

Shaken Baby Syndrome:

An All Too Common and Preventable Tragedy

Shaken Baby Syndrome is caused by shaking an infant or young child by the arms, legs, chest or shoulders. Forceful shaking can result in brain damage leading to mental retardation, speech and learning disabilities, paralysis, seizures, hearing loss and even death. It can cause bleeding around the brain and eyes, resulting in blindness. A baby's head and neck are especially vulnerable to injury because the head is so large and the neck muscles are still weak. The most disturbing thing about Shaken Baby Syndrome is that it causes serious, irreparable injury and death to 50,000 children a year in the United States — and is completely preventable.ⁱ

How does it happen?

As unbelievable as it may seem, many frustrated parents or caregivers feel that shaking a baby is a less harmful way of coping with a fussy child than hitting or slapping the child. But in reality, shaking a baby, even for a few seconds, can injure a baby for life. The sudden whiplash motion can cause the brain to pull apart. Almost 25 percent of all babies with Shaken Baby Syndrome dieⁱⁱ. The rest will suffer lifelong effects. Disturbingly, 25-50 percent of adults aren't even aware of the dangers of shaking a baby.ⁱⁱⁱ

Who is responsible for shaking babies?

Shaken baby abuse is not limited to any one group of people. However, males are involved in 65-90 percent of the cases. Statistically, the shaker is most likely to be an adult male in his early 20s who is the baby's father or the mother's boyfriend. Females who injure babies by shaking them are more likely to be babysitters or childcare providers than the baby's mother.^{iv} Common reasons for shaking a baby include frustration over the baby's inconsolable crying and toilet training problems. Some adult shakers also express jealousy over the attention that the child is receiving from his or her partner.

What are the signs of Shaken Baby Syndrome?

Be aware of the signs of Shaken Baby Syndrome that include lethargy, vomiting, blood in the eyes, convulsions or spasms, difficulty breathing, swelling about the head. If signs of this nature are spotted, immediate medical attention is required.

What should you do if you believe a child has been shaken?

If you or someone else shakes a baby — either accidentally or on purpose — call 911 or take the child to the emergency room immediately. Bleeding inside the brain can be treated. Immediate medical attention may save the baby many future problems and possibly save the baby's life.

How can you help prevent Shaken Baby Syndrome?

- Parents and caretakers need to be educated about the extreme dangers of shaking a baby. As stated above, many people who are not abusers believe it is a harmless act. Shaking a baby is not safer than hitting or slapping.

- Parents leaving a child with a caretaker need to be sure that the person is fully aware of the dangers of shaking a baby. Do not let embarrassment or awkwardness stand in the way of your child's safety. Babies are seriously injured or killed from shaking by family friends, boyfriends and other caretakers.
- If you have friends or family members with young children, let them know they can call you when they need a break from the stress of childcare. If you are also a parent, exchange respite care for one another.
- If you are the parent or caretaker, take breaks from the demands of childcare from time to time, especially if your baby is acting particularly fussy. Ask a family member or friend to help. Hire a babysitter. If you are under severe stress, it is better to leave the child crying in his or her crib or playpen and go into another room for several minutes to collect yourself rather than risk shaking a baby. Take deep breaths, call a friend to talk, listen to soothing music, etc.
- Educate teenagers about the dangers of shaking a baby. Teens are often called upon to take care of children as babysitters or sibling caregivers and need to know the dangers involved.
- Try to remember that babies fuss and cry because they are uncomfortable and have no better way of expressing themselves. They are not doing it to make you angry or unhappy. The following tips may help a crying baby:
 - offer a pacifier
 - feed slowly and burp often
 - hold against your chest and walk or rock
 - put on soft music or sing
 - take your baby for a ride in a stroller or car or put your baby in a baby swing
 - if you breast feed, avoid eating onions, beans or drinking coffee, tea or cola

Stop. Calm Down. Try Again.

