FORGIVENESS

How letting go of grudges is good for your health

Is your skin trying to tell you something?

Easy ways that food can help you fight disease

Why heart disease risk rises in young women
Do You Have a Bum Thumb?

Where the thumb joins the wrist—the thumb basal joint—is the hand’s most mobile joint. With that mobility, unfortunately, comes a susceptibility to osteoarthritis.

“There’s no particular cause, other than general wear and tear from using the hands, which we do every day,” says W. P. Andrew Lee, M.D., a hand surgeon and director of the Department of Plastic and Reconstructive Surgery at Johns Hopkins. Thumb arthritis is common in people in their 60s and beyond, and sometimes it develops even earlier.

Symptoms include discomfort progressing to pain, especially in manual activities such as opening a jar lid or turning a doorknob. Because of the pain, people tend to limit thumb mobility.

Lee begins treatment conservatively, with a thumb brace that supports the thumb and reduces pain, or a cortisone injection to decrease inflammation. The next step would be surgery to remove the degenerated bone where the joint is and reconstruct the joint with a wrist tendon. (“The procedure should be done by a hand surgery specialist,” Lee says.) Therapy follows this outpatient procedure, and significant, pain-free activity can resume in about three months.
Your Brain on Video Games

Video games aren’t just for mindless fun. They may be good for your brain.

There is growing evidence that playing video games can have a positive effect on attention and memory, and they may also have educational benefits.

“People have been using flight simulators for a long time to learn how to fly planes, and a flight simulator is a very elaborate video game,” says John Krakauer, M.D., a neurologist and neuroscientist at Johns Hopkins.

“We think that games can be educational, and a lot of gaming technology is now being used for things like teaching young children.”

The key with video games, as with many pastimes, is moderation. “Parents shouldn’t simply give their kids video games, just like they shouldn’t plop them in front of the television, if it detracts from having conversations and reading books,” Krakauer says. “It’s not video games, per se, that are bad.”

Krakauer has a video game group in his lab at Johns Hopkins that is developing games to study skill learning, track traumatic brain injury and treat stroke.

For more information, appointments or consultations, call 877-546-1872.

Nearly half of all Americans have occasional insomnia. Almost a quarter (22%) are troubled by insomnia every night or almost every night. Source: Sleep Foundation

Your environment has a lot to do with how well you sleep, and if you have trouble in that department, you’ve probably read plenty of advice about maintaining a bedroom that’s calm, cool and clear of glowing electronic gadgets.

When you think about your sleep environment, remember to include your “sleep buddy”—the person you share your bed with.

There is a connection between sleep quality and a couple’s interactions during the day, according to research published in the journal Psychosomatic Medicine.

It’s a sort of yin and yang: Whereas men have better interactions with their wives the day after a good night of shared sleep, women sleep better at night if they have less conflict with their husbands during the day.

“Insomnia is no longer a nighttime disorder. It is a 24/7 disorder, and the mind is constantly going, particularly at night when it should be winding down to get to sleep,” says Rachel Salas, M.D., a sleep neurologist and assistant medical director at the Johns Hopkins Center for Sleep.

Having a sleep buddy also can promote feelings of security and provide opportunities to identify potential problems, like sleep apnea in a partner, that need medical attention.

Sleep buddy or no, Salas recommends keeping things clean for a good night’s rest: To reduce allergens in the bedroom, change bed-sheets once a week, replace pillows every six to 12 months and get a new mattress every five years.

Register Online to Become a Living Kidney Donor

A living donor kidney transplant can be life changing. If you are interested in becoming a living donor, you can now register online. Visit bit.ly/jhlivingdonor to start the process at Johns Hopkins. All information is secure and confidential. Or call the Comprehensive Transplant Center at 888-304-5069 to discuss living donation today.

OBstructive Sleep Apnea: Not Just for Men Anymore

Wednesday, September 3, 7 p.m. EDT

Did you know that 25 percent of sleep apnea patients are women? During key times in women’s lives—such as pregnancy and menopause—women are at increased risk of developing this condition. Join sleep experts R. Nisha Aurora, M.D., and Grace Pien, M.D., who will discuss how sleep apnea differs in men and women, risk factors for women and treatments options. To register, visit hopkinsmedicine.org/healthseminars.

