

Healthy Bottom Line

An Advertising Supplement to

THE LAURINBURG EXCHANGE

RICHMOND COUNTY DAILY JOURNAL

Why summer weather can trigger migraines

From Mayo Clinic News Network

What you might call “the dog days of summer” may be something more menacing for a person prone to migraines.

So how and why does summer weather sometimes trigger these headaches?

“That is a great question,” says Dr. Rashmi Halker Singh, a Mayo Clinic neurologist. “Patients ask me that all the time. We don’t have a great answer.”

For some people, extreme weather conditions may cause imbalances in brain chemicals, which eventually can lead to the severe throbbing pain of a migraine.

“A lot of people with migraines feel that sunlight glare is a trigger,” Dr. Halker Singh says.

Other weather triggers include high humidity, extreme heat and dry air. Dr.

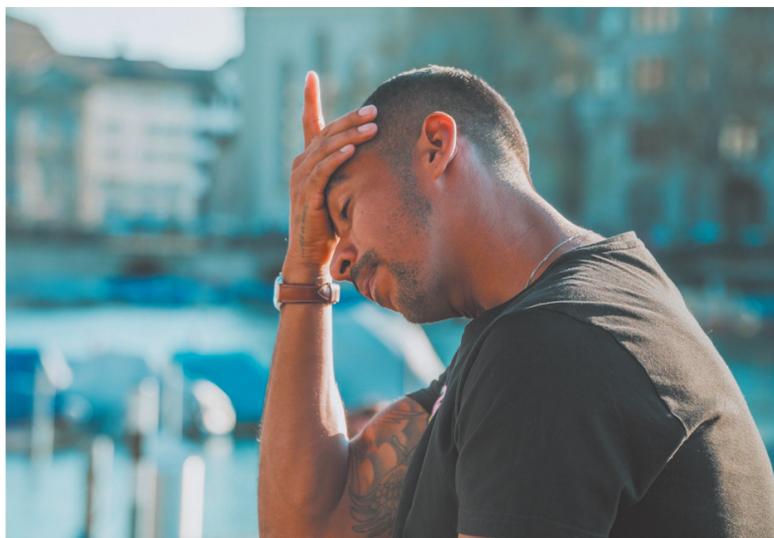
Halker Singh says these conditions may lead to another migraine creator.

“In the summertime, when it’s really hot outside, a lot of people forget to maintain adequate hydration,” she explains. “And dehydration can certainly be a risk for migraine attacks to happen.”

Dr. Halker Singh’s advice to people with migraines is to avoid extremes _ in summer weather and everyday schedules.

“Be consistent with your eating habits; be consistent with your sleep,” she stresses. “Sometimes skipping meals can be a migraine trigger. Sometimes not sleeping enough or sleeping too much can also be a trigger. So maintaining consistency with that is important.”

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Do you know how to take your temperature?

From Mayo Clinic News Network

Always use a digital thermometer to check your temperature. Because of the potential for mercury exposure or ingestion, glass mercury thermometers have been phased out and are no longer recommended.

No matter which type of thermometer you use, take these precautions:

- Read the instructions that came with the thermometer.
- Wash your hands with soap and warm water before using the thermometer.
- Clean the thermometer before and

after each use with rubbing alcohol or soap and lukewarm water.

- Don’t use the same thermometer for both oral and rectal temperatures. Get two and label which is used where.
- Wait at least 6 hours after taking medications that can lower your temperature, like acetaminophen (Tylenol, others), ibuprofen (Advil, Motrin IB, others) or aspirin.

Oral temperature

You’ll need an oral thermometer, used in the mouth.

If you’ve been eating or drinking, wait

30 minutes before you take a temperature by mouth.

Turn on the digital thermometer. Place the thermometer tip under your tongue. Close your mouth around the thermometer for the recommended amount of time or until the thermometer beep indicates it’s done.

Remove the thermometer and read the number.

Ear temperature

A digital ear thermometer uses an infrared ray to measure the temperature inside the ear canal.

Turn on the digital thermometer.

Gently place it in your ear canal no further than indicated by the instructions that came with the device.

Hold the thermometer tightly in place until you hear the thermometer beep indicating it’s done.

Remove the thermometer and read the number.

Temporal artery temperature

Temporal artery thermometers use an infrared scanner to measure the temperature of the temporal artery in your forehead.