These three simple steps can make all the difference if you are at your wits' end with your child. Remember that shaking can cause brain damage, vision loss and other lifelong injuries. If you are afraid you might hurt your child, follow these steps:

1. *Stop*

Place your baby in a safe place such as a playpen or a crib.

2. *Calm down*

- Sit down or walk out of the room — but not so far away that you can't hear the child.
- Listen to music for a short time. Call a friend or relative for support and advice.
- Run the vacuum cleaner to drown out crying noise. Vacuum noise also calms some babies.
- Remember that crying may indicate hunger, pain or illness, discomfort, teething, earache or other problems. If you can't calm the baby and the crying continues for a long time, call the doctor.

3. *Try again*

When you have calmed down, resume trying to help your baby.^v

Resources Are Available – Call Your EAP at 800-424-5988

Additional information, self-help tools and other resources are available online at www.MagellanHealth.com. Or call us for more information, help and support. Counselors are available 24 hours a day, seven days a week to provide confidential assistance at no cost to you.

Emotional Changes in Older Adults

Expect some emotional changes from your loved one. Losing his or her sense of independence, no matter how slight, can be both frustrating and scary. Age also brings a certain degree of emotional change as well, which may be characterized by occasional bouts of depression, frustration or confusion. While some emotional change is normal, it is important to watch out for extreme mood swings or behaviors that may signify a medical or psychological condition such as depression or dementia.

Depression

Older adults suffer from depression more than any other age group, possibly because they often experience major life changes, such as the loss of a spouse or changes in finances, health or living environments. Though it takes time to get over a loss or sudden change, extreme grief can lead to depression.

Signs of Depression

If you recognize any of the following signs in your loved one, consult a doctor:

- Feelings of sadness, boredom, hopelessness or apathy over an extended period of time.
- Decreased interest and participation in activities, particularly those your loved one previously enjoyed.
- Noticeable physical changes (stomach problems, extreme loss of appetite, confusion, severe headaches and/or sleep changes, etc.).
- Suicidal feelings. If your loved one mentions suicide, seek professional help immediately; don't try to handle it on your own.

Confusion

Sometimes confusion is a passing response to changes in diet, health, environment, medications or other life circumstances. Other times, however, it may indicate that your loved one needs medical attention. Signs of confusion include problems with decision-making and judgment; unresponsive behavior; loss of memory; impaired ability to think or understand abstract concepts; and disorientation with regard to time, person or place. If your loved one acts confused for periods of time, notify a doctor. Confusion and/or dementia can be caused by many diseases—most of which are treatable. Extreme symptoms of confusion, however, could indicate Alzheimer's disease—a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior.

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Substance Abuse Warning Signs

Drug and alcohol abuse affects millions of people in the United States. By learning to recognize common warning signs, you can prevent substance abuse, or begin the process of recovery.

Is alcohol or drug abuse a problem for you? Think carefully about the following questions:

- Do you lose time from work due to alcohol or other drug use?
- Is drinking or drug use creating problems in your home life?
- Do you drink or use drugs to “loosen up” in social situations?
- Have you ever felt remorse after drinking or using drugs?
- Have you ever gotten into financial difficulties as a result of drinking or using drugs?
- Has your ambition decreased since drinking or using drugs?
- Do you have difficulty sleeping when drinking or using drugs?
- Do you drink or use drugs to escape your problems?
- Do you drink or use drugs alone?
- Have you ever been hospitalized as a result of drinking or using drugs?

If you answered yes to one or more of these questions, you may have a substance abuse problem. The following national organizations can help:

Alcoholics Anonymous: 800-923-8722

Al-Anon (Services for family members of alcohol abusers): 800-344-2666

National Clearinghouse for Alcohol & Drug Information: 800-729-6686

National Institute on Drug Abuse: 800-662-HELP (4357)

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September is Cholesterol Education Month

The National Heart, Lung, and Blood Institute (NHLBI) launched the National Cholesterol Education Program (NCEP) in November 1985. The goal of the NCEP is to contribute to reducing illness and death from coronary heart disease (CHD) in the United States by reducing the percent of Americans with high blood cholesterol. Through educational efforts directed at health professionals and the public, the NCEP aims to raise awareness and understanding about high blood cholesterol as a risk factor for coronary heart disease and the benefits of lowering cholesterol levels as a means of preventing coronary heart disease.

