Inside This Issue:

- Drowning Doesn’t Look Like Drowning.................................1
- Aspirin Linked to Blinding Eye Disease...............................3
- Tips for better sleep.......................................................2
- New Exercises to Triple Your Calorie Burn.........................4

Drowning Doesn’t Look Like Drowning

In many children drowning’s, adults are nearby but have no idea the victim is dying. Here’s what to look for.

The new captain jumped from the deck, fully dressed, and sprinted through the water. A former lifeguard, he kept his eye on the victim as he headed straight for the couple swimming between their anchored sport fisher and the beach. “I think he thinks you’re drowning.” The husband said to his wife. They had been splashing each other and she had screamed but now they were just standing, neck-deep on the sand bar. “We’re fine; what is he doing? She asked, a little annoyed. “We’re fine!” the husband yelled, waving him off, but his captain kept swimming hard. “Move!” he barked as he sprinted between the stunned owners. Directly behind them, not 10 feet away, their 9-year old daughter was drowning. Safety above the surface in the arms of the captain, she burst into tears, “Daddy!”

How did this captain know –from 50 feet away – what the father couldn’t recognize from just 10? Drowning is not the violent, splashing call for help that most people expect. The captain was trained to recognize drowning by experts and years of experience. The father, on the hand, had learned what drowning looks like by watching television. If you spend time on or near the water, then you should make sure that you and your crew knows what to look for whenever people enter the water. Until she cried a tearful, ‘Daddy,” she hadn’t made a sound. Drowning is almost always a deceptively quiet event. The waving, splashing and yelling that dramatic conditioning prepares us to look for is rarely seen in real life.

The Instinctive Drowning Response – is what people do to avoid actual or perceived suffocation in the water. And it does not look like most people expect. There is very little splashing, no waving, and no yelling or calling for help of any kind. To get idea of just how quiet and undramatic from the surface drowning can be, consider this: It is the No. 2 cause of accidental death in children, ages 15 and under (just behind vehicle accidents)—of the approximately 750 children who will drown next year, about 375 of them will do so within 25 yards of a parent or other adult. According to the CDC, in 10 percent of those drowning the adult will actually watch the child do it, having no idea it is happening. Drowning does not look like drowning.

1. “Except in rare circumstances, drowning people are physiologically unable to call for help. The respiratory system was designed for breathing. Speech is the secondary or overlaid function. Breathing must be fulfilling before speech occurs.

2. Drowning people’s mouths alternately sink below and reappear above the surface of the water. The mouths of drowning people are not above the surface of the water long enough for them to exhale, inhale and call for help. When drowning people’s mouths are above the surface, they exhale and inhale quickly as their mouths start to sink below the surface of the water.
Drowning Doesn’t Look Like Drowning (cont.)

3. Drowning people cannot wave for help. Nature instinctively forces them to extend their arms laterally and press down on the water’s surface. Pressing down on the surface of the water permits drowning people to leverage their bodies so they can lift their mouths out of the water to breathe.

4. Throughout the instinctive Drowning Response, drowning people cannot voluntarily control their arm movements. Physiologically, drowning people who are struggling on the surface of the water cannot stop drowning and perform voluntary movements such as waving for help, moving toward a rescuer, out for a piece of rescue equipment.

5. From beginning to end of the Instinctive Drowning Response, people’s bodies remain upright in the water, with no evidence of a supporting kick. Unless rescued by a trained lifeguard, these drowning people can only struggle on the surface of the water from 20 to 60 seconds before submersion occurs.

This doesn’t mean that a person that yelling for help and thrashing isn’t in real trouble. Not always present before the Instinctive Drowning Response, aquatic distress doesn’t last long—but unlike true drowning, these victims can still assist in their own rescue. They can grab lifelines, throw rings etc. Look for these other signs drowning when persons are in the water:

• Head low, mouth at water level
• Head titled back with mouth open
• Eyes glassy and empty, unable to focus
• Eyes closed
• Hair over forehead or eyes
• Not using legs — vertical
• Hyperventilating or gasping
• Trying to swim in a particular direction but not making headway
• Trying to roll over on the back
• Appear to be climbing an invisible ladder

So if a crew member falls overboard and everything looks OK---don’t be too sure. Sometimes the most common indication that someone is drowning is that they don’t look like they’re drowning. They may just look like they are treading water and looking up at the deck. One way to be sure? Ask them, “are you all right?” If they can answer at all—they probably are. If they return a blank stare, you may have less than 30 seconds to get to them. And parents-children playing in the water make noise, when they get quiet, you get to them and find out why.

http://www.slate.com/

Tips for better sleep

With the start of summer, the opportunity to shift some focus from work routines to enjoying leisurely activities is officially upon us. It’s time when we’re more mindful about relaxation and open to improving aspects of health and wellness. One area that’s so often neglected is sleep. As temperatures rise this season, you may find yourself struggling to get comfortable on a humid night or unwinding after an action-filled day in the sun. You may also have a smartphone buzzing next to your pillow and distracting your mind from transcending into the REM sleep stage.

