

~ Healthy Lifestyle ~

Signs of stress and its management for middle school students



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By Vera Kochan

According to a stress management forum conducted at Joaquin Moraga Intermediate School by Paul Espinas, a practicing pediatrician at the Kaiser Permanente Medical Clinic in Hayward, there are many factors attributed to middle school stress.

On an academic level, good grades, homework and test scores all contribute to anxiety. Other factors involve the transition from elementary school to middle school, sports (competition), friends (peer pressure) and future worries about high school and college.

Stress can also come from at-home situations. Espinas stated, "At-home stress can be the toughest, because we'd like to see the home as a source of rest and strength for the family."

Espinas' wife, Juliana Damon, a practicing pediatrician at East Bay Pediatrics in Orinda/Berkeley said, "A lot of the time, I see kids

affected by parental pressure [and] expectations, family dynamics, illness in the family, financial stress, over commitment or hyper focus on one activity."

Some of the immediate health effects of stress include stomachaches, headaches and sleep issues. However, stress can manifest itself in emotional and academic ways by causing anxiety, depression, unhappiness, agitation, frustration, negativity, body language and disrupting cognitive functions. Espinas said, "I see a lot of stressed out kids who present to the clinic with non-specific symptoms, like headache and stomachache. I usually tell families that if we don't do a good job of managing stress it can manifest in many different ways."

When asked whether kids are aware that their symptoms are stress-related, Damon responded, "For kids that come to the office, lots are afraid they have a medical condition, but many have an inkling that they are related." Es-

pinas added, "I think the older kids do have a sense of the link between stress and their overall health, but some definitely need to hear it from a doctor."

Both Damon and Espinas feel that severe cases of anxiety may require medication. "When appropriate, anti-depressants or anti-anxiety medications are used to help treat kids," explained Espinas. "In our system, psychiatrists usually prescribe these."

Sadly, diagnosed cases of stress are increasing. "I refer kids to child psychologists and psychiatrists every day of the week," Damon said, and Espinas agreed, saying, "I feel the number of kids that need referrals is rising. I've heard that from school districts, too. They are seeing the demand for mental health services go up."

Many JM students find ways to cope with stress levels by watching television, spending time with family and pets, listening to music, taking breaks from homework, and finding a quiet place to work, and most importantly, talking to parents about stressful situations

It is important to develop good habits such as getting a good night's sleep, having healthy social connections, eating right, maintaining a sensible schedule, taking a break from social media and learning to have fun.

Damon and Espinas encourage parents and families to play a big part in the stress management process. "Parents should model how to help themselves, practice self-forgiveness, giving yourself time to think things through, talking to kids about their own challenges and modeling resilient behaviors," Damon explained. "We can normalize how we struggle and deal with life's challenges. Everyone assumes that people in

our community are doing better than themselves, but mental health issues are unfortunately very common. In this age, it's important to have good connections with kids so that they don't feel detached or alone. There are so many things that we can offer to help ... but what all of us need and want, whether anxious or depressed or neither, is connection ... with our family and friends and the greater world. This is not something that happens overnight but is a life approach that we all can cultivate together."

Espinas stressed that it's important to recognize when kids need more resources. "I think some parents would hesitate to utilize these out of embarrassment, shame, etc. Part of dealing with these issues is having open honest and vulnerable conversations. Start with your doctor if you have concerns. It's also important for families to put effort into prevention - we all want our kids to be successful, but we should do so in a way that promotes their emotional health and resilience."

Tips Espinas recommends are to get sleep, since it is fundamental to emotional and physical health and definitely helps mitigate stress, have a schedule that includes time for play, downtime, fun and family, limit screen time - "Increasing amounts of screen time and social media have been linked to anxiety and depression," he says - and get outside. "Take advantage of the nature around us! Time spent in green spaces has been shown to decrease stress and build resilience."

Finally, Espinas says to model behavior. "Julie has a great line she tells to her parents: 'Your kids deserve to see you happy.'"

Do You Have a Breast Cancer Risk?

By Michelle Frankland, NP

My mom was 42 years old when she was diagnosed with breast cancer, her sister (my aunt) was 42 years old when she was diagnosed with breast cancer and their brother (my uncle) was in his 50's when he was diagnosed with prostate cancer. I am 42.

Working as an Oncology Nurse Practitioner with Diablo Valley Oncology for 15 years, I casually knew that I had more than average risk of breast cancer. My concerns were pushed further into the back of my mind once my Mom's genetic testing came back negative for the BRCA 1&2 mutation. Having said that, the combination of turning 42 and helping to run our Multidisciplinary Breast Cancer Clinic prompted me to seek further screening.

I requested a screening breast MRI and anxiously awaited the results. The MRI showed that I have two suspicious areas requiring biopsy, which they proceeded to obtain. I received a phone call with my results, "you don't have cancer but you do have a high-risk lesion so surgery is recommended." I was not prepared for that, I was prepared for cancer or no cancer! Approximately 10% of breast cancers are hereditary, 65% are considered sporadic and the other 25% are familial, which is the category I most likely fall into, assuming genetic testing does not show a BRCA mutation, or any of the other genes known to be associated with breast cancer (like PTEN, PALB2, CHEK2, and others). One quarter of all breast cancers have some sort of familial link and this is the group that really needs to understand their risk.

The first step in understanding risk is talking to your family. Find out if parents, grandparents, aunts, uncles, etc., have had cancer and if so what kind. Next, talk to your health care provider who orders and reviews your mammograms. Ask if you have dense breast tissue and if there are any areas the radiologists are monitoring. Third, initiate a conversation about cancer risk with your gynecologist or primary care provider. Ultimately, the best and most comprehensive way to understand risk is to talk to a genetic counselor, and then, if recommended, undergo genetic testing.

Of all the appointments and procedures I've gone through over the last month, I dreaded the meeting with the genetic counselor the most. Being the mother of two young children, I always hope that I have passed on the best of me to them, not a genetic mutation that increases cancer risk. Having said that, I am so very thankful to have met with the genetic counselor. She brought me back to my logical/practical self, the one that now understands that my genetic test may very well show a mutation, most likely not BRCA since my Mom tested negative, but a mutation that falls into a category of VUS, "variants of unknown significance." If you have a VUS, the genetic testing labs and geneticists will follow the mutation as scientists seek to understand if it does in fact increase cancer risk - 98% of VUS are ultimately found to be benign. Therefore, instead of worrying or being disappointed that I may have passed on a genetic mutation to my kids, I can focus on the fact that understanding my risk will aid in seeking appropriate and necessary screening and surveillance for my kids.

October is Breast Cancer Awareness Month. This month, make it a goal to learn more about your family history and tell your friends to do the same. If you have had breast cancer and not had genetic testing, talk to your providers to understand if you would benefit from it. If you have not had breast cancer, talk to your provider to see if you should be referred for a genetic risk evaluation. I feel fortunate that I knew to ask for additional screening and to have that conversation with my healthcare provider. In each step of this process, my emotions have fluctuated from fear and anxiety to gratitude.

In my years of oncology work, I have seen so many cancer patients find a 'silver lining' in their journey. My silver lining is "now I really get it." When patients talk to me about the stress of scheduling the never-ending list of necessary appointments, the anxiety and fear of waiting for test results, or the utter discomfort of a breast MRI, my empathy is real and sincere. Soon I will also know the emotions that come with surgery, the post-operative pain and recovery, and the impact a big surgery has on me, my family, my friends and my career. While I had several options, I have decided to have a double mastectomy with reconstruction. This is a decision made with confidence and certainty after truly coming to understand my risk.

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