What Is Cholesterol?

To understand high blood cholesterol, it is important to know more about cholesterol.

- Cholesterol is a waxy, fat-like substance that is found in all cells of the body. Your body needs some cholesterol to work the right way and makes all the cholesterol you need.
- Cholesterol is also found in some of the foods you eat.
- You use cholesterol to make hormones, Vitamin D, and substances that help you digest foods.

Blood is watery and cholesterol is fatty. Just like oil and water, the two do not mix. So, in order to travel in the bloodstream, cholesterol is carried in small packages called lipoproteins. The small packages are made of fat (lipid) on the inside and proteins on the outside. Two kinds of lipoproteins carry cholesterol throughout your body. It is important to have healthy levels of both:

- **LDL (low density lipoprotein)** cholesterol is sometimes called "bad" cholesterol. High LDL cholesterol leads to a buildup of cholesterol in arteries. The higher the LDL level in your blood, the greater chance you have for getting heart disease.
- **HDL (high density lipoprotein)** cholesterol is sometimes called "good" cholesterol. HDL carries cholesterol from other parts of your body back to your liver. The liver removes the cholesterol from your body. The higher your HDL cholesterol level, the lower your chance of getting heart disease.

Lowering Your Cholesterol

It's fairly easy to lower your blood cholesterol. Just eat more foods low in saturated fat and cholesterol and cut down on high-fat ones, especially those high in saturated fats. Here are some simple daily guidelines:

- Watch your caloric intake by eating a wide variety of foods low in saturated fat and cholesterol.
- Eat at least five servings of fruits and vegetables every day.
- Eat six or more servings of cereals, breads, pasta and other whole-grain products.
- Eat fish, poultry without skin and leaner cuts of meat instead of fatty ones.
- Eat fat-free or 1% milk dairy products rather than whole-milk dairy products.
- Enjoy 30–60 minutes of vigorous activities on most (or all) days of the week.
- Maintain a healthy weight.

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Head Pain: When is Headache a Warning of a More Serious Condition?

Like other types of pain, headaches can serve as warning signals of more serious disorders. This is particularly true for headaches caused by traction or inflammation. Traction headaches can occur if the pain-sensitive parts of the head are pulled, stretched, or displaced, as, for example, when eye muscles are tensed to compensate for eyestrain. Headaches caused by inflammation include those related to meningitis as well as those resulting from diseases of the sinuses, spine, neck, ears, and teeth. Ear and tooth infections and glaucoma can cause headaches. In oral and dental disorders, headache is experienced as pain in the entire head, including the face. These headaches are treated by curing the underlying problem. This may involve surgery, antibiotics, or other drugs.

Characteristics of the various types of more serious traction and inflammatory headaches vary by disorder:

- **Brain tumor.** Brain tumors are diagnosed in about 11,000 people every year. As they grow, these tumors sometimes cause headache by pushing on the outer layer of nerve tissue that covers the brain or by pressing against pain-sensitive blood vessel walls. Headache resulting from a brain tumor may be periodic or continuous. Typically, it feels like a strong pressure is being applied to the head. The pain is relieved when the tumor is treated by surgery, radiation, or chemotherapy.
- **Stroke.** Headache may accompany several conditions that can lead to stroke, including hypertension or high blood pressure, arteriosclerosis, and heart disease. Headaches are also associated with completed stroke, when brain cells die from lack of sufficient oxygen.

