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Stress and Aging

Stress not only affects our health and well-being but also shortens our lives. Getting old itself is a stressful experience! Like aging, stress is a natural part of life. When we're young and resilient, stressful situations are easily handled by our bodies and minds. But as we get older, the body's natural defenses gradually begin to break down, making it harder to cope with stress and anxiety.

As a normal occurrence that everyone experiences, stress is triggered by a stressor or perceived threat. Stressors can be events that are potentially life-threatening, like experiencing an earthquake or veering to avoid a car crash. But stressors can also be less dramatic, such as dealing with difficult people, meeting deadlines, lack of sleep, career stagnation, parenthood, financial worries, health concerns, etc.

When we're physically or emotionally distressed, our bodies release stress hormones such as cortisol and adrenaline. These stress hormones can be helpful for providing short-term energy and focus so we can appropriately deal with the stressful situation at hand.

But chronic stress can lead to an overload of stress hormones, resulting in harmful imbalances and inflammation in the body. Excess stress hormones have been linked to heart disease, high blood pressure, weakened immune systems, and memory loss.

Over time, the brain loses its ability to regulate stress hormone levels. An individual who experiences chronic stress is more likely to make unhealthy lifestyle choices, which causes additional health problems. In other words, stress accelerates aging, and aging causes stress...it's a vicious cycle.

Fortunately, reducing stress levels can improve your overall health and improving your health can in turn slow down aging. And the good news is that *Healthy Options* shall have **Mastering Your Stress** seminars on Oct 25 at EDSA Shangri-La Hotel and on Oct. 27 at Radisson Hotel in Cebu. For more details, see our ad inside.

The speaker is Dr. Doni Wilson, author of **Master Your Stress, Reset Your Health** (an Amazon bestseller). In her new book, Dr. Doni reveals that the key to breaking the cycle is finding and treating your unique stress type. And how do you know what your stress type is? Well, come and attend her seminar next month. It could very well add many more years to your life!

Best of health,
Romy Sia
romy@healthyoptions.com.ph

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Acid Reflux and GERD



Gastroesophageal reflux disease (GERD) is when contents of your stomach persistently move back up into your esophagus. These contents sometimes contain excessive acid and may irritate your esophagus.

Many people may experience acid reflux, indigestion, or heartburn from time to time. However, if you experience acid reflux symptoms more than twice per week, you may have gastroesophageal reflux disease (GERD). If left untreated, it may lead to serious complications.

Symptoms

The most common symptom of GERD is persistent heartburn, which may involve:

- a burning feeling in your stomach that may rise to your chest, neck, and throat
- a sour or bitter taste at the back of your mouth
- regurgitation of food or liquid from your stomach into your mouth

Other possible symptoms of GERD include:

- a feeling of fullness or of a lump in the back of your throat (globus sensation)
- a hoarse voice
- bad breath
- chronic cough

In some cases, people may experience alarm symptoms associated with GERD. These are typically persistent and could progressively worsen despite medical treatment. Alarm symptoms may also indicate an underlying condition.

Alarm symptoms may include:

- anemia
- bleeding
- difficulty swallowing (dysphagia)
- nausea or vomiting
- pain when swallowing (odynophagia)
- weight loss

If you're experiencing any of these, get medical attention.

Causes

GERD commonly causes acid reflux, which may result from improper functioning of the lower esophageal sphincter (LES).

The LES is a circular band of muscle at the end of your esophagus. When you swallow, it relaxes and opens up to allow food and liquid to travel from your mouth to your stomach. Then, it tightens and closes again.

Acid reflux happens when your LES doesn't tighten or close properly. This allows digestive juices and other contents of your stomach to rise up into your esophagus.

Your LES may not function properly if you:

- Have a hiatal hernia: This occurs when part of your stomach moves above your diaphragm toward your chest. If your diaphragm is compromised, it may prevent your LES from functioning properly.
- Frequently eat large meals: This may cause distension of the upper part of your stomach. This distension sometimes means there isn't enough pressure on the LES, and it doesn't close properly.
- Lie down too soon after meals: This might not create enough pressure for the LES to function properly.

Other factors, including those listed below, may also contribute to having heartburn more than twice a week.

Lifestyle Factors

- eating large meals before lying down
- smoking or being exposed to secondhand smoke
- using an abundance of nonsteroidal anti-inflammatory drugs such as aspirin and ibuprofen

Health Factors

- connective tissue disorders
- obesity
- older age

Other Conditions

- anxiety
- asthma
- irritable bowel syndrome
- pregnancy

Alcohol

Studies suggest that drinking alcohol may increase the risk of GERD. The greater the quantity of alcohol and frequency of consumption, the greater the correlation.

If you've received a diagnosis of GERD, limiting or stopping alcohol intake may provide symptom relief.

Dietary Triggers

Some foods may trigger GERD symptoms more than others, including:

- certain fruits and vegetables, such as pineapple, tomato, and citrus
- certain liquids, such as coffee, tea, and carbonated drinks
- high fat foods such as fried and fast foods
- spicy foods

Diagnosis and Treatment

A doctor will typically take your medical history and perform a physical examination to assess your symptoms.

If you're experiencing alarm symptoms, such as chest pain or trouble swallowing, they may refer you to a gastroenterologist or request certain tests.

Lifestyle Strategies

To manage and relieve symptoms of GERD, certain home remedies and lifestyle habits may help, including:

- avoiding eating big, heavy meals in the evening
- breathing exercises
- elevating your head during sleep
- making efforts to maintain a moderate weight
- quitting smoking, if you smoke
- waiting 2–3 hours after eating to lie down

Medication

If lifestyle strategies alone don't help treat GERD, a doctor might prescribe medications to decrease your stomach acid secretion, since acid reflux is a common manifestation of GERD.

These may include:

- antacids
- H2 receptor blockers
- proton pump inhibitors

“If you experience acid reflux symptoms more than twice per week, you may have GERD”

Consult a doctor before taking medications because they may have negative side effects.

Surgery

In most cases, lifestyle strategies and medications are enough to prevent and relieve symptoms of GERD. However, a doctor might recommend surgery if these approaches haven't stopped your symptoms or if you've developed complications.

Possible surgery options include:

- bariatric surgery
- fundoplication
- LINX reflux management system

Complications

For most people, GERD doesn't cause serious complications. However, in rare cases, it may lead to serious or life threatening health problems such as:

- Barrett's esophagus, which involves permanent changes to the lining of your esophagus
- esophageal cancer, which affects a small portion of people with Barrett's esophagus
- esophageal stricture, which happens when your esophagus narrows or tightens
- esophagitis, which is inflammation of your esophagus
- tooth enamel erosion, gum disease, or other dental problems

To lower your chances of complications, it's important to take the steps to prevent, manage, and treat symptoms of GERD. 🍷

source: [healthline.com](https://www.healthline.com)

Can People Really Change?

