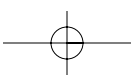
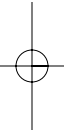


■ 1 ■

TREATING SYMPTOMS





■ HEAD CASES ■

HEADACHES

NURSE'S NOTE

So you've got a headache? Join the club. Ninety percent of men and 95% percent of women have at least one headache a year. Some people are more susceptible to having headaches—and then there are carriers, who inevitably cause headaches in others!

Very few headaches are caused by something serious such as a brain hemorrhage, infection, or brain tumor.

GET THEE TO THE ER

You need to call 911 for a ride to the ER if you have:

- A severe headache that came on suddenly. Some people describe these headaches as feeling like a “bolt of lightning” or a “thunderclap.”
- A bad headache and a stiff neck, and normal light hurts your eyes.
- A headache accompanied by numbness, tingling, weakness, trouble speaking, or droopiness on one side of your face.

- A headache after you were knocked unconscious or you can't recall what happened.

Headaches are one of the top two symptoms of people who come to the ER because they want drugs, not because they are really sick. If you go to the ER with a headache and feel like you're getting the third degree, don't take it personally.

CALL YOUR HEALTH CARE PROVIDER

- If you usually have headaches, but this one is different in that it's lasting longer, is in a different spot or has different symptoms associated with it.
- If you've taken prescribed headache medication, but it's not working.
- If you have the same type of headache a few times a week, and you haven't talked to your HCP about it.
- If you're missing work or school or are unable to carry out normal activities because of your headache(s).
- If you have a headache and also notice a change in your ability to taste, hear, or smell.
- If the headaches started after you began taking a new prescription or OTC medicine.
- If you can't figure out why you're having a headache, but it is not severe and doesn't occur with other symptoms that require a trip to the ER.

COMMON TYPES OF HEADACHES

Tension headache.

Approximately seventy-five percent of all headaches are tension headaches. They're usually a steady ache caused by muscle tension in the scalp, neck, and face. You might feel like your head is in a vise or that there's a band squeezing your head. Tension headaches come and go (sometimes daily), do not come on suddenly, and are not dis-

abling. Annoying, yes. Disabling, no. People rarely wake up with a tension headache. Instead you get them at the end of a long, stressful day, particularly if you haven't gotten much sleep and haven't had time to eat.

How you feel:

- Vice-like band around the head
- Comes on gradually during the day
- May also have neck and upper back pain

Nurse's order:

- OTC pain reliever

Migraine.

About one person in a hundred will have at least one migraine headache. A migraine is a specific diagnosis, not a catchall term to describe any bad headache. Three out of four people with true migraines are women. About 60% of the time, the pain is severe, on one side of the head, and is throbbing or pounding. A migraine makes you want to crawl into a very dark, quiet place because light and noise make the pain even worse. If you are having a true migraine, you may be sick to your stomach and may even vomit.

One in five people with migraines will have an aura—typically, flashing or bright lights that move across the field of vision. Some people may experience a partial loss of vision in one eye. Migraines may happen once or twice and can last for a few days, but they don't go away and come back daily.

How you feel:

- Pounding or throbbing pain, usually on one side of your head
- Pain often accompanied by nausea or vomiting

Other indicators:

- Might see flashing lights before the pain starts

Nurse's order:

- OTC pain reliever with caffeine
- Prescription medication to take at the first sign of the beginning of a migraine attack

Cluster headache.

This type of headache got its name because it comes in patterns or groups called clusters. Unlike people with migraines, who don't want to move, people with cluster headaches may pace or rock because the pain is so bad. These headaches can awaken you in the middle of the night—often at about the same time—over a few weeks. Then the headaches can go away for months or years. Only 1% of people have cluster headaches, and 85% occur in men. Cluster headaches have very typical characteristics, but it may be difficult to get to an HCP while one is occurring to get an “official” diagnosis.

How you feel:

- Severe pain, often described as feeling “like a hot poker in the eye”
- Pain often awakens you from sleep
- Pain occurs frequently for a period of time, then may go away for months or years

Other indicators:

- Eye is often tearing and red on the same side as where the pain occurs and nose may be plugged

Nurse's order:

- Prescription for pain medication from your HCP

TECHNICALLY SPEAKING . . .

A headache does not mean your brain hurts because the brain has no pain sensors. Instead, you feel impulses from muscles, nerves, and blood vessels inside and outside the skull.



Frequently Asked Questions

Q. *What causes migraines?*

A. There is some debate about this, but migraines are related to changes in the blood flow to the brain—either too much or too little blood flows in response to certain triggers that can range from foods to weather changes and even flickering lights.

Q. *Can substances in foods and drinks cause headaches?*

A. Absolutely. Many people can get a migraine after being exposed to sulfites, found in many wines, and once used in salad bars to keep the produce looking fresh. MSG is another culprit, as are food preservatives containing nitrates or nitrites, such as the sodium nitrite found in hot dogs. A headache diary can help you pinpoint your headache triggers.

Q. *Do headaches run in families?*

A. Migraines do; cluster headaches do not. However, if there is a lot of turmoil in a family, people can “learn” to have headaches if it gets them out of tense situations. In that case, headaches run in families behaviorally, but not genetically.

NURSE'S WISDOM

- With a tension headache, you're less likely to be able to point to where it hurts with one finger than with other types of headaches.
- Any enteric-coated medicine (such as coated aspirin) will take longer to work because it won't break down until it leaves the stomach.
- Lie down with a scented eye pillow over your eyes. The pillow will block out light, and the scent (of your choosing) can be very relaxing. Eye pillows filled with flaxseed can be chilled in the freezer. I use the ones from It's My Nature (888-445-5051)



Did You Know?

