

HEALTH MATTERS

Hearing, Vision and Back to School

INSIDE:

The Nearsightedness Epidemic

What's New in Hearing Aids
COVID Vaccines for Kids
Advances in LASIK Technology
Coping With Back to School Stress
& Much, Much More...



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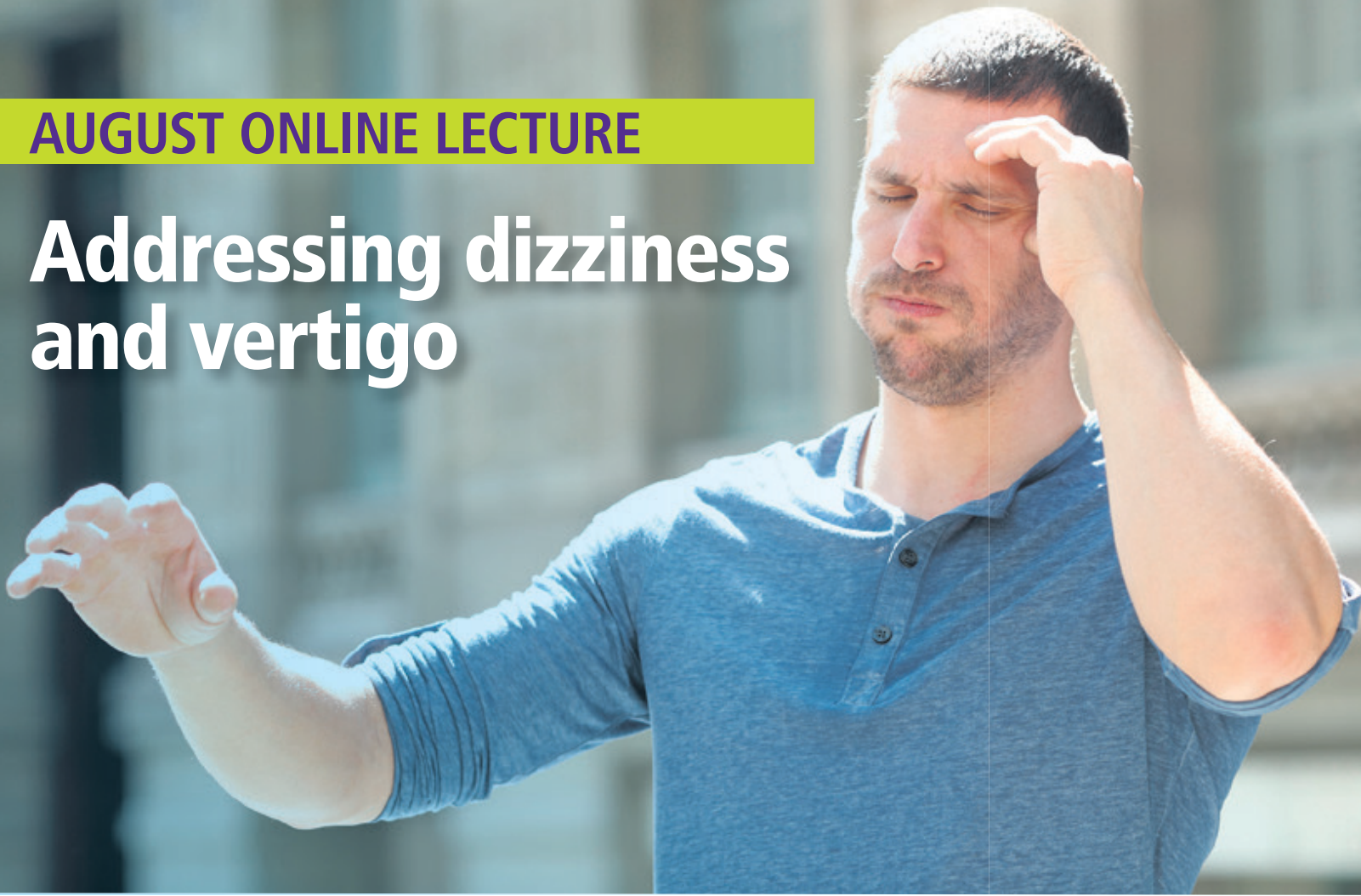
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Speakers

Renee Campbell, Physical Therapist
Margaret Prina, Physical Therapist
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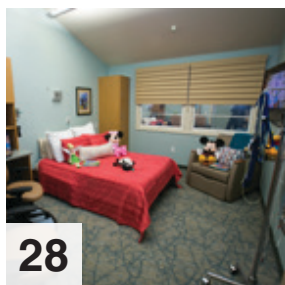
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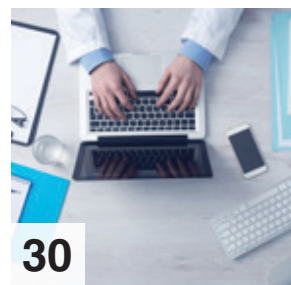
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IMPORTANT STATISTIC

Did you know?

> Vision impairments in people younger than age 40 are mainly caused by refractive errors, which affect 25% of children and adolescents, and accidental eye injury. Approximately 1 million eye injuries occur each year, and 90% of these injuries are preventable.

Reference: Centers for Disease Control (www.cdc.gov/visionhealth/risk/)

Hearing, Vision & Back to School

ISSUE

Carmel sisters Sparrow, 10, and Olive Picard, 8, both wear glasses to correct nearsightedness, something that's even more important as they head back to school.

Photo by Randy Tunnell





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be willing

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be well

The COVID-19 vaccination is your chance to protect your family and get closer to what you love. To learn the facts, go to svmh.com/vaccine



Salinas Valley
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Editor's Desk



Photo by Susan Gerbic

I was one of those kids who had a vision problem — and it was overlooked until my second-grade teacher realized I was having difficulty reading the blackboard. She sent a note home to my parents suggesting that I needed an eye exam.