By Ashley Carucci



People can change but only if a few requirements are met, including self-awareness and willpower. There are some exceptions, though.

Your personality is shaped by a dynamic relationship between your interactions, temperament, and environments. Change is possible.

What does it mean for a person to change?

Change is a sustained reinforcement of new behaviors and thinking patterns. Changing who you are or how you behave may be possible through a collective understanding of attitudes, habits, behaviors, and personality traits.

Can people change their attitudes?

Yes, changing your attitude is possible. But it may be difficult in some cases if you don't explore the root cause of your current attitudes.

Attitude is defined by the *American Psychological Association (APA)* as "a relatively enduring and general evaluation of an object, person, group, issue, or concept on a dimension." It comes from your beliefs, emotions, and past experiences and behaviors.

It's possible to change your attitude when you understand how it is formed and how it impacts your life. Sometimes, though, attitude is linked to emotional pain or hurtful past experiences. You may not be

aware of this or, even if you are, your attitude in a certain situation may be a reaction to a trigger or an event that activates the pain.

Living with trauma, for example, may lead to a defensive attitude and affect how you respond to specific challenges.

"People who experience this may want to change," says Jeffrey McQueen, executive director of the Mental Health Association of Nassau County and a licensed chemical dependency counselor. "But it's not uncommon for someone who experienced trauma to prefer the lifesaving responses — because it's what has saved their lives and allowed them to feel safe."

Therapy may help resolve emotional and mental health challenges, and this could facilitate attitude change as well.

Can people change their habits?

Yes, you can change your habits, both negative and positive. In fact, as you age, face new challenges, or engage in new routines, your habits may tend to change so you can adapt to the new circumstances.

But, there's a distinction between habits and behaviors. In general, behavior is an action that can be observed and that comes as a response to internal or external influences.

Habits are behaviors you've repeated so often that they become automatic for you and no longer require your intention or conscious thought to be executed. For example, leaving your keys at the console table next to the door or getting cigarette out whenever you feel anxious.

People can change habits by becoming aware of them and purposefully modifying that behavior enough times until the new habit becomes automatic. Some habits may require you to explore their root cause, though. For example, if a habit is associated with anxiety, you may want to work at reducing anxiety first.

Before attempting to change what you think is a bad habit, it's important to understand why you do it. This will help you sustain the change.

"For example, most people would identify smoking as a bad habit," McQueen explains. "A person living with anxiety or bipolar disorder who utilizes smoking to calm and ground them may find this to be more of a coping tool versus a bad habit."

Gaining this understanding may help you change a habit that may be harming you, like smoking, and replace it with effective coping skills.

Can people change their personality traits?

"Yes, people can change, but it's not that simple," says Misty Smith, a licensed professional clinical counselor in Michigan.

Personality traits are your characteristic patterns of behaviors, thoughts, and emotions. For example, persistence, generosity, and honesty are personality traits. These traits exist on a spectrum so you may be more or less persistent than your sibling even if both have that same characteristic trait.

Personality traits aren't static and they may change with age and time. However, core personality traits tend to be longstanding, stable, and persistent.

"People evolve and change over time," Smith says. "Our interests and approach to the world changes. Our experiences change who we are, and how we internalize and interpret the world around us." Because of this, you may be a generous person, but may in time become less generous with certain people or in specific scenarios, for example.

Core personality traits may be less likely to change, even at will. Known as the Big Five, these core traits are:

1. Agreeableness
2. Conscientiousness
3. Extraversion
4. Neuroticism
5. Openness

They also exist on a spectrum. For example, in the extraversion spectrum, you can be an introvert, an extrovert, or somewhere in between.

"It's not as easy to change those core aspects," Smith explained. So, it's not likely to go from being an introvert to an extrovert, for example.

Can people change their hurtful behaviors?

Yes, people can change behaviors, but they need to first become accountable for those, and then be convinced they should (or want to) change them.

Hurtful behaviors — such as lying, cheating, gossiping, bullying, or controlling — are often habits that turn into harmful behavior patterns. They may also be associated with mental health challenges, which makes change more difficult.

Research from 2020 explains personality may be shaped by an interaction between multiple sources, from genes to events and social relationships, rather than only one source.

Personality development isn't linear, and change isn't either. Though harmful behaviors may have begun as survival or coping mechanisms in childhood, the 2020 study showed positive influences and relationships, like friendships and family, can increase the chance for someone to change those behaviors.

"No one is born acting or behaving a particular way," McQueen said. "Behavior is learned, and so it can also be unlearned. This implies that change is more than possible — it's actually likely."

When a hurtful behavior is associated with a mental health condition, though, professional support may be needed for people to change. Even then, depending on the condition, sometimes change isn't likely.

For example, someone with narcissistic personality disorder (NPD) may lack the insight to identify problematic behaviors or the need to change. They may also be less likely to seek support and resources when those behaviors impact their lives.

What makes a person change?

"People engage in behaviors that serve their purpose," says Smith. "We engage in the behaviors that provide something for us."

Ileana Arganda-Stevens, a licensed marriage and family therapist in California, says the capacity for change grows in the presence of six vital aspects:

- Consistency
- Determination
- Motivation
- Self-awareness
- Self-compassion
- Support

If you have a few or all of the above, you're more likely to change behaviors, attitudes, or traits.

"When we start to show ourselves more self-compassion," she says, "rigidity begins to relax, and we become more flexible and open to trying new things and making meaningful changes in our lives." Motivation is also key, according to Smith.

You may want to change your attitude because it's affecting your ability to maintain relationships; someone else may want to change their habits because they're impacting their ability to contribute at work. Another person may want to change hurtful behaviors because they're impacting their bond with their children.

Not everyone is willing or able to change, though. This may be because it's not the right time, or the individual may not realize there's a need for change. Maybe they lack the insight to understand how the behavior or attitude is affecting their lives. Maybe these behaviors are linked to emotional pain or trauma, and until that is resolved, change is more challenging.

Why people don't want to change depends on the situation. "The pattern or habit is a tool that allows the person to cope with a deeper struggle," explains Smith.

In Summary

People can change when they're self-aware, receive support, and become intentional about behaving differently.

But, change takes time and it may be challenging in some cases. For example, if you live with a mental health condition that involves lifelong symptoms that may impact your attitude, habits, and behaviors. 🌱

source: [psychcentral.com](https://www.psychcentral.com)

Why Gen Z Is More Stressed

by Ann-Louise T. Lockhart, PsyD, ABPP



Generation Z refers to the generation born roughly between the years 1997 and 2012. They are the first generation to be completely raised with the internet and smartphones, and have grown up with a very different experience of the world than previous generations.