A study of people having chronic tension headaches (more than 15 a month) discovered that combining an antidepressant drug with stress management provided better relief than either treatment alone. In this research, patients were taught home management of stress, such as muscle relaxation, problem-solving techniques, coping skills, and using audiotapes as stress-management tools. Not as many pain relievers were needed because headaches were fewer and less severe.

because they use the principles of herbal medicine and have made different eye pillows containing different herbs based on whether you need to reduce stress, clear your nose, or rest your eyes after too much computer time.

- If you have chronic headaches and are under the care of a specialist, ask for a note you can carry with you in case you need to go to the ER. The note will help establish your diagnosis and speed your care.
- Do you wake up with a headache most mornings? Do you drink a lot of coffee or soda? If so, your morning headache may be due to caffeine withdrawal. If it goes away after that first cup in the morning, you can make your own diagnosis.
- Drank too much alcohol the night before? Even if you're queasy, eat something because low blood sugar worsens the headache. Try honey on toast or crackers, these complex carbohydrates will help your liver get rid of the alcohol. Stay away from acetaminophen, which can stress an already overworked liver. And drink plenty of fluids as dehydration is one of the main causes of hangover symptoms.
- Headache pain is real. Don't stand for an HCP who doesn't take your pain seriously "just because it's stress." Pain is what you tell us it is, and pain specialists have many tools at their disposal for you.

- If you're not getting relief from the remedies discussed here, mention your headaches to your dentist. Sometimes headaches can be related to what's commonly called TMJ, a disorder of the temporomandibular (TEM-m-pour-oh-man-DIBB-you-lar) joint—the place where your lower jaw connects to your skull—or teeth grinding.

SELF-CARE

Keep a headache diary. Your headache may be related to a particular food, time of day, situation, the weather, and, for women, the time in the menstrual cycle.

Tension headache:

- Try the OTC pain reliever you like best.
- Avoid multisymptom remedies if you have a simple tension headache. Why take an antihistamine or decongestant if you don't need it?
- Put a heat or cold pack—whichever works best for you—across your forehead and at the base of your skull.
- Take a hot shower and let the water beat down on your upper neck and shoulders to relax the muscle spasms that can trigger headaches.
- Use aromatherapy such as an eye pillow, candle, or other scent to ease your mood. (I have coconut candle I light when I need to think about sitting on the beach in St. Thomas drinking a piña colada.)

Migraine:

- Add caffeine to your pain medicine, which can help relieve migraine pain.
- If you think you are having true migraines, be sure to see your HCP for a work-up and clear diagnosis. Prescription drugs are available to prevent and treat the early phase of a migraine *before* the pain is disabling.

- Go to a dark, quiet place if you are having a migraine headache. Unplug the phone.

Everyday headaches:

- Don't starve. Low blood sugar can cause a splitting headache.
- Try not to get drunk. The first drink always goes down fastest, so make it club soda or sparkling water. Drink one glass of water after every alcoholic drink.
- Be sure to drink plenty of nonalcoholic fluids, particularly when it is hot outside. Dehydration can cause headaches, too.

PAIN REMEDIES

One of the saddest experiences for me working in the ER was when, typically, a teenaged girl would come in after having taken an overdose of pain medicine—not necessarily to harm herself, but to “send a message” to someone with whom she was angry. “After all,” these young women thought, “it’s only headache medicine!” They had no idea that overdoses of acetaminophen can cause liver damage, and aspirin can cause bleeding and severe chemical abnormalities.

The maximum recommended dose of acetaminophen is 4,000 milligrams per day; yet people with liver damage took a median dose of 5,000 milligrams per day. These are fine medicines, but like any drug, you can't simply take extra doses without potentially serious consequences.

Reading labels is absolutely essential when choosing a pain medicine. Acetaminophen is used in hundreds of remedies, not just pain medicines. If you are particularly sensitive to caffeine, you may want to avoid the pain relievers that include caffeine. And, just because a product says “Tylenol” on the label doesn't mean it contains acetaminophen. In the future, other pain medicine brand names may be used as a product name for drugs that do not contain the pain medicine.

Acetaminophen.

This is the active ingredient in Tylenol, a very popular OTC pain remedy. It is more gentle on the stomach than the other pain medicines. It has less anti-inflammatory properties than the other OTC pain medicines. However, it can be toxic to the liver.

Acetaminophen/Aspirin/Caffeine.

This combination has been approved for use OTC to treat migraine pain in addition to other types of pain. Research shows that combining pain medicines from different categories can enhance pain relief and adding caffeine can relieve headache pain 40% better than taking the same medicine without caffeine.

Aspirin.

This drug has been used for over a hundred years. It suppresses the body's pain messages to the brain and reduces the inflammation and swelling that often causes pain. Aspirin's most common side effect is stomach irritation; coated aspirin that dissolves in the intestine and not the stomach can protect the stomach, but the drug will not get into the body as quickly if you have a splitting headache.

Aspirin/Caffeine.

Caffeine enhances the absorption of aspirin from the stomach when they're taken together for headache pain in particular, and taking this combination allows you to take lower doses of aspirin to get the same pain relief, lessening the chance of stomach irritation.

Ibuprofen, Ketoprofen, Naproxen.

These are all nonsteroidal anti-inflammatory drugs, or NSAIDS (EN-seds). In addition to relieving pain and inflammation, these drugs are particularly effective in relieving menstrual cramps because of the way they work in the body to reduce prostaglandin, a hormone that accentuates inflammation and pain. No research

shows one of these three drugs to be superior to the others; you'll need to see if one works better for you.

+ When to Consider

- To treat mild to moderate pain.
- Some of these medicines will also reduce inflammation and swelling.

⊘ Do Not Use

- Do not take acetaminophen if you have liver disease.
- Do not take acetaminophen if you drink more than three alcoholic beverages a day.
- Do not take aspirin if you are taking prescription anticoagulants (blood thinners).
- Use caution with aspirin and NSAIDs if you've had a bleeding stomach ulcer.
- Use caution taking NSAIDs if you are taking medicine to lower your blood pressure; the interaction can lessen the effectiveness of the blood pressure drug(s).