Ironically, my father was in the midst of his studies to become an eye surgeon, so it was a wee bit embarrassing for him to be told that his daughter needed glasses and he had not been aware of it. I still tease him about it to this day.

But it just goes to show that sometimes it's hard for parents to know that their child might have trouble seeing. Myopia, or nearsightedness, is just one of many issues that can crop up, although it's probably the most common one in youth. Others, according to the Mayo Clinic, can be a crossed or wandering eye; or uneven focus, where one eye is more farsighted than another.

If children complain of red or itchy eyes, or experience headaches, these could be indicators that they're experiencing vision problems. Vision issues should be taken seriously, and the best way to head off problems is to be alert to any signs. Your pediatrician is also able to do simple eye exams during visits and if necessary, can refer you to an ophthalmologist for more tests.

Here's to your health!

Kathryn McKenzie

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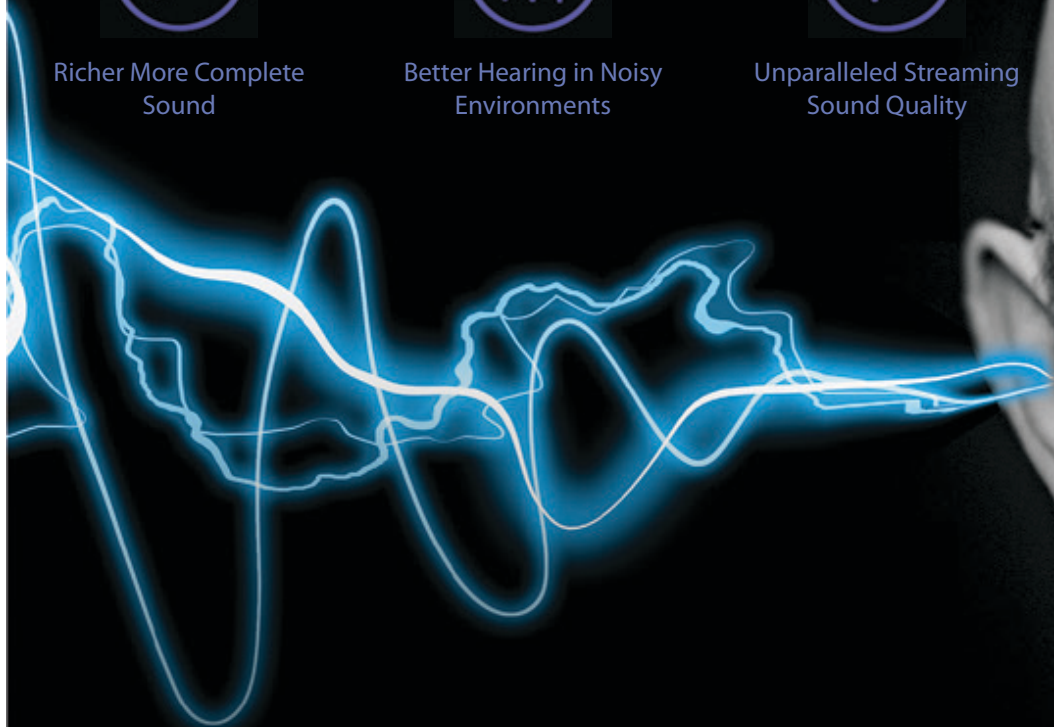
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UP CLOSE AND PERSONAL

Nearsightedness is a worldwide problem, worsened by pandemic

BY LISA CRAWFORD WATSON



Dr. Covie Gonzales

Distance learning used to mean from the back of the classroom or studying abroad. Once the pandemic swept across the world, it came to mean working in front of a computer screen.

Even before the COVID crisis put kids in front of a computer all day, their obsessive use of cell-phones already had them doing way too much up-close eye work.

While school-age kids and college students are gearing up to return to campus, having spent most of the past year and a half at home, Dr. Covie Gonzales, an optometrist and owner of Hattori Vision in Monterey, has been focused on the dynamics of remote learning and resulting demands on vision.

The use of computers and handheld devices is contributing to what is already a significant trend worldwide toward nearsightedness, also known as myopia, says Dr. Gonzales.

"In the early 1970s, 25 percent of Americans had myopia. Today,

about 40 percent of the populations does, and the projection by 2050 is that 58 percent of the population will be nearsighted. It's hard to call it an epidemic when we're dealing with a viral pandemic," he says, "but it is."

Most people don't realize the problems that can result from nearsightedness, says Dr. Gonzales, because it can be corrected with lenses and just seems like more of an inconvenience. But myopic people are more susceptible to developing a number of vision-threatening eye conditions, such as glaucoma, retinal detachment, and myopic degeneration, a severe form of nearsightedness that causes damage to the retina.

Further, he says, although everyone who lives long enough eventually gets cataracts, people with myopia are at risk of getting them sooner.

"The good news about cataracts," says Dr. Gonzales, "is that we have really good surgery available to replace the (natural) lens with an artificial one. The bad news about myopia is that it cannot be reversed, only corrected. We can slow down the progression but not halt it."

Sources and Solutions

Without corrective lenses, nearsighted people can see objects



close to them clearly, but things that are further away appear to be blurred.

“Internationally, myopia is referred to as short-sightedness,” says Dr. Trevor Fogg of Blink Optometry in Carmel. “In general, if you are nearsighted, the eye is a little too long, front to back. When light hits the front surface of the cornea, the clear covering, it should bend all those light rays directly onto the retina, the wallpaper at the back of the eye. With myopia, (the image) comes together in front of the retina, so things appear fuzzy.”