Specifically, they are interconnected globally with a diverse range of people and largely communicate through technology and social media. This generation is slowly starting to face real world challenges like paying for school, finding a job, and managing stress of daily life as an adult.

This raises the question: How is Gen Z handling their mental health compared to previous generations? They have grown up in tumultuous times that have included multiple stressors such as climate change,

plastic pollution, and political unrest, but this generation has consistently proven itself to be one that openly speaks about mental health.

Why Is Gen Z Doing More Therapy?

In a report released by the American Psychiatric Association entitled “Stress in America: Generation Z” in October 2019, Gen Z were more likely to have received treatment or gone to therapy (37%) compared to Millennials (35%), Gen X’ers (26%), Baby Boomers (22%), and the Silent Generation (15%).

Furthermore, Gen Z were more likely to report their mental health as fair or poor (27%), compared to their older counterpart generations, namely Millennials (15%) and Gen X (13%).



Increased Psychological Concerns Among Gen Z

Gen Z has numerous reasons to feel more stressed than previous generations. Ultimately, stress can contribute to psychological concerns such as anxiety and depression. Below are some of the stressors that may be contributing to increased psychological issues among Gen Z.

- In one poll, it was reported that almost half of Gen Z respondents reported being connected online for 10 or more hours a day. More screen time means less time spent connecting with others in person, which could increase feelings of isolation and loneliness.
- In the APA report, 91% of Gen Z respondents reported experiencing physical or psychological symptoms due to stress. Causes of stress were identified as money/work (64%), debt (33%), housing (31%), and hunger (28%). Of these, only half reported that they were doing enough to manage their stress.
- Gen Z may also have increased stress due to world issues such as climate change, political climate, immigration, and fear about the future in general.
- Gen Z is the first generation to be exposed to potentially harmful content through social media at a young age (e.g., self-harm videos).
- Research from the University College London found that Gen Z was more likely to self-harm, have a poorer body image, skip sleep, be overweight, and have depression.
- Gen Z also faces pressure related to social media and technology, including harassment (sexual or otherwise), physical or cyber-bullying, and the need to conform.

Social Media to Destigmatize

Social media has helped to normalize mental health problems and reduce stigma among this generation through interconnectedness and shared understanding. Gen Z has a feeling of social support through their connections online that previous generations did not have.

Gen Z has grown up in an age where getting help is promoted and normalized (e.g., seeing ads for online therapy on social media). Baby Boomers didn't see the Internet emerge in many cases until their 40's and 50's. Gen X wasn't regularly on the Internet until their late 20's. Some Millennials grew up with the Internet but others did not.

Generational Learning

For those who are parents of Gen Z children, the lesson to be learned is that your children are already likely more open and authentic than you when it comes to mental health.

For this reason, it's important to listen to them when they talk to you about their mental health concerns rather than to brush these off or change the subject. Gen Z is used to talking openly about their mental health, and they need their parents to follow suit.

Open Communication

Gen Z is used to talking openly about their mental health, and other generations could learn from this. Open communication among families, between parents and kids, and among generations will mean fewer adults with emotional baggage.

What's more, talking openly about mental health can help to inform the younger generation of what to expect in their own lives. Knowing that a family member has struggled with a particular issue could help them to communicate with doctors about their own risk. Keeping mental health in the shadows helps no one.

Active In Treatment

Finally, Gen Z has taught other generations that being active in your own treatment and recovery is critical for managing stress and moving towards getting what you want out of life. Rather than avoiding the problem, facing it and finding help is the best strategy for managing mental health. 🌱

source: [verywellmind.com](https://www.verywellmind.com)

When Stress Is Actually Good for You

by Amy Morin, LCSW



We rarely hear people say, “I’m really feeling stressed. Isn’t that great?” But if we didn’t have some stress in our lives—the “good stress” variety—we’d feel rudderless and unhappy. If we define stress as anything that alters our homeostasis, then good stress, in its many forms, is vital for a healthy life. Bad stress can even turn into good stress, and vice versa.

Good Stress vs. Bad Stress

“Good stress,” or what psychologists refer to as “eustress,” is the type of stress we feel when we are excited. Our pulse quickens and our hormones surge, but there is no threat or fear. We feel this type of stress when we ride a roller coaster, compete for a promotion, or go on a first date. There are many triggers for this good stress, and it keeps us feeling alive and excited about life.

Another type of stress is acute stress. It comes from quick surprises that need a response. Acute stress triggers the body’s stress response as well, but the triggers aren’t always happy and exciting. This is what we normally think of as “stress” (or “bad stress”). Acute stress in itself doesn’t take a heavy toll if we find ways to relax quickly. Once the stressor has been dealt with, we need to return our body to homeostasis, or its pre-stress state, to be healthy and happy.

Chronic stress is another form of bad stress. It occurs when we repeatedly face stressors that take a heavy toll and feel inescapable. A stressful job or an unhappy home life can bring chronic stress. This is what we normally think of as serious stress. Because our bodies aren’t designed for chronic stress, we can face negative health effects (both physical and emotional) if we experience chronic stress for an extended period of time.

Sources of Good Stress

Yes, you can add good stress to your life! Ideally, you choose activities and set goals that make you feel good, happy, and excited. To gauge whether or not an activity is worth your time, pay attention to how the thought of it makes you feel. Do you feel excited? Is it a “want to,” or a “have to”? Be sure your “want to” activities are all things you really do want to do, and your “have to” activities are all absolutely necessary.

How Good Stress Can Become Bad Stress

Good stress can become bad for you if you experience too much of it. (Adrenaline junkies know this firsthand.) This is because your stress response is triggered either way, and if you’re adding that to chronic stress, or several other stressors, there is a cumulative effect.