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Nearly half of all Americans have occasional insomnia. Almost a quarter (22%) are troubled by insomnia every night or almost every night. Source: Sleep Foundation
Love Your Skin

We tend to think of skin superficially. But Johns Hopkins dermatologist Manisha Patel, M.D., says our body’s largest organ plays an important role in our health, and explains how we should care for it.

What can my skin tell me about my overall health?

The skin—unlike, say, diabetes or high blood pressure, conditions you can’t really see—manifests symptoms and literally tells us when something is wrong. Often, that could be minor, something that is truly just skin deep, but in some cases it’s signaling that something is going on inside. Typically, it’s not just one skin finding, but a collection. For example, skin tags alone are not a sign of type 2 diabetes. But skin tags, thickening of the skin and thickening of the knuckles—those together in someone who is overweight can be a sign of type 2 diabetes. Similarly, adult acne alone is not a sign of a hormone imbalance, but acne with unwanted hair plus irregular periods can be.

What’s the most important thing I can do to keep my skin healthy?

Keep it hydrated! The environment and the medications we take can cause dryness. Keeping the skin moisturized helps maintain its barrier function. Remember, part of the skin’s job is to keep the outside out and the inside in. It protects us from injury, infection, ultraviolet light and extremes of temperature. At the same time, it stores water and fat, creates vitamin D and regulates body temperature. Staying hydrated, by using moisturizers and drinking water, helps the skin do these important jobs.

How do I choose the right moisturizer?

There are many types: lotions, creams, ointments, oils and humectants. Each differs in the ease of application, consistency, moisturizing properties and composition. There are pros and cons to all of these, but a good rule of thumb is that for a facial moisturizer you want to find an oil-free product. Your daytime product should contain a sunscreen, while your evening product may have more humectants—that is, substances that promote the retention of moisture.

Do you have a recommendation for sunscreen?

There are a lot of options for sunscreens, too. But it comes down to this: You need at minimum an SPF 30. You need something that says “broad-spectrum protection” or “UVA/UVB protection,” meaning it will screen out damaging rays. My preference is to get a layer of lotion or cream, as opposed to a few squirts from a spray-on sunscreen. Most important, find one you like—not too greasy, not too pasty.
Superfoods to the Rescue
Change some of your meal choices and boost your body’s ability to fight disease

Looking for the perfect food? The one that meets all your nutritional needs, protects you against serious disease, is readily available and tastes great, too?

Sorry, it doesn’t exist. “There’s no one perfect food or diet that will guarantee 100 percent we won’t develop disease,” says Lynda McIntyre, a Johns Hopkins nutritionist. “But there is overwhelming research showing that the quality of foods we eat dramatically decreases our risks for disease.”

Particularly if those foods are high in antioxidants.

You’ve probably heard that term. It refers to a natural process, oxidation, that occurs when a substance or a chemical combines with air to form a free radical. This is a highly unstable molecule that, like a thief in the night, bumps into healthy cells and robs a molecule from those cells. “When that damage occurs, our bodies start a process that creates inflammation at the cellular level,” McIntyre says, “and that leads to disease.”

Antioxidants fight back against those free radicals so that they can’t do harm to our healthy cells. You can find them in brightly colored fruits and vegetables. “Color is not just there for decorative purpose,” McIntyre says. “It’s an indicator of its antioxidation potency.”

Choose at least three colorful fruits and at least four servings of colorful vegetables in your diet every day. The deeper, the darker in color, the better: dark, leafy greens and berries, broccoli and carrots, bright oranges, red peppers, kale.

If that sounds like you need to spend half your life in the produce section, think again. McIntyre says these antioxidant-rich foods can be incorporated into your diet quite easily. “Start out with one fruit or vegetable every time you eat,” she says. So, for example, you could include a half-cup of blueberries on your cereal or low-fat yogurt for breakfast, and a dark, leafy green and a half-cup of broccoli as part of your dinner.

Some argue that it would be easier to get all this from a pill. They’re wrong. “Supplements do not provide the same benefits as those derived through food,” McIntyre says. Nor do they taste as good.

Granted, eating like this involves a little planning. But consider the benefits: “You can decrease your risk of heart disease, cancer, stroke, diabetes,” she says. “We also see that people who follow this kind of diet have clearer skin and less wrinkles and potentially more energy, and an improved immune system.”

In other words, although you may not achieve perfection, you’ll feel better and you’ll look better, thanks to the power of healthy eating.

Three Foods to Supercharge Your Diet
Like Clark Kent ducking into a phone booth and coming out as the Man of Steel, some of the most humble and easily available foods are nutritional powerhouses in disguise.

