

Anger management: The good, the bad, the ugly

STAR HEALTH DESK

You have probably heard the joke: "I went to a fight and a hockey game broke out." Certainly, it seems like there are more brawls than ever at sporting events these days, that nearly everyone has been subjected to road rage, and that you may have to tiptoe around co-workers who seem constantly on edge. But it is not anger itself that is a problem — it is how you handle it.

Here, are some insights into the nature of anger, when it can be helpful, how to manage it, and what to do when you are confronted by someone whose anger is out of control.

What is anger?

Anger is a feeling of displeasure or hostility. It is a normal, healthy emotion, just like any other feeling you have.

So it is not 'bad' to feel angry?

No, being angry is not a bad or negative thing. Being angry can motivate people to listen to your concerns. It can prevent others from walking all over you. And it can motivate people to change larger societal issues. It is anger management that can be a problem.

What are common methods of handling anger, and which is the healthiest?

There are two basic ways to handle anger:

•**Expression.** This is conveying your anger. Expression occurs along a continuum, from having a reasonable, rational discussion to erupting into out-of-control violence.

•**Suppression.** This is trying to hold in or ignore your anger. You may think you should not be angry or that you will lose control if you let yourself feel any anger.

The danger in this passive approach is that you may not protect yourself when the need arises. You may also become passive-aggressive, where you do not express your anger assertively or directly but scheme to retaliate because you have not learned how to express anger constructively.

Trying to suppress your anger can lead to such health problems as headaches, stress, depression or high blood pressure.

Expressing yourself in an assertive — not an aggressive — manner is the healthiest approach to handling anger. Being assertive means that you state your



concerns and needs clearly and directly, without hurting others or trying to exert power over them.

How can you stop your anger from turning into a violent outburst?

Out-of-control anger is a learned behavior, so you have to unlearn it. Consider, for instance, someone who was in the military and basically taught to kill. Then he leaves the military, but with every confrontation or challenge, he goes back into that military mode and responds

aggressively — not assertively, but with aggression or hostility. He has to realize that no one is trying to fight with him, and that his reaction is out of proportion to the situation.

Some anger management techniques he can practice include:

- Self-talk to remind himself he is not in the military anymore and to keep himself aware of his reactions
- Walking away from the situation until he calms down
- Remembering to treat

other people like he would want to be treated

- Agreeing to disagree, and leaving it at that

Can anger harm your health?

There is some evidence that inappropriately expressing anger can be harmful. Whether you are overly passive and keep your anger pent up, whether you are prone to violent outbursts or whether you are quietly seething with rage, you may have headaches, sleep difficulties, high blood pressure

or digestive problems.

There is even some evidence that stress and hostility related to anger can lead to heart attacks. That is another reason it is important to learn how to express anger constructively and appropriately — it is good for your health.

What can you do if you are confronted by someone whose anger is out of control?

Usually the most rational thing to do, if possible, is to just walk away. If you stay, the situation may escalate into violence.

It is important to take reasonable precautions to protect yourself if leaving the situation is difficult or impossible, and to not engage the other person in a manner that is likely to provoke an escalation in their angry behavior.

That is not to say you should never confront someone. If someone is doing something you do not want them to do, and you confront them about it, you now have a conflict. You have to know how you are going to handle that conflict, though. Size up the person you are confronting, and be ready to protect yourself, especially if it is a stranger.



Fitness programme: 6 steps to guide your selection

Fitness programmes abound, from yoga and Pilates to step aerobics and strength training — either at home or in a gym. So which type of fitness programme is best for you? Use these 6 simple steps to find out.

Step 1: Assess your fitness level

You probably have some idea of how fit you are. But assessing and recording baseline fitness scores can help you set your fitness goals and measure your progress. To assess your aerobic and muscular fitness, flexibility and body composition, consider recording:

- Your pulse rate before and after a one-mile walk
- How long it takes to walk one mile
- How many push-ups you can do at a time
- How far you can reach forward while seated on the floor with your legs in front of you
- Your waist circumference at the level of your navel
- Your body mass index

You may also want to consult a doctor before beginning an exercise programme, especially if you have been sedentary or you have any chronic medical conditions.