Many stroke-related headaches can be prevented by careful management of the patient's condition through diet, exercise, and medication. Mild to moderate headaches are associated with transient ischemic attacks (TIA's), sometimes called "mini-strokes," which result from a temporary lack of blood supply to the brain. The head pain occurs near the clot or lesion that blocks blood flow. The similarity between migraine and symptoms of TIA can cause problems in diagnosis. The rare person under age 40 who suffers a TIA may be misdiagnosed as having migraine; similarly, TIA-prone older patients who suffer migraine may be misdiagnosed as having stroke-related headaches.

- **Spinal tap.** About one-fourth of the people who undergo a lumbar puncture or spinal tap develop a headache. Many scientists believe these headaches result from leakage of the cerebrospinal fluid that flows through pain-sensitive membranes around the brain and down to the spinal cord. The fluid, they suggest, drains through the tiny hole created by the spinal tap needle, causing the membranes to rub painfully against the bony skull. Since headache pain occurs only when the patient stands up, the "cure" is to remain lying down until the headache runs its course - anywhere from a few hours to several days.
- **Head trauma.** Headaches may develop after a blow to the head, either immediately or months later. There is little relationship between the severity of the trauma and the intensity of headache pain. In most cases, the cause of the headache is not known. Occasionally the cause is ruptured blood vessels which result in an accumulation of blood called a hematoma. This mass of blood can displace brain tissue and cause headaches as well as weakness, confusion, memory loss, and seizures. Hematomas can be drained to produce rapid relief of symptoms.
- **Temporal arteritis.** Arteritis, an inflammation of certain arteries in the head, primarily affects people over age 50. Symptoms include throbbing headache, fever, and loss of appetite. Some patients experience blurring or loss of vision. Prompt treatment with corticosteroid drugs helps to relieve symptoms.
- **Meningitis and encephalitis headaches** are caused by infections of meninges - the brain's outer covering - and in encephalitis, inflammation of the brain itself.
- **Trigeminal neuralgia.** Trigeminal neuralgia, or tic douloureux, results from a disorder of the trigeminal nerve. This nerve supplies the face, teeth, mouth, and nasal cavity with feeling and also enables the mouth muscles to chew. Symptoms are headache and intense facial pain that comes in short, excruciating jabs set off by the slightest touch to or movement of trigger points in the face or mouth. People with trigeminal neuralgia often fear brushing their teeth or chewing on the side of the mouth that is affected. Many trigeminal neuralgia patients are controlled with drugs, including carbamazepine. Patients who do not respond to drugs may be helped by surgery on the trigeminal nerve.
- **Sinus infection.** In a condition called acute sinusitis, a viral or bacterial infection of the upper respiratory tract spreads to the membrane which lines the sinus cavities. When one or more of these cavities are filled with fluid from the inflammation, they

become painful. Treatment of acute sinusitis includes antibiotics, analgesics, and decongestants. Chronic sinusitis may be caused by an allergy to such irritants as dust, ragweed, animal hair, and smoke. Research scientists disagree about whether chronic sinusitis triggers headache.

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Suicide: Prevention is Possible

Did You Know...

- Suicide can be prevented.
- Treatment is readily available for depression and other illnesses with high risk of suicide.
- Embarrassment is common but shouldn't stand in the way of talking with your health care provider, family and friends.
- Friends and family can help get loved ones into treatment.
- Alcohol and drugs do not help a person who is feeling suicidal.
- 1-800-SUICIDE is a hotline available for help.

Suicide Facts

- In the U.S., suicide claims approximately 30,000 lives each year.¹
- The suicide rate is highest among men over age 65, compared with all other age groups².
- The World Health Organization (WHO) reported that suicide worldwide causes more deaths every year than homicide or war³.

Know the Warning Signs

If you suspect that a friend or loved one is suicidal, be alert for the following warning signs:

- Withdrawal and isolation from family and friends.
- Obtaining a weapon when depressed.
- Giving away prized possessions.
- Hoarding medication.
- Talking about death, making statements such as "there's nothing left to live for," expressing hopelessness or pessimism.