See TEMPERATURE | 2

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TALKING ABOUT OVERDOSE COULD SAVE A LIFE.

STOP THE STIGMA

Negative language and stigma regarding substance use disorder and addiction have shown to be a key barrier to seeking and receiving treatment for people who use drugs. Stigmatizing words such as “addict” reduce a person to only their drug use. Talking about substance use disorder in a more accurate and humanizing way can reduce stigma and help people receive appropriate treatment and support.

Instead of these words... Try using these!



"SUBSTANCE USE DISORDER"

"DRUG MISUSE"

"SUBSTANCE MISUSE"

Although the term “substance abuse” is widely used—including in the names of federal and state agencies—use of the term “abuse” in the context of substance use is no longer favored in the mental health community. The word “abuse” connotes violence and criminality and does not fit with a view of substance use disorder as a health condition. Substance use disorder is a diagnosable condition that refers to drug use that has become significantly problematic in a person’s life.



"PERSON WHO USES DRUGS"

"PERSON WITH A SUBSTANCE USE DISORDER"

"PERSON USING DRUGS PROBLEMATICALLY/CHAOTICALLY"

Person-first language affirms people’s individuality and dignity. It promotes the message that a person is more than just their addiction.

NOTE: How a person chooses to self-identify is up to them, and they should not be corrected or admonished if they choose not to use person-first language.



"STERILE/USED SYRINGES"

"POSITIVE/NEGATIVE DRUG TEST"

"PERSON IN RECOVERY/ PERSON WITH PROBLEMATIC DRUG USE"

The term “dirty” is often used to describe syringes that have been used or to describe positive drug screens. People who are no longer using drugs are often referred to as “clean.” However, the clean/dirty dichotomy creates a false narrative that people who use drugs are inherently unclean.

If you’re providing a service or resource – support, don’t stigmatize.

People may use or identify with stigmatizing language based on their own history, and that’s their prerogative. Do not correct people with lived experience on their preferred way to refer to themselves. Use non-stigmatizing language to show people who use drugs that you respect them with your words.



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People with diabetes struggle to get insulin

By Tiffany Wong
Los Angeles Times

LOS ANGELES _ For Adam Winney, a 26-year old with Type 1 diabetes, grocery shopping during the early days of a pandemic was an infuriating task. Everything was sold out, except for the one type of food he couldn't eat.

"The only things left were carbs, carbs, carbs," the Van Nuys resident said. "I've never been more furious than back in March."

Winney's disease has deprived his body of insulin, a hormone that's needed to turn the sugar in carbohydrates into energy. Without it, his blood sugar can spike to dangerous levels, eventually leading to serious health problems like cardiovascular disease, nerve damage and kidney failure.

But the insulin pens he relies on to keep his body in balance cost him upwards of \$1,000 a month, since his health insurance doesn't cover the medication. After the coronavirus outbreak cost him his job as a receptionist at a hair salon, that expense was beyond his reach. He went six weeks without the long-acting insulin he usually takes every day.

COVID-19 presents a unique set of challenges to the roughly 34 million Americans like Winney who are living with diabetes.

The Centers for Disease Control and Prevention says people with Type 1 diabetes are probably more susceptible to a severe case of COVID-19. Those with Type 2 diabetes _ the more common form that begins when people lose their sensitivity to insulin _ are definitely at increased risk of severe COVID-19, according to the CDC.

For instance, a study of more than 7,300 COVID-19 patients in China found that those with Type 2 diabetes needed more medical care and were nearly 50% more likely to die than



Diabetes patient Adam Winney is photographed inside his apartment in Van Nuys next to 1000 unit samples of fast acting insulin that he received from his doctor. Winney said that each sample lasts him about 3 weeks. Adam, who is currently unemployed because of the coronavirus outbreak, has been living off of the samples from his doctor since he can't afford to pay \$1000 a month for insulin. (Mel Melcon / Los Angeles Times/TNS)

patients without diabetes. The risk of death was especially high for people who had trouble controlling their blood sugar, researchers reported. Another study of more than 1,200 COVID-19 patients in the U.S. found that the mortality rate for those with diabetes or high blood sugar was 29%, compared with 6% for those without diabetes.