Step 2: Determine your fitness goals

Keeping your fitness level in mind, think about why you want to start a fitness programme. Perhaps your doctor has suggested that you start a fitness programme to lose weight. If you are already active, perhaps you want to rev up your fitness programme to prepare for a 5K race or get ready for a favorite sport. Having clear goals can help you stay motivated.

Step 3: Consider your likes and dislikes

Next think about the types of physical activities you enjoy most. After all, a fitness programme does not need to be drudgery. You are more likely to keep up with a fitness programme you enjoy.

If you love riding your

bicycle, consider a spinning class. If you have a blast on the dance floor, an aerobics class that includes dance moves would be a good bet. If you are a social person and like to be active with others, a gym or health club membership may be the ticket. If you prefer to exercise alone or you find health clubs intimidating, exercises you can do at home may be best.

Step 4: Think variety

Varying your activities (cross-training) can keep exercise boredom at bay. Cross-training also reduces the risk of injuring or overusing one specific muscle or joint.

When you plan your fitness programme, consider alternating among activities that emphasise different parts of your body — walking, swimming and strength training, for example.

Step 5: Do the math

By now, you probably have a sense of which type of physical activities might be best for you. But you also need to make sure that your choices are in line with your budget.

If a gym membership or home exercise equipment is too pricey, consider cheaper options for getting in shape. You can base a fitness programme around brisk daily walks and inexpensive hand-held weights or resistance bands. You might consider buying used exercise equipment — or sharing the cost with a friend.

Step 6: Go for it!

You have thought through your likes and dislikes and the pros and cons of various types of fitness programs. Now it is time to get physical! Remember to start slowly and build up intensity gradually.

Each workout puts you one step closer to reaching your fitness goals. If you get bored or lose interest in your fitness programme, do not be afraid to try something new. Reassess your fitness level and set new fitness goals. The result? A future of improved fitness and better health.

Hearing aids: How to choose the right one

Many types of hearing aids exist. So which is best for you? Find out what to consider when choosing a hearing aid.

DR TAREQ SALAHUDDIN

Perhaps you have thought about getting a hearing aid, but you are worried about how it will look and wonder whether it will really help. Knowing more about the hearing aid options available to you, what to look for when buying a hearing aid and how to break it in may help alleviate some of your concerns.

Hearing aid styles

All hearing aids contain the same parts to carry sound from the environment into your ear. However, hearing aids do come in a number of styles, which differ in size and the way they are placed in your ear. Some are small enough to fit inside your ear canal, making them almost invisible. Others fit partially in your ear canal.

Generally, the smaller a hearing aid is, the less powerful it is, the shorter its battery life and the more it will cost. The following are common hearing aid styles.

Completely in the canal: Completely-in-the-canal

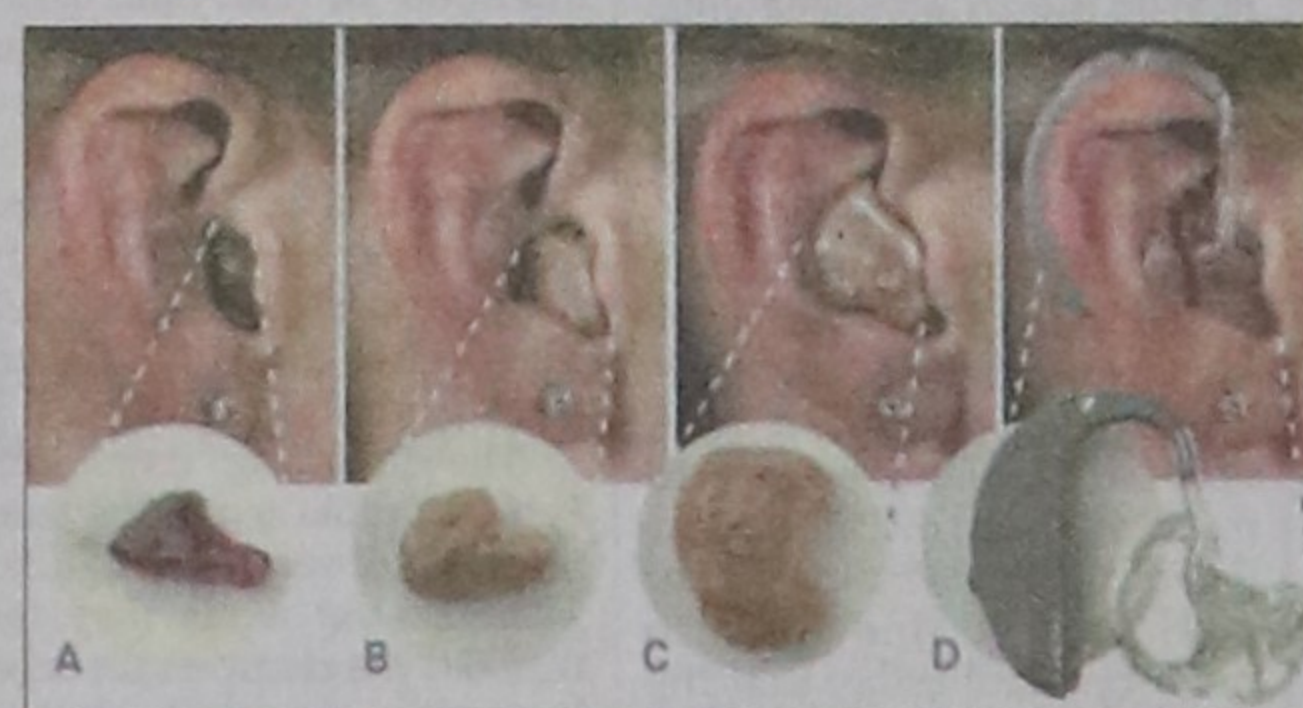
hearing aids are molded to fit inside your ear canal and can improve mild to moderate hearing loss in adults.

