

The Faith Health Link



Sowing Seeds of Wellness

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Your Heart Health and God

Wear Red Day at LACC

February is the month we recognize the hearts that work hard every day to keep us all alive by bringing awareness how heart disease can affect the heart and women through the Wear Red Campaign and that heart disease is the number one killer of women. A significant challenge for diagnosing women with heart disease is the lack of recognition of symptoms that might be related to heart disease, or that don't fit into classic symptom, like chest pain. Women can develop symptoms that are subtler and harder to detect as a heart attack, especially if the physician is only looking for the "usual" heart attack symptoms. On the first Sunday of February at Loudon Avenue Christian Church (LACC), our members celebrate Wear Red Day to raise

awareness of the risk of heart disease.



Heart Disease Risk Factors

The risk factors for heart disease for men and women are pretty commonly understood – high blood pressure, high cholesterol, smoking, physical inactivity, obesity, diabetes, family history, sex, age, stress and excessive alcohol. In that light, the American Heart Association's recommends these six lifestyle-related steps we all can take for a healthier heart:

1. Avoid tobacco smoke
2. Monitor high blood pressure
3. Eat food low in cholesterol and saturated fats
4. Be physically active
5. Maintain a healthy weight
6. Have regular medical exams

God and Your Heart

The above list is what the medical profession suggests we all do to address our "heart health." I'd suggest that a seventh item belongs on this list – Trust, love and obey God. The heart of the matter, the truth is, that the greatest commandment that God, our Creator, has given us is to, ***"Love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength."*** Mark 12:30

When we come to the point where we love God from the bottom of our heart, it can change us completely. When we receive his love and forgiveness for all the things we've done wrong – all our sins – we can experience his deep love. When we trust him completely, we can know real peace. When we make a choice to believe that the Holy Bible is truth and then try deep in our hearts to follow his principles for living found in the Bible, we can experience the full life that he desires for all of us to live. This includes having a healthy spiritual heart as well as a healthy physical heart.

Above all else, guard your heart, for everything you do flows from it. Proverbs 4:23

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Recommended Vaccines for Adults



VACCINES
are not just for kids.

By now you have probably received your COVID-19 vaccination. If you have not, you should get it; the vaccine significantly lowers the risk of getting COVID-19 and can in many cases prevent hospitalization and death from the

disease. Vaccines work. Vaccination is one of the most convenient and safest preventive care measures available. Every year, tens of thousands of Americans still suffer serious health problems, are hospitalized, and even die from diseases that could be prevented by vaccines.

The need for vaccinations does not end in childhood. Vaccines are an important step in protecting adults against several serious and sometimes deadly diseases. Getting up to date on the necessary vaccines can have other benefits, too. There are new vaccines that have come out in the past several years, specifically aimed at older adults. One of them? Shingrix, the amazingly effective shingles vaccine.

Below you'll find the vaccinations every adult needs, followed by two — for hepatitis A and B — that you need only if you have certain risk factors. What you won't see on the list are Measles and chicken pox vaccines. Anyone born before 1957 would not need a measles vaccine because the disease was so prevalent when they grew up that immunity as an adult is assumed. Chicken pox is similar in that most adults already have immunity from childhood exposure to the disease. Almost all adults over forty have been exposed to chicken pox, it would be "an extremely rare case" for an adult not to have been. If you think you could be in that tiny minority, ask your doctor about getting the chicken pox vaccine as an adult.

Influenza vaccine

Who needs it: All adults, no matter what their age.

How often: Once a year. The virus itself changes every year. Researchers try to predict what will be the most common strain that season, then reformulate

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the vaccine accordingly. Flu season typically begins in October and ends in March; the CDC recommends rolling up your sleeve by the end of October since it takes about two weeks after a vaccination for flu-fighting antibodies to develop in the body.

Why you need it: The flu can lead to hospitalization and sometimes death — and seniors are the most vulnerable. Studies show that a vaccination can reduce the risk of illness by as much as 40 to 60 percent.

Talk to your doctor if: You've had a severe reaction to the flu shot in the past, are allergic to eggs, have (or have had) *Guillain-Barré syndrome, or have a fever. (In that case, you'll likely be asked to wait until your temperature is back to normal before you get the vaccine.)