"The extent to which you control your diabetes is a risk factor," said Dr. Daniel Drucker, a senior scientist at the Lunenfeld-Tanenbaum Research Institute at the University of Toronto. "There's a lot we can do about that, by making sure that your diabetes is optimally controlled."

Insulin is essential for keeping blood sugar in check, but the pricey medicine is harder to get if a job disappears, along with the health insurance that came with it.

The cost of insulin varies from patient to patient. It depends on the type of insulin they need _ some take

effect within 15 minutes; others last more than a day _ as well as the dose. Some insurance plans pick up more of the tab than others.

The financial strain brought on by the pandemic has forced Royce Jonathan Miller of Yuba City to consider rationing the insulin he takes for Type 1 diabetes. He has kept his job as an optician at Walmart, but since his father-in-law lost his job at a maintenance company that closed operations due to the pandemic, Miller has become the sole provider for the four people in his household.

Miller has an insulin pump, which uses a tube to continuously deliver a small amount of insulin directly to the pancreas. He is supposed to change out the pieces that connect to his body every three days. Lately, he's been wondering if that's absolutely necessary.

"I'm starting to think, 'I can stretch that up for two cycles, every six days, and hopefully it doesn't get infected,'" Miller said. "But I do realize that if I am to make myself sick and wind up in the hospital, that will be a bigger burden."

A nationwide survey of 5,000 people with diabetes conducted for the American Diabetes Assn. found that one in four have rationed supplies to cut the cost of their diabetes care since the start of the pandemic.

"Now is not the time to let up on helping these individuals manage their disease, because it may in fact be helpful in preventing them from getting severe COVID-19," Drucker said.

People with Type 2 diabetes may face even greater hardship in affording their insulin, said Dr. Francisco Prieto, a family health physician in Sacramento.

"Not everyone who has Type 2 has to take insulin," Prieto said. "Those who do are typically folks who either have the most severe cases of diabetes or have failed all the previous oral and injectable treatments." That means they may need to take even more insulin on a daily basis than Type 1 patients, he said.

Since 2019, 11 states have set limits

on the amount insurance companies can set as co-payments for insulin. Each of those states has enacted price caps ranging from \$25 to \$100 per month since the coronavirus outbreak took off in March.

California may soon join the list. In February, Assemblyman Adrin Nazarian, D-North Hollywood, introduced a bill that would cap insulin copays at \$50 for a 30-day supply, or \$100 per month. It passed in June by a 64-4-11 vote, but the Senate Health Committee has not scheduled a hearing that would allow the bill to move forward.

Winney said a price cap would give him some peace of mind. These days he relies on free samples provided by one of his doctors, but that generosity may not last.

"I see that as an incentive to finally change insurance," he said.

Ensuring an affordable supply of insulin would help people with diabetes manage their disease better, said Brandi DaVeiga, a stay-at-home mom in Lakewood with Type 1 diabetes. She has good coverage now through her husband's health insurance plan, but when she was between plans three years ago, she began skipping insulin doses to make her supply last longer. On several occasions, her blood sugar levels rose dangerously high, and she ended up in the emergency room.

"It's really stressful," she said of managing diabetes during a pandemic. "And that doesn't help your blood sugar."

The fact that people with diabetes are rationing their insulin when they need it most points to larger problems with health care access in this country, Drucker said.

"COVID-19 is reminding us of the importance of doing everything we can in our vulnerable, at-risk populations," he said. "Let's do everything we can to optimize their health because that may, in turn, reduce their risk of having a bad outcome with this virus."

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Temperature

From page 1

Turn on the digital thermometer. Gently sweep it across your forehead and read the number.

Armpit temperature

A digital thermometer can be used in your armpit, if necessary. But armpit temperatures are typically less accurate

than oral temperatures.

Turn on the digital thermometer. Place the thermometer under your armpit, making sure it touches skin, not clothing.

Hold the thermometer tightly in place until you hear the thermometer beep indicating it's done.

Remove the thermometer and read the number.

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A COVID 'silver lining': more people getting drug treatment

By Scott Greenstone
The Seattle Times

SEATTLE — Denny Bos's ministry is the foothills of Mt. Baker, in east Whatcom County, Wash., a vast forest home to hundreds of people without addresses. Some live in ramshackle RVs, some in tents, some under tarps.

People go there when they lose their jobs or homes, when their addictions get too serious, or to get away from society, Bos said.

