



healthy body, mind, and spirit.

Shedding Light on Skin Cancer

by Megan D'Armo

Over one-half of your lifetime exposure to ultraviolet (UV) radiation occurs during childhood and adolescence. Studies show a higher incidence of skin cancer occurs in people who were exposed to excessive UV rays when they were young. And the increased use of indoor tanning equipment is contributing to the rising number of new melanoma skin cancer cases in the U.S., especially in individuals younger than 30. In 2009, the American Cancer Society estimated the number of new cases of melanoma skin cancer in the U.S. at about 66,720, up from 62,480 in 2008. And about 8,650 people die of the disease each year.

At least 29 states have some form of regulation restricting indoor tanning, many aimed at limiting use by teens. Parents and educators can also set an example by taking an active role in protecting themselves and our youth against the dangers of UV rays.

Know the facts about skin cancer.

All types of skin cancer do not look and behave the same way. There are three types of skin cancer, each with its own set of symptoms:

- Basal cell carcinoma (BCC) is the most common type of skin cancer and also the least deadly. It may look like a pearly nodule, a non-healing sore, an inflamed growth, or an irritated section of skin. It often appears in areas like the face, ears, scalp, and upper body.
- Squamous cell carcinoma (SCC) often affects fair-skinned individuals with long-term sun exposure. It may appear as a crusty or scaly patch of skin surrounded by red that resembles a tumor or non-healing wound. If not treated early, SCC may spread to other areas of the body.
- Melanoma is the least common and most dangerous because it can spread quickly to the lymph system and organs. When detected

early, patients have a 95-percent cure rate. But that rate drops dramatically if the cancer spreads. Melanoma often looks like a new mole or develops within an existing mole.

Detecting Early Signs of Cancer: Routine Skin Screenings, Monthly Self-Exams

The American Cancer Society recommends a skin examination with your doctor every three years for people between 20 and 40, and yearly for those 40 and older. Individuals with an elevated risk of skin cancer, including a family history, fair skin, and presence of moles, should be examined by a dermatologist annually. Because the warning signs of skin cancer are easily visible on the outside of the body, finding the disease



early is easier than with other types of cancer.

- So what are you looking for?
- Changes in a mole, including the spread of color into surrounding skin.
- Sudden appearance of a growth, mole, sore, or skin discoloration.

- Scaliness, oozing, or bleeding from a mole.
- Change in sensation, such as itching, tenderness, or pain.

"Consult your doctor if a mole or blemish changes significantly in color or shape, increases in height or diameter, or varies in texture. These are all signs of skin cancer," expressed Dr. Laura Capriano, hematologist/oncologist at Holy Family Hospital. "A way

to remember whether a skin abnormality is suspicious for melanoma is by the acronym ABCD: asymmetry, borders, color, and diameter. Asymmetry means that one half appears different than the other half, and the borders of a melanoma can sometimes be irregular. Melanomas are often black or brown in color. A large diameter also increases the likelihood that a skin abnormality is a melanoma," said Dr. Capriano.

Remember, the perceived immediate benefits of sun exposure, such as a tan, can have lasting effects on your life. So, keep yourself and your kids covered with sunscreen (SPF 15 or higher) this summer, wear clothing that shields your skin, and think twice before you allow your teen to hit the tanning booth. Early prevention may save their lives.

Free Skin Screenings are held throughout the year. The next one is scheduled for May 18 at Holy Family Hospital, William L. Lane Cancer Center. To register, call 1-800-488-5959.

Community Out-trips

submitted by Laurie Lavoie, MSOTR/L

Julie is a 35-year-old mother of two. Looking at her now, you would never know that she had a stroke four months ago—a stroke that left her paralyzed on the left side. After many weeks of intense therapy at Northeast Rehabilitation Hospital (NRH) in Salem, she is able to walk and move her left arm again. Today, she is walking with her outpatient therapists on the uneven terrain of an apple orchard in New Hampshire. Julie is taking part in the community out-trip program offered by the NRH outpatient department. This trip takes the place of one of Julie's traditional gym-based therapies for the week. The focus for today's session is to fine-tune her ability to use her left arm during functional tasks, such as reaching up to pick an apple from a branch. She is also working on her fine motor skills—the ability for her fingers to coordinate movements—by twisting the stem from the apple. In addition, she is working on her balance while bending to pick up apples from the ground, crouching to pick apples from low branches, and carrying a 10-pound bag of apples while running up a hill. "I was wondering if I was going to be able to do anything like this again. I was nervous to get back out into the community after having had my stroke. Doing this today has given me the confidence to know that I can do it, even if I have to run after my kids at the same time!"

The outpatient department at Northeast Rehabilitation Hospital in Salem has a team of

physical, occupational, and speech therapists who work closely with patients in identifying their community goals. Once these goals are established, the team plans a trip to work on these with the patient in the actual community environment. These community out-trips take the place of traditional gym/office-based therapies and allow the therapists to assess how the patient functions in a non-controlled environment. The information learned on these trips can help the therapists to adjust their treatments for sessions with these patients in the clinic. More importantly, these trips help patients to gain the confidence needed to return to the community activities they once enjoyed, despite their disabilities.

