

has been a major disconnect in the flow of important and timely patient information from one setting and provider to the next. The answer to important questions, such as, what is your past medical history, what are your goals and values, who are you and what do you consider most important in your life, may not get asked in the rush to cure what often turns out to be incurable. When life and death matters are to be discussed, it's really helpful to have health professionals present who knew you before you became so sick. Alas, such is not to be.

We all know about hospice. It began in this country as a grass roots initiative against often inappropriate and aggressive care given to people with terminal illness who really wanted to maximize their comfort, dignity and quality of life, and die at home, rather than continue a fruitless search for cure or a painful prolongation of dying. It is Medicare-supported care given to those who choose to forego traditional curative care with an estimated prognosis of six months or less if the disease runs its normal course (recognizing the scientific limitations of accurately predicting precise prognoses for any given disease).

Palliative care is confusing because it is both the same as hospice and different from it. The concepts are the same: 1) care for people with a life-threatening diagnosis; 2) by an interdisciplinary team (generally doctor, nurse specialist, social worker and chaplain as core members, recognizing the nature of multi-dimensional suffering experienced by this population of patients); 3) with a focus on relief of pain and physical symptoms, as well as suffering caused by many other issues, economic, social, spiritual, etc. They are different because there is no direct Medicare support for palliative care, nor any time restrictions. Thus we may conclude that all hospice care is palliative care, but palliative care is more than hospice care.

*...continued on page 6*



kilocalories means that playing 18 holes a week would help someone achieve the 712 kilocalorie expenditure suggested by the 2008 Physical Activity Guidelines. Although we would encourage individuals to strive for the ability to walk nine holes, riding nine holes may be a good starting point for those with no regular physical activity and/or low functional capacity.

Accurately predicting maximal heart rate has important implications for practitioners administering exercise tests and prescribing exercise regimens. A new prediction equation has been fairly recently developed that appears to do a better job of predicting maximal heart rates in older individuals, but little is known about how well this new equation does with younger individuals. Therefore, Gaspari examined data collected over the past few years in the Smith Exercise Science Laboratory to see whether the new equation [206.9-(0.67 x one's age)] is a better predictor than the traditional (220-age) formula in younger adults. The results indicated that that the new equation may indeed be slightly more accurate at predicting maximal heart rate in young-adults when comparing the findings to actual maximal heart rates. However, the difference between the two formulas was less than one beat per minute. Therefore, both formulas appear to be useful for exercise prescription in younger individuals.

Finally, Beam reported on her work in the Smith Lab involving the effects of year-long strength and conditioning

programs on CCU's baseball, men's basketball, and football teams. Few studies have examined body composition over multiple years in male collegiate athletes; therefore, Beam examined the year-to-year changes in body weight and percent fat over a four year period. When all the men were examined together (all teams combined), there was a significant increase in body weight between their sophomore and junior seasons, while percent body fat increased each year. Football players had increased body weight before their senior season and increased percent fat before their junior and senior seasons. Baseball players had increased percent fat before their sophomore and junior seasons. Interestingly, the male basketball players maintained their body weight and percent fat over all four years. These data indicate that changes in body composition occur over the course of four years in a majority of male collegiate athletes, but are expressed differently based on sport. Further, the third year of athletics participation appears to be an important marker for changes in both body weight and percent fat, indicating a possible need for additional physical activity, dietary and/or behavioral guidance during this year of competition. §

*Greg Martel can be reached at gmartel@coastal.edu. Many Prime Timers have made known their interest in participating in Smith Exercise Science Laboratory research projects.*