Myopia becomes more of an obvious problem during children’s school years, which coincide with their overall growth. The eye tends to grow longer as kids grow, and it becomes an issue when they can’t see what’s on the blackboard. Dr. Fogg says the eye’s growth levels off in the 20s and usually is stable until later in life, when cataracts start to affect the shape and quality of the eye’s natural lens.

“What we can do, besides corrective lenses and, later, cataract surgery,” says Dr. Fogg, “is stop the prevalence of myopia from outpacing genetics by reducing screen use and indoor activity. By looking directly into the screen, we get a peripheral blur from not focusing on the outer edges of our field of vision.”

When inside, he says, we are surrounded by ceilings and walls, and constant stimuli on the periphery of our field of vision. Studies have found that people who grow up in cities are more nearsighted than those who grow up on the open plains.

“Thus, the problem is not just the relentless focus on a computer screen,” says Dr. Fogg, “but also the amount of time spent indoors. When staring at a computer, we use eye muscles to change focus, which stimulates eye growth. Yet the larger factor is being inside, surrounded by blurry peripheral input.”

Bottom line: Too much time indoors is bad for children’s eyesight. The perfect storm, the worst dynamic, is staying inside too long, with eyes glued to a computer.

Fortunately, says Dr. Fogg, there is a whole new developing field of myopia management that seeks to slow progression. While some medicines reportedly help by relaxing the eye’s focus muscles and thereby reducing the blur, they have not been widely adopted.

“There also are bifocal contact lenses with two concentric circles,” he says, “which can mitigate myopia. One circle, in the center of the eye, focuses light on the center of the retina to make vision super clear. The circle around that focuses light going out to peripheral retina, bending those light rays a little more. So, these fancy contacts send a different image to the center and edge of the eye, decreasing the propensity to grow.”

Research is ongoing into a number of devices and medications to keep myopia from being a significant problem.

“We can slow down nearsightedness. We can’t reverse or completely stop it,” Dr. Fogg says, “but we can significantly retard its progress, which functionally seems like stopping it—for a time.” ■

Lisa Crawford Watson lives with her family on the Monterey Peninsula. She specializes in writing about art and architecture, health and lifestyle, and food and wine.

TIPS TO PRESERVE KIDS’ VISION

Along with the dire warning that nearsightedness is on the rise, there is some good news: Researchers have discovered some simple steps to lower the risk of children becoming nearsighted, or myopic.

Kids who spend a lot of time reading, texting or using handheld electronic devices are more likely to be nearsighted.

However, recent research has that children who spend more time outdoors are less likely to be nearsighted, or if they are nearsighted, their condition doesn’t progress as fast. Although the reasons for this are unclear, it may be that using distance vision is a factor, or that kids’ eyes are being exposed to more natural light as the eyes grow and develop, according to the eye education website MyMyopia.com.

Parents and guardians can take these easy, no-cost steps to help their children’s vision:

- Encourage kids to put down their phones and gaming consoles, and to go outside and play for one to three hours each day. Outdoor time can be split up into shorter periods as needed.
- Limit recreational screen time to no more than two hours a day.
- Use the 20-20-20 rule to give eyes a break from digital screens. For every 20 minutes spent looking at a screen, look at something 20 feet away (or out the window) for 20 seconds. Set an alarm as a reminder; it’s also a good time to stand up, stretch and move around.
- Even if your child does not complain of vision problems, it’s important to schedule routine eye exams. Children who are not seeing properly may not realize there’s anything wrong or may not be able to express it. ■



THE ULTIMATE “BACK-TO-SCHOOL” SEASON

How to help students
navigate the new normal

Just because change is a natural and even anticipated part of the human experience doesn't mean we want it, or know what to expect or how to handle it when it happens.

When COVID spread across the United States, “change” became an understatement of our experiences.

For young people, change has been especially pronounced. Schools closed, and kids, from kindergarten through college students, had to figure out how to learn remotely via Zoom or, in the absence of interface, simply by reading the instructions. Youth activities, from play groups to prom, sports to social events, were canceled. Faces disappeared behind masks, shielding germs but also facial expressions. Changes have been significant, and navigating them has been stressful.

Thanks to the advent of COVID vaccinations and other pandemic protocols, schools are reopening, and most students will return to the classroom this fall. But of course, things will be different.

Now is the time for parents and school staff to initiate conversations with students, to open lines of communication and educate kids on what they can expect in going back to school. Information is the antidote to stress and anxiety caused by facing the unknown.

“Children thrive on predictability,” says psychotherapist Manfred Melcher, a licensed clinical social worker. “They benefit most when they know what to expect, even if it involves rules and requirements. Routine is imperative for children's development, sense of security, and emotional well-being.”

COVID upended all of that, removing routines and replacing them with a constantly evolving “new abnormal.” Parents can

expect their kids will become more anxious, Melcher says, now that whatever has become routine in the past 18 months is, once again, changing.

Even, he says, if it is accompanied by a sense of excitement.

“Parents need to help normalize their kids' emotional experiences,” says Melcher. “Don't expect one big, super conversation; rather be open to a string of conversations, 10 minutes at a time. Help kids get information, process their emotional reality, and give them a cathartic opportunity to express themselves verbally or, if they're very young, through play.”

For younger kids, whose anxiety tends to emerge through behavioral issues—wanting to sleep in their parents' bed, whining, squabbling with siblings, engaging in regressive or less-mature play, or becoming more clingy. While a parent may indulge such behaviors for a short period, if it continues more than a couple of weeks, says Melcher, it may be time to talk with a therapist.

“A school counselor or therapist can help children not be in such conflict over their feelings, and find ways to share them,” he says, “rather than acting them out. We want children to know their feelings are legitimate, we are good with them, and we appreciate their letting us know about them.”