Even if you're vaccinated, there's a possibility you *could* get the flu. How well the inoculation protects depends on different factors, including your age and health status. That said, a flu vaccination may lessen the severity of illness if you *do* get sick.

* Guillain-Barré syndrome: A disorder of the immune system where the nerves are attacked by immune cells that causes weakness and tingling in arms and legs.

Pneumococcal vaccine (pneumonia)

Who needs it: Healthy adults 65 years and older, or adults 19-64 with certain risk factors (smoking, or health problems, such as chronic lung or heart disease, leukemia, lymphoma or alcoholism).

How often: The CDC recommends two pneumococcal vaccines for healthy adults 65 and older. Don't get them at the same time. You should receive a dose of the pneumococcal conjugate vaccine (PCV13), then a dose of pneumococcal polysaccharide vaccine (PPSV23) one year later. Those who have any of the risk factors above should get one dose each of PCV13 and PPSV23 *before* age 65, separated by eight weeks.

Why you need it: Pneumococcal disease, which can cause pneumonia, kills more people in the U.S. each year than all other vaccine-preventable diseases combined. An estimated 28,000 cases and 2,900 deaths from invasive pneumococcal disease occurred in 2014. Young children and those over 65 have the highest incidence of serious illness, and older adults are more likely to die from it. Experts estimate PCV13 prevented more than 30,000 cases of invasive pneumococcal disease and 3,000 deaths in its first three years of use.

If you work around chronically ill people — stay, in a hospital or nursing home — you should get the vaccine, even if you're healthy.

Tdap (tetanus, diphtheria, pertussis) vaccine and/or the Td (tetanus, diphtheria) booster

Who needs it: The Tdap vaccine came out in 2005, and along with protecting against tetanus and diphtheria, like the vaccine it replaced, it also includes new, additional protection against whooping cough, also known as pertussis. If you can't remember ever getting this shot, you probably need it. And doing so, can also count for one of the Td boosters you're supposed to get every 10 years. (You know the one ... it's the shot you wonder if you're current on after you step on a rusty nail during your vacation.)

How often: You get Tdap only once, and after that, you still need the Td booster every 10 years. Otherwise, your protection against tetanus and diphtheria will fade.

Why you need it: Due to a rise in whooping cough cases in the U.S., you really do need to be vaccinated against it, even if you're over 65. In the first year after getting vaccinated, Tdap prevents the illness in about 7 out of 10 people who received the vaccine.

Talk to your doctor if you: Have epilepsy or other nervous system problems, had severe swelling or pain after a previous dose of either vaccine, or have (or have had) Guillain-Barré syndrome.

This vaccine is especially crucial for people who have close contact with infants younger than 12 months of age — including parents, grandparents, and childcare providers.

Shingles (herpes zoster) vaccine

Who needs it: The CDC recommends that everyone 50 and older get the new shingles vaccine, Shingrix, even if they had the earlier recommended vaccine, Zostavax — which was much less effective — and even if they've already had shingles.

How often: For now, the CDC is recommending only that you get this new vaccine, which is given in two doses spaced two to six months apart, to prevent both shingles and its complications. It remains to be seen if the agency will recommend getting it again, after, say, five years, as its effectiveness starts to wane.

Why you need it: One in three people will get shingles, usually after age 50. The risk rises with age. By 85, half of adults will have had at least one outbreak. Chicken

pox and shingles are caused by the same virus, varicella zoster. After a person recovers from chicken pox, this virus stays dormant for decades in the body, ready to appear when the immune system is weakened by stress, medication, or disease. This infection causes a red rash and painful blisters. About 15 percent of sufferers are left with extreme nerve pain — a condition called postherpetic neuralgia (or PHN), which can last for months or years. Shingrix can protect 97 percent of people in their 50s and 60s, and 91 percent of those in their 70s and 80s.

Talk to your physician if you: Are not feeling well, or currently have shingles. There are few other reasons not to get the vaccine.

Older adults should also get this vaccine whether or not they remember having had chicken pox as a child. Why? More than 99 percent of Americans over the age of 40 have been exposed to the varicella zoster virus, even if they don't recall getting chicken pox.