LISTEN UP!

- If you are having the worst headache you have ever had, and it came out of nowhere, go to the ER by ambulance.
- As tempting as it may be, do not take more than the recommended dose of any headache medicine. If you can't get relief from self-care call your HCP or go to the ER.
- If everybody in the home has a headache at once and no one is sick, you may have a carbon monoxide leak. Get out of the area and call the fire department to check carbon monoxide levels.



Did You Know?

Caffeine boosts the effectiveness of pain relief when used with aspirin or acetaminophen, or with both in combination. To give you an idea of how much caffeine we're talking about, here are some comparisons:

CAFFEINE SOURCE	AMOUNT IN MILLIGRAMS
Excedrin	65 mg/tablet, 130 mg per dose
Anacin	32 mg/tablet, 64 mg per dose
Brewed coffee, 8 oz	135 mg
Diet Coke, 12 oz	45 mg
Mountain Dew, 12 oz	54 mg
No-Doz	100 mg/tablet
Vivarin	200 mg/tablet

The average American consumes about 200–300 mg of caffeine per day, mostly from coffee.

EARACHES AND HEARING LOSS

NURSE'S NOTE

The most common ear problem is ear pain, usually caused by infection; fullness or pressure in the ear; and changes in hearing, which can include ringing in the ears, muffled sounds, or gradual hearing loss.

Earwax buildup is one of the most common causes of hearing loss. The most common cause of wax blockage? Attempts to clean the ear with cotton swabs or twisted washcloths that drive the wax too deep in the ear.

GET THEE TO THE ER

Ear problems rarely need emergency treatment. However, you need to go to the ER if:

- You have severe ear pain.
- Your sudden hearing loss or change is associated with other symptoms such as a severe headache (see page 3) or vertigo (see page 73).

CALL YOUR HEALTH CARE PROVIDER

- If ear pain persists or increases despite self-care, and you have a fever.
- If you have drainage from the ear that looks like blood and/or pus.
- If you have an earwax buildup that doesn't respond to self-care.
- If moderate pain persists for four or five days.
- If there is redness, swelling, or tenderness when you touch the bone behind your ear.
- If ringing in your ear(s) doesn't go away on its own within about 24 hours.

COMMON TYPES OF EARACHES

Ear infection.

There are two main types of ear infections: in the outer ear canal and in the middle ear.

An outer ear infection (also called swimmer's ear) is an inflammation with or without infection occurring in the outer ear canal—the part of the ear leading from the eardrum to the opening on the side of the head.

How you feel:

- Pain in outer ear that usually gets worse if you tug on the ear
- May be some hearing loss

TREATING SYMPTOMS

15

Other indicators:

- Discharge from ear may be present
- Usually not sick
- Skin in ear canal may crack or flake due to chronic moisture

Nurse's order:

- Put a few drops of hydrogen peroxide in the ear, followed by a few drops of rubbing alcohol, to dry the ear canal. Use a dropper; never a cotton swab.
- Use antibiotic ear drops if your HCP determines an infection is present

Middle ear infection or *otitis media* (oh-TY-tis MEE-dee-uh)

This is a bacterial or viral infection in the middle ear behind the eardrum. Pain comes from a bulging eardrum when fluid and pus are trapped behind it.

How you feel:

- Mild to severe pain deep in the ear
- Hearing may be muffled

Other indicators:

- May feel sick and have a fever
- Discharge is rare, unless eardrum ruptures

Nurse's order:

- OTC pain reliever
- Prescription to treat infection if indicated after an exam by your HCP

Airplane ears.

This condition is caused by pressure buildup in the middle ear (see page 19).

How you feel:

- Pressure or fullness in the ears, and some ear pain
- Hearing loss and ringing in the ears possible

Nurse's order:

- OTC decongestants

Earwax buildup.

Earwax is a thick liquid that normally coats the outer ear canal to trap particles and protect the eardrum. The wax normally drains out of the ear. Sometimes, though, it becomes dry and packed, particularly if you have poked in your ear with cotton swabs, your finger, or other small instruments.

How you feel:

- Hearing loss often the first sign
- Mild ear pain or discomfort
- Ringing in the ears common

Nurse's order:

- Use OTC earwax kits to loosen and drain excess earwax
- Avoid using cotton swabs to clean the ear

Ringing in the ears.

A continuous noise in the ear(s) that people describe as ringing, roaring, or buzzing—called tinnitus (TIN-uh-tus)—affects about 50 million Americans. It can happen after exposure to loud noise. If, for example, after enjoying a concert or attending an auto race you still hear a sound like the roar of the crowd when you get into your quiet car or back home, that's tinnitus. You're lucky when it goes away in an hour or so. If you are a big race fan and often go to the track, or attend loud concerts regularly, use earplugs to protect your hearing, just as people who operate jackhammers do. Many rock stars wear ear protection on stage, and many of the more senior

rockers have serious hearing loss. Your ears may also “ring” if you take too much aspirin, which can happen to people taking high-dose aspirin therapy under the supervision of their HCP for treatment of a condition such as rheumatoid arthritis. The sound is most noticeable when you’re in a quiet place, and only you can hear it. Drop the aspirin dose, and the noise will be gone in about a day.

Hearing loss.

More than 28 million Americans have some degree of hearing loss. There are two types of hearing loss:

- Sensorineural, the term used for a problem with the structures behind the eardrum or the acoustic nerve that sends sound signals to the brain.
- Conductive, the term used when sounds can’t reach the eardrum and inner ear. The most common culprit? Earwax packed in the ear canal. However, certain infections and fluid in the ear can also cause conductive hearing loss.