"They just disappear into the woods," said Bos, who's had to build trust to be accepted into the camps.

When Bos, a former pastor who runs Seeds of Hope Ministries, finds someone who's ready for drug treatment, it used to be hard to get them to go see a doctor — the trip to the nearest clinic in Bellingham is 45 minutes, and the foothills' campers can be reclusive.

But that's changed since COVID-19 reached the U.S. and Washington's governor ordered the state to stay at home. In response to the pandemic, restrictions around in-person visits to prescribers for medication-assisted treatment have been suspended across the country, restrictions on billing phone visits to Medicaid were eased, and providers began expanding telemedicine options. At many clinics, you can now get a substance use disorder assessment over the phone, and pick up your prescription at a local pharmacy.

Leading experts in the field want the changes to stay, at least until expanded access can be studied. Twelve members of the federal Interdepartmental Substance Use Disorders Coordinating Committee wrote a letter to federal officials this month asking for the rule changes to stay in place after the pandemic so researchers can study their effects.

To Jim Vollendroff, director of the Behavioral Health Institute at Harborview Medical Center, who has been training providers around the state in the telemedicine expansion, it's one bright spot in the darkness that is COVID-19.

"During this time, which is a devastating time, the silver lining for healthcare in particular, is we've been sitting on the sidelines; we've been



RN Zach Pugh, left, hands out a phone to Neighborcare client Devon Moore at the SW Michigan Street encampment in the hopes of getting him better connected with the provider's Telehealth services. (Steve Ringman/Seattle Times/TNS)

wringing our hands" when it comes to expanding telemedicine, Vollendroff said, because of complicated medical privacy regulations. But since COVID-19, "I have seen at least five years worth of progress happen in four months," Vollendroff said.

This does not mean more people are getting treatment in Washington: Between March and June, the number of Medicaid patients in Washington in opioid treatment programs, outpatient treatment, recovery houses or other services for substance use dropped 17.7%, according to data reported to the Washington State Healthcare Authority.

But the sudden jump to telemedicine could pave the way to make it much easier to get into drug treatment, Vollendroff and other experts think.

That's been true at Sea Mar, one of the biggest treatment providers in the state, where new admissions to treatment initially dropped after the pandemic began.

But at the clinic outside Bellingham, where people in rural Whatcom County can now call in to start treatment and where Bos has been connecting campers via phone, admission rates have been rising in the last two months — they're now above average across the network compared to last year, just because of the rise at that Bellingham clinic, according to Chris Watras, director of the Medication Assisted Treatment program at Sea Mar.

"I've really been preaching: There's a ton of positive outcomes with COVID and how it's changing the treatment industry," Watras said.

There are plenty of cons to telemedicine as well. UW Medicine surveyed 329 clinicians, doctors and nurses primarily serving Medicaid populations across the state, and key commonalities were that rural areas often don't have good connectivity to Wi-Fi or cell phone signals, not everyone has access to the equipment needed, and telemedicine isn't often

appropriate for people who have serious and persistent mental illness, Vollendroff said.

But they're hearing about more pros than cons, Vollendroff said.

Rates of people who don't show to their first appointment appear to be down across the system, Vollendroff said: At Sea Mar, they were cut in half between March and June, according to Watras.

Experts like Watras and Vollendroff see telemedicine not as a cure-all, but as an option that can help people without transportation, who live in rural areas or who are limited some other way. And they hope that whatever happens with federal law, providers will keep expanding telemedicine options now that they've started.

"Part of what COVID did was push us out of our comfort zone," Watras said. "We kicked the door open. And I don't see it closing."

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Create a **Safe Sleep** Environment for Baby

Did you know that the features of your baby's sleep area can affect his/her risk for **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation?

Reduce the risk of SIDS and other sleep-related causes of infant death by **creating a safe sleep environment** for your baby.

How can you make a **safe sleep environment**?



- ▶ Always place baby **on his or her back** to sleep for all sleep times, including naps.



- ▶ **Room share**—keep baby's sleep area in the **same room** next to your sleep area. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.



- ▶ Use a **firm sleep surface**, such as a mattress in a safety-approved* crib, bassinet, or portable play area, covered by a fitted sheet.



- ▶ Keep soft objects, toys, pillows, crib bumpers, and loose bedding **out of your baby's sleep area**.