COVID-19 Vaccine

Who needs it: The Pfizer-BioNTech vaccine is authorized for those ages 5 and up; the Moderna and Johnson & Johnson vaccines are authorized for those age 18 and up.

How often: The Johnson & Johnson vaccine requires only one shot for full protection. For the Pfizer vaccine, you need two doses 21 days apart, while the Moderna vaccine calls for two doses 28 days apart. Everyone ages 18 years and older should get a booster dose of either Pfizer-BioNTech or Moderna, unless not recommended by your provider. Experts predict a booster shot may be required once a year or once every few years.

Why you need it: COVID-19 is a highly contagious disease that has killed more than 5.5 million people worldwide. It's especially risky for older adults and those with underlying conditions. The vaccine is a key tool for helping bring the pandemic to an end.

Talk to your doctor if: You've had a severe allergic reaction to a medication or vaccine in the past.

Hepatitis A vaccine

Who needs it: People 50 and older who are at high risk for hepatitis A, a disease of the liver. Hepatitis A is found in the stool and blood of infected people. It spreads when someone unknowingly ingests even a microscopic amount through food, water, or the environment. Also, travel to another country where

hepatitis A virus transmission is common, through close contact with a hepatitis A-infected individual, or recreational drug use.

How often: Once but given in two doses over six months.

Why you need it: Hepatitis A rates in U.S. have declined by more than 95 percent since the hepatitis A vaccine first became available in 1995. In 2016, there were an estimated 4,000 hepatitis A cases in the U.S.

This is a sneaky disease. You may not have any telltale signs — and the likelihood of symptoms decreases as you age.

Hepatitis B vaccine

Who needs it: Adults 50 and older who are at risk for contracting hepatitis B, a liver infection. Hepatitis B is transmitted when a body fluid (blood, semen, saliva) from a person infected with the hepatitis B virus enters the body of someone who is not infected. This can happen through sexual contact, or things like contact with blood or open sores (say, from a job that exposes you to human blood or other bodily fluids) or sharing anything from a needle to a razor to a toothbrush with an infected person. Other risk factors for infection include being on kidney dialysis, traveling to countries where hepatitis B is common, or having HIV.

How often: Adults getting the vaccine need three doses — the second dose given four weeks after the first; the third dose five months after the second. There is also a combination vaccine for both hepatitis A and B called Twinrix, which is given in three doses over six months.

Why you need it: The CDC estimates that the estimated number of new HBV infections in 2016 was 20,900.

Talk to your physician if you: Have a life-threatening allergy to yeast, or to any other component of the vaccine, or are moderately or severely ill when a dose of vaccine is scheduled.

Before getting a vaccine, check with your healthcare provider about any conditions you have that may contraindicate the vaccine's use. This may include pregnancy, being immunocompromised, or having a pre-existing health condition. Knowing this can help you avoid getting a vaccine that may be potentially harmful.

[These Are The Vaccines That Adults Over 50 Need \(aarp.org\)](https://www.aarp.org/health/00-59/2017/06/20/10-ways-to-protect-yourself-from-hepatitis-a/)



Is It a Cold, the Flu, COVID-19 or Seasonal Allergies?

When a sore throat, runny or stuffy nose, or cough appear, you might ask yourself, Do I have COVID-19, the flu, allergies or a cold? And since each share some similar symptoms, it's hard to know the difference. To know for certain, you need to set up an appointment with your doctor and get tested, either at home, at a testing center, or at your doctor's office.

While you wait for your diagnosis or test results, there are a few key differences between coronavirus, seasonal allergies and the flu that you can keep in mind.

- Flu and COVID-19 symptoms can both come on fast. Flu symptoms usually develop within four days of an exposure, while COVID-19 symptoms can develop anywhere from one to 10 days after exposure.
- With seasonal allergies you generally don't have a fever or body aches, but you might feel run down and could have a sore throat. Symptoms are also pretty continuous and don't escalate.
- Allergies don't usually cause troubled or heavy breathing unless you have asthma. So, if you have troubled or heavy breathing, it could be coronavirus or the flu.
- If you have itchy eyes, nose or throat, those symptoms are often associated with allergies.