Among older kids, says Melcher, the information parents provide regarding the pandemic can be more sophisticated and more scientific. Giving them interesting data from the CDC,



Manfred Melcher

CONTINUE TO PAGE 22

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HOT SHOTS

Doctors urge parents to get COVID vaccine for kids age 12 and up

BY TOM LEYDE



With COVID-19 vaccines now available for those ages 12 and older and trials under way for vaccines for children under 12, the scourge of the pandemic has definitely eased. But science and medical experts still advise people to be cautious. It's not over yet.

"At Natividad, we've seen a lot of young people coming in as soon as (the COVID-19 vaccine) became available," says Dr. Melissa Nothnagle, Natividad's chief of family medicine.

One of those among the first in line was Dr. Nothnagle's 13-year-old son. And two of her nieces in Boston are participating in COVID-19 vaccine trials for children younger than 12.

Dr. Nothnagle was among the physicians at the Salinas-based medical center who cared for people infected with COVID-19. In January, she said, there were some 70 COVID patients hospitalized in various sections of the hospital, separated from non-COVID patients.

"We needed a lot more staff so we were all called in and out throughout December and January," she says.

Friends and relatives were not allowed into the hospital and did not observe the devastation the disease causes. That may be why some people took a nonchalant attitude about the pandemic, she says.

Now, the number of COVID-19 patients at Natividad is almost zero, Dr. Nothnagle says. "It's like a miracle that we were able to get an acceptable vaccine and get it to people quickly. It's been incredible."

Caretakers at Natividad got the vaccine just before Christmas. "People were ecstatic and so relieved that we wouldn't be endangered anymore," Dr. Nothnagle recalls. "We were filled to the gills with people sick and alone and fears of making your family unsafe. It brought a lot of relief."

These days, Dr. Nothnagle says, more people are vaccinated, and many who had been skeptical about the vaccines have changed

their minds and are coming in to get shots. The Salinas Valley was hit hard by the virus, more so than the Monterey Peninsula.

Still, some individuals are against vaccinations. Dr. Nothnagle's advice to these people, especially parents, is to talk to their doctor about COVID-19 and other vaccines.

"It's hard when people haven't had the experience to see how valuable the vaccines are," Dr. Nothnagle says. "As a doctor, I think the most important thing is to see where they're coming from ... and see what their fears are. I have information to help them make a decision about the vaccine."

"We know this is a very safe vaccine," she says, noting that the vaccines have been thoroughly tested on those 13 and older with very few problems. "Even if you're a young person and less likely to be badly affected by COVID, your grandparents could be affected, and now we have a way of saving lives by vaccinating as many people as possible."

Getting children vaccinated for other childhood diseases, such as measles, mumps and chicken pox, has waned during the pandemic, Dr. Nothnagle says. It was difficult to have face-to-face contact with children and their parents. Many doctor appointments were done virtually.

"We're going to have a lot of work catching up," she says.

What about the Delta variant of COVID-19? It is said to be more contagious and dangerous than the regular virus and it's spreading quickly in the United States among people who are not vaccinated. Most medical experts believe, though, that people who are fully vaccinated are well protected against the variant.

"I think until we know more about it, it makes sense to keep wearing a mask," Dr. Nothnagle says.

Transmitting the virus after being vaccinated seems very low. But there are people with risk factors and there are chances that new variants could develop, she says.

She is advising her parents, who are in their 80s, to continue to wear masks when indoors.

Just when the vaccine for children young than 12 will be available, Dr. Nothnagle is not sure. "Other kinds (of vaccines) happened faster than expected. Hopefully not too long," she says. "It would be great not to worry about sending kids to school."

For more information about COVID-19 vaccines and where to get vaccinated, visit mcvaccinate.com or myturn.ca.gov. ■

Tom Leyde is a freelance writer and a veteran print journalist who lived for many years in Salinas, and now makes his home in Arizona.



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HIGH-TECH HEARING

Modern hearing aids help boost sounds you want to hear

BY TOM LEYDE



The future of hearing aids is now.

New technology has revolutionized hearing devices, and people with hearing impairment are benefiting from them as never before.

New hearing aids have advanced far beyond the digital age. They are now using the same technology used in self-driving vehicles, says Dr. Larry Solow, an audiologist and owner of Valley Hearing Center.

Artificial intelligence, deep neural network learning and artificial neural networks are the latest advancements making hearing aids more efficient.

How much better are these advances making hearing aids?

There are 1.3 billion operations in the computer chip used in a new hearing aid, Dr. Solow says. "It delivers the best possible signal from the cochlea to the brain. They remember 20 percent better," he says. "People who wear these hearing aids have 20 percent less fatigue. The new hearing aids are at least 40 percent clearer ... They just keep getting better and better."

"I think we're going to see AI come into everything and more and more into hearing aids," Dr. Solow says. He says his clients who try the new hearing aids are amazed by the results.

These modern hearing aids have 12 million possible sound situations programmed into them. That means they can better sort out background noises, such as voices in a restaurant, wind noise, keyboard typing, car keys rattling and dishes rattling. These noises are softened instantly.

"No matter where you are it's going to sort it out," he says.

Dr. Solow said he fit his own doctor with the new hearing aids: "He said, 'I can hear my patients outside my office.'"

Devices for testing for hearing loss also are more sophisticated nowadays, he says. New audio scans can measure what the hearing aid is hearing. There are even hearing tests available online: "There are very good tests on the internet. The internet has gotten so good."

While Dr. Solow doesn't think internet hearing tests are as efficient as in-house testing, he says they will give a fairly good idea of a person's hearing loss. To try an online hearing test, search for online hearing tests on your browser.