But where palliative care has come under increasing demand recently is in hospital settings when patients and families are hit by sudden medical crises in which the needs of communication and decision-making quickly overwhelm routine care. In such a setting, patients and families need to know on a daily basis what is happening to them, what all their specialists are saying, what all that means in simple language and what their future may hold. They also, if not before, must now decide, given a current understanding of their illness(es), what they value most, what goals of care they have for whatever future exists for them, and what options of care are most likely to meet those goals. After pain and symptom management, palliative care is mostly about matching appropriate treatments to patients' goals of care. And because patients with an acute flare-up of their chronic diseases are never well, especially when they leave the hospital, palliative care is being extended to the outpatient setting, to make sure recently discharged patients remain comfortable, understand their new drug schedules, can make their follow-up appointments with their various physicians, and most importantly, their

primary physicians have been informed of what happened to them when they were in hospital. This is time-consuming and labor-intensive care that is not normally available in the rush of contemporary health care but is a godsend to those who need professionals to help them understand what's happening to them and guide them through the current maze of medical care. §

*Dr. Charles Sasser has been practicing internal medicine for more than 30 years and has been the medical director at Mercy Care since 1981. He also serves as medical director of the Palliative Care Consultative Service at Conway Medical Center. Dr. Sasser received the Distinguished Service Award from the American Academy of Hospice and Palliative Medicine in February 2011. Dr. Sasser can be reached at Mercy Care 843-347-5500 or at his practice 843-347-7227.*

*Dr. Sasser's reference to "...hospital based physicians", (second paragraph) alludes to the relatively recent use of "hospitalists" who work for the hospital and therefore most likely have had no past knowledge of a patient.*



*By Muriel Ward O'Tuel, Ph.D., Education, Author, Motivational Speaker*

My first name is Muriel. I like the sound of it when it's pronounced in the languid cadence of my native South. On the cultivated Southern tongue, it has a smooth flow, like molasses pouring onto hot, buttered pancakes in a warm country kitchen on a cold morning; like the lazy flow of the Pee Dee River as it slinks through the Low Country on its way to Winyah Bay.

When I was born, "Muriel Ward" was the name that went on my birth certificate, but my family did not speak with the cultivated Southern tongue. Theirs was a backwoods dialect that shortened and hardened the name to "Merle."

For me, the distance between Merle and Muriel was the distance between ignorance and education; between high school and college; between drudgery and fulfillment. I have trodden those paths, and have earned the third syllable in my name. In the world of challenge and success in which I now walk, my name is Muriel, not Merle. There's a doctor in front of it, thanks to the Ph.D. I earned from the University of South Carolina, and the last name is O'Tuel, thanks to my marriage to a wonderful man who encouraged me to go for the doctorate, and who was at my side through most of my career in education and speaking until his fatal heart attack at the age of 59. (He held a Ph.D. in school administration and was selected South Carolina's "Superintendent of the Year.") If, on the sidewalks and beneath the shades of Tabor City, N.C., my family and old friends still call me Merle, I am comfortable. It reminds me of my roots and of the distance I have come. It helps me to remind others that they too can make that trek.

As we stride toward success and fulfillment, we leave footprints. Some of them are visible accomplishments that we can point to with pride. Others are footprints on the heart – imprints that we have made on the lives of others. Many of those imprints may be long forgotten by us, though they may be treasured by those whose hearts hold

the impressions. As we move toward the fulfillment of our dreams, our hearts will also accumulate footprints left by those who, in many ways, inspired us and boosted us toward our goals.

I first began leaving footprints in the moist black soil of coastal North Carolina, where my father was a farmer and a water well-driller. For the children in my family, there were two major dates in spring: Easter and May 1. Easter was a time for spring finery, church services and colored eggs. May 1 was the date my father decreed for the taking off of shoes.

Whether it was sultry or chilly, rainy or dry, May 1 marked the beginning of barefoot season, and we children looked forward to it for weeks. It was almost a ceremonial thing. We would remove our shoes and socks and step gingerly onto the bare earth, our tender soles protesting each time they touched the smallest pebble or twig. But in time, our feet developed thick, leathery soles that defied all but the cruelest of thorns and briars.

It was with feet unshod that I walked the fields of my father's farm, feeling the soft, damp soil yield to my steps, gently pressing up between my toes, soothing them with its cool and comforting texture. I would trudge the rows of young corn and beans, sweet potatoes and strawberries, carrying water to my dad and my thirsty siblings as they labored in the sun. As I grew older I joined them in their labor. As I walked those rows, I could look back and see my footprints in the plowed ground.