Gerard Mullin, M.D., director of Integrative Gastrointestinal Nutrition Services at Johns Hopkins, recommends incorporating these deceptively powerful foods into your diet.

**Broccoli.** “Rich in fiber, rich in antioxidants, it’s good for detoxifying the liver and helps in cancer prevention. It should be top of the list.”

**Raspberries.** “They have a whole series of compounds that are cancer fighters, and they offer heart protection. They’re high in antioxidants and rich in fiber.”

**Wild Salmon.** “Fish oils fight heart disease, cancer, depression. Salmon is also rich in vitamin D. And the pink pigment, in particular, is an anticancer agent. But stick with wild salmon, even if it’s frozen, over farm-raised, even if that’s fresh.”

Find Recipes That Are Good for Your Health
Search the Johns Hopkins Health Library by dietary considerations and food categories. Visit hopkinsmedicine.org/healthlibrary/recipes.
A Johns Hopkins psychiatrist on how letting go of grudges is good for your health.
Karen Swartz, M.D., says that in her nine years speaking at Johns Hopkins’ annual women’s health conference, A Woman’s Journey, no topic has generated more interest than her recent talk on love and forgiveness. Swartz, a practicing psychiatrist and clinical programs director of the Johns Hopkins Mood Disorders Center, says the topic of forgiveness is simply universal, whether it’s forgiving someone else or yourself. We might all know that, and immediately relate to it, but what many of us don’t know is that forgiveness is good for our health. Furthermore, holding grudges takes a physical toll. Journalist Lauren Sandler asked Swartz when we should forgive, why it’s so hard, how we misunderstand it, and what our minds and bodies gain from forgiveness. >
Should we see all violations of faith and trust as forgivable—or are some things simply unforgivable?
There are some things that you really want to forgive, you want to move past, you want to have a future relationship with someone. And there are some things that are simply too horrible to forgive and to forget—like violence against a child, abuse. But I think there’s a big difference between seeing things as forgivable and having it be the consuming factor in your life. Forgiveness does not always include reconciliation, and having a relationship with someone in the future is about whether they are reliable and dependable and trustworthy, and sometimes you’ve broken trust in a way that you can never have a relationship again.

Do we erroneously associate forgiving with forgetting?
I think people sometimes have an expectation of forgiveness that it’s absoluted. Forgiving isn’t giving absolution where you say, it’s done, we never have to think about it again. If someone’s done something really thoughtless, you think about them differently. You trust them differently. You have a different relationship with them.

In thinking about forgiveness, would you say there is a biological reality versus an emotional reality, or is that a false dichotomy?
I don’t think we know enough about emotions and the brain to separate everything out. I think if you are in a very upset, agitated state about a conflict, we know people get into a fight-or-flight mode. You’re breathing fast, your blood has gone into your arms and legs. You go into this hyper state. And being in that state gets your heart pounding, gets you on edge. And that’s not necessarily healthy. Can that be triggered by emotional things? Absolutely.

Is some of that unhealthiness maintained in someone who will not forgive?
If someone is stuck in an angry state, what they’re essentially doing is being in a state of adrenaline. And some of the negative health consequences of not forgiving or being stuck there are high blood pressure, anxiety, depression, not having a good immune response. You’re constantly putting your energy somewhere else.

Would you explain the physical health benefits of forgiveness?
There has been excellent work that looks at what gets better after forgiveness training [see sidebar]. Blood pressure is lower. People report needing fewer medicines. They report having better sleep. They report physically feeling better and having fewer physical complaints.

It can be so hard to opt for empathy in the face of perceived betrayal. How do we begin to make that choice?
If you think of forgiveness in terms of thinking that something terrible has happened, being honest with yourself about your reaction, making a choice to forgive, to be empathic, to be compassionate, and then to decide whether or not to maintain a relationship, that’s a different step. That’s a process. That’s the key about this. But first you have to start with the idea that you even could say you could forgive them without condoning what happened.

And even that forgiveness can have health benefits?
It can. To many of us I think we wonder, what does it even mean to forgive on that level if you’re not completely letting something go? But the brain does understand that. The basis of cognitive behavioral therapy is your thoughts drive your feelings and emotions and can drive your behavior. So if you think about it, if you stay on negative thoughts all the time, you’re constantly in a negative, very tense state. It’s going to spill over into your thoughts about lots of other relationships. Can you trust people? And so it has lots of implications that are beyond just that one relationship.