Risk Factors for Suicide

Doctors do not know what causes someone to commit suicide. However, doctors do know that people with the following illnesses have a higher risk, particularly if they feel hopeless and pessimistic:

- Depression, especially with anxiety or agitation.
- Bipolar disorder.
- Alcohol or substance abuse.
- Schizophrenia.
- Borderline personality disorder.

Other factors that can increase the risk of suicide are:

- Past suicidal behavior.
- Recent or impending losses.
- Chronic, disabling, or painful medical conditions.
- Past or ongoing abuse or trauma.
- Access to guns or other lethal means.

Treatment Is Available

Effective treatment is available for all of the above illnesses. For example, the most common of these illnesses, depression, can be treated with:

- **Psychotherapy.** This involves talking with a mental health professional (therapist) about ways to better cope with changes in your life. Research has shown that it is effective for depression and that most people see progress in a timely manner.
- **Antidepressant medication.** Medicine can help correct an imbalance in the brain chemicals that control a person's mood. Most medicine can be used safely but should be prescribed by a doctor who knows about the drug and how it might affect other medicine you may be taking. Be sure to tell all of your doctors about all of your medical conditions and all of the medication that you're taking. Most people will see signs of relief within four to six weeks.
- **A combination of the two.** This approach combines "talk therapy" with antidepressant medication and can be more effective for some people than either medicine or psychotherapy alone.

Other treatments are available and can be described by your health care provider.

If You Need Help

If you think you're suicidal and need help immediately:

- Call 911, your health care provider or your program's toll-free number.
- Get help from family and friends. Ask them to get rid of your weapons, or other lethal means, if you have any.

If you are having suicidal thoughts, but don't need help immediately to prevent harm:

- Ask for help from family and friends to keep you safe and help you get treatment.
- Call your health care provider or your program's toll-free number for help in getting a mental health evaluation.
- Discuss with your health care provider or mental health professional how to get rid of any weapons or other lethal means.
- Learn more about suicide. Your health care provider or mental health professional can be a good source of information.

Information can also be found at your local library, bookstore or on the Internet. Below are a few sites that may be helpful:

Suicide Awareness Voices of Education, www.save.org
National Alliance for the Mentally Ill, www.nami.org
National Mental Health Association, www.nmha.org

Friends and Family Can Help

If your friend or loved one is suicidal and needs help immediately, take the person to the nearest emergency room. If you can't do this on your own, call 911.

If your loved one is having suicidal thoughts, but is currently safe:

- Help him or her get into treatment and stay in treatment.
- Actively help your loved one get rid of any weapons or other lethal means that he or she may have.
- Be a good listener and tell your loved one that you're concerned. Let your loved one know that you're there to help.
- Learn more about suicide and its prevention. Contact your health care provider or mental health professional for information. Information can also be found at your local library, bookstore or on the Internet.

Practice Guidelines

Magellan notifies all of our providers about our adopted practice guidelines, which recommend the best treatment for certain medical conditions.

Our adopted practice guideline for suicide is:

- Magellan's Clinical Practice Guideline for Assessing and Managing the Suicidal Patient.

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ⁱ Ramirez, Domingo (11-19-96). Beware of the dangers of shaking infants. *Fort Worth, TX, Star-Telegram*

ⁱⁱ American Academy of Pediatrics: Committee on Child Abuse and Neglect (1993). Shaken Baby Syndrome: Inflicted Cerebral Trauma. *Pediatrics*, 92(6), 872-875

ⁱⁱⁱ Ibid

^{iv} Showers, J. (1992). "Don't Shake the Baby". *Child Abuse & Neglect*, 16, 11-18.

^v American Academy of Pediatrics: Committee on Child Abuse and Neglect (1993). Shaken Baby Syndrome: Inflicted Cerebral Trauma. *Pediatrics*, 92(6), 872-875