

# New Options for Wellness news



Stanford Linear Accelerator Center

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## Wellness Activities

- **Volley Ball:** Nicolas Berger sets up the volleyball net on front lawn Tues. & Wed. 12-1:00 PM & Thurs. 5-6:00 PM. Call Nicolas Ext.3434 for more info.
- **Healthy Back Cross Training:** Taught by HIP instructor on site. 3/30-6/3/05 Wed. & Fri. 11-11:55 AM in Bldg. 27. STAP fund: Yes
- **Smoking Cessation:** A free consult by P. L. Sachs, M.D. Questions? Dr. Gherman Ext. 4382.
- **Body Sculpting & Step Aerobics:** Taught by Ziba Mahdavi, this stretching class is offered on Tues. & Thurs. 12-1PM in Bldg. 27. Questions? Please call Ext.4458 or 2281.
- **Pilates:** Taught by Kerry Spear & Mary O'Connell Mon. & Wed. 5:15-6:15PM in Bldg. 27 at SLAC. Classes run 3/28 – 6/15/05 Register at: <http://hip.stanford.edu>
- **Yoga:** Taught by Kim Tanzer Friday 12-1:00PM in Bldg. 27 at SLAC. Classes 4/17 – 6/17/05. <http://hip.stanford.edu>
- **Ballet/Lyrical Jazz:** Taught by Vicky Brey, Friday 5:15-6:30 PM in Bldg. 27. Questions? [olga@SLAC.Stanford.EDU](mailto:olga@SLAC.Stanford.EDU)
- **Aerobics:** Taught by Cecilia Glower, Mon. & Wed. 12-1PM, Tues. & Thurs. 5-6 PM in Bldg. 27. Questions? Michelle Steger @ x.3011 or Bette Ferandin @ x 2601.
- **Stress Counseling:** Rosan Gomperts & Kevin Carr, Stanford Help Center counselors at SLAC on Tues. 10 -4 PM, Thurs. 8-11 AM in the Medical Dept. Call Ext.2281 for an apt. at SLAC, or (650) 723-4577 for an apt. at the Stanford campus office.
- **Massage:** Mer Baldoza, CMT, is at SLAC medical Tues., Wed, Thurs., and Fri., 3:30 PM. Call Ext. 2009 to schedule an appointment.
- **Gym:** weights & equipment in NW corner of Bldg. 34. Call Diane Jenkins to join or for more info Ext. 2215.
- **Soccer:** On the front lawn Mon. & Thurs. at noon Call Rafael Miranda x 4471 or Tu Ly x 4442



## Cancer protection

### 1. Metformin

The connection between diabetes and cardiovascular disease is well documented. One explanation is that high blood sugar affects LDL cholesterol in ways that stir up inflammation, so fat-filled atherosclerotic plaques are more likely to burst and block arteries. Three out of four people with diabetes die from a heart attack or stroke. Diabetes is even stronger predictor of heart attack than high blood pressure and other well established risk factors.

The evidence for a connection between diabetes and cancer isn't nearly as strong, but there are hints. People with type 2 diabetes tend to have high insulin levels, and some research suggests that cells bombarded with insulin are more likely to turn cancerous. But there is good news: Metformin (Glucophage) might have cancer fighting properties. Metformin works, in part, by targeting an enzyme AMP that induces muscles to absorb sugar, so sugar levels in the blood drop. Now some research has shown that to activate AMP, you need to turn on a second enzyme that is a well-known tumor inhibitor. So metformin may do double duty: lowering blood sugar levels and stimulating anticancer enzymes. Metformin use was more common among patients without a cancer diagnosis. Like other drugs, metformin has negative side effects. It interferes with the absorption of vitamin B12 in 10-30% of people who take it. On rare occasions, it accumulates in the body and

causes lactic acidosis, a potentially lethal excess of lactic acid in the blood.

## 2. **Statins: more good news**

Metformin may not be the only pharmacological twofer out there. More studies are showing that cholesterol-lowering statins could be cancer fighters.

An Israeli study published in May found that taking statin cut the risk of getting colon cancer almost in half and women taking statins halved their breast cancer risk. For more details on these studies, go to [www.health.harvard.edu/healthextra](http://www.health.harvard.edu/healthextra).

The question now is whether these whiffs of hope will ever be put to the test in a large, randomized, placebo-controlled trial.



## **Annual flu vaccination improves odds for older adults**

Receiving a flu vaccination can significantly reduce hospitalizations and deaths among the risk adults. However, the protection provided by flu vaccine is good for only a year due to changing influenza strains. An annual revaccination is crucial in order to continue receiving these benefits.

A study in Nov 2004 found that the first flu vaccination reduced risk of death in men and women age 65 and older by 10 percent. Those who were revaccinated in following years reduced their risk of death by an additional 15 percent to 38 percent. Those whose vaccine series were interrupted experienced a strong increase in mortality risk. However, restarting vaccination after interruption led to a risk reduction similar to that found following revaccination. Overall, one death was prevented for every 302 vaccinations. Other studies have found an average of 50 percent reduction in death among older adults who receive a flu vaccine.

Mayo Clinic doctors recommended an annual flu shot for all adults over 50, for those with medical conditions such as heart disease and diabetes, and for all others at high risk of complications.



## **Ears are ringing**

If you hear ringing, clicking, popping, buzzing, roaring, whistling, or hissing that other people around you don't hear, you may think you're going crazy. But you probably have a condition called tinnitus, which affects an estimated 30 to 50 million Americans. Some people hear continual ringing; for others, the ringing may go away for hours or days, but then return. The sounds may be high or low in pitch, in one or both ears. Most people with tinnitus learn to ignore it, but others may have trouble working, sleeping, and enjoying normal activities.

Tinnitus is not a disease but a symptom of some quirk in the ear, auditory nerve (which transmits sound signals), or brain. It often occurs along with hearing loss (both age related and from repeated exposure to loud noises). It may also be triggered or worsened by other conditions, including otosclerosis (hardening of the middle and inner ear bones), Menier disease (a disease of the inner ear), ear wax buildup, infections, hypertension, diabetes, head and neck injuries, medications (for example, aspirin and certain beta-blockers, antidepressants, and antibiotics), and emotional stress.

If you think you have tinnitus, see your doctor. You may be referred to an ear, nose, and throat specialist (otolaryngologist) and audiologist who will check your hearing.

But in most cases, the best you can do is try to make the sounds less noticeable and learn to cope.