Are there physical prompts for letting go? Can we think about breathing, for example, if we can’t get it into our emotional brain?
If you think of the steps of relaxation training, they’re often a part of forgiveness training. When you go into fight-or-flight mode, what you’re trying to say to your body is, we don’t need to be in this mode. Let’s relax. Let’s do some deep breathing, let’s do muscle relaxation. You focus on something else. And you actively work on relaxing your body; that’s often the first step. Let’s physically get you feeling differently, because
LEARNING TO FORGIVE
Forgiveness training is a combination of cognitive behavioral therapy and relaxation techniques, but the goal is the same: Identify the problem, give it time and get objective input. That input doesn’t have to come from a mental health professional. It could come from a close friend or a religious adviser.

• Identify what the problems are.
• Challenge your own responses.
• Work on relaxation techniques.
• Change your thoughts from negative to positive.

...then maybe you can think about things differently and not be in such a tense and geared-up state that you can’t really process information.

Do mood issues have a bearing on forgiveness?
There are two big things that happen. When people are depressed, they are in a negative mind-set all the time. That’s a part of depression—you see the negative version. So your reactions are out of proportion. So a small thing can happen and you’ll have a very strong negative reaction. You can be in a relationship where someone does something pretty trivial and you’re tremendously wounded by it. Also, people who are very depressed can make poorly thought-out decisions that may need forgiveness.

What do we bring into conflicts that might have little to do with the conflict itself—and that might be barriers to forgiveness?
I think so much of what fuels conflict is not necessarily the conflict. Part of forgiveness training is you have to look to yourself. What is it about this that is really about me? Have I been depressed? Did I step over the line? Am I someone who gets furious when I’m in a particular situation? And that allows you to process a more understandable reaction. I think it’s hard when you have two people and one person is having an intense reaction and the other person is saying, if that were me I’d have a little reaction. It’s hard to understand. Most of us know our own experience; we don’t really know someone else’s. Real empathy is, I know what you’re feeling. We can’t really achieve that. We can try. But because we can’t, most people are just disappointed that we don’t understand what they’re feeling. Which leads to more conflict and makes it harder to resolve some of these issues. It’s amazing how powerful it is for someone to apologize. And it’s amazing how difficult it is for so many people to do it.

And also to say the words “I forgive you.”
Yes! Forgiving someone is going to be facilitated by them saying, I’m very sorry that this happened. And sometimes what people have to realize is they don’t have to take responsibility for the whole conflict. They can take responsibility for their part in it. Like, I’m sorry I didn’t know that would be so upsetting to you. I understand that now. But sometimes people feel when they apologize, they are taking all the responsibility and saying, it’s completely my fault. Usually, each person has contributed to the misunderstanding and the difficulty.

Do we make a mistake in tending to think that forgiveness is something we do for other people, when in fact perhaps the greatest benefit is to ourselves?
Certainly the healthiest thing is to forgive. There are many studies now that are demonstrating that—that you’ll have lower blood pressure and better blood flow. I think it would be better if people could view forgiveness as something they’re doing for themselves. Again, it’s not absolution. I think they get hung up on, if I forgive you it gets forgotten, or you’re not in trouble, or something else. Forgiveness is something different, which is to say, I am not going to have these negative emotions consume me. That’s how I view it. And so forgiveness isn’t so much about the other person as your own process of saying, I’m moving forward.

Do we get too wrapped up in the morality of forgiveness? Do we hold on to the notion that it’s something we “should” do?
Other people can intrude on the process of forgiveness. People say you need to be a good person and forgive your sister, your dad. The problem with that is when outside forces tell you what you need to do or decide for you what’s the right thing to do, I don’t think that has nearly the same benefit as saying, I’m going to look at this, I’m going to work on changing my emotions, I’m going to substitute some of the negative feelings and thoughts I have into something more positive. I think of it very differently as a psychiatrist. I think of it in terms of helping the person to be healthier, and for the person doing the forgiving to move on with their life instead of being too caught up in what it does or doesn’t do for someone else.
Standing Tall
Once hunched over and miserable, David Beach got his back in line at Johns Hopkins

When I arrived in Dan Sciubba’s office in October 2012, I couldn’t even look him in the eye. I had been a runner, a cyclist, an active father of four. But in 2004, I was riding a 550-pound all-terrain vehicle that rolled over and ended up on top of me, crushing two of my vertebrae. At the time, I already had steel rods in my back, the results of another accident I’d had when I was in my 20s.