Frequently Asked Questions

Q. *If I can't use a Q-tip, how can I clean my ears?*

A. Actually, your ear is designed to clean itself quite nicely. If everything is normal, you shouldn't need to do much ear cleaning. If you do have wax buildup, see Self-Care (page 20).

Q. *Is there a way to treat tinnitus?*

A. If a work-up does not identify a treatable cause, tinnitus is now being managed with tiny devices similar to hearing aids that can be set at different frequencies to mask the tinnitus noise. If tinnitus does not go away after you've been exposed to loud noise at a race track or concert, call your HCP to get your hearing checked.

TECHNICALLY SPEAKING . . .

The Eustachian tube connects the middle ear to the throat. It provides a path through which pressures can equalize, preventing pressure build-up behind the eardrum. When your ears “pop” in a plane or when you’re driving into areas with higher elevation above sea level, that is pressure releasing through the Eustachian tube. If this tube gets blocked, trouble follows. What blocks it? Most commonly, swelling from allergies or a cold virus.

Unrelieved middle ear pressure can create a vacuum that draws fluid into the space, creating an ideal place for bacteria to grow. If pressure gets too high, the eardrum can rupture. Sometimes an HCP will make an opening in the eardrum to relieve pressure before it ruptures.

NURSE’S WISDOM

- Don’t automatically attribute ear pain to something wrong with your ear; remember that the actual source of the problem could be your teeth, sinuses, jaw, or tonsils.
- There is some debate about whether antibiotics should be prescribed for every earache with a bulging eardrum. In some cases, the pain is caused by a fluid collection and not an infection. Don’t insist on a prescription if your HCP gives you an explanation as to why it’s not warranted after an exam.
- Resist the urge to get a diagnosis over the phone and have a prescription called in. A painful ear deserves a look.
- When you apply heat to a sore ear, it can loosen the wax and cause it to run out of the ear. That’s normal.
- Never flush your ear with cold water. It can stimulate a reflex that will make you very dizzy and even vomit.
- Roll a bottle of eardrops between your palms to warm the fluid to body temperature, just before it goes in your ear.
- Hydrogen peroxide isn’t the best ear cleanser. When the oxygen fizzes away, it leaves water in the ear, which is what causes “swimmer’s ear” in the first place. If you use hydrogen peroxide, follow up with a few drops of rubbing alcohol to dry the ear canal.

- Check the label carefully and know the difference between eardrops and eyedrops; mixing them up is more common than you might think.

SELF-CARE

For all simple ear pain, try applying heat with a warm washcloth or a heating pad set on low. Do not fall asleep on the heating pad! Take the OTC pain medicine you prefer—acetaminophen, aspirin, or ibuprofen. Never insert anything into the ear unless it is to put in eardrops.

Ear infection (middle ear):

- Use prescriptions as ordered. If antibiotic pills are prescribed, be sure to take every last one, even if you feel fine after a few days.
- Sleep with your head propped up to help the middle ear drain.

Ear infection (outer ear):

- Keep your ears dry; shake your head to drain the water after a shower, or gently dry the ear using a hairdryer on low held about 18 inches away.
- Make protective drops: combine equal amounts of rubbing alcohol and white vinegar, and put a few drops in each ear with a dropper after showering or swimming. You can also buy OTC drops for this purpose.
- Limit the use of earplugs that block the ear and hold water in.
- Treat any skin conditions that may contribute to the problem, such as eczema or psoriasis.

Airplane ear:

- Swallow frequently. Think about yawning, and you will. Both of these tricks often release the pressure most effectively. Chewing gum and sucking on hard candy also work.
- If you're sensitive, don't sleep during takeoffs and landings,

when the pressure changes are greatest. You're less likely to swallow when you're asleep.

- If you have allergies or are congested, take a decongestant a few hours before takeoff to keep the Eustachian tube open.

Earwax buildup:

- Mineral oil warmed to body temperature (no microwave) can soften earwax. Put a few drops in each ear twice a day.
- After softening the wax, try flushing it out by directing the warm water flowing from a showerhead into your ear.
- If these steps don't work, try an OTC earwax softener and gently flush the ear with warm water and an ear syringe. Use only a syringe designed for this purpose.

ringing in the ears:

- If you take aspirin every day as prescribed, check with your HCP about reducing the dose.
- Talk with your pharmacist (or check online) to see if any medicines you're taking could cause ringing in the ear.
- Minimize your exposure to loud noises and be sure to wear ear protection when mowing the lawn, riding the subway, or at loud recreational events.
- Avoid smoking cigarettes or drinking alcohol or caffeine—all can make the noise worse.
- If the noise makes it hard for you to sleep, play classical music or get a radio that also plays nature sounds to mask the noise.

LISTEN UP!

Follow the old saying and never put anything in your ear canal smaller than your elbow.

EYE IRRITATION AND VISION CHANGES

NURSE'S NOTE

It's simple—you get two eyes, and that's it. So don't mess around when there's a problem. Eye symptoms need to be addressed promptly, whether it means calling your HCP or going to the ER. You should also have a personal or family ophthalmologist—an “eye MD.” If you wear eyeglasses or contacts, it's fine to have your vision checked by an optometrist, but you should have a complete eye exam by an ophthalmologist early on—typically at the end of high school, and then as often as recommended based on any risk factors you may have for eye diseases such as glaucoma.

There is no condition for which rubbing your eyes helps, and in many cases, you can do harm by rubbing. I know it's virtually impossible not to rub your eyes since you may not even realize you're doing it. But think about it next time your eyes are bothering you.

GET THEE TO THE ER

You don't necessarily have to call 911, but have someone give you a ride or go with you by mass transit if:

- Something is in your eye and it doesn't come out with an eye-wash, particularly if there's a visible speck on the eyeball.
- You feel like there is something in your eye but can't see a speck. A scratch on the eye's surface (called a corneal abrasion) feels just like a grain of sand in the eye. It's common in contact lens wearers.
- You have eye pain, and the area around the eye on your face is red, hot, and swollen.
- You have a sudden loss of vision, have lost part of your visual

field (for example, you can see straight ahead, but nothing on the side), or you have the feeling that a curtain is being raised or lowered in your field of vision.