New hearing aids are so small they are no longer visible, he says. A receiver goes deep inside the ear canal and the small hearing aid fits behind the ear. A thin wire connects to the receiver.

"They are no longer big giant tubes," Dr. Solow says.

Hearing loss can affect other areas of health besides loss of hearing. It can lead to fatigue and even dementia, Solow says.

Research on cognition, he says, has found that people with hearing loss have a greater chance of getting dementia.

"People lose stuff (abilities) when they no longer hear it," Solow says. "One part of the brain is taking over when it shouldn't. People find that just wearing hearing aids ... gives them that awareness of what's going on, and they notice less dementia."

Solow says, "If you have a hearing loss, you definitely need to do something about it. Cognitive decline goes away and comes back when you get hearing aids."

About 75 percent of clients at Valley Hearing center are older, Solow says. But he has done a hearing test on an infant. The average age of his clients is 68. But 10 years ago, he says, the average age was 78. He says the average person waits seven years to get a hearing aid, after noticing hearing loss.

New hearing aids are not inexpensive. Good ones, Solow says, range from \$4,000 to \$8,000.

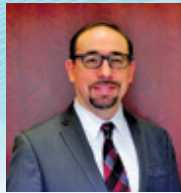
Medicare doesn't cover hearing aids, but some Medicaid plans do. It varies from state to state. Some Medigap plans offer some coverage.

The Lions Affordable Hearing AID Project of Lions Clubs International Foundation helps individuals obtain hearing aids. Check with your local Lions Club about the project.

"Nobody should have an excuse not to hear," Solow says. ■

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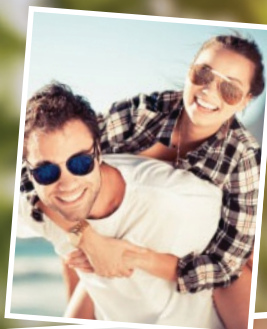
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Know how to lower your risk and spot warning signs

STAFF REPORT

Experts at Natividad encourage you to learn how to prevent strokes, spot the warning signs, and what to do when a stroke happens.

According to the American Stroke Association, every 40 seconds, someone in the United States has a stroke. Every four minutes, someone dies as a result. Stroke is the fifth leading cause of death, and 80 percent of strokes are preventable.

“The COVID-19 pandemic has changed the way people get health care. Everyone’s been concerned about COVID-19, but we’re seeing people not showing up to the hospital even when they have chest pain,” says Natividad cardiologist Dr. Nicholas Chee. “If they’re not showing up to the emergency room for these things, I’m also concerned that we have a lot of people not monitoring their blood pressure.”

Dr. Chee advocates for everyone to get the COVID-19 vaccine, regardless of pre-existing health conditions: “If you have concerns or questions about getting vaccinated, I recommend that you talk to your family doctor or specialist.”

Not smoking, improving eating habits, being physically active, checking blood pressure regularly, reaching and maintaining a healthy diet, decreasing stress levels, and having regular medical checkups all play a part in preventing stroke, says Dr. Chee.

“Being home more also means that many are gaining a lot of extra weight, which can translate to elevated blood pressure and higher cholesterol,” he says.

Hypertension, also known as high blood pressure, is a significant factor for stroke. Warning signs can include headaches, blurred vision and flushing.

“If you are diagnosed with hypertension, an at-home blood pressure monitoring device is a great way to monitor blood pressure and communicate with your doctor during telehealth video or phone appointments,” Dr. Chee says. “If you are interested in getting a device, speak with your insurance company as many, including Medi-Cal, cover this purchase.”

Unlike heart attacks, strokes are relatively painless. People may have arm weakness or blurred vision and often lay down to rest. When a person is having a stroke, quickly getting them to a hospital for care is critical. Health educators and stroke experts often use the acronym BE FAST as a tool to remember and identify the common symptoms of a stroke.

- B: Balance: loss of balance, headache or dizziness
- E: Eyes: blurred vision
- F: Face: one side of the face is drooping
- A: Arms: arm or leg weakness
- S: Speech: speech difficulty, slurred speech
- T: Time: Time to call 911 for an ambulance immediately

Stroke is more disabling than it is fatal, and rehabilitation is key to recovery. Stroke rehabilitation, like that offered at Natividad Acute Rehabilitation Center, can help patients build their strength, capabilities and confidence, potentially regaining skills and returning to independent living.

“Most people who see a cardiologist need help fine-tuning care and medications,” says Dr. Chee. “Cardiologists can spend extra time with our patients and create an individualized treatment plan that works. Our goal is to keep you out of the hospital and give you the tools to help you live a healthy life.”

To make an appointment with a cardiologist at Natividad, call (831) 796-1630. ■



The ER entrance at Natividad in Salinas.

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NURTURE WITH NUTRITION

Strive for more fruits and vegetables, fewer sugary drinks for children

BY BARBARA QUINN-INTERMILL, MS, RDN, CDE



Just in time for kiddos heading back to school, let's consider our children's nutritional health.

First, a study that confirms what we've long suspected. Kids need at least 20 minutes of seated time to eat lunch at school. That was the conclusion of a clinical trial reported in the *Journal of the American Medical Association Network Open*.

Participants were elementary and middle school-aged children who received lunches as part of the National School Lunch Program. Over a 20-day period, children were assigned to a 10-minute seated lunch period and later to a 20-minute seated lunch time.

What was observed? Approximately the same amount of main dish and beverage was consumed by these participants in both time periods. However, these children ate significantly less fruit and vegetables in the 10-minute lunch period than they did in the longer 20-minute time period. When given 20 minutes to eat, these students also wasted less food and consumed more protein, dietary fiber and other nutrients.

