

Back to School - First Day Anxiety

Separation anxiety can be overwhelming for many young children, but there are many ways to make the first day of school an easy transition for parents and children.

- **Greet the Teacher** — Parents should talk to the teacher and child together to discuss some of the appealing classroom activities that await him/her at school, and to discuss a child's dislikes, fears, allergies, or other issues the teacher should be aware of.

- **Request the Class List** — Parents should ask the school or teacher to provide them with a copy of their child's upcoming class list and try to arrange for the child to meet some of his/her new classmates.

- **Spend Time in the Classroom** — Explore the classroom to see what it looks like helps kids feel more at ease. Parents should be flexible, arriving early and spending time in the classroom until the child becomes comfortable and settled.

- **Good-byes** — For younger children, separating from parents can be difficult, but a good-bye ritual can free children from these anxieties. Use special parting signs just for parent and child. When the parent drops the child off at school, the best way to establish trust is to give a quick kiss and hug and then cheerfully say, "Good-bye, see you later." The key is to remain calm and positive.

- **Plan After-School Activities** — Parents can plan something special for their child after school. Kids love looking forward to a special after-school activity.

—SCHOLASTIC'S BACK-TO-SCHOOL 'PARENT SURVIVAL GUIDE'

"No one has yet realized the wealth of sympathy, the kindness and generosity hidden in the soul of a child. The effort of every true education should be to unlock that treasure."

—Emma Goldman

Dysmorphia



A Weight Problem for Men

Increasingly, more men are obsessed with their bodies. When concerns about body and "pumped up" muscles take over a man's life, the condition becomes known as male body dysmorphic disorder, or male body dysmorphia. Compulsive exercise, steroid abuse and eating disorders are also usually involved.

More Men Than You May Think

"According to one survey, about 45% of men in the population are displeased with the state of their muscles," says Katharine A. Phillips, MD, associate professor of psychiatry at Brown University School of Medicine.

Based on research involving 1,000 men during the last 15 years, Dr. Phillips estimates that about a million US men have body dysmorphic disorder. The obsession often results in the loss of employment, relationships, and other important things in life.

Doctors Arnold Andersen and Thomas Holbrook, authors of *Making Weight: Men's Conflict with Food, Weight, Shape and Appearance*, report that therapists are seeing 50% more men with eating disorders than they did 10 years ago. Forty percent want to bulk

up. Complicating the problem is a view that fat is primarily a women's issue. That has led to men being misdiagnosed and excluded from treatment.

Shifting Standards

To test the theory that society expects men to achieve impossible standards, three mental health experts studied centerfolds that appeared in *Playgirl* magazine from 1973 to 1997. Their research was published in the January, 2001, issue of *The Journal of Eating Disorders*. They found that over the decades, male centerfolds lost 12 pounds of fat and gained over 20 pounds of muscle.

Even toys designed for boys like the GI Joe of 1982 looks puny when compared to today's GI Joe Extreme, who, in real life, would have a 55-inch chest and 27-inch biceps.

A Matter of Perspective

The condition is the reverse of anorexia nervosa, in which an 85-pound person, usually a woman, looks into a mirror and sees a fat person staring back. Likewise, some heavily muscled men look into a mirror and see a beanpole who needs to be bulked up.

"Science really does not yet know why such patients do not see themselves in a true light," says Dr. Phillips. "There could also be a perceptual disorder along with both conditions."

Treatment

No amount of muscle development is ever enough for these men. Treatment according to Dr. Andersen, is a combination of cognitive behavior therapies in which mental health experts challenge distorted ideas. When major depression and compulsive disorders are involved, prescription anti-depressant medications are prescribed.

Tips on interacting with people who are blind

When you meet a person who is blind:

- Treat me as you would anyone else. I do the same things as you do, but sometimes use different techniques.
- Speak in a normal tone of voice. Blindness doesn't equal hearing loss.
- When entering a room, identify yourself; when exiting, be sure to mention that you are leaving. Address me by name so I will know you are speaking to me.
- Don't worry about using common, everyday words and phrases like "look," "see" or "watching TV" around me.
- If I look as though I may need assistance, ask. I'll tell you if I do. If I am about to encounter a dangerous situation, voice your concerns in a calm and clear manner.
- Pulling or steering me is awkward and confusing—it's really not helpful. Avoid grabbing my arm.
- Ask, "Would you like me to guide you?" Offering your elbow is an effective and dignified way to lead someone who is blind. Do not be afraid to identify yourself as an inexperienced sighted guide and ask for tips on how to improve.
- If you leave me alone in an unfamiliar area, make sure it is near something I can touch—a wall, table, rail, etc. Being left out in empty space can be very uncomfortable.
- Be sure to give useful directions. Praises such as "across the street" and "left at the next corner" are more helpful than vague descriptions like "over there."
- In a restaurant, give clear directions to available seats. Your offer to read the menu aloud may be appreciated, but you shouldn't assume I would not want to order my own food.
- When the food arrives, ask if I'd like to know what is on my plate. You can describe the location of food items by using clock positions "Your coffee is at 3 o'clock."
- Leave doors all the way open or all the way closed—half-open doors or cupboards are dangerous. Don't rearrange furniture or personal belongings without letting me know.
- Be sensitive when questioning me about my blindness. This is personal information and boundaries should be respected.

—GUIDE DOGS FOR THE BLIND

How long can you keep condiments in your fridge?

Have you ever opened your refrigerator and wondered what is still good to eat, and what should probably be tossed? Here's a quick list of how long you can keep open condiments:

Ketchup — 8 months

Mayo — 2 months

Relish — 1 year

Mustard — 8 months

Jam, jelly, or preserves — 1 year

Salad dressing — 9 months

Maple Syrup — 1 year

Soy sauce — 3 months

Butter — 2 weeks

As a rule of thumb, condiments that have a higher sugar content stay fresh longer and have a longer shelf life.

—QUALITYHEALTH.COM

Deadly Drug Combo Alert !

The combination of fentanyl, a powerful pain drug, and heroin or cocaine sold by street dealers is believed to be responsible for several drug-related deaths and a larger number of drug overdoses on the US east coast and in the Midwest, according to the Substance Abuse and Mental Health Services Administration.

Fentanyl is 50-100 times more powerful than morphine. When mixed with cocaine or heroin, the results can be lethal.

When used illegally, particularly in combination with a drug such as heroin or cocaine, or when used in excessive amounts, fentanyl can result in irregular heart beat, the inability to breathe, and death.

In many cases buyers are not aware that they are buying heroin or cocaine mixed with fentanyl, Substance Abuse and Mental Health Services Administration said.