- You're in pain, and your eye is sensitive to light, with or without blurred vision.
- Your vision is impaired after a head injury.
- You suddenly develop double vision.

CALL YOUR HEALTH CARE PROVIDER

For many eye conditions, try a quick call to your ophthalmologist to see if you can meet him at the office rather than going to the ER. Conditions that can be handled with an initial phone call include:

- A sty that blocks your vision.
- A significant increase in the number of floaters in your eye.
- Dry eye that doesn't respond to OTC eyedrops.
- Problems related to contact lenses that don't involve an eye injury, such as a corneal abrasion.
- An increase in eye irritation.
- Your vision becomes blurred or changes in any other way.
- If you have eyeball pain, not just irritation.
- Any eye symptoms lasting longer than seven days.

INSIDER INFO

- If you have eye symptoms *not* caused by injury, call your ophthalmologist first. That office will have more equipment to perform a complete eye exam than the ER does. If you can, get an emergency appointment (and almost all offices hold slots open during the day if you really need to be seen). Otherwise, talk to the specialist on the phone and she'll let you know whether to meet her at the office, or if you should go to the ER instead. If you are having an eye problem, do not drive! However, if you have any of the conditions listed

above, and you can't contact an ophthalmologist right away, don't wait, come in.

COMMON CAUSES OF EYE IRRITATION

Conjunctivitis (also called pinkeye).

This is an inflammation of the membrane that lines the eyelids and covers the eyeball. It can be caused by bacterial or viral infection, allergies, and other irritants. If the cause is an infection, it is *highly* contagious, so careful hygiene is essential. Be sure to wash your hands thoroughly if you have to touch your eyes.

How you feel:

- Eyes are irritated and bloodshot
- Vision seldom impaired

Other indicators:

- Drainage clear with irritation or allergy, or more thick and pus-like with infection
- Eyelids stuck together or crust on eyelashes when you wake up

Nurse's order:

- Apply warm compresses to clean eyes of crusts or drainage
- Avoid wearing contact lenses or eye makeup
- Call HCP if no improvement in 48 hours despite self-care

Dry eye.

In this condition, eyes lack moisture. Dry eye is a common side effect of antihistamines and birth control pills. It can also occur if you work at a computer because you blink far fewer times per minute when you are focused on the screen than at other times. Ten million Americans have dry eye syndrome.

How you feel:

- Eyes are dry and irritated, and may burn
- Vision is not impaired

Nurse's order:

- Moisten eyes with OTC artificial tears
- Follow up with HCP if OTC artificial tears do not relieve symptoms

Sty.

This is a bump, like a pimple, on the eyelids or the edge of the lid caused by an infection at the base of an eyelash. They're very common and, like a pimple, usually come to a head, drain, and go away.



Frequently Asked Questions

Q. *What are floaters?*

A. Floaters are stray cells or little bits of protein within the eye that float across your field of vision. Just about everybody has them, and you'll no doubt see more when you are thinking about it and looking for them. Mention it to your HCP the next time you visit, and if you see flashing lights or permanent marks in your vision, have it checked out promptly.

Q. *Sometimes my eye twitches. What does that mean?*

A. Eye twitches are muscle spasms of the tiny muscles around the eye, typically those around the outside corner. They can spasm when you are overtired or under stress. It's nothing to worry about unless it lasts continuously for more than a day. Then, touch base with your HCP.

Q. *I am getting older and need bifocals, I have astigmatism, or (fill in the blank). That means I can't wear contacts, right?*

A. Wrong! If you want contact lenses and haven't had an evaluation in a few years, check again. A number of technical advances now allow people with a variety of vision problems to wear contacts. My contacts fix my astigmatism and give me both magnification for reading and improved distance vision.

If the sty swells enough to impair your vision or doesn't improve despite self-care, contact your HCP.

A NOTE ABOUT CONTACT LENSES

If you wear contact lenses every day, make sure you have a backup pair of eyeglasses! You never know when an injury, mild infection, or irritation can occur, meaning you need to put the contacts away for a few days. I can't tell you how many times I've told patients they needed to leave their contact lenses out for a few days, and they told me they had no eyeglasses. It never dawned on them that they might need them. Putting anything in your eye when there's a problem (other than medication, of course) can cause serious complications.

Wearing contact lenses means you must be responsible and keep your eyes healthy. As a lens wearer and nurse who's cared for my share of eye problems, my key rules are:

- Be meticulous about cleaning lenses if you don't wear disposable, single-use lenses.
- Never, ever touch your lenses or eyes until you have washed your hands thoroughly (or use one of the waterless hand sanitizers).
- Get an annual eye exam by an optometrist or ophthalmologist who has experience with contact lens wearers, knowing what special things to look for that are unique to contact lens wearers.
- Have that backup pair of eyeglasses.

If you wear contacts for cosmetic reasons, you may also want to wear glasses instead of contacts if you're just spending the day around home to give your eyes a break. If you're working at your computer, eyeglasses are a wise choice over contact lenses.

You may also want to look into daily disposable lenses. Since you put in a brand new pair every day, there's no cleaning required so the risk for infection is much lower than with traditional lenses. The clarity of vision is great.



Did You Know?

Contact lenses can be permanently stained and ruined by medications that change the color of body fluids and by dyes used to examine the eye. The two most common drugs are Rifampin, an antibiotic used to treat tuberculosis or exposure to meningitis; and Pyridium (phenazopyridine), used to decrease pain from bladder spasms when you have a bladder infection.

Fluorescein eye stain, used to facilitate eye exams, will also dye contact lenses a yellow-orange color. Waterproof mascara can stain lenses the color of the mascara.