We know that most 9-year-olds and older do not consume the recommended amounts of fruits and vegetables for optimal health. I'd say this study gives us a good place to start changing this.

Next, let's think about sugar. Kid love it. So do adults. We are born with a taste for sugar. Breast milk, baby's first food, is rich in the natural sugar lactose. Some experts say that is what prompts a newborn to take so readily to mom's milk.

Sugar is also the main source of energy in fruit—in the form of fructose. Honey is another food that contains sugar naturally. One group of sweet foods that have health experts concerned, however, are beverages to which sugar has been added. Soft drinks, sweetened tea and coffee beverages—even sports

drinks and flavored milks—now have the designation of SSBs, sugar-sweetened beverages.

What's the big fuss? A review of scientific literature on this subject in 2018 found that the intake of sugar-sweetened beverages in toddlers was associated with overweight, obesity, insulin resistance (a precursor to Type 2 diabetes) and dental cavities.

Teenagers are drinking fewer soft drinks than they did 20 years ago but, according to a study published in 2013, the consumption of sports and energy drinks has tripled over the same period.

So, when considering what foods to have on hand for the kiddos this fall, consider these facts:

- Sugar-sweetened beverages (e.g., soda, fruit drinks, sports and energy drinks) are not a necessary part of a child or adolescent's diet. But because it's next to impossible to avoid all our beloved sweets, the 2020-2025 Dietary Guidelines for Americans advises young and old alike to consume less than 10 percent of our daily calories from added sugars. To put that in perspective, just one serving of a fruit drink such as Capri Sun, Hawaiian Punch, Sunny D or Minute Maid Lemonade contains more than 50 percent of a child's recommended intake of added sugars.
- It's especially important for young children—those between ages 2 and 8 years of age—to consume beverages with no added sugar. That's because, after meeting a young child's basic nutrient needs, there are very few "extra" calories left for added sugars. Sugar-sweetened beverages should not be given at all to children under the age of 2, say nutrition experts.
- Check food labels for the "Added Sugars" category. This will tell you the total amount of sugars that are added and not naturally occurring in that food. For example, a 12-ounce can of sparkling water with no added sugars contains 0 calories. A can of regular soda adds 41 grams (9 teaspoons) of sugar and 150 calories with no nutrition benefit.
- Buy only 100 percent fruit juice products for kids. Those labeled fruit "drinks" usually have added sugars. And even with no added sugars, fruit juice for young children should be limited to no more than 4 to 8 ounces a day. Substitute fiber-rich whole fruit for a bigger nutritional payoff. ■

Barbara Quinn-Intermill is a registered dietitian nutritionist and certified diabetes educator. She is the author of "Quinn-Essential Nutrition: The Uncomplicated Science of Eating." Email her at barbara@quinessentialnutrition.com.

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joining them in watching and interpreting the news, and asking them what they've heard about the impact of COVID helps bring them into the conversation while legitimizing their concerns and feelings.

"One of the most important tools we can use to deal with trauma," says Melcher, "is storytelling. When you share your narrative with someone else, you are connecting with them, while creating micro-opportunities to grieve or heal. We, as adults, need to do that, and so do our children."

Most healthy, functioning adults, he says, are able to process these pandemic experiences internally. Children need external avenues to address their life disturbances with friends and family.

Stress is a Normal Response

It is important to realize, says school psychologist Carolyn Kelleher, a licensed marriage and family therapist, that these times have been wildly stressful, and elevated stress levels are defined as normal under the circumstances.



Carolyn Kelleher

"We have responded normally to the pandemic. We went home, sheltered, reaffirmed our family and friend groups, and remained within those bubbles. Retreating and redefining boundaries," she says, "are good, healthy responses. Now we are reopening those boundaries, which will generate a certain amount of stress as we negotiate it."

Kelleher acknowledges that, while we have gotten used to tolerating certain stress levels, we are coming out of our cocoon to a bit of a "brave new world," which will alter the form and feelings of our stress in navigating change.

"The better we get at embracing and flexing with change," she says, "the more normalized it will be, and the better we will be at adapting. Yet, if things get above a tolerable level, people need to think about what kind of help they need for themselves and their children. It's important to determine who is anxious and why, and then get help."

Parents need to continue to be the calm voice of reason, says Kelleher, particularly in the first few months, as students return to on campus. The past year and a half is not going to evaporate from memory and experience, which means parents and also teachers will need to be cautiously optimistic yet also flexible as needed.

"It's also important for parents to be clear in own family value structures," she says, "about what risks we are willing to take and not take, and to have conversations with our kids about public interaction, such as gathering on the playground, participating in sports, and having sleepovers. Wherever families are on the continuum of comfort is fine; we just need to be clear about it." ■



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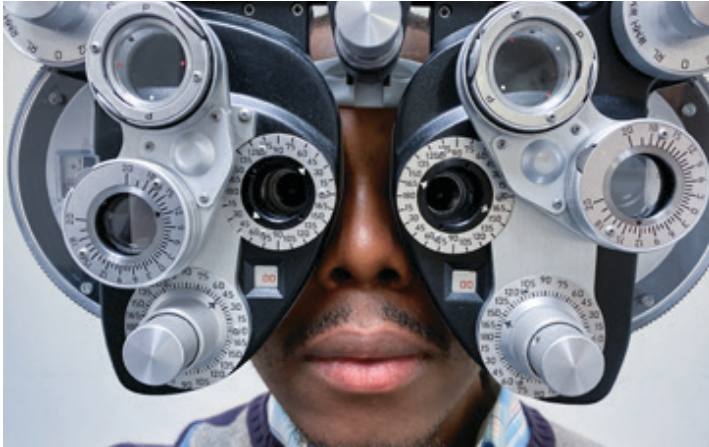
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SEEING INTO THE FUTURE

LASIK innovations help people shed eyeglasses

BY MELANIE BRETZ



Laser-assisted in situ keratomileusis—better known as LASIK—uses lasers to subtly reshape the eye’s cornea. This changes the way the eye refracts light and can help a person see better. The procedure was approved by the U.S. Food and Drug Administration in 1998, but the last decade has ushered in its most dramatic advancements.