Usually, by the end of the day, those footprints would have been obliterated by other footprints, or by the hoof prints of mules, the tread marks of tractor tires, the shallow rut where a sack of fertilizer had been dragged across the ground, or the marks of sundry other disturbances that kept the farm soil agitated until it finally birthed a crop.



cholesterol. When saturated fat in the diet is replaced with these fats, blood cholesterol levels will be lower.

Monounsaturated fatty acids are liquid at room temperature and are found mainly in vegetable oils like olive, canola and peanut. These oils may help lower LDL (bad) cholesterol and reduce heart disease risk. For this reason, it is recommended that you use canola as your main oil, substituting others such as olive, sesame, peanut and safflower for different flavors.

Polyunsaturated fatty acids are mainly found in vegetable oils like safflower, sunflower, corn, flaxseed and soybean. They contain two essential fatty acids that our body cannot make – omega-6 and omega-3. Just like the monounsaturated fatty acids, consuming polyunsaturated fats in place of saturated fats decreases LDL (bad) cholesterol and reduces total cholesterol. Because so many restaurants use polyunsaturated oils for food preparation, it is suggested that if you eat away from home often you should balance polyunsaturated fatty acids with monounsaturated oils at home. Furthermore, try to increase omega-3 consumption through choosing fish, flax and canola oil.

- **Saturated fats** Saturated fatty acids are found mainly in animal products such as beef, poultry, whole milk and butter. Some vegetable oils like coconut and palm are also sources of saturated fats. Usually, saturated fats are solid at room temperature. Consuming too many saturated fats can increase LDL (bad) cholesterol and total cholesterol – both risk factors for heart disease.

- **Trans fats** Trans fatty acids are formed when vegetable oils are processed and changed from a liquid to a solid fat. They are often found in crackers, snack foods and baked goods. Look for “partially hydrogenated,” “hydrogenated oils” or “vegetable shortening” on product ingredient lists to determine if foods contain trans fats. Be aware that food labels may list trans fat as 0 g, per serving if they have less than .5 g, per serving. Checking the ingredient list for the word “hydrogenated” may help discern which foods contain trans fats. Trans fats act like saturated fats

in that they raise total and LDL (bad) cholesterol, yet they go a step further and also lower HDL (good) cholesterol. To lower trans fat intake, when choosing margarine, select the tub, diet or liquid “squeeze” types. The more solid the margarine, the more hydrogenated it may be.

Recent findings on trans fats have been alarming. For example, a study of nearly 90,000 women found that those consuming the most trans fats (particularly from margarine) had a 50 percent higher risk of heart disease. It has been estimated that replacement of partially hydrogenated fat in our diet with natural unhydrogenated oils would prevent 30,000 premature coronary deaths per year, while epidemiological evidence suggests this actually may be closer to 100,000 premature deaths annually.

Should fats be restricted when dieting? It might be beneficial not to limit fats too much, because studies show that dietary compliance improves when people have some fat in their diet. A study of 101 overweight men and women who were assigned to one of two groups – 20 percent fat (very low fat diet) or 30-35 percent fat (mostly monounsaturated [good] fats from peanut butter, nuts, olive and canola oils) - found that only one in five could stick to the very low fat diet where more than 50 percent stuck to the higher fat diet. Both groups lost 11 pounds the first year; however, the moderate fat group was followed for over two years and they kept a significant amount of weight off while most on the very low fat diet gained back their weight within a year. It appears that moderate fat consumption, particularly mono- and polyunsaturated fat, can be included in a healthful eating plan to lose weight.

