



Weekly Safety Tip

SCI Safety Slogan

Save a life, learn
CPR
James Lehrke-SCI

Of the Week

Beat the Chances of a Heart Attack...

World Heart Day September 30th 2007



Heart disease and stroke are the world's greatest killers, claiming 17.5 million lives a year which represents nearly one third of all deaths in the world. Source:www.cdc.gov

Conditions

Blood Cholesterol Levels Cholesterol is a waxy substance produced by the liver or consumed in certain foods. It is needed by the body, and the liver makes enough for the body's needs. When there is too much cholesterol in the body—because of diet and the rate at which the cholesterol is processed—it is deposited in arteries, including those of the heart. This can lead to narrowing of the arteries, heart disease, and other complications.

Some cholesterol is often termed "good," and some often termed "bad." A higher level of high-density lipoprotein cholesterol, or HDL, is considered "good," and gives some protection against heart disease. Higher levels of low-density lipoprotein, or LDL, are considered "bad" and can lead to heart disease. A lipoprotein profile can be done to measure several different forms of cholesterol, as well as triglycerides (another kind of fat) in the blood.

High Blood Pressure High blood pressure is another major risk factor for heart disease. It is a condition where the pressure of the blood in the arteries is too high. There are often no symptoms to signal high blood pressure. Lowering blood pressure by changes in lifestyle or by medication can lower the risk of heart disease and heart attack.

Behavioral Factors

Diabetes Mellitus- Diabetes also increases a person's risk for heart disease. With diabetes, the body either doesn't make enough insulin, can't use its own insulin as well as it should, or both. This causes sugars to build up in the blood. About three-quarters of people with diabetes die of some form of heart or blood vessel disease. For people with diabetes, it is important to work with a healthcare provider to help in managing it and controlling other risk factors.

Tobacco Use-Tobacco use increases the risk of heart disease and heart attack. Cigarette smoking promotes atherosclerosis and increases the levels of blood clotting factors, such as fibrinogen. Also, nicotine raises blood pressure, and carbon monoxide reduces the amount of oxygen that blood can carry. Exposure to other people's smoke can increase the risk of heart disease even for nonsmokers.

Diet-Several aspects of peoples' dietary patterns have been linked to heart disease and related conditions. These include diets high in saturated fats and cholesterol, which raise blood cholesterol levels and promote atherosclerosis. High salt or sodium in the diet causes raised blood pressure levels.

Physical Inactivity-Physical inactivity is related to the development of heart disease. It also can impact other risk factors, including obesity, high blood pressure, high triglycerides, a low level of HDL (good) cholesterol, and diabetes. Regular physical activity can improve risk factor levels.

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Source:Americanheart.org

Obesity-Obesity is excess body fat. It is linked to higher LDL (*bad*) cholesterol and triglyceride levels and to lower HDL (*good*) cholesterol, high blood pressure, and diabetes.

Alcohol-Excessive alcohol use leads to an increase in blood pressure, and increases the risk for heart disease. It also increases blood levels of triglycerides, which contributes to atherosclerosis.

Other

Heredity-Heart disease can run in the family. Genetic factors likely play some role in high blood pressure, heart disease, and other vascular conditions. However, it is also likely that people with a family history of heart disease share common environments and risk factors that increase their risk.

Heart Attack Signs

If the blood supply to the heart muscle is cut off, a heart attack can result. Cells in the heart muscle do not receive enough oxygen and begin to die. The more time that passes without treatment to restore blood flow, the greater the damage to the heart. Having high blood pressure or high blood cholesterol, smoking, and having had a previous heart attack, stroke, or diabetes can increase a person's chances of having a heart attack.

According to the American Heart Association, about 700,000 Americans have an initial heart attack and another 500,000 have a recurrent heart attack each year. According to a CDC report, almost half of the cardiac deaths in 1999 occurred before emergency services and hospital treatment could be administered.

It is important to recognize the signs of a heart attack and to act immediately by calling 9–1–1

- A person's chances of surviving a heart attack are increased if emergency treatment is given to the victim as soon as possible.