If you have COVID-19 or flu symptoms, it is important to remember to stay home from work or school and to isolate yourself from other family members to help prevent the spread of the virus. Don't share drinking glasses or utensils with others, practice really good handwashing, and make sure you're disinfecting surfaces. If you must leave the house, be sure to wear a mask. Lastly, don't just walk into your doctor's office. Be sure to call ahead.

This is some additional advice for those who have been vaccinated for COVID-19. While vaccines are extremely effective in preventing hospitalization and death, they do not completely eliminate the chance of getting COVID-19. People who are vaccinated, especially those who haven't yet had their booster, need to be on the

lookout for symptoms and to isolate and get tested if they become ill. Many of these cases will have mild symptoms that are very similar to seasonal colds: nasal congestion, sneezing, and low-grade fevers. During this particular wave, anyone with upper respiratory symptoms should stay home from work or school and to get tested for COVID-19.

Breaking the Chain of Infection

Here are some recommendations for helping to prevent the spread of COVID-19, the flu, and the coronavirus variants that have recently surfaced. No matter what variant is out there, we need to do the same things we've been doing during the COVID-19 pandemic. It's all about breaking the chain of infection. Just like it is for other viruses such as the flu, which also has different strains and can mutate.

Stay Well this Winter

Tips to help you avoid getting sick and break the chain of infection

- **Get a flu shot and COVID-19 vaccine.**
- Get your booster shot if you're due for one
- **Avoid close contact with people who are sick.** If you're sick, limit contact with others to keep from infecting them.
- **Cover coughs and sneezes.** Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- **Wash your hands often with soap and water.** Scrub your hands for at least 20 seconds. Not sure how long that is? Hum Happy Birthday twice. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- **Use hand sanitizer if soap and water are not available.**
- **Avoid touching your eyes, nose, and mouth.** Germs spread this way.
- Get tested if you have symptoms
- Don't go to work or school if you are sick
- **Clean and disinfect surfaces and objects** that may be contaminated with viruses.

WebMD

COLD vs. FLU vs. ALLERGIES vs. COVID-19

SYMPTOMS	COLD	FLU	ALLERGIES	COVID-19** (can range from mild to serious)
Fever	Rare	High (100-102°F), Can last 3-4 days	Never	Common
Headache	Rare	Intense	Uncommon	Can be present
General Aches, Pains	Slight	Usual, often severe	Never	Can be present
Fatigue, Weakness	Mild	Intense, can last up to 2-3 weeks	Sometimes	Can be present
Extreme Exhaustion	Never	Usual (starts early)	Never	Can be present
Stuffy/Runny Nose	Common	Sometimes	Common	Has been reported
Sneezing	Usual	Sometimes	Usual	Has been reported
Sore Throat	Common	Common	Sometimes	Has been reported
Cough	Mild to moderate	Common, can become severe	Sometimes	Common
Shortness of Breath	Rare	Rare	Rare, except for those with allergic asthma	In more serious infections

Sources: National Institute of Allergy and Infectious Diseases. CDC. WHO. **Information is still evolving

[Is It a Cold, the Flu, Allergies, or COVID-19?
\(webmd.com\)](https://www.webmd.com)



What Is Colon Cancer Awareness Month?

Colon Cancer Awareness Month, also known as Colorectal Cancer Awareness Month, is a crucial movement toward eradicating colorectal cancer and disease.

Colorectal cancer (cancer of the colon or rectum) is the third most common cancer in the United States and the second leading cause of death from cancers that affect both men and women. Colorectal cancer affects people in all racial and ethnic groups and is most common in people aged 50 and older.

Colon cancer is a type of cancer that begins in the large intestine (colon). The colon is the final part of the digestive tract.

Colon cancer typically affects older adults, though it can happen at any age. It usually begins as small, noncancerous (benign) clumps of cells called polyps that form on the inside of the colon. Over time some of these polyps can become colon cancers.

Polyps may be small and produce few, if any, symptoms. For this reason, doctors recommend regular screening tests to help prevent colon cancer by identifying and removing polyps before they turn into cancer.

A *screening test* is used to look for a disease when a person doesn't have symptoms. (When a person has symptoms, *diagnostic tests* are used to find out the cause of the symptoms.) Most people should begin screening for colorectal cancer soon after turning 45, then continue getting screened at regular intervals.