If you or someone you know has been diagnosed with a neurological disorder or experienced a neurological trauma such as stroke, brain injury, or spinal cord injury, you may be able to understand the physical and mental challenges that our community can present. These challenges often lead to avoidance of the experience altogether, something that can add to the overwhelming sense of loss and can lead to medical complications such as anxiety and depression. Call Northeast Rehabilitation Hospital at 893-2900 and let our outstanding team of therapists help. The program worked for Julie and for others just like her; it can work for you and/or your loved one.

What's ADHD All About, Anyway?

A Positive Perspective of the Diagnosis

by Lynne Edgecomb-Nickeson, LICSW

Part one of this three-part series on Attention-Deficit/Hyperactivity Disorder (ADHD) identified the symptoms most commonly associated with

ADHD, as well as the importance of seeking the help of professionals who specialize in the treatment of ADHD. This second part serves to further increase understanding of the diagnosis, and help family members and caregivers take a more positive perspective of ADHD.

ADHD is delineated into three types, each represented by the main symptoms or behaviors that a person experiences. These three types of ADHD are:

- Predominantly Hyperactive-Impulsive
- Predominantly Inattentive
- Predominantly Combined (both Inattention and Hyperactivity/Impulsivity symptoms are present)

You may be wondering why ADD isn't included on the list. The reason is quite simple; ADD is currently not a clinical term. While ADD and ADHD are often used interchangeably, the predominantly inattentive type is often referred to as ADD. Be prepared that the professionals you work with may use clinical terminology when making a diagnosis.

As discussed in the first article, behavioral inconsistency across settings is a hallmark of ADHD, and is often the most frustrating aspect of the disorder for caregivers. To meet the criteria for diagnosis, behaviors must be occurring in more than one situation or environment; i.e., the child displays the same or similar behaviors both at home and school. However, it's important to be aware that children with ADHD may have a successful, productive day, exhibiting focus and task completion one day, and being forgetful, fidgety and having difficulty being organized the next. Further confusing the diagnosis for caregivers, children with ADHD may exhibit periods of tremendous focus and perseverance particularly on activities that they find pleasurable, but are subsequently unable to complete tasks that require sustained mental effort. For example, a child with ADHD can spend great amounts of time hyper-focused on a favorite video game, and then be entirely unable to complete their math homework or their chores.

ADHD is caused by a combination of neurological or brain-based deficits that disrupt and affect: executive functioning, which allows the brain to plan, organize, strategize, pay attention, manage details and schedule; behavioral inhibition, which manages impulsivity; and self-regulation, which controls activity. Typically, symptoms of ADHD are evident before age seven. However, children having symptoms of ADHD, Predominantly Inattentive Type, who experience a lack of focus and difficulty with concentration, have symptoms that are more likely to go unnoticed. These children may go undiagnosed or unsupported until much later in their lives when the academic and social rigors of advanced grades and peer interactions require increased amounts of sustained mental effort, planning, organization, and social independence.



Parents and caregivers are the most important advocates for a child with ADHD and should form a partnership with professionals to better understand their child and learn ways to manage the specific difficulties they may be experiencing. Keeping a positive perspective about ADHD and being educated about the disorder is critical. Please remember the following:

1. ADHD is not a curse, it is a gift
2. ADHD is treatable
3. A child with ADHD cannot always help what s/he is doing, so do not assign blame
4. It is not your fault; do not personalize the child's behavior
5. A diagnosis of ADHD is not an excuse for poor behavior choices
6. Many important historical figures have lived exemplary lives, despite having significant ADHD symptoms and/or other learning challenges, including: Galileo, Mozart, Henry Ford, John F. Kennedy, Eisenhower, and Albert Einstein.

There are many skills that children with ADHD possess. It is the ability of parents, caregivers, and professionals to draw from those skills to help children and families learn the tools and techniques necessary to manage ADHD and live productive, successful, and happy lives.

(The third installment in this series will provide practical tools for supporting a child with ADHD from a positive perspective.)

Lynne Edgecomb-Nickeson, LICSW, is a mental health therapist and co-owner of Partners in Family Wellness, PLLC. She specializes in treating children and adults with ADHD and co-occurring illnesses. "Family Resource Corner" offers topics of interest on parenting and family issues and is provided by Salem Family Resources-Success by 6. This non-profit organization provides support and programs to families in the greater Salem area to help them meet the physical, social, emotional, and educational needs of their young children. For more information about the organization and its programming, see www.salemfamilyresources.org, or call 898-5493.

May is Stroke Awareness Month!

If you think someone is having a stroke, act FAST and do this simple test:

Face: Ask the person to smile. Does one side of the face droop?

Arms: Ask the person to raise both arms. Does one drift downward?

Speech: Ask the person to repeat a simple sentence. Are the words slurred? Is it repeated correctly?

Time: If the person shows any of these symptoms, time is important. Call 911 or get to the hospital FAST!

This important message is brought to you by Northeast Rehab, a leader in stroke rehabilitation. For more information, call (603) 893-2900 or visit www.northeastrehab.com.

Northeast Rehab Hospitals have received the Joint Commission's Six Sigma Disease Specific Care Certification in Stroke Rehabilitation.

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