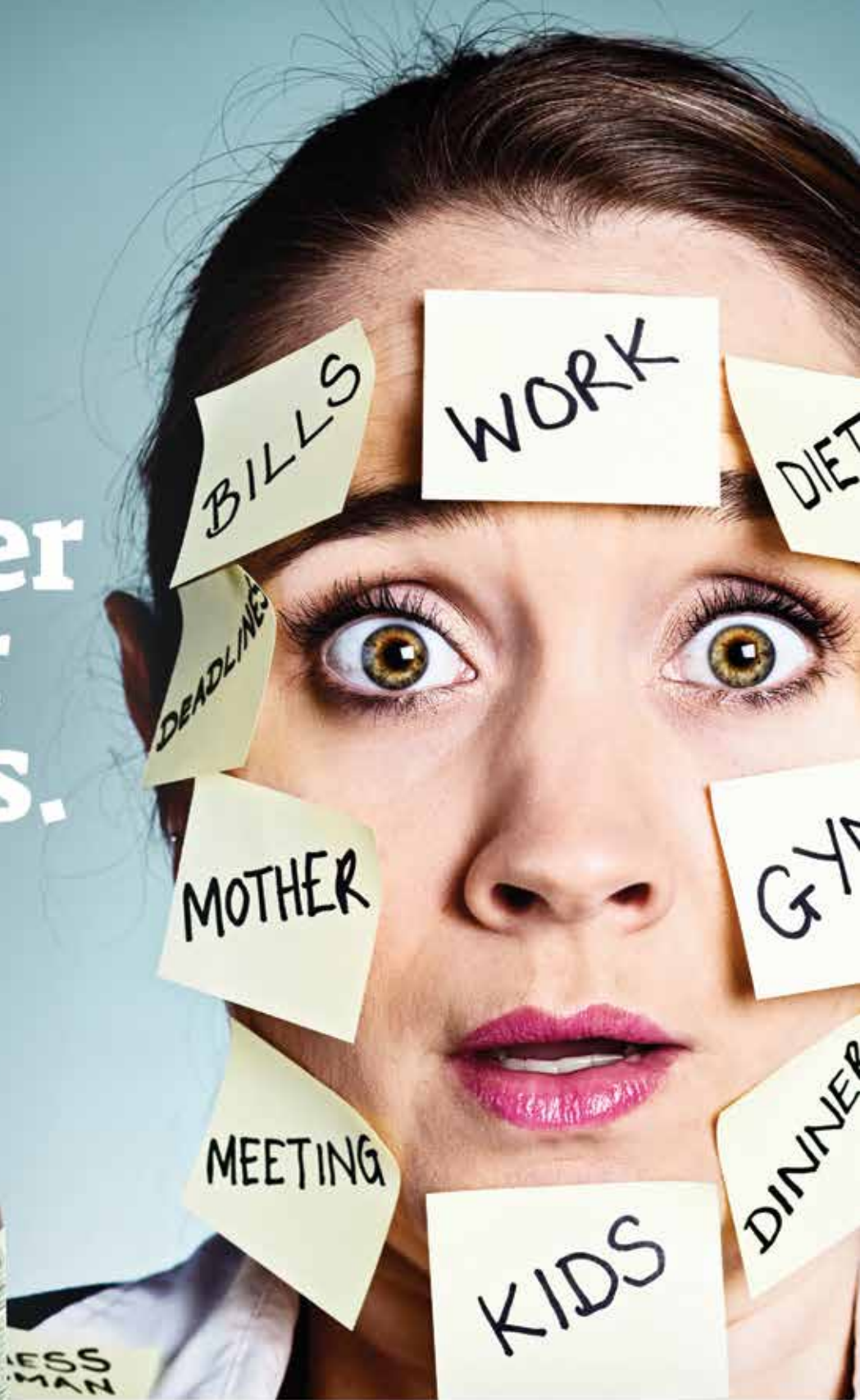
Be in tune with yourself and acknowledge when you’ve had too much. You may not be able to eliminate all stress, but there are often ways that you can minimize or avoid some of the stress in your life, and this can make it easier to handle the rest.

If you can avoid the most taxing forms of stress, you’ll have more resilience against other types of stress that are unavoidable.

Overall, it’s important to have good stress in your life. Make an effort to cut out as much chronic stress as possible. Change your perception of stress where you can, and add positive activities to promote eustress. Together, these strategies help you create a healthy balance in your life. 🌱

source: [verywellmind.com](https://www.verywellmind.com)

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Your Baby's First Words

When do babies start talking?

By Heather Millar



You probably have plenty of questions about your child's developing speech skills. When do babies start talking? When can they understand what you say, and when will they start responding? Like every other baby milestone, there are ranges that are individual and unique to each child.

Babies also begin developing their speech early on, with sounds, syllables, and noises that later turn into words. By the time your baby reaches their first birthday, they may begin saying simple words like “dada,” “mama,” or “bye.”

We connected with experts to learn more about the various speech-related milestones, and what to look out for as your little one begins to express themselves with words.

Birth to 3 Months

Babies listen from day one. They learn to associate sounds with their sources, like barking with the family dog. Their first communication will be crying, but they'll soon start using their

tongue, lips, and palate to make gurgles and long vowel sounds like “oo,” “aa,” and “ee”—precursors to those exciting first words.

What your baby can understand: Babies as young as 4 weeks can distinguish between similar syllables like “ma” and “na.” Around 2 months, they begin to associate certain sounds with certain lip movements.

4 to 6 Months

Around 4 to 6 months, your baby's sighs will give way to babbling. You'll hear back-of-the-tongue consonant sounds, such as g and k, and lip sounds m, w, p, and b. Your baby will begin to focus on familiar words like their own name, or “mommy” and “daddy” as clues to help break up sentences.

What your baby can understand: At 4.5 months, they may recognize their name, but only as an important word, such as “Hi!” or “Bye!” It's not until 6 months, at the earliest, that they'll realize their name actually refers to them.

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7 to 12 Months

Your child's babbling will begin to sound more like words. They'll intentionally repeat sounds (like "gaga") over and over. At about 9 months, they'll start to understand gestures, pointing and grunting to indicate their wants. At about 10 months, they'll gain more control and combine sounds, even using their own invented words.

So when do babies usually say their first word? Around 12 months, according to experts. Common first words may be greetings ("hi" or "bye-bye") or they might be very concrete: people ("mama" or "dada"), pets ("doggy" or "kitty"), or food ("cookie," "juice," or "milk").

What your baby can understand: Your baby is slowly beginning to recognize and comprehend a few familiar words, such as names and everyday objects like "bottle" or "crib." Your baby will focus more on intonation, realizing that a sharp tone often means "No!" or "Stop!"

13 to 18 Months

As soon as your baby says that first word, they'll try for more. Vocabulary builds slowly at first, with just a few words per month. Kids seem to prefer nouns, then gradually add verbs and adjectives. They'll experiment with one-word questions, like "Cookie?" for "May I have a cookie?" and delight in saying "No!"

What your toddler can understand: Your baby should understand the first rudiments of grammar, such as the difference between "The dog bit the man" and "The man bit the dog." They should grasp simple one-step instructions ("Get the ball") and understand many more words than they can say.

19 to 24 Months

Though linguists aren't sure why, toddlers have a "language explosion" around 19 to 20 months. After several weeks of slow progress, they suddenly start learning words at a ferocious rate—as many as nine words each day!