To summarize, certain types of fats are smarter choices than others. Try to increase monounsaturated fat intake while lowering consumption of saturated and trans fats. Choosing moderate amounts of “healthier” fats can help prevent cardiovascular disease and promote satiety. §

*Sharon Thompson is a frequent contributor to PrimeTimes and her articles can be found in previous issues by visiting [coastal.edu/lifespan](http://coastal.edu/lifespan) and clicking on PrimeTimes. She can be reached at [sthompson@coastal.edu](mailto:sthompson@coastal.edu).*



*By Julinna C. Oxley, Ph.D., Director, Women's and Gender Studies Program, Assistant Professor of Philosophy, Coastal Carolina University*

## *Absolutely, yes!*

Yoga is for everyone – even the oldest, most rationalistic, materialistic, overweight, tight-hamstringed, stressed-out person you can imagine. Everyone can benefit from yoga – physically, psychologically and even morally.

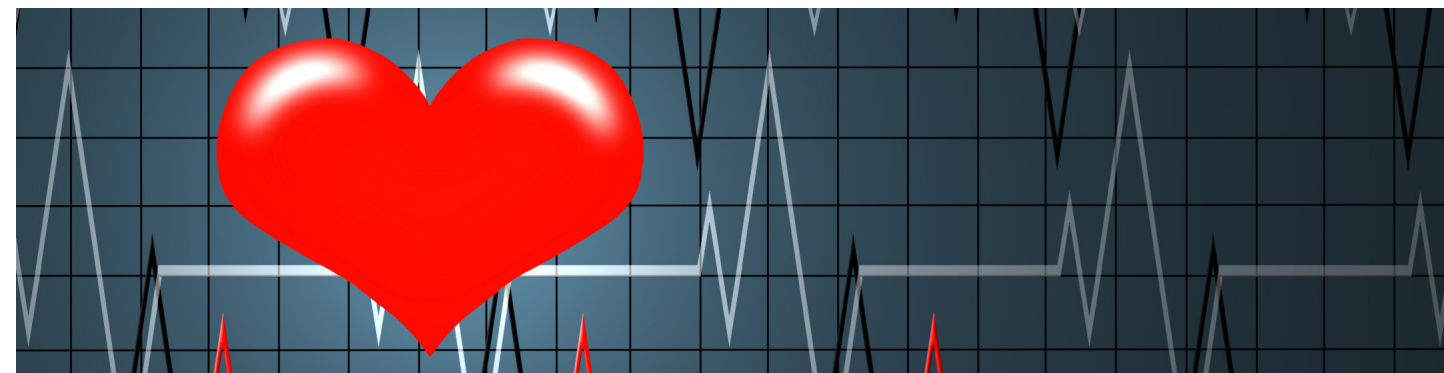
As a yoga practitioner for more than a decade, I have met many people who say, “I’ve always wanted to try yoga, but...” But what? They say, “But I’m not flexible enough to do yoga.” However, that is the whole point of doing yoga – yoga is for those of us who are inflexible and who need help becoming more flexible. One of my first yoga teachers taught yoga to an older man who was extremely obese and could barely reach over his waist. After several months, not only had he lost weight, he could reach his knees and was an impressive yoga practitioner. As this teacher always said, “You have to start somewhere.” You start where you are and go from there.

Other people say that they are a bit worried about the “religious” part of yoga. But the good news is that there is no religious dimension to yoga. Yoga originated in India, but it is not a religious practice, certainly not in its American format. Some American (and local) teachers sing Hindu chants (equivalent to wishing for a nice practice session) or say “OM” in order to relax and focus, but many do not. There are a wide variety of yoga teachers and yoga studios in the

Myrtle Beach area, and you are bound to find a teacher and a studio that suits your personality and interests.

The physical benefits of yoga have long been touted. Yoga essentially is about seeking a balance between strength and flexibility. As we age, our bones get more brittle, we lose muscle mass and our bodies become less flexible. This is why yoga is highly recommended for aging people. It is a no-impact form of exercise, and you use your own body weight to build muscle. Teachers are extremely sensitive to their students’ bodies and can tailor the yoga session to suit your needs and ability. If you are unable to move in a way that the teacher describes, there is always a way to modify the posture to suit your ability. The teacher will ask, “Do you have any injuries? Is there a particular part of your body that is hurting?” And they will (or should) always tell you to stop when you feel pain.