Now this.

To get relief, I had back surgery at a major medical center near my home. It didn’t work. I was now in a sorry state. I was in constant pain; I could barely walk, much less run or bike; and I was hunched over like a frail, old man.

My life as I knew it was pretty much over. Or so I thought.

I found Dr. Sciubba online, and drove two and a half hours to meet with him in his office at Johns Hopkins. After looking at my X-rays and examining me, he explained exactly what he could do. I’m a machinist by training, and the way he walked me through the process, step by step and in great detail, gave me a lot of confidence. I decided to have the surgery with him.

It took two days, but essentially, Dr. Sciubba took out all the old hardware that lined my spine and put in a whole new set. He also rebroke my backbone and took out a piece to straighten me out. I’m now fused from my upper lumbar to the pelvis, but you can see what he did on the X-ray. It’s all beautifully sculpted.

Dr. Sciubba met with me twice for an hour before surgery and checked in with me every day for nine days after. He always gives me his full attention, and I appreciate that.

Most important, he gave me my life back. In the year since the surgery, I purchased a new bike and have logged 1,000 miles. I’m even back to running. Best of all, I can stand up straight again.

After the surgery, my wife came over and hugged me, and she realized something was different. Turned out, I’d been so kinked and bent over for so long that I had actually shrunk. The surgery allowed me to grow an inch and a half—back to my normal height of 6 feet 1 inch.

Now, when I return for checkups, I can look Dr. Sciubba straight in the eye, and say, “Thanks!”

To watch a video of David Beach telling his story, visit hopkinsmedicine.org/mystory. For more information, appointments or consultations, call 877-546-1872.
Most women will say they want the same opportunities as men. But they probably don’t feel that way about their heart-disease risk.

Although it’s well established that women without diabetes have a far lower risk of heart disease than men, a new study shows that among women younger than 60 who have diabetes, the risk increases fourfold.

“We were surprised to find that in the presence of diabetes, any gender differences in the risk of heart disease were essentially negated,” says endocrinologist Rita Rastogi Kalyani, M.D., the lead investigator of the study, which was conducted at Johns Hopkins. “This is one of the first studies that specifically focused on people under 60.”

The findings are significant because many prevention guidelines for heart disease don’t necessarily address that demographic, which represents a growing population with rising rates of obesity—a contributor to the development of type 2 diabetes.

For example, current guidelines for diabetes recommend taking a daily low dose of aspirin starting at age 50 for high-risk men, but not until age 60 for high-risk women.

“We really need to better understand the risks related to diabetes and heart disease in women, and how we can best prevent it particularly in the younger population,” Kalyani says.

She adds that the findings of the study, which analyzed data from more than 10,000 Americans in three large studies, could help inform prevention guidelines in the future. Discussion of next steps for research are underway.

In the meantime, women who have diabetes should talk to their doctors about taking action to prevent heart disease. Eating an appropriate diet, exercising regularly and stopping smoking are a sensible start. Taking medication to control high blood pressure or cholesterol may also be recommended.

MORE DIABETES RESOURCES FROM JOHNS HOPKINS
Go to the Johns Hopkins Health Library for more information on the diagnosis, treatment and prevention of diabetes—and thousands of other conditions. Visit hopkinsmedicine.org/healthlibrary.
Chooses sunglasses

I see the ill effects of ultraviolet radiation on my patients’ eyes every day: cataracts, macular degeneration, pterygium (or surfer’s eye, an abnormal growth on the white of the eye) and photokeratitis (sunburned eyes).

I tell my patients to protect their eyes using sunglasses, and I make sure to wear them, too. The one thing I look for is that they’re 99 to 100 percent UVA and UVB absorbing.

If I’m active, like playing sports, I look for unbreakable polycarbonate or Trivex lenses. If I’m in a car or on a boat where the sun reflects off the surface, polarized lenses are best. They eliminate reflected rays.

When I’m simply looking for something to wear at the beach on a sunny day, I get myself a pair of cheap sunglasses. For maximum protection, I get ones that are wraparound, 99 to 100 percent UV absorbing, in a gray tint.

Jack Prince, O.D., is a doctor of optometry and a clinical associate at the Johns Hopkins Wilmer Eye Institute. He specializes in routine comprehensive eye care for children and adults.