This explosion of words often leads to the exhausting "Why?" stage. By the end of the second year, your toddler will be stringing two, or even four, words together in sentences. This is also an age of cute mistakes, as kids overextend and "under-extend" concepts. For instance, your child may learn that the round toy is a "ball," figure all round things must be balls and point to the full moon, and chirp, "Ball!"

What your toddler can understand: Your baby will slowly begin to understand the idea of verbs. Fully aware that you are their key to language, they will watch and listen to you, absorbing everything you say and do.



25 to 30 Months

During this time, your toddler is refining what they have learned so far. They'll add "When? What? Where?" to "Why?" And begin to add complex ideas, learning that "no" can mean "not" or "don't" or "it's all gone." Late in the year, they may begin to use more abstract verbs like "think" and "know." As your toddler gains control of the tip of their tongue while speaking, they begin to manage sounds like ph, th, and r.

What your toddler can understand: They will begin to understand tense, plurals, and suffixes such as "ing" and "ly." Soon, your child should be speaking in two-word sentences, such as "Drink milk" or "Play ball."

Things you can do to help: Rhyming games help build awareness of language sounds. If your child makes a mistake, repeat the sentence back correctly instead of drawing attention to the error. For instance, if they say, "I goed playground." You can say back, "You went to the playground? Great!"

What to watch: Kids' thoughts may go beyond their ability to form words. If stuttering, or some other problem like a lisp, concerns you, consult a health care provider.

3 Years

By 3 years old, your toddler should convey whole thoughts by employing just a few words, like saying "Mommy no socks" for "Mommy isn't wearing any socks today." Later in the year, they'll speak in longer sentences, putting several thoughts together to tell a story in about 300 words.

What your toddler can understand: They should be able to follow a storyline and remember ideas from it. They'll also begin to enjoy nonsense phrases.

Things you can do to help: Read to your child from storybooks with more of a narrative. Kids need more assistance than we do for conversation. Take a look at their preschool class list, and start making stuff up. "Was Mary in school today?" Add something silly, like "Was she wearing that hat with the fruit on it again?"

4 to 5 Years

By this age, your child should be having extensive conversations with adults; using adjectives in detailed sentences; telling knock-knock jokes; and asking questions with proper intonation. Before turning 6, they'll likely have an expressive vocabulary of around 2,500 words.

What your toddler can understand: About 14,000 words. They'll also be able to express complicated thoughts like fears and dreams, say "thank you", and use words to elicit reactions from others.

Things you can do to help: Don't criticize any missteps in articulation or speech. Instead, repeat your child's statements back to them with the correct pronunciation or word usage. Give them lots of praise for their efforts.

What to watch for: Too much screen time. The American Academy of Pediatrics recommends that children 2 and older view no more than two hours of quality programming per day. Kids need interaction and response to learn language. Most TV shows don't interact, and computer games aren't responsive to a child's ideas.

Is It Safe for Babies to Eat Eggs?

By Ashley Marcin. Medically reviewed by Karen Gill, M.D.



When can babies eat eggs?

Protein-rich eggs are both inexpensive and versatile. You can fry, boil, scramble, and poach eggs to satisfy your baby's tastes.

In the past, pediatricians recommended waiting to introduce eggs to a baby's diet due to allergy concerns. Current recommendations say there is no reason to wait in many circumstances.

You may begin giving your baby eggs as one of their first foods, provided you watch carefully for allergic reactions or other sensitivities. Read on to learn more about the benefits and risks of introducing eggs to your baby, and suggestions for how to prepare eggs for your young child.

Benefits of eggs

Eggs are widely available at most grocery stores and farmers markets. They're inexpensive and simple to prepare. Plus, they can be incorporated in a variety of dishes for breakfast, lunch, and dinner. Best yet, each whole egg contains around 70 calories and 6 grams of protein.

The yolk, in particular, boasts some impressive nutritional value. It contains 250 milligrams of choline, which helps to promote normal cell activity.

Choline also helps with liver function and transporting nutrients to other areas throughout the body. It may even help with your baby's memory. The whole egg is rich in riboflavin, B12, and folate. It also boasts healthy amounts of phosphorus and selenium.

What are the risks of eggs for babies?

Some foods are known to be among the more common causes of allergic reactions in babies and children. These include:

- eggs
- peanuts
- soy
- dairy
- fish

Pediatricians used to recommend waiting to give your baby the whole egg, meaning the yolk and white, until after their first birthday. That's because up to two percent of children are allergic to eggs.

The yolk of the egg does not hold proteins associated with allergic reaction. The whites, on the other hand, hold proteins that have the potential to produce a mild to severe allergic reaction.

If your baby is allergic to these proteins, they may experience a range of symptoms. Researchers used to believe that introducing eggs too early might cause allergy. A 2010 study of nearly 2,600 infants uncovered, however, that the opposite may be true.

Babies exposed to eggs after their first birthdays were actually more likely to develop egg allergy than those babies introduced to the food between 4 to 6 months old.

Signs of an allergic reaction or sensitivity

When a person has a food allergy, their body responds to the food as if it's dangerous to the body.

Some children's immune systems are not fully developed and may not be able to handle certain proteins in the egg white. As a result, if they are exposed to eggs, they may feel sick, get a rash, or experience other allergic reaction symptoms.

Allergic reactions can affect the skin, or the digestive, respiratory, or cardiovascular systems. Symptoms may include:

- hives, swelling, eczema, or flushing
- diarrhea, nausea, vomiting, or pain
- itching around the mouth
- wheezing, runny nose, or trouble breathing
- rapid heartbeat, low blood pressure, and heart issues

If your baby has severe eczema, you may also exercise caution introducing eggs, as there is a link between this skin condition and food allergies. If your baby is allergic to eggs, it's possible they may outgrow the allergy later in life. Many children outgrow egg allergies by age 5.

How to introduce eggs

From 7 months old forward, your baby should be eating between one and two tablespoons of protein twice a day.

Although current guidelines don't include waiting to introduce eggs to your baby, you may still want to ask your pediatrician their recommended timeline.

When introducing new foods to your baby, it's always a good idea to add them slowly and one at a time. That way you can watch for potential reactions and have a good idea about which food caused the reaction.

One way to introduce foods is the four-day wait. To do this, introduce your child to eggs on day one. Then wait four days before adding anything new to their diet. If you notice any allergic reaction or other sensitivity, contact your child's pediatrician.