NURSE'S WISDOM

- Many medical conditions affect your eyes. Some diseases with eye complications—such as diabetes—are well known. Others are less well known, such as dry eye associated with a skin condition called rosacea. Ask about potential for eye involvement with any new diagnosis and whenever you get a new prescription, particularly if you wear contact lenses or work at a computer all day.
- Medicines that list “dry mouth” as a side effect are also likely to dry your eyes.
- Antihistamines will dry your eyes as they dry all the fluids in your body.
- Many people can't keep their eyes open to put drops in. If you're one of those people, first make sure your eyelids are clean (thoroughly remove any eye makeup). Then, lie on your back and, with your eyes closed, squeeze the bottle to put the drop in the inside corner of your eye. When you open your eyes, the drop will flow in.
- To get the best concentration of medicine in the eye, immediately after the drop is in the eye, squeeze your eyelids tightly

together. Or squeeze the bridge of your nose near the inner corner of the eyes to block the tear duct that can drain the medicine.

- Do not touch the tip of any eyedrop bottle with your hands, and don't allow it to touch anything else because the tip is sterile. Take special care not to touch the tip to the eyelid or eyelashes. Put the cap back on immediately.

SELF-CARE

Conjunctivitis:

- Remember how contagious infectious conjunctivitis is, and wash your hands before and after you touch your eye(s). Don't rub your eye(s).
- Using a single, moistened cotton ball to wipe drainage from the eyelid and eyelashes. Sweep from the inside corner to the outside corner, using each cotton ball only once. Throw it in the trash immediately; don't let them pile up around the sink before you toss them.
- Apply cold or warm compresses to the eye(s) a few times each day (whichever makes you feel better), taking care to separate these washcloths from other laundry, and wash them in hot water.
- Do not wear eye contacts or eye makeup until the symptoms are completely gone for about 48 hours.
- Discard and replace any eye makeup that might have been contaminated.
- Never share eye makeup (under any circumstances), and don't share washcloths, towels, or handkerchiefs with someone who has conjunctivitis. Wash pillowcases in hot water and change them frequently. Also change the sheets once the infection is cleared up.
- If the inflammation is caused by an irritant, avoid exposure whenever possible.
- Don't go swimming while you're potentially contagious.

Dry eye:

- Use OTC artificial tears eyedrops.
- Stay away from irritants such as cigarette smoke, or air blowing in or on your face (such as from an air conditioning duct).
- If your allergy symptoms are limited to itchy, burning eyes, use antihistamine eyedrops instead of taking a pill that will affect your whole body.
- Drink plenty of fluids. Water is best.
- Take a break. If you work at a computer, plan times away from the screen when you might return telephone calls, do filing or take care of some other task that gets your eyes off the screen.

Sty:

- Apply warm, moist compresses to shrink the sty or bring it to a head so it will drain. Either will relieve discomfort. You can also apply a wet tea bag for relief.
- Don't rub the eye or squeeze the sty in an attempt to drain it.
- Avoid eye makeup or contact lenses until the condition is resolved.

EYE IRRITATION REMEDIES

Self-treatment with eyedrops should only be for very minor conditions, or to wet contact lenses as directed by your optometrist. If your eyes are dry without an obvious cause, have your eyes checked. A number of medical conditions can cause dry eyes, and dry eyes can be a side effect of many medications. Untreated dry eyes can put you at risk for further eye irritation and injury.

In addition to the three types of eye medication drops, there are also artificial tears and rewetting drops that add moisture.

Antihistamine.

Antazoline and pheniramine maleate are both antihistamine eyedrops. They reduce the itching and redness in the eyes caused by allergies. If your allergy symptoms are limited to your eyes, or if your

eyes bother you the most, you can use these medications and avoid the side effects that affect many parts of your body when you take antihistamine pills. They may burn at first when you put them in; that's normal when your eyes are irritated.

Decongestant.

Just like decongestant pills, decongestant eyedrops, including naphazoline and oxymetazoline, shrink tiny blood vessels. The drops work on the white area of your eye (called the sclera) to reduce congestion, redness, and that bloodshot appearance.

Astringent/Analgesic.

Zinc sulfate promotes tissue healing and shrinks tiny blood vessels, reducing congestion in the eye; these actions also reduce pain and discomfort from eye irritation. It reduces redness and bloodshot eyes, too.

Eye lubricants.

These were once only available by prescription but are now available OTC for treatment of dry eye under the care and direction of your ophthalmologist. These are much thicker than other eyedrops and will make vision blurry for five to ten minutes after application. Ask your HCP if these drops are right for you. Do not use them as a substitute for an eye exam.

+ When to Consider

- Use antihistamine drops for treatment of itchy eyes related to allergies.
- Use decongestant drops to decrease the appearance of bloodshot eyes.
- Use one of these four medications to treat the cause and to soothe irritated eyes
- Use artificial tears to moisten dry eyes.

Do Not Use

- Do not use eye medication if your eye irritation or redness is associated with pain, blurred vision, or other visual changes.
- Do not use eye medication while you are wearing contact lenses. (But remember you shouldn't be wearing contact lenses if your eyes are so irritated you need drops!)
- Do not mix prescription eyedrops with OTC eyedrops without consulting your ophthalmologist.

LISTEN UP!

Granted, some people are lucky. But if you are not meticulous about washing your hands before you apply anything to your eyes, you *will* end up with an infection. Wash your hands, and don't touch the tip of eyedrops bottles to your eye, eyelid, skin on your face, or any surface that can contaminate it. Keep the cap visible, such as on a table, and replace the cap as soon as you've put the drops in your eyes. And, don't mess around. If your eyes aren't back to normal in a few days, see an ophthalmologist.