In the canal: An in-the-canal hearing aid is custom molded and fits partly in the ear canal, but not as deeply as the completely-in-the-canal aid. This hearing aid can improve mild to moderate hearing loss in adults.

Half-shell: A smaller version of the in-the-canal hearing aid, the half-shell is custom molded and fills the lower portion of the bowl-shaped area of your outer ear. This style is appropriate for mild to moderately severe hearing loss.

In the ear (full shell): An in-the-ear (full-shell) hearing aid is custom made and fills most of the bowl-shaped area of your outer ear. This style is helpful for people with mild to severe hearing loss.

Behind the ear: Behind-the-ear hearing aids hook over the top of your ear and rest behind the ear. The hearing aid picks up sound, amplifies it and carries the



Many choices of hearing aid styles are available, including those that are completely in the canal (A), in the canal (B), in the ear (C) and behind the ear (D)

amplified sound to an ear mold that fits inside your ear canal. This type of aid is appropriate for almost all types of hearing loss and for people of all ages.

Open fit: These are very small behind-the-ear-style devices. Sound travels from the instrument through a small tube or wire to a tiny dome or speaker in the ear canal. These aids leave the ear canal open, so they are best for mild to moderate

high-frequency losses where low-frequency hearing is still normal or near normal.

Before the purchase: Steps to take

When looking for a hearing aid, explore your options to understand what type of hearing aid will work best for you. Also:

•**Get a checkup.** See your doctor to rule out correctable causes of hearing loss, such as earwax, an infection or a tumor, and have your

hearing tested by a hearing specialist (audiologist).

•**Ask about a trial period.** A hearing aid should come with an adaptation period. It may take you a while to get used to the device and decide if it is useful.

•**Check for a warranty.** Make sure the hearing aid includes a warranty that covers both parts and labor for a specified amount of time.

•**Beware of misleading claims.** Hearing aids cannot restore normal hearing or eliminate all background noise. Beware of advertisements or salespeople who claim otherwise.

•**Plan for the expense.** The cost of hearing aids varies widely. Talk to your audiologist about your needs and expectations. If cost is an issue, good instruments are still available at reasonable prices.

After the purchase: Breaking in your hearing aid

Getting used to a hearing aid takes time. Your listening skills should improve gradu-

ally as you become accustomed to amplification. The sound you hear is different because it is amplified. Even your own voice sounds strange when you wear a hearing aid. When first using a hearing aid, keep these points in mind:

•**Hearing aids will not return your hearing to normal.** Unlike corrective eyewear that restores your vision to normal, hearing aids cannot restore normal hearing. They can improve your hearing, however, by amplifying soft sounds and reducing loud background noises.