Symptoms of a Heart Attack

The National Heart Attack Alert Program notes these major symptoms of a heart attack:

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes, or goes away and comes back. The discomfort can feel like uncomfortable pressure, squeezing, fullness, or pain.
- **Discomfort in other areas of the upper body.** This can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath.** This often comes along with chest discomfort. But it also can occur before chest discomfort.
- **Other symptoms.** These may include breaking out in a cold sweat or feeling nausea or light-headedness. Source:www.cdc.gov

Workers with Burnout Less Likely to Receive Occupational Interventions *Published on 09/13/2007*

Employees with symptoms of burnout are actually less likely to participate in work-based interventions — such as stress reduction or occupational training — than workers without burnout, reports a study in the September *Journal of Occupational and Environmental Medicine*, official publication of the American College of Occupational and Environmental Medicine (ACOEM).

In contrast, workers with burnout are more likely to receive individual interventions — including antidepressants and other medications, according to the new research, led by Kirsi Ahola, M.A., of the Finnish Institute for Occupational Health, Helsinki.
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The researchers analyzed data from a nationally representative sample of 3,276 Finnish employees. The presence of burnout — defined as exhaustion accompanied by feelings of incompetence or that one's work isn't valuable — was assessed by questionnaire. Twenty-five percent of the workers had mild symptoms of burnout, while another 2.4 percent had severe burnout.

Workers with burnout — especially severe burnout — were less likely than workers without burnout to participate in occupationally focused interventions. This included various interventions designed to address workplace characteristics that may be associated with burnout: for example, work practice improvement, occupational training, stress reduction, or vocational rehabilitation programs. With adjustment for other factors, workers with severe burnout were about 40 percent as likely to participate in occupational interventions.

In contrast, burnout was associated with higher rates of individual interventions — including counseling, psychotherapy, and medications — designed to increase the worker's psychological resources. Workers with severe burnout were more than five times as likely to receive individual interventions, compared to those without burnout.

Workers with burnout were more likely to receive several types of medications for mental health problems, especially antidepressants. For workers with severe burnout, rates of antidepressant use were increased even after adjustment for the presence of depression and anxiety.

"The high antidepressant prescription rates raise the possibility that, in some cases, the symptoms of burnout have been misinterpreted as a mental disorder requiring medications and have therefore been treated with antidepressants or other psychotropics," the researchers write. Especially when they have no contact with the patient's workplace, doctors may feel medications are the only help they can offer.

"These findings suggest that the current situation in the prevention and treatment of burnout is not optimal," Ahola and colleagues write. They suggest that employees with burnout may be reluctant to talk about problems with conditions at work or their personal well-being, possibly for fear of being stigmatized.

In addition to further research and evidence-based interventions, the researchers call for efforts to extend stress management practices and occupational interventions to more employees with symptoms of burnout. For example, they suggest, "Occupational health professionals may be encouraged to contact supervisors, with the consent of the employees', to co-operatively discuss and adjust the work situation with the aim of reducing work stress." Source:www.kellersonline.com

OSHA eyeing emergency response and preparedness

OSHA is requesting information and comment from the public to evaluate what action, if any, the Agency should take to further address emergency response and preparedness. The Agency will be considering emergency response and preparedness at common emergencies (e.g., fires or emergency medical and other rescue situations), as well as large scale emergencies (e.g., natural and intentional disasters). OSHA's areas of interest are primarily:

- Personal protective equipment
- Training and qualifications
- Medical evaluation and health monitoring
- Safety management

The Agency will also be evaluating the types of personnel who would constitute either emergency responders or skilled support employees at such events, as well as the range of activities that might constitute emergency response and preparedness.

Comments must be submitted by the following dates:

- Hard copy: (postmarked or sent) by December 10, 2007.
- Facsimile and electronic transmission: sent by December 10, 2007.

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*We want to hear from you! Give us your input on any safety topics you would like to see in SCI's Monthly Newsletter or Safety Tip of the Week. Also let us know how you feel about the **new** format Drop an email @ jlconnections@aol.com*