If colon cancer develops, many treatments are available to help control it, including surgery, radiation

therapy and drug treatments, such as chemotherapy, targeted therapy and immunotherapy.

Colon cancer is sometimes called colorectal cancer, which is a term that combines colon cancer and rectal cancer, which begins in the rectum.

Signs and symptoms of colon cancer include:

A persistent change in your bowel habits, including diarrhea or constipation or a change in the consistency of your stool.

- Rectal bleeding or blood in your stool
- Persistent abdominal discomfort, such as cramps, gas or pain
- A feeling that your bowel doesn't empty completely
- Weakness or fatigue
- Unexplained weight loss

Many people with colon cancer experience no symptoms in the early stages of the disease. When symptoms appear, they'll likely vary, depending on the cancer's size and location in your large intestine.

Prevention

Screening colon cancer

Doctors recommend that people with an average risk of colon cancer consider colon cancer screening around age 50. But people with an increased risk, such as those with a family history of colon cancer, should consider screening sooner. Several screening options exist — each with its own benefits and drawbacks. Talk about your options with your doctor, and together you can decide which tests are appropriate for you.

Risk factors

Factors that may increase your risk of colon cancer include:

- **Older age.** Colon cancer can be diagnosed at any age, but a majority of people with colon cancer are older than 50. The rates of colon cancer in people younger than 50 have been increasing, but doctors aren't sure why.
- **African American race.** African Americans have a greater risk of colon cancer than do people of other races.
- **A personal history of colorectal cancer or polyps.** If you've already had colon cancer or noncancerous colon polyps, you have a greater risk of colon cancer in the future.

- **Inflammatory intestinal conditions.** Chronic inflammatory diseases of the colon, such as ulcerative colitis and Crohn's disease, can increase your risk of colon cancer.
- **Inherited syndromes that increase colon cancer risk.** Some gene mutations passed through generations of your family can increase your risk of colon cancer significantly. Only a small percentage of colon cancers are linked to inherited genes. The most common inherited syndromes that increase colon cancer risk are familial adenomatous polyposis (FAP) and Lynch syndrome, which is also known as hereditary nonpolyposis colorectal cancer (HNPCC).
- **Family history of colon cancer.** You're more likely to develop colon cancer if you have a blood relative who has had the disease. If more than one family member has colon cancer or rectal cancer, your risk is even greater.
- **Low-fiber, high-fat diet.** Colon cancer and rectal cancer may be associated with a typical Western diet, which is low in fiber and high in fat and calories. Research in this area has had mixed results. Some studies have found an increased risk of colon cancer in people who eat diets high in red meat and processed meat.
- **A sedentary lifestyle.** People who are inactive are more likely to develop colon cancer. Getting regular physical activity may reduce your risk of colon cancer.
- **Diabetes.** People with diabetes or insulin resistance have an increased risk of colon cancer.
- **Obesity.** People who are obese have an increased risk of colon cancer and an increased risk of dying of colon cancer when compared with people considered normal weight.
- **Smoking.** People who smoke may have an increased risk of colon cancer.
- **Alcohol.** Heavy use of alcohol increases your risk of colon cancer.
- **Radiation therapy for cancer.** Radiation therapy directed at the abdomen to treat previous cancers increases the risk of colon cancer.

Lifestyle changes to reduce your risk of colon cancer

You can take steps to reduce your risk of colon cancer by making changes in your everyday life. Take steps to:

- **Eat a variety of fruits, vegetables, and whole grains.** Fruits, vegetables and whole grains contain vitamins, minerals, fiber, and antioxidants, which may play a role in cancer prevention. Choose a variety of fruits and vegetables, so that you get an array of vitamins and nutrients.
- **Drink alcohol in moderation, if at all.** If you choose to drink alcohol, limit the amount of alcohol you drink to no more than one drink a day for women and two for men.
- **Stop smoking.** Talk to your doctor about ways to quit that may work for you.
- **Exercise most days of the week.** Try to get at least 30 minutes of exercise on most days. If you've been inactive, start slowly and build up gradually to 30 minutes. Also, talk to your doctor before starting any exercise program.
- **Maintain a healthy weight.** If you are at a healthy weight, work to maintain your weight by combining a healthy diet with daily exercise. If you need to lose weight, ask your doctor about healthy ways to achieve your goal. Aim to lose weight slowly by increasing the amount of exercise you get and reducing the number of calories you eat.