The psychological benefits of yoga are also well-known. Yoga increases concentration because as you do yoga, you must focus on your breathing and how your body is moving. The first time I did yoga, I realized I had never paid so much attention to simply standing on my own two feet. In fact, there is a yoga position for what most of us refer to as “standing.” It is called Mountain Pose, and you would be surprised at how complicated such a thing as standing is. Once you start paying attention to how you hold your torso, whether you are squishing up your shoulders or straining





**Should I Try Yoga?** ..... continued from page 7

your neck, or how your tongue feels in your mouth, you will experience your body in a whole new way. Concentrating in this way is very relaxing because you think about just one thing at a time.

Sometimes people ask, “Do I have to quit drinking and eating meat to do yoga?” The simple answer to that question is no. Yoga does often change people’s lives, and they will choose to refrain from eating certain foods or imbibing certain drinks in order to grow in their yoga practice. But to say that all yoga practitioners should not drink alcohol or be vegetarians is nonsense. What may be right for one yoga practitioner may not be right for another: becoming a vegetarian, ceasing to drink alcohol and coffee, or taking a personal vow of pacifism, charity or anti-materialism is not morally required if you practice yoga.

And yet, I do believe that a yoga practice can help to make you a better person (but it doesn’t always do this!). Here, for example, are some concepts that you will hear in a yoga class: ‘open your heart,’ ‘relax and breathe deeply’ and ‘focus and calm your mind.’ These ideas can be transformative in the physical yoga practice as well as in your regular life. This is because yoga encourages “mindfulness.”



What is mindfulness? Mindfulness expresses yoga’s unique approach to life. It involves being aware of yourself; your existence and thoughts; other beings, including their thoughts, feelings and situations; and your relationship to others and with the world. The aim of cultivating an attitude of mindfulness is to become more calm, thoughtful and aware of others rather than preoccupied with your own mental life. People learn mindfulness by doing meditation (guided or individual) and relaxation (in postures such as savasana or seated lotus).

When people are mindful, they will (hopefully) perform actions that exhibit their attitude of mindfulness. For example, showing concern for others, sharing with others, giving to charity, mentoring others, caring for friends and family, volunteering through a local church or organization, or caring for the environment are ways that people can be mindful.

They say you can’t teach an old dog new tricks. But that should not be true for humans, especially those who want a rich and fulfilling life. So go ahead, put aside your fear of the unknown, and try yoga! §

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**Speech Therapy** ..... continued from page 1

overall healthcare continue to increase in strength and effectiveness, providing help to those affected. These include pharmaceutical intervention, radiological intervention, rehabilitation and lifestyle changes.

Speech therapy, a form of rehabilitation, is an intervention that may help a person suffering from a swallowing, cognitive-language or communication disorder regain control of his or her life. Speech therapy services are mainly dependent upon the person involved and the cause of the language or swallowing disorder. Initially, goals are created and an overall plan of care is developed by a licensed Speech-Language Pathologist (SLP) to guide the therapy.

An SLP, also known as a speech therapist, holds a masters degree in Speech-Language Pathology as well as accreditation from the American Speech, Language, and Hearing Association.

The main types of speech therapy include: aphasia therapy to address speech and language deficits caused by a stroke, voice therapy to address a variety of vocal disorders caused by vocal fold nodules, over/misuse of the voice, or neurological conditions such as Parkinson’s Disease. There is also dysphagia therapy, which is training of swallowing compensatory strategies to address swallowing difficulties from a variety of causes, and Cognitive-language therapy to address memory, reasoning or problem-solving deficits