• Create your sleep sanctuary. The first step in your sleep journey is transforming your bedroom environment into a place for slumber, not an entertainment center or auxiliary office.
• Exercise for great sleep. A sunny summer day is the perfect backdrop for an outdoor workout. Exercising during the day supports sleep at night.
• Tune technology out. We’re attached to our devices from the moment we open our eyes in the morning till we close them at night. For some of us, they’re like an extra appendage.

Source: http://www.cnn.com/
Aspirin Linked to Blinding Eye Disease

Aspirin and Macular Degeneration

Indeed, when researchers looked just at people with the risk-conferring form of this gene, the association between macular degeneration and aspirin was even stronger. It was more than four times as high for regular vs. non-regular users, suggesting that there might be a biological basis for the association. But other limitations make the finding less reliable. Researchers only asked about aspirin use once, for example, at the start of the study, so people who stopped taking aspirin might have been misclassified. And only half the people who started the study were followed for the 15 years; so it’s possible that people who were motivated to stick with the research may have been more concerned about their health and eyesight in general. It’s also possible that there were other differences between the groups that the study authors weren’t able to account for.

Advise for Aspirin Users

For all those reasons, many researchers and independent experts agree that no one should stop taking aspirin as directed by their doctor because of this study.

The risk of getting macular degeneration after 15 years of regular aspirin use was still relatively slight. Obviously, your general health comes first.

What does make sense, is to get regular eye exams. Anyone who is taking aspirin and is of the age where they could be at risk, they’re the people who want to have their retinas checked.

The study researchers agree that regular eye exams are important, particularly if a close relative also has macular degeneration (AMD).

If patients have a strong family history of AMD or have late-stage AMD already affecting one eye, physicians could raise the awareness in patients and their families about the possibility of this possible adverse effect following long-term use of aspirin.

Regular Aspirin uses are more likely to develop the “wet” form of age-related Macular degeneration compared to people who rarely or never take the drug, new study shows.

Aspirin is one of the most widely used drugs in the world. Millions of people with heart disease take a daily low dose of aspirin in hopes of preventing heart attacks and stroke. It’s also used to ease pain.

Macular degeneration is a leading cause of blindness in older adults, and it is on the rise. The “wet” form accounts for only about 10% to 15% of cases, but it progresses more rapidly and is more likely to lead to vision loss than the “dry” form.

In “wet” macular degeneration, tiny new blood vessels grow under the retina, light-sensing part of the eye. These blood vessels break open and leak, causing scar tissue to form. Over time, the scar tissue clouds central vision. It’s not clear why this happens.

Both kinds of macular degeneration become more common as people age. Beyond age, the only risk factor that’s consistently been linked to the condition is smoking.

News that aspirin may be linked to macular degeneration surfaced last year when a large European study found that regular aspirin uses were more likely to develop the sight-steadying disease. Another study had even suggested that aspirin might protect against the “dry” form of disease.

For the new study, researchers in Australia followed more than 2,000 older adults. Doctors conducted detailed interviews at the start of the study, asking people about a variety of diet and lifestyle habits, including medication use. About 11% of people (257) were regular aspirin users, meaning they’d taken the drug at least once a week in the past year.

[continuing]
Aspirin Linked to Blinding Eye Disease (cont.)

Study participants had regular eye exams to check for changes in their retinas. Fifteen years later, 63 people in the study—15 regular aspirin users and 48 who rarely or never took it—had developed “wet” macular degeneration.

Compared to people who never took aspirin, regular users were more than twice as likely to develop macular degeneration. That was true even after researchers accounted for other things known to influence a person’s risk for macular degeneration, including age, sex, smoking, heart disease, BMI and high blood pressure.

Study Strengths and Limitations

The study doesn’t prove that aspirin causes macular degeneration. Different kinds of studies are needed to understand whether aspirin may directly harm the eye.

But one theory is that aspirin ramps up a part of the immune system called the complement system. Many people with macular degeneration carry a form of a gene that keeps them from being able to turn down the complement system when needed. Researchers say the results is the immune system may be chronically overstimulated, causing damage to the back of the eye.

Source: http://www.webmd.com/

New Exercises to Triple Your Calorie Burn

Skip Squats: Lie on your back with heels and calves on a stability ball, arms by your sides. Press shoulder blades into floor and lift hips so body forms a straight line from shoulder to heels. Tighten core and slowly drag both heels in toward butt, bending knees and keeping body lifted. Without dropping hips, slowly extend both legs back to previous position. Do 3 sets of 15 reps.

Skip rows: Lat-pull lean-back Kneel in front of a stability ball with forearms on the ball. Roll ball out to come plank position on knees, chest lifted off ball; body should be in straight diagonal line from head to knees. Retract shoulder blades and pull, dragging ball in toward body; pick up ball and hold it in front of you, leaning back from knees while keeping spine long. Return to previous position, and then roll back to starting position.

Skip lunges: Knee cross curtsy Stand with feet shoulder-width apart. Lift right leg straight back and up; at same time, hinge at waist and bring hands or fingertips to floor in front of left foot. Bend both knees, bringing right knee behind left knee. Press back up through left foot to return to previous position.

Skip plank: Get down, get up This move elevates your heart rate much more than a plank and is more challenging to your leg, hip, butt, and deep core muscles.

Source: http://www.health.com