A good first place to start with introducing eggs is with the yolks only. Here are some ideas for how to add egg yolk to your child's diet:

- Hard boil an egg, peel off the shell, and take the yolk out. Mash it together with breast milk, formula, (or whole milk if your baby is over 1 year old). As your baby begins eating more foods, you may also mash the yolk with avocado, banana, sweet potato, and other pureed fruits and vegetables.
- Separate the yolk from a raw egg. Heat up a fry pan with some oil or butter. Scramble the yolk with breast milk or whole milk. You can also add a tablespoon of pureed vegetables already included in your child's diet.
- Separate the yolk from a raw egg. Combine it with a half-cup of cooked oatmeal and fruits or veggies. Scramble until cooked. Then cut or tear into grabbable pieces.
- Once your child is a year old or your pediatrician green-lights the whole egg, you may try scrambling the whole egg with either breast milk or whole milk. You may also add whole eggs to pancakes, waffles, and other baked goods.

Simple omelets with soft vegetables and cheeses are another great way to add whole eggs to your child's day. 🥚

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6 Common Types of Eating Disorders

By Heather Millar



Although the term “eating” is in the name, eating disorders are about more than food. They’re complex mental health conditions that often require the intervention of medical and psychological experts to alter their course.

These disorders are described in the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (DSM-5) .

In the United States alone, an estimated 28 million Americans have or have had an eating disorder at some point in their life.

What is an eating disorder?

Eating disorders are a range of psychological conditions that cause unhealthy eating habits to develop. They might start with an obsession with food, body weight, or body shape.

In severe cases, eating disorders can cause serious health consequences and may even result in death if left untreated. In fact, eating disorders are among the deadliest mental illnesses, second to opioid overdose.

People with eating disorders can have a variety of symptoms. Common symptoms include severe restriction of food, food binges, and purging behaviors like vomiting or overexercising.

Although eating disorders can affect people of any gender at any life stage, they’re increasingly common in men and gender nonconforming people. These populations often seek treatment at lower rates or may not report their eating disorder symptoms at all.

What causes eating disorders?

Experts believe that a variety of factors may contribute to eating disorders. One of these is genetics. People who have a sibling or parent with an eating disorder seem to be at an increased risk of developing one.

Personality traits are another factor. In particular, neuroticism, perfectionism, and impulsivity are three personality traits often linked to a higher risk of developing an eating disorder, according to a 2015 research review.

Other potential causes include perceived pressures to be thin, cultural preferences for thinness, and exposure to media promoting these ideals.

More recently, experts have proposed that differences in brain structure and biology may also play a role in the development of eating disorders. In particular, levels of the brain messaging chemicals

serotonin and dopamine may be factors. However, more studies are needed before strong conclusions can be made.

Types of eating disorders

Eating disorders are a group of related conditions involving extreme food and weight issues, but each disorder has unique symptoms and diagnosis criteria. Here are six of the most common eating disorders and their symptoms.

1. Anorexia nervosa

Anorexia nervosa is likely the most well-known eating disorder. It generally develops during adolescence or young adulthood and tends to affect more women than men.

People with anorexia generally view themselves as overweight, even if they're dangerously underweight. They tend to constantly monitor their weight, avoid eating certain types of foods, and severely restrict their calorie intake.

Anorexia is officially categorized into two subtypes — the restricting type and the binge eating and purging type.

- Individuals with the restricting type lose weight solely through dieting, fasting, or excessive exercise.
- Individuals with the binge eating and purging type may binge on large amounts of food or eat very little. In both cases, after they eat, they purge using activities such as vomiting, taking laxatives or diuretics, or exercising excessively.
- Anorexia can be very damaging to the body. Over time, individuals living with it may experience thinning of their bones, infertility, and brittle hair and nails. In severe cases, anorexia can result in heart, brain, or multi-organ failure and death.

2. Bulimia nervosa

Like anorexia, bulimia tends to develop during adolescence and early adulthood and appears to be less common among men than women.

People with bulimia frequently eat unusually large amounts of food in a specific period of time. Each binge eating episode usually continues until the person becomes painfully full. During a binge, the person usually feels that they cannot stop eating or controlling how much they are eating.

Binges can happen with any type of food but most commonly occur with foods the individual would usually avoid. Individuals with bulimia then attempt to purge to compensate for the calories consumed and to relieve gut discomfort. Common purging behaviors include forced vomiting, fasting, laxatives, diuretics, enemas, and excessive exercise.

Symptoms may appear very similar to those of the binge eating or purging subtypes of anorexia nervosa. However, individuals with bulimia usually maintain a relatively typical weight rather than losing a large amount of weight. In severe cases, bulimia can also create an imbalance in levels of electrolytes, such as sodium, potassium, and calcium. This can cause a stroke or heart attack.

“Although the term ‘eating’ is in the name, eating disorders are about more than food.”

3. Binge eating disorder

Binge eating disorder is the most prevalent form of eating disorder and one of the most common chronic illnesses among adolescents. It typically begins during adolescence and early adulthood, although it can develop later on.

Individuals with this disorder have symptoms similar to those of bulimia or the binge eating subtype of anorexia. For instance, they typically eat unusually large amounts of food in relatively short periods of time and feel a lack of control during binges.

People with binge eating disorder do not restrict calories or use purging behaviors, such as vomiting or excessive exercise, to compensate for their binges. They often consume an excessive amount of food and may not make nutritious food choices. This may increase their risk of medical complications such as heart disease, stroke, and type 2 diabetes.

4. Pica

Pica is an eating disorder that involves eating things that are not considered food and that do not provide nutritional value. Individuals with pica crave non-food substances such as ice, dirt, soil, chalk, soap, paper, hair, cloth, wool, pebbles, laundry detergent, or cornstarch.

Pica can occur in adults, children, and adolescents. It is most frequently seen in individuals with conditions that affect daily functioning, including intellectual disabilities, developmental conditions such as autism spectrum disorder, and mental health conditions such as schizophrenia.

Individuals with pica may be at an increased risk of poisoning, infections, gut injuries, and nutritional deficiencies. Depending on the substances ingested, pica may be fatal. However, for the condition

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>> Continued from page 19



to be considered pica, the eating of non-food substances must not be a typical part of someone's culture or religion. In addition, it must not be considered a socially acceptable practice by a person's peers.

5. Rumination disorder

Rumination disorder is another newly recognized eating disorder. It describes a condition in which a person regurgitates food they have previously chewed and swallowed, re-chews it, and then either re-swallows it or spits it out. This rumination typically occurs within the first 30 minutes after a meal.

This disorder can develop during infancy, childhood, or adulthood. In infants, it tends to develop between 3 and 12 months of age and often disappears on its own. Children and adults with the condition usually require therapy to resolve it.