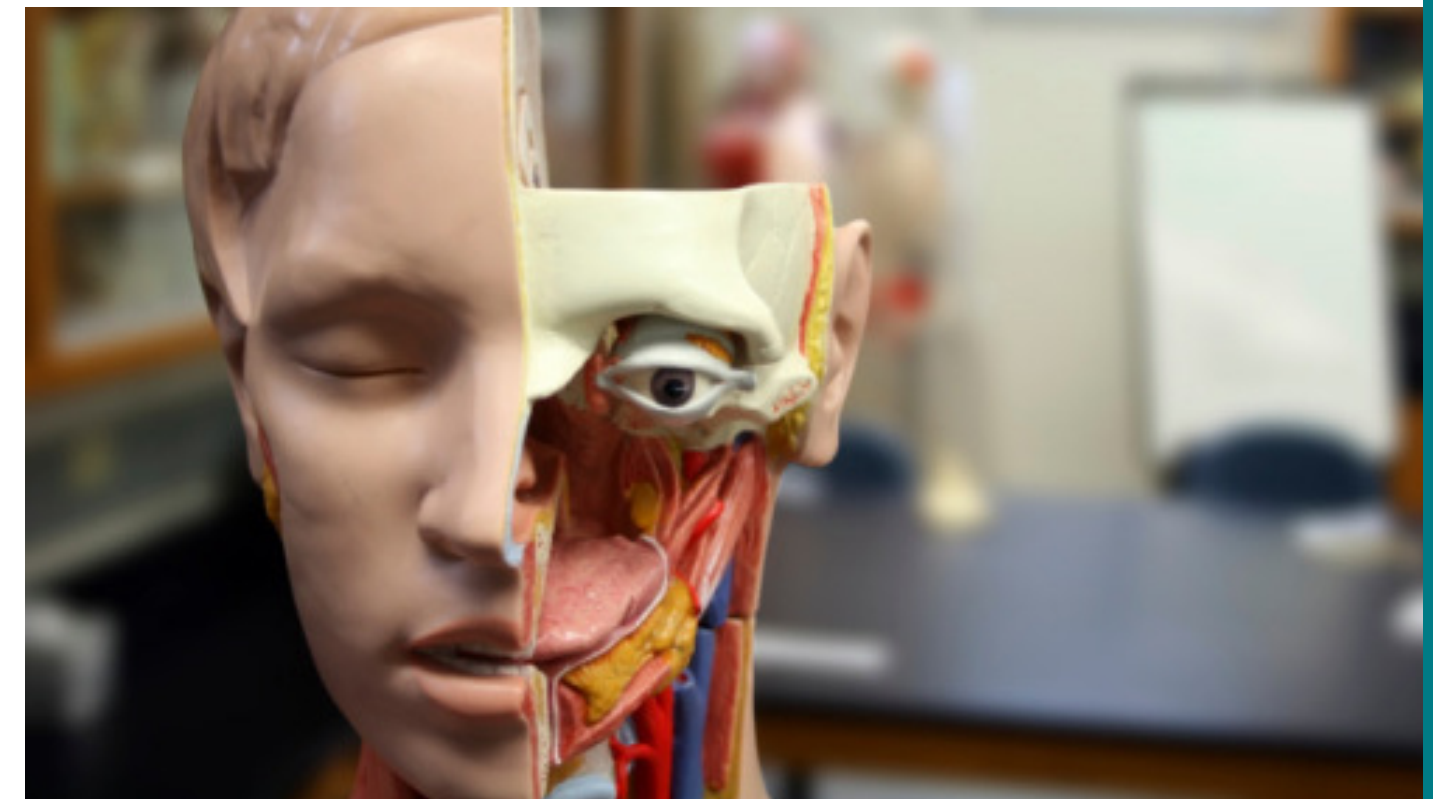
caused by injury or a disease such as Alzheimer’s disease or general dementia.

Symptoms of any speech language, cognitive-language or swallowing disorder need to be reported to a primary physician who can then refer the person to an SLP for further assessment and treatment. Regardless of the path of referral or intervention, it is important that any significant symptoms are reported, evaluated and treated as close to the time of onset as possible, in order to provide the affected individual optimal services and quality of life.

Please contact your doctor or an SLP with any questions or concerns you may have concerning your speech, language or swallowing abilities.

As Adlai Stevenson once said, “It is not the years in your life, but the life in your years that counts.” §

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