TOOTHACHES AND MOUTH PAIN

NURSE'S NOTE

As a true dental-phobe who can't sit in a dentist chair without my customized hypnosis tapes, I am close to breaking out in a sweat just writing this. If you feel the same way, you understand exactly what I mean. But that's no excuse to neglect your dental and oral care.

If you have dental problems, don't settle for a so-so dentist. Once you find a great dentist (by asking everyone you know and researching "best dentist" lists), you can then build your team with a root canal specialist and oral surgeon (if you've neglected your teeth, you'll probably need both). Once your dentist gets to know you, he or she can refer you to specialists who will take good care of you personally and do top-notch work in your mouth as well.

GET THEE TO THE ER

Mouth problems rarely call for emergency care, yet many people go to the ER when they have a bad toothache. The problem is that ERs aren't equipped to do dental care. They'll just tell you to see a dentist in the morning. If you have a dental emergency, call your dentist first. He'll have the equipment to manage a variety of problems.

CALL YOUR HEALTH CARE PROVIDER

- If your cold sore doesn't go away after a week or ten days.
- If you have a cold sore and eye pain or a change in vision. The infection may have spread to your eye.
- If you have sores in your mouth, a fever above 101 degrees, and/or chills.
- Call your dentist for any dental emergency or severe pain before going to the ER; the dentist is much better equipped to manage a dental condition.

INSIDER INFO

There is a great deal of research showing a relationship between dental disease and illnesses such as heart disease, stroke, diabetes, and inflammation of the pancreas. In one comprehensive study, people with periodontal disease had a significantly higher incidence of heart disease, stroke, and premature death than those who had healthy mouths.

COMMON TYPES OF DENTAL AND MOUTH PROBLEMS

Toothache.

A toothache typically comes in three varieties:

1) A miserable constant ache caused by something as simple as that popcorn hull stuck between your teeth, or decay or an abscess beneath the tooth. An abscess can be extremely painful (to the point of interfering with sleep) because pus collects in a closed space in your gum or jaw. The resulting pressure causes intense pain since swelling cannot dispel the pressure here.

2) You see stars when you bite down or the dentist touches a cracked filling or cracked tooth. Cracked fillings are easy to replace. Cracks (also called fractures) in the tooth are not so simple. The tooth may have to come out if the fracture is vertical and goes into the root. If the fracture is horizontal, the tooth can be saved. Typically, you'll need a root canal, then the tooth is covered with a crown.

3) Sensitivity to cold can occur in normal teeth. It can also result from excessive tooth brushing, tooth decay, or receding or infected gum tissue. Products used to whiten your teeth can cause sensitivity as well.

Tooth knocked out.

If a tooth is loose, call your dentist immediately. If an injury knocks out a tooth, find it, and call the dentist immediately. There is debate among experts whether it is best to place the tooth between the gum and jaw (as long as there is no chance you'll swallow it) to keep it moist with saliva, or to put it in a glass of milk. What's essential is that you don't let it dry out. Handle it as little as possible, and then only by the biting surface. Don't touch the root.

Bad breath.

A number of factors can combine to cause bad breath. They include foods, such as onions and garlic; bacteria mixed with food particles

(a.k.a. “morning breath”); smoking; dry mouth (saliva cleans the mouth and removes particles that cause odor); dental diseases and infections; and medical diseases such as respiratory infections, diabetes, and acid reflux from the stomach. You can cover your bad breath with mouthwash, but if a friend or loved one tells you your breath is bad, it’s best to seek out the cause and treat that.

Cold sore (also called a fever blister).

Cold sores are caused by a herpes simplex virus infection. And they are contagious. As one of my nursing instructors said, “If you have a cold sore, be sure to keep your mouth above your waist—or anyone else’s,” because herpes can be transmitted to other mucous membranes. Because cold sores are a viral infection, the first time you have an outbreak, you’ll likely feel sick and have swollen glands. Most people don’t remember this because it usually happens before age seven. Then the herpes virus will wait silently in your mouth until you have a fever from another illness, are under stress, or get a lot of sun exposure because you forgot to put sunblock on your lips. In some people, certain foods may trigger a cold sore—you’ll learn which foods they are for you. Almost everyone has had a cold sore at least once by adulthood, and they know the telltale tingling or itching that occurs just before a sore appears. Cold sores are known for popping up at the most inopportune times—before an important job interview, before a big family get-together, even before your wedding! The common denominator? Stress.

How you feel:

- Itching or tingling sensation on lips or nearby skin
- Red swelling on the lips and nearby skin
- Swelling develops into painful red blisters

Nurse’s order:

- Start treatment with OTC docosanol (Abreva) at the very first sign of an outbreak, even if you don’t see a sore.
- Take HCP-prescribed antiviral medications

Canker sore.

Unlike cold sores, canker sores are not contagious. Instead, they're caused by injury or irritation in the mouth—from spicy foods, from pizza that's too hot and burns the roof of your mouth, from a sharp edge on a tooth, from biting your tongue (particularly when your mouth is numb after dental work), or from food allergies or nutritional deficiencies.

How you feel:

- Sometimes painful sores in the mouth that are white, gray, or have a yellow crater in the center (Note that these are in the mouth, while cold sores are on the lips.)

**Frequently Asked Questions**

Q. *What's the best toothbrush?*

A. That's like asking what's the best vacation spot! In this case, what's "best" for you is highly individualized depending on your age, the condition of your mouth and teeth, and your hand dexterity. Ask your dentist for a recommendation, and whether she thinks a manual or electric toothbrush is right for you. Harder bristles aren't necessarily better; they can injure delicate tissues.

Q. *Is my cold sore still contagious if I treat it with ointment?*

A. Yes! That's a critical point to remember. Abreva works to protect cells by creating a barrier to the virus at the cellular level. This action shortens healing time but does not mean you can't pass the virus on to others. Wash your hands before you apply the ointment and again after you've touched the area. Discard the tube of any medicine or lip moisturizer that touched the cold sore area, and have a new tube of docosanol on hand since you never know when you'll feel that telltale tingling. Never share lip moisturizers or balm, lipstick, or any medicines you use on your lips or mouth.