“The technology is amazing,” says Dr. Philip Penrose, ophthalmologist at Eye M.D. Monterey, who has performed LASIK since 2002. “Even 10 years ago, I wouldn’t have imagined the technology for vision correction that we see today. The advancements enable greater precision in both measuring the speed of light coming out of the eye, and performing the bladeless wavefront LASIK procedure.”

If you think it sounds like something inspired by the space program, you would be right. The National Aeronautics and Space Administration, European Space Agency and Canadian Space Agency have joined forces to build the James Webb Space Telescope—100 times more powerful than the Hubble. The advanced wavefront sensing technology developed for testing the Webb’s 18 primary mirrors has enabled a number of improvements in measurement technology for astronomy, mirror fabrication and human eyes.

Local ophthalmologists like Dr. Penrose and Dr. Matt Jones, a fellowship-trained corneal specialist with Vantage Eye Center in Ryan Ranch, can attest to the breakthrough nature of the technology they use to perform LASIK and other vision correction procedures. It is approved for use in correcting myopia (nearsightedness), hyperopia (farsightedness) and astigmatism (a deviation from the standard spherical curve of the eye).

Topography-integrated, wavefront-guided technology allows doctors to take precise measurements of the eye inside and out to deliver a LASIK procedure customized for each patient. An ab-

errrometer creates measurements by bouncing light off back of the eye. The data is read by a computer on many points of the cornea, providing a more complete picture of the eye.

Surgeons use two computer-guided lasers—the Femtosecond to create a flap to access the middle layers of the cornea and the Excimer to reshape the cornea.

“We create a flap and do the reshaping in the middle layers of the cornea so the surface is left intact,” explains Dr. Jones, who has performed LASIK since 1999. “Reshaping the cornea involves a very thin layer—less than the width of a human hair. Then, we close the flap which serves to protect the eye as it heals.”

“All eyes and patients are different,” says Dr. Jones. “We take time to understand what’s important to the patient, their expectations, even their occupation. A person who drives for a living has different needs than one who spends a great deal of time at the computer or other close-up work. We determine if there are any underlying health conditions, and take measurements to make sure the person is a good candidate for the procedure.”

While adults of all ages may be eligible for LASIK, there are things to consider. Before age 25, vision may still be changing. Over age 40, the natural lens responsible for focusing and close vision stiffens and doesn’t have quite the power it once did. After age 65, a person may be close to needing cataract surgery. In that case, it’s best to wait since that involves removing the cloudy natural lens and replacing it with an artificial one. Either way, glasses might be needed for reading.

The new technology also enables monovision—correcting one eye for distance and the other for close-up work. “It may be a possibility for some patients,” Dr. Penrose says. “We can simulate that with contacts to make sure the patient can tolerate monovision as it takes time for the brain to adjust.”

There may be some discomfort and excessive tear production, so a few hours of sleep following LASIK surgery is recommended. Most people can resume normal activities in a day or two. Some precautions are necessary including a visit to the surgeon the next day, using eye drops and wearing a protective shield when sleeping, among others.

Most people who opt for this elective procedure—not covered by insurance—enjoy improved vision, freedom to participate in their favorite activities without glasses, and elimination of halos, sensitivity to light and glare at night.

More information on LASIK is available from vantageeye.com, with locations at Monterey’s Ryan Ranch and Cass Street in Monterey, and in Salinas; and at eyemdmonterey.com. ■

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SLEEP APNEA IN KIDS

Children, like adults, can be diagnosed with the condition

BY MELANIE BRETZ

We've all seen children who act out, seem hyperactive, lack the ability to concentrate, are irritable or perform poorly in school. We may chalk that up to a phase like "the terrible twos," growing pains or teenage angst. But this bad behavior could be due to a sleep disorder.

According to Dr. Mazhar Javaid, sleep medicine specialist with the Sleep Medicine Center of Salinas Valley Memorial Healthcare System, around 6 to 9 percent of kids in the United States and Canada have a sleep disorder such as sleep apnea.

"During the day, children with sleep apnea might fall asleep or perform poorly in school, have difficulty paying attention, experience learning or behavioral problems, and fall short of the normal growth rate," says Dr. Javaid.

According to the Mayo Clinic, signs and symptoms of pediatric sleep apnea might include snoring, pauses in breathing, restless sleep, snorting, coughing or choking, mouth breathing, nighttime sweating, bed-wetting and sleep terrors.

Obstructive sleep apnea, the most common type, is a sleep disorder in which airways are partially or totally blocked, halting breathing repeatedly during sleep. Pediatric and adult sleep apnea can differ in both symptoms and root cause.

Adults with apnea may snore, exhibit excessive daytime sleepiness, are more accident-prone and are often overweight. "Sleep deprivation in children is all too often interpreted as a behavioral problem," Dr. Javaid says.

"The root cause may change with age," he continues. "After age 2, the most common underlying condition is enlargement of the adenoids and tonsils. As kids gain weight, the tissue in the jaw, tongue and neck also increases and can hinder the airways.

"As boys pass the age of 6 or 8, they start to experience changes in testosterone levels. A higher level of this hormone increases muscle mass in the throat, which can also account for changes in the pitch of their voice."

Early diagnosis and treatment are important to prevent complications that can affect children's growth, cognitive development and behavior, and follow them throughout life.