•**Allow time to get used to the hearing aid.** It may take several weeks or months before you are used to the hearing aid. But the more you use it, the more quickly you will adjust to amplified sounds. By wearing your hearing aid regularly and taking good care of it, you will likely notice significant improvements in your quality of life.

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Preventing a second stroke

Are you doing enough?

STAR HEALTH DESK

Stroke is a preventable illness. But still millions of people suffer from stroke each year. Much more, many cases of strokes are not for the first time, but the second, maybe even then third.

Now, the question is, does having had a first stroke make the patient and his or her healthcare provider more aware of the risks, thus more ready to take preventive measures? Does "forewarned is forearmed" apply here?

Researchers at the Mount Sinai School of Medicine in New York City report that although many services to avert a second stroke are available, not many patients avail of them. In fact, only about 50 to 70 percent of these facilities are generally used.

There is clearly a need for health care providers to focus on improving care for all stroke patients regardless of age, race or gender to uplift the level of care, thereby avert a subsequent stroke.

Take care of your poor feet

DR MD RAJIB HOSSAIN

A huge number of people develop foot pain in their 60s. Usually they think that foot pain is a part of the aging process and accept it walking with pain. But it can start as early as the 20s and 30s as well. With simple measures like proper footwear and regular exercise can play an important role in preventing foot problems.

On an average, healthy people walk the equivalent of three times around the Earth in their lifetime. That is a matter of enormous wear and tear on the 26 bones, 33 joints and more than 100 tendons, ligaments and muscles that make up the foot.

Excessive weight, diabetes and circulation problems can contribute to foot pain. The most common foot conditions that occur with age are arthritic joints, thinning of the fat pads cushioning the soles, plantar fasciitis (inflammation of the fibrous tissue along the sole), bunions (enlargement of the joint at the base of the big toe), poor circulation and fungal nails. The following questions



will help you assess whether you should take more preventive action as you age.

•**Are you overweight?** The force on your feet is about 120 percent of your weight. It can lead to plantar fasciitis and heel pain and can worsen hammertoes and bunions. It is also a risk factor for diabetes, leading to the next question.

•**Are you diabetic?** Being farthest from the heart, the feet can be the first part of the body to manifest complications like poor circulation and loss of feeling, both of which can lead to poor wound healing

and amputation. Diabetics should have their feet examined annually by a doctor and avoid shoes that cause abrasions and pressure.

•**Do you have poor circulation?** If you suffer from peripheral artery disease — a narrowing of veins in the legs — your feet are more susceptible to problems. Smoking also contributes to poor circulation.

•**Do your parents complain about their feet?** Family history is probably your biggest clue to potential problems.

•**Do your shoes fit?** Feet flatten and lengthen with age, so if you are clinging to the shoe size you wore at age 21, get your feet measured (especially mothers — pregnancy expands feet).

•**Do your feet ever see the light of day?** Fungus thrives in a warm, moist environment. Choose moisture-wicking socks (not cotton), use antifungal powders and air out your toes at home.

•**Do you walk?** Putting more mileage on your feet is the best way to exercise the muscles and keep them healthy.

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PANDEMIC INFLUENZA PREPAREDNESS

WHO provides 20 lakh capsules of Oseltamivir to Bangladesh

STAR HEALTH REPORT

World Health Organisation (WHO) has provided 200,000 courses (20 lakh capsules) of Oseltamivir (an antiviral drug used in the treatment and prophylaxis of Influenza virus infection) to the Government of Bangladesh recently as a part of Global Pandemic Influenza Preparedness — says a press release.

These were received by the Government in addition to its current stock of 40,000 doses. All countries have some stockpile of Oseltamivir, Personal Protective Equipment (PPE) and surgical masks kits to manage the possible outbreak.

WHO South East Asia Region Office (SEARO) has

already distributed about 60 thousand doses of Oseltamivir and personal protection equipment to member states of this region. In addition, WHO Headquarters distributed Oseltamivir to 72 least developed countries for the treatment of Influenza (H1N1).

WHO also says that training is ongoing on the novel Influenza for health personnel and other immigration staffs at the airports. Surveillance of other Influenza like illness and Pneumonia has also been strengthened throughout the country for detection of any suspected cases.

As of now, no case of Influenza A (H1N1) has been reported in Bangladesh.