- ▶ **Don't let baby get too hot during sleep.** Dress your baby in no more than one layer more of clothing than an adult would wear to be comfortable. A one-piece sleeper or wearable blanket can be used.

*Visit the U.S. Consumer Product Safety Commission website for more information about safety-approved baby sleep areas:
<http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>



Learn more about ways to reduce the risk of SIDS and other sleep-related causes of infant death at

<http://safetosleep.nichd.nih.gov>

<http://www.scotlandcounty.org/680/Safe-Sleep>



Health Department Now Offering Long-Acting Reversible Contraceptives

Scotland County Health Department is pleased to announce we are now offering Long-Acting Reversible Contraceptives (LARCs) as a method of birth control. These contraceptives include Intrauterine devices (IUDs) and birth control implants. Examples include Mirena (IUD) and Nexplanon (Implant). LARCs are an effective way of preventing pregnancy for 3-5 years upon insertion, without the need to take a daily pill. "We are excited to be able to offer these methods of birth control to any new or current patient at Scotland County Health Department which will allow us to better serve the people in our community," stated Kristen Patterson, Health Director.

For more information about Long-Acting Reversible Contraceptives, to determine eligibility, or to make an appointment, please call the Scotland County Health Department at 910-277-2440 or 910-277-2470 ext. 4466.

THIS AD WAS PROVIDED WITH TITLE X FUNDS.



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“Living Lively” more than a cookbook

By **MARK KENNEDY**
AP Entertainment Writer

NEW YORK — At 19, Haile Thomas has written a book that will flummox bookstore owners whenever they reopen.

“Living Lively” has several dozen vegan recipes, but it’s far more than a cookbook. It also has guidance on relationships and wellness.

Thomas calls it an “empowerment cookbook,” and the fact that it belongs on multiple bookshelves says something about how expansive this Gen Z member’s mind is.

“What pushed me to start working on this project was the possibility of combining both the self-growth and self-care aspect with recipes that meant so much to me and do good for our body, the planet, animals — all of those things,” she said.

Vegan for the past six years, Thomas offers 80 plant-based and gluten-free recipes, ranging from tandoori-spiced sweet potato tacos and key lime avocado mousse cups to creamy beet spaghetti with garlicky greens.

But before readers get to the yummy parts, Thomas outlines what she has learned in the wellness world. That includes advice on things like social media, education, overcoming societal biases and gratitude. She has distilled them into “7 Points of Power.”

“There’s probably hundreds of points of power, but these are really the seven that I feel capture so much of the human experience so we can really start that that self-growth work,” she said.

“Our well-being goes so far beyond what’s on our plate,” she said. “You can eat however many salads or smoothies you want but that’s not going to heal a lot of the inner and external disturbances that we might face.”

The writing is thoughtful, generous and fun, with Thomas prone to drop zippy lines like “If you know, you know,” “You’ve got this” and “Anyhooo.”

“Living Lively” also gets a little interactive with blank pages for readers to think about their lives and make action plans. And it includes interviews with five other female Gen Z leaders.

When Cassie Jones, an editorial

director for publisher William Morrow, first met Thomas, she found a mature and grounded teen. “I thought she could be a major voice of her generation,” Jones said.

“I loved that she wanted to take this book beyond recipes for food into paradigms for living,” Jones added. “Ultimately we liked the idea that readers could come to the book where they are now and easily start with what they were most interested in, whether it’s food or personal growth or changing the world.”

Thomas is always on the lookout for different flavors and ingredients. On a trip to her parents’ native Jamaica two years ago, she flipped over the taste of breadfruit, star apples and mangoes there. She’s recently fallen in love with fonio, a West African grain.

She scoffs at those who say a vegan diet has to be bland. “The diversity of plant foods is just beyond our comprehension,” she said. “More than anything, I just want to redefine that and show that you can have an absolutely delicious meal that nourishes your body, that connects to the culture — all of those things are possible through plants.”