Another type, central sleep apnea, occurs when the brain doesn't send proper signals to the muscles that control breathing.

"While it's not common after age 1 or 2, almost 80 percent of infants born prematurely have central sleep apnea," Dr. Javaid says. "Infants in the neonatal intensive care unit are typically put on a



The SVMHS Sleep Medicine Center includes kid-friendly rooms for sleep studies.

continuous positive airway pressure (CPAP) machine—a common treatment for sleep apnea. A significant percentage outgrow the condition, but for some, it can persist later into life.”

One tool that doctors use in diagnosing sleep disorders in both children and adults is an overnight sleep study. The Sleep Medicine Center at Salinas Valley Memorial features 10 sleep rooms. One is specially decorated and equipped for children, and to accommodate a parent or guardian for patients under age 18.

“Younger children like to bring their blanket, pillow or stuffed animal,” says Dr. Javaid. “We try to make it as close to their home sleeping environment as possible.” Children under the age of 6 are referred to a specialized pediatric sleep center like the one at Lucile Packard Children’s Hospital at Stanford.

If enlarged adenoids or tonsils are deemed to be the culprit, surgical removal could alleviate the problem. If the problem is resolved and there are improvements in behavior, grades and speedier completion of homework after three months or so, a sleep study may not be needed.

For both children and adults with sleep apnea, a CPAP machine worn at night is found to be the most effective treatment. The CPAP uses mild air pressure to keep breathing airways open. Advancements in CPAP technology have made it smaller, quieter and more portable over the years. There are also dental devices that may be appropriate for some, but not all, people.

“A few years after he had his tonsils removed, I heard him gasping for breath and snoring loudly during sleep and it scared me,” says



Dr. Mazhar Javaid

Salinas resident Alejandra of her now 10-year-old son Leo. “I knew he wasn’t sleeping well.”

Their pediatrician and another specialist referred them to Dr. Javaid at the Sleep Center. “At first I was surprised with the diagnosis because I thought sleep apnea was something only adults had,” she says.

Dr. Javaid tested a CPAP machine on Leo and he has been using it since February 2021.

“The results are amazing,” his mother says. “Before we got the CPAP, he was always irritable, tired and couldn’t focus. The machine helped so much. He became much calmer, less irritable and he can now focus at home and at school.” ■

Melanie Bretz lives in Monterey and has written on a wide range of topics, including health care, during a writing career spanning more than 30 years.



HEALTH MATTERS

Monterey County's Health Magazine

Health Matters is a regional magazine for Monterey County residents offering information about local healthcare providers, hospitals, clinics, medical groups, and other matters relating to health and wellness on the Central Coast. Each issue of Health Matters details the latest news on the area’s medical community, innovations in health care, and information on healthy lifestyles, fitness and nutrition. Written by experienced columnists and journalists, Health Matters make it easy to find the health news you need to know.

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Local lab's COVID tests can detect Delta variant

COVID tests offered by ARCpoint Labs of Monterey Bay, which provides a comprehensive menu of laboratory testing and screening services in Monterey County, can detect the highly transmissible Delta variant, now the dominant coronavirus strain in the United States.

ARCpoint Labs is cooperating with the Monterey County Health Department's Public Health Lab by submitting COVID-positive samples to their variant detection program, which tracks prevalence of Delta and other variants of interest in the county.

Patients who have been fully vaccinated may still test positive for COVID-19 or develop symptoms, but vaccination generally reduces their viral load, their chances of passing the virus on, and severity of symptoms. ARCpoint director Spenser Smith also stressed the importance of getting fully vaccinated to further protect against the spread of Delta and other variants.

For more information, call (831) 324-0772 in Monterey or (831) 975-4313 in Salinas, or go to Monterey's website at www.arcpointlabs.com/monterey-bay/ or www.labtestsalinas.com for Salinas. ■

Mee Memorial in King City offers online ER registration

Mee Memorial Healthcare System (MMHS) is now offering patients the ability to register and begin an ER visit online.

Integrating virtual and physical emergency care ensures a nimble response to every situation for each patient. It allows MMHS to better meet increasing demands of the pandemic, to treat many patients from the safety of their home, and to provide the community with upgraded emergency care.

With any internet-enabled device, patients can complete a short online chat with a virtual medical assistant, and then meet with an ER clinician who conducts a video evaluation. Some patients may be treated entirely from home, while others will be directed to the emergency room or referred to a local urgent care or primary care clinic.

A key advantage is that patients visit their local ER doctors and providers, not a remote provider. Providers can immediately ac-

cess MMHS medical records to discuss the patient's situation over a video call. Providers can coordinate with other doctors and caregivers, and are familiar with the community and available resources that can aid recovery.

To start an ER visit online, visit er.meememorial.com. ■

Golf tournament to raise funds for pediatric cancer

Key for a Cure Foundation's inaugural St. Jude Golf Tournament to benefit pediatric cancer research has been set for Oct. 4 at Corral de Tierra Country Club in Salinas.

The tournament begins at 10:30 a.m. with registration and open driving range, with shotgun start at noon. A reception will follow at 5:30 p.m. Check-in is 30 minutes prior to the reserved tee time. COVID protocols will be in place this year, and more details will be released as the event nears.

For information, go to keyforcure.org/events/inaugural-st-jude-golf-tournament/ or call (831) 241-3990.

Key for a Cure Foundation was formed in 2015 to support pediatric cancer research. The mission of the foundation is to raise funds to directly support innovative pediatric cancer research that will lead to more effective treatments for children with cancer.

The foundation is currently working to raise funds for T-cell based immunotherapy research being conducted at St. Jude Children's Research Hospital. The foundation has raised more than \$750,000 for this innovative research protocol and \$30,000 for children's services in Monterey County. ■



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