When to see a doctor

If you notice any persistent symptoms that worry you, make an appointment with your doctor.

Talk with your doctor about when to begin colon cancer screening. Guidelines generally recommend that colon cancer screenings begin around 50. Your doctor may recommend more frequent or earlier screening if you have other risk factors, such as a family history of the disease [What Should I Know About Screening for Colorectal Cancer? | CDC](#) [Colon cancer - Symptoms and causes - Mayo Clinic](#)

The Importance of Physical Activity and Exercise

Why Is Physical Activity Important?

Exercise and physical activity are good for just about everyone, including older adults. No matter your health and physical abilities, you can gain a lot by staying active. In fact, studies show that “taking it easy” is risky.

Often, inactivity is more to blame than age when older people lose the ability to do things on their own. Lack of physical activity also can lead to more visits to the doctor, more hospitalizations, and more use of medicines for a variety of illnesses.

Staying active can help you:

- Keep and improve your strength so you can stay independent
- Have more energy to do the things you want to do and reduce fatigue
- Improve your balance and lower risk of falls and injuries from falls
- Manage and prevent some diseases like arthritis, heart disease, stroke, type 2 diabetes, osteoporosis, and eight types of cancer, including breast and colon cancer
- Sleep better
- Reduce levels of stress and anxiety
- Reach or maintain a healthy weight and reduce risk of excessive weight gain
- Control your blood pressure
- Possibly improve or maintain some aspects of cognitive function, such as your ability to shift quickly between tasks or plan an activity
- Perk up your mood and reduce feelings of depression

Emotional Benefits of Exercise

Research has shown that exercise is not only good for your physical health, but it also supports emotional and mental health. You can exercise with a friend and get the added benefit of emotional support. So, next time you're feeling down, anxious, or stressed, try to get up and start moving!

Physical activity can help:

- Reduce feelings of depression and stress, while improving your mood and overall emotional well-being
- Increase your energy level
- Improve sleep
- Empower you to feel more in control

In addition, exercise and physical activity may possibly improve or maintain some aspects of cognitive function, such as your ability to shift quickly between tasks, plan an activity, and ignore irrelevant information.

Here are some exercise ideas to help you lift your mood:

- **Walking, bicycling, or dancing.** Endurance activities increase your breathing, get your heart pumping, and boost chemicals in your body that may improve mood.
- **Yoga.** This mind and body practice typically combines physical postures, breathing exercises, and relaxation.
- **Tai Chi.** This "moving meditation" involves shifting the body slowly, gently, and precisely, while breathing deeply.
- **Activities you enjoy.** Whether it's gardening, playing tennis, kicking around a soccer ball with your grandchildren, or something else, choose an activity you want to do, not one you have to do.

[Real-Life Benefits of Exercise and Physical Activity | National Institute on Aging \(nih.gov\)](https://www.nih.gov/real-life-benefits-exercise-physical-activity)

The Connection between Health and Faith

We are a **Spirit**, have a **Soul**, and live in a **Body**
We are marvelously designed by God. He made us in a way that all our body systems work together in unimaginable and intricate ways. Our **soul, spirit, mind and body are all connected** and work together perfectly according to His design. Because we are designed by God, when we live according to His principles as outlined in the Bible, our life will be more full and we are more likely to experience a life of peace, joy and hope. This will create an environment that favors good health. We are very, very complex beings and only a living God could have created us as we are. It is by our **body** that we function. It's comprised of organs and cells which consists of protein carbohydrates and fats. Our body contains our nervous system with nerves and the brain. It's through our bodies that we connect to the physical world with our five senses. **Psalm 139:14** says that ***"I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well."***

Truly, we are fearfully and wonderfully made. How grateful we are to know God who made us through His Son, Jesus Christ, and to marvel not only at His knowledge but also at His love.

Important! All information presented in this newsletter is intended for informational purposes only and not for the purpose of rendering medical advice.