Nurse's order:

- OTC mouth ointments to treat pain and irritation

TECHNICALLY SPEAKING . . .

Bad breath after eating foods doesn't actually come from the mouth. Foods you eat are digested and absorbed into the bloodstream. When the blood reaches the lungs, the odor crosses into the lungs, where it is exhaled. Brushing, flossing, and gargling with mouthwash won't make much of a difference; you have to wait until the food leaves the body.

NURSE'S WISDOM

- Gently used tea bags have tannic acid, which may shorten a cold sore outbreak if you apply the tea bag during the "tingle phase" before the full breakout; it may also soothe a canker sore.
- Avoid salty, spicy, or highly acidic food and drinks such as citrus fruits and coffee when you have any sores in your mouth.
- If you apply petroleum jelly to cover and protect a blister, use a cotton swab. Put the cotton swab in the jar to collect a glob of jelly, then apply the jelly to the blister *with the swab*. Never put the swab back into the jar as that will contaminate the whole jar and you'll have to toss it. Keep your fingers out of the jar for the same reason.
- Never, ever use lipstick "testers" in a store on your mouth.
- Keeping lips moist (with petroleum jelly or other moisturizers) and covered with sunblock can help reduce the number of cold sore outbreaks.

SELF-CARE

Toothache:

- If your teeth are sensitive—and you don't have a problem that requires a dental exam or you've been cleared by the dentist—use toothpaste designed for sensitive teeth. Think twice about tooth whitening, which increases sensitivity.

- Don't abandon oral hygiene when you have a toothache or mouth sore. Brush gently in the affected area, or use an irrigator or mouthwash if the area is too sensitive to brush.
- Try flossing in case a tiny piece of trapped food is causing the pain.
- Apply a cold pack to your face or jaw over the toothache (or after major dental work if you're sore after the local anesthesia wears off).
- Never apply heat to your face or jaw, unless it is specifically recommended by your dentist after an exam. Heat can increase swelling and pain.
- Take the OTC pain reliever of your choice; do *not* put an aspirin right on the gum, which is an old wives' tale.
- OTC remedies for toothache pain (numbing gel) can be effective. Use them *until* you can see your dentist, not *instead* of visiting your dentist.
- Select soft foods of neutral temperature; chew on the side of the mouth that isn't sore.

Bad breath:

- Stay away from foods and drinks known to cause bad breath. These include garlic, onions, anchovies, hot peppers, salami and other spicy foods, and alcoholic beverages.
- Brush and floss at least twice a day; if you have problems with dexterity and can't floss, use an irrigator instead.
- Don't forget to brush your tongue.
- Don't use any tobacco product. Stop smoking. Also, chewing tobacco not only causes bad breath, it can also cause mouth cancer.
- Keep your mouth moist. Drink lots of water throughout the day.

Cold sore:

- Cold sores are contagious! Don't kiss people if you have a sore or feel that telltale tingling before a sore actually appears. Don't share towels, drinks, eating utensils, lip balm, or anything that may have touched your blister (or someone else's).

- Apply an ice cube to the sore (don't apply a reusable cold pack as you could contaminate it).
- Use OTC remedies to relieve cold sore symptoms. If you buy a product with an applicator, get the smallest size. You'll need to discard it after the outbreak.
- Once the outbreak is over, throw out your toothbrush and tube of toothpaste. If you get sores frequently, consider using the small tubes to avoid waste.
- Ask your HCP about a prescription for an antiviral cream you can apply to the sores (for example, Zovirax and Denavir).

Canker sore:

- Rinse your mouth with warm salt water (8 ounces to a teaspoon of salt). Don't swallow!
- Make a paste from baking soda and a few drops of water and apply it to the sore, or coat with a liquid antacid.

MOUTH PAIN REMEDIES

Cold sores, canker sores, pizza burns—they all hurt, and make it difficult to eat and drink. OTC remedies for mouth problems either numb the painful area or, in one case, speed the healing of cold sores. Other products you'll find on the shelf can cover the sore with a coating you can "paint" on. Resist the urge to apply the symptom-relief medications more often than the label directs. Time is still going to be the best healer.

These remedies will not remove the blister; the mark is often the most troubling aspect of cold sores for many people. And, while nothing can cure the herpes virus, docosanol inhibits the virus's spread.

Numbing.

Benzocaine, a local anesthetic, is available in many formulations—dental paste, lozenges, and liquid solution—for use in the mouth. Lidocaine is combined with camphor in a small patch that can be applied at the first sign of a cold sore to reduce pain and itching.

Antiviral.

Docosanol (Abreva) is a cream that slows the spread of the herpes virus. It must be applied five times a day until the cold sore heals. While it does not contain an anesthetic, it speeds healing, and in some cases, can minimize blister formation if used early enough.

⊕ When to Consider

- When you have a cold sore or feel the telltale tingling that precedes a breakout, use docosanol.
- When you have mouth pain caused by canker sores, dental appliances, temporary crowns, dentures or pizza burns, use a numbing medication in the formulation you prefer.

⊖ Do Not Use

- Do not use these OTC remedies for more than five days without checking in with your HCP or dentist.

LISTEN UP!

If you get cold sores regularly, as soon as you feel that first tingle, start treatment to minimize the outbreak. Be particularly alert at times when you know you're likely to break out. Don't ignore a lump, bump, or sore in your mouth even if it doesn't hurt. And if you have a sore in your mouth that goes away on its own, comes back, and goes away again, don't assume everything is fine. Dental abscesses can behave that way. When the pressure in the abscess builds up, you'll get the bump on your gum; when it drains, the bumps goes away. Get it checked if a sore reappears after apparently healing.