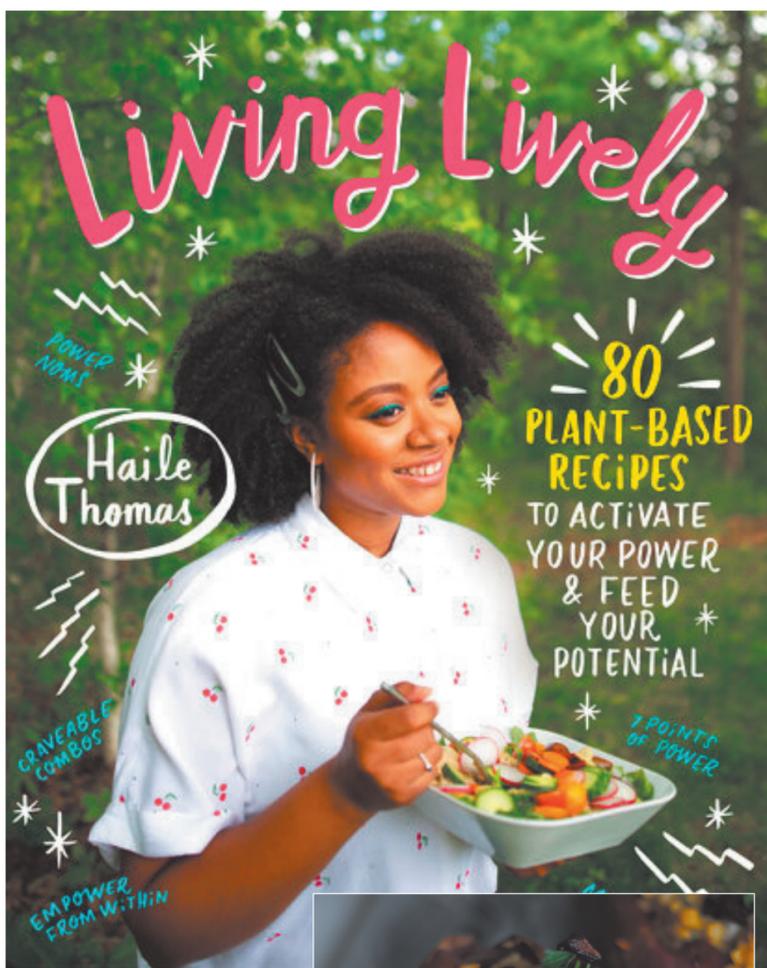
Thomas isn’t someone who uses guilt or pressure to get readers to cut out fish or meat products. Her motives are simply offering healthy and tasty options.

“I wanted the book to be an entry point for people to discover the power of plants,” she said. “It’s also redefining what our plates look like and what can be the star in the center of it.”

Thomas’ journey into nutrition — she graduated from the Institute for Integrative Nutrition — was inspired by her father’s diagnosis with type 2 diabetes. She vowed to change her family’s dietary habits and improve her dad’s health. Then she decided to try to heal others.

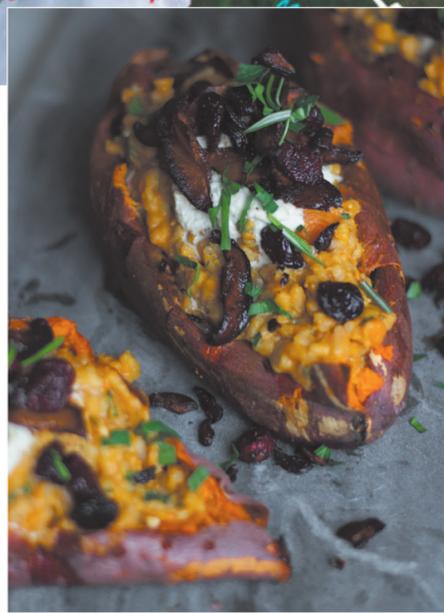
“Change really starts within and with our individual connections to the Earth, to our food, to our bodies, to our minds and souls and then to each other,” she said.

While other authors have been fearful of putting out work during a global pandemic, Thomas is happy her book is out now.



Above: This cover image released by William Morrow Cookbooks shows “Living Lively: 80 Plant-Based Recipes to Activate Your Power & Feed Your Potential” by Haile Thomas. (William Morrow Cookbooks via AP)

Right: Thomas’ Sweet Potato Risotto stuffed Sweet Potato Boats recipe can be found on her website www.hailevthomas.com.



“I’m just so grateful that it’s entering the world during this time, and I really hope that it just brings upliftment and joy and hope and really the opportunity to dive into who we are and how we can best contribute to our world.”

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