If not resolved in infants, rumination disorder can result in weight loss and severe malnutrition that can be fatal. Adults with this disorder may restrict the amount of food they eat, especially in public. This may lead them to lose weight and become underweight.

6. Avoidant/restrictive food intake disorder

Avoidant/restrictive food intake disorder (ARFID) is a new name for an old disorder. The term has replaced the term "feeding disorder of infancy and early childhood," a diagnosis previously reserved for children under age 7.

Individuals with this disorder experience disturbed eating due to either a lack of interest in eating or a distaste for certain smells, tastes, colors, textures, or temperatures.

Common symptoms of ARFID include:

- avoidance or restriction of food intake that prevents the person from eating enough calories or nutrients
- eating habits that interfere with typical social functions, such as eating with others
- nutrient deficiencies or dependence on supplements or tube feeding
- weight loss or poor development for age and height

It's important to note that ARFID goes beyond common behaviors such as picky eating in toddlers or lower food intake in older adults. Moreover, it does not include the avoidance or restriction of foods due to lack of availability or religious or cultural practices.

How do you know if you have an eating disorder?

If you have an eating disorder, identifying the condition and seeking treatment sooner will improve your chances of recovering. Being aware of the warning signs and symptoms can help you decide whether you need to seek help.

Not everyone will have every sign or symptom at once, but certain behaviors may signal a problem, such as:

- behaviors and attitudes that indicate that weight loss, dieting, and control over food are becoming primary concerns
- discomfort with eating around others
- extreme concern with body size, shape, and appearance
- extreme mood swings
- food rituals (not allowing foods to touch, eating only particular food groups)
- frequent dieting or fad diets
- frequently checking in the mirror for perceived flaws in appearance
- preoccupation with weight, food, calories, fats, grams, and dieting
- refusal to eat certain foods
- skipping meals or eating only small portions

If these symptoms resonate with you and you think you may have an eating disorder, it's important to reach out to a medical professional for help. 🍌

source: [healthline.com](https://www.healthline.com)

Health Benefits of Ashwagandha

By Jillian Kubala, MS, RD



Ashwagandha is one of the most important herbs in Ayurveda, which is a traditional form of alternative medicine based on Indian principles of natural healing.

People have used ashwagandha for thousands of years to relieve stress, increase energy levels, and improve concentration.

“Ashwagandha” is Sanskrit for “smell of the horse,” which refers to both the herb’s scent and its potential ability to increase strength.

What are the health benefits of ashwagandha?

- boosting athletic performance
- improving memory
- improving sleep
- increasing male fertility
- managing blood sugar
- reducing inflammation
- reducing stress

Is it OK to take ashwagandha every day?

The effects of ashwagandha will take time to appear, so a healthcare professional may recommend taking one dose daily. However, the long-term effects are unknown, and experts only recommend using it for up to 3 months.

Who should not take ashwagandha?

Ashwagandha may not be safe:

- during pregnancy
- if you are about to have surgery
- if you are taking benzodiazepines or other medications
- if you have liver problems
- if you have prostate cancer, thyroid problems, or an autoimmune condition
- while breastfeeding

Always check with a healthcare professional before using ashwagandha.

The bottom line

Ashwagandha is an ancient medicinal herb with various possible health benefits. Study findings suggest that it may help reduce anxiety and stress, support restful sleep, and even improve cognitive functioning in certain populations.

Ashwagandha is likely safe for most people in the short term. However, it’s not appropriate for everyone, so it’s important to talk with a healthcare professional before adding ashwagandha to your routine. 🌿

Low Libido in Men: Causes & Treatment

By Stacey Feintuch



It's natural to sometimes lose interest in sex, but long-term low libido may have an underlying cause. It may stem from low testosterone, lack of sleep, depression or stress, substance use, and more. If changes in your sex drive concern you, a physician can offer more guidance.

Low libido describes a decreased interest in sexual activity. It's common to lose interest in sex from time to time, and libido levels vary through life. It's also normal for your interest not to match your partner's at times.

However, low libido for a long period of time may cause concern for some people. It can sometimes be an indicator of an underlying health condition.

Here are some potential causes of low libido in men:

1. Low testosterone

Testosterone is an important male hormone. In men, it's mostly produced in the testicles. Testosterone is responsible for building muscles and bone mass, and for stimulating sperm production. Your testosterone levels also factor into your sex drive.

Normal testosterone levels will vary. However, adult men are considered to have low testosterone, or low T, when their levels fall below 300 nanograms per deciliter (ng/dL), according to guidelines from the American Urological Association (AUA).

When your testosterone levels decrease, your desire for sex also decreases. Decreasing testosterone is a normal part of aging. However, a drastic drop in testosterone can lead to decreased libido.

Talk to your doctor if you think this might be an issue for you. You may be able to take supplements or gels to increase your testosterone levels.

2. Medications

Taking certain medications can lower testosterone levels, which in turn may lead to low libido. For example, blood pressure medications such as ACE inhibitors and beta-blockers may prevent ejaculation and erections.

Other medications that can lower testosterone levels include:

- an antifungal medication called ketoconazole
- anabolic steroids, which may be used by athletes to increase muscle mass
- certain antidepressants
- chemotherapy or radiation treatments for cancer
- cimetidine (Tagamet), which is used for heartburn and gastroesophageal reflux disease (GERD)
- corticosteroids
- hormones used to treat prostate cancer

If you're experiencing the effects of low testosterone, talk to your doctor. They may advise you to switch medications.

3. Restless legs syndrome (RLS)

Restless legs syndrome (RLS) is the uncontrollable urge to move your legs. A study found that men with RLS are at higher risk for developing erectile dysfunction (ED) than those without RLS. ED occurs when a man can't have or maintain an erection.

In the study, researchers discovered that men who had RLS occurrences at least five times per month were about 50 percent more likely to develop ED than men without RLS. Also, men who had RLS episodes more frequently were even more likely to become impotent.

4. Depression

Depression changes all parts of a person's life. People with depression experience a reduced or complete lack of interest in activities they once found pleasurable, including sex.

Low libido is also a side effect of some antidepressants, including:

- serotonin-norepinephrine reuptake inhibitors (SNRIs), such as duloxetine (Cymbalta)
- selective serotonin reuptake inhibitors (SSRIs), like fluoxetine (Prozac) and sertraline (Zoloft)

Talk to your doctor if you're taking antidepressants and you have a

low libido. They might address your side effects by adjusting your dose or having you switch to another medication.

5. Chronic illness

When you're not feeling well due to the effects of a chronic health condition, such as chronic pain, sex is likely low on your list of priorities.

Certain illnesses, such as cancer, can reduce your sperm production counts as well.

