

Honor Your Mother



You may have been told that you have your mother's eyes, her smile, her athletic ability or her gift for gab – maybe you've even been told you have her "shopping gene"!

Take a closer look – just how much do you resemble your mother? Of all the genes you inherited, only a few determine physical features. What about all the rest that determine health and overall wellness? For better or worse, we are our mothers' daughters, and knowing a little bit more about your mom and your family medical history could prove to be a life-saver for you both.

Almost all diseases have a genetic base. Some follow straight and clear cut patterns of inheritance; these are known as single-gene disorders and include sickle cell anemia and cystic fibrosis. Others, known as multi-factorial disorders, do not follow clear patterns of inheritance and are acquired through a combination of genes and behavioral and lifestyle habits, which can be improved to reduce your risk. Multi-factorial disorders include the "biggies," like breast and ovarian cancer, heart disease, Alzheimer's and diabetes.

It is never too late to be healthier – regardless of what some of us, or our mothers, may think! Make getting healthier a project for you and your mother to work on together. Although you are not responsible for your mother's health, you can commit to encouraging and motivating her to take positive action.

Honor your mother this May 10th and commit to improving your overall health together.

Know Your Inherited Risk

Just because a disease or disorder is common to your family, there is no guarantee you will get it too – just that you may be at a higher than normal risk. Here are two important first steps you can take:

1. Review your family medical history together; remember to include children, parents, siblings, grandparents, aunts and uncles, cousins, nieces and nephews.
2. Partner with your doctor to monitor your health and work on a plan to minimize the impact of your inherited risk for disease.

Lower Your Risk

Identify current lifestyle habits and rate your current physical and emotional health. Now identify what you would like it to be. How can you bridge the gap? Commit to doing the things you already know you should do – not all of them all at once; start with smaller goals and enjoy success before tackling more. Support each other via phone, the Internet, or in person.

Both you and your mother have different strengths. Play into those strengths by assigning each of you an area of responsibility – see below for some ideas:

- ✿ One of you can come up with healthier versions of family favorites, like a baked crunchy chicken recipe instead of the fried version.
- ✿ The other can develop a walking plan, buy pedometers, and keep a log of steps.
- ✿ One of you can find the perfect serenity CDs to introduce calm moments into each day.
- ✿ If one of you smokes (or both of you do)
 - promise each other to quit,
 - see a doctor, get hypnotized, join a support group,
 - whatever it takes!

Challenge each other and stay on track. Remind yourselves and each other of your goals and support each other through the chocolate cravings and lazy days!

*There is no better gift to give your mother this
Mother's Day than the gift of good health!*

To discover how each decade of your life is an opportunity for renewed health, please visit:

spiritofwomen.com/lifestages.html

The following questionnaire is designed to help you assess you and your mother's health and determine if you are at a higher than normal risk for certain diseases and/or disorders.

Questions to Ask Your Mother:

1. Who is your primary care physician? Who are your other doctors? (List all phone numbers)

2. What is your health insurance company and phone number? (List policy and ID number)

3. What medications are you currently taking?

4. Do you have any allergies?

5. List the dates the following tests were last performed:

- | | |
|--|--|
| <input type="checkbox"/> HPV test - human papillomavirus -
the cause of cervical cancer (for women 30+) | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Pap smear and internal examination | <input type="checkbox"/> Baseline hormone measurements |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Fasting blood glucose (diabetes check) |
| <input type="checkbox"/> Rectal exam and/or colonoscopy | <input type="checkbox"/> Cholesterol panel - total, LDL, HDL and triglycerides |
| <input type="checkbox"/> Bone density test | <input type="checkbox"/> Overall skin and mole exam |
| <input type="checkbox"/> Blood work | <input type="checkbox"/> Vision test |
| | <input type="checkbox"/> Hearing test |

6. When is your next doctor's appointment scheduled?

I'd like to go with you and take notes. Would that be okay? Y N

7. Would you write a letter of permission, giving me access to your health records if that became necessary?

8. a) Tell me everything you know about your health history, starting with your childhood. Tell me everything about Dad's.

b) What medical conditions did my grandparents' have? What childhood illnesses did I have?

9. Is there any history in our family of (identify family member and age of onset). Remember to include parents, children, siblings, grandparents, aunts, uncles, nieces, nephews and cousins.

Addictions:

- Alcoholism
- Cirrhosis of the liver
- Drug abuse

Allergies:

- Asthma
- Drug allergies
- Food allergies

Bones:

- Osteoporosis

Cancer (specify type):

Heart:

- High or low blood pressure
- Heart disease (specify type)
- Stroke

Immune System:

- HIV
- Candidiasis
- Chronic fatigue
- Lupus
- Multiple sclerosis

Mental Illness:

- Depression
- Anxiety
- Panic attacks

Migraine Headaches:

Reproductive System:

- Gynecological problems
- Bladder infections
- Fibroids

- Ovarian cysts
- Yeast infections
- Breast cysts
- Hysterectomy
- Oophorectomy
(ovaries removed)

Surgeries:

- Gallstones
- Kidney stones
- Heart bypass
- Other

Weight:

- Obesity
- Anorexia
- Bulimia

10. Have you ever been to a therapist or psychiatrist? If so, what for?

Taken anti-depressants or anti-anxiety medication? If so, why? _____

Who else in the family may have been, or is, depressed? _____

Have you ever felt suicidal? If so, what was going on in your life? _____

11. Would you like some help with meal planning and food preparation? Y N

Are you taking any vitamins or supplements? List them and the quantities taken:

12. What kind of exercise are you doing?

Would you like to work out a reasonable exercise plan with me? Y N

13. If you became seriously ill, how would you like me to respond?

14. How would you like to be cared for if you became seriously ill?

15. What concerns you the most about your health?

16. What is one thing you could do that would help you feel healthier?

17. Is there anything I can do to help you be healthier?

18. One thing I'd appreciate you doing to help me be healthier is:

Finally, partner with your doctor to monitor your health and work on a plan to minimize the impact of your inherited risk of disease. It would also be beneficial to accompany your mother to her doctor's appointment and ensure she is doing the same.

*Improved health and well-being is within your reach –
don't wait until it is too late!*

*Give each other a true gift of the heart –
a long and healthy life filled with love and joy.*

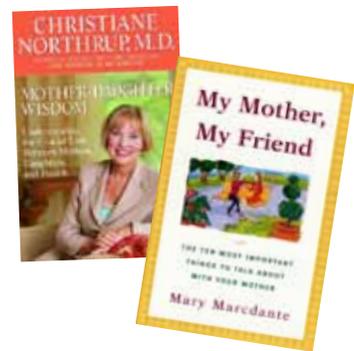
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Partial information contained in this questionnaire was provided courtesy of www.marymarcdante.com and adapted from her book, *My Mother, My Friend*.



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