If you're experiencing a chronic illness, talk with your partner about ways to be intimate during this time. You may also consider seeing a marriage counselor or sex therapist about your issues.

6. Sleep problems

A study in the *Journal of Clinical Sleep Medicine* found that nonobese men with obstructive sleep apnea (OSA) experience lower testosterone levels. In turn, this leads to decreased sexual activity and libido.

In the study, researchers found that nearly one-third of the men who had severe sleep apnea also had reduced levels of testosterone.

7. Aging

Testosterone levels, which are linked to libido, are at their highest when men are in their late teens.

In your older years, it may take longer to have orgasms, ejaculate, and become aroused. Your erections may not be as hard, and it may take longer for your penis to become erect. However, medications are available that can help treat these issues.

8. Stress

If you're distracted by situations or periods of high pressure, sexual desire may decrease. This is because stress can disrupt your hormone levels. Your arteries can narrow in times of stress. This narrowing restricts blood flow and potentially causes ED.

Stress is hard to avoid. Relationship problems, divorce, facing the death of a loved one, financial worries, a new baby, or a busy work environment are just some of the life events that can greatly affect the desire for sex.

Stress management techniques, such as breathing exercises, meditation, and talking to a therapist, may help.

9. Low self-esteem

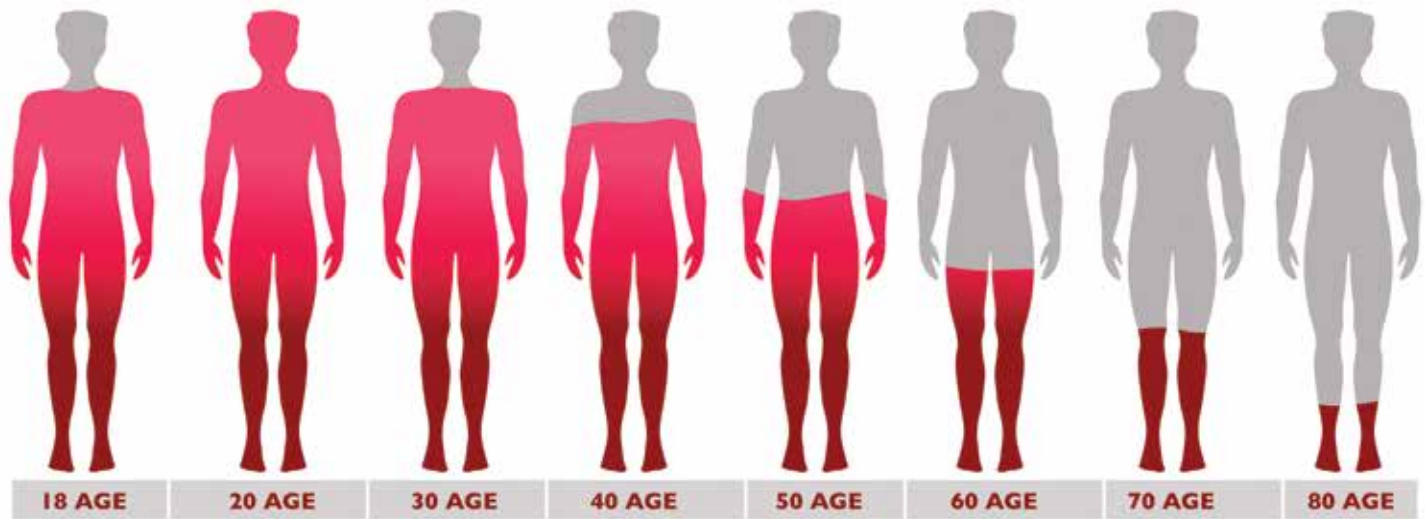
Self-esteem is defined as the general opinion a person has about their own self. Low self-esteem, low confidence, and poor body image can take a toll on your emotional health and well-being.

If you feel that you're unattractive, or undesirable, it'll likely put a damper on sexual encounters. Not liking what you see in the mirror can even make you want to avoid having sex altogether.

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Testosterone

Levels in Men by Age



Low self-esteem may also cause anxiety about sexual performance, which can lead to issues with ED and reduced sexual desire. Over time, self-esteem issues can result in larger mental health problems, such as depression, anxiety, and drug or alcohol abuse — all of which have been linked to low libido.

10. Too much (or too little) exercise

Too much or too little exercise can also be responsible for low sex drive in men.

Getting regular exercise may reduce your risk for chronic conditions such as obesity, high blood pressure, and type 2 diabetes, all of which are associated with low libido. Moderate exercise is known to lower cortisol levels at night and reduce stress, which can help increase sex drive.

On the other hand, over-exercising has also been shown to affect sexual health. In one study, higher levels of chronic intense and lengthy endurance training on a regular basis were strongly associated with decreased libido scores in men.

11. Alcohol

Heavy alcohol drinking, or more than 14 mixed drinks in a week, has also been linked to a decrease in testosterone production. Over a long period of time, excessive amounts of alcohol can reduce your sex drive.

12. Drug use

In addition to alcohol, the use of tobacco, marijuana, and illicit drugs such as opiates has also been connected to a decrease in testosterone production. This can result in a lack of sexual desire.

Smoking has also been found to reduce sperm production and sperm movement.

Physical and emotional side effects of low libido

A decreased sex drive can be very unsettling for men. Low libido can lead to a vicious cycle of physical and emotional side effects, including ED — the inability to maintain an erection long enough to have satisfactory sex.

ED may cause a man to experience anxiety around sex. This can lead to tension and conflicts between him and his partner, which may in turn lead to fewer sexual encounters and more relationship issues.

Outlook

Treating low libido often depends on treating the underlying issue.

If low libido is caused by an underlying health condition, you may need to switch medications. If your low libido has psychological causes, you may need to visit a therapist for relationship counseling. 🌱

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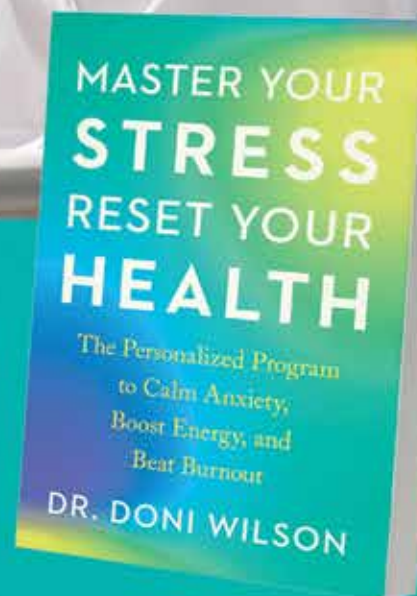
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