GuideDaily

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KATHERINE STREETER/Special Contributor

INSPIRE ME

LESLIE BARKER GARCIA
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Do-Bee delivers sunshine

Nella Pitts Phillips walks through life with a Magic Mirror

On a recent Monday, Nella Pitts Phillips walked 18,383 steps. On the following Friday, she walked 16,913. Pick any day during the last five years, and she can tell you how many steps it contained. Most she takes before 7 a.m.; many of those she collects while walking up and down driveways, carrying to porches the newspapers she sees on lawns.

"I walk as a ministry for helping others," says Nella, who wears a pedometer (down from two). "I go quite a long way. I have a certain route I follow. I pick up the newspaper and take it to the door. When I put it there, even though no one hears me, I say, 'In the name of the Father, Son and Holy Spirit and for the love of Jesus, I present you with the paper.' "

Nella started walking outdoors when her doctor suggested she get off her treadmill and go outside.

"Start with five minutes," the doctor said. "Swing your arms. You'll feel good, and you won't have neck pain."

"At first it was just up and down the block and back home," says Nella, who lives in North Dallas. "Then I decided to walk a little farther. With the newspapers, I feel I can be of help in some way."

Seven days a week, rain (unless torrential) or shine, she's out before

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THE RACE IS OVER

After your cancer battle is won, what's next?

By MELISSA T. SHULTZ
Special Contributor

When you're actively in cancer treatment, whether it's surgery, chemotherapy, radiation or taking anti-estrogens, there's a sense you're doing something to prevent a recurrence.

But what happens when the only thing left to do is go out and live your life?

My own breast cancer treatment, which began in 2005 and ends this month, has left me feeling like a dog in a cartoon I once saw — the dog looks longingly out of a living-room window at the front lawn, only to escape and end up looking longingly back in.

Don't get me wrong. I don't miss my cancer or the therapy. I've been ticking away the days, months and years to the exact moment when I am done with treatment, including my five-year course of Tamoxifen — 1,825 pills in all, minus a few here and there when I pretend to be the previous, cancer-free me.

Still, there is something oddly comforting about the routine of taking a pill. Now that the treatment has run its course, I'm left to ponder the less-than-comforting emotional reality of life post-cancer.

Amy Grose, a clinical social worker at The Dana-Farber Cancer Institute in Boston and leader of the Psycho-Social Program at The Lance Armstrong Foundation Adult Survivorship Clinic, says that recent advancements in therapies have made it possible to look beyond treatment to the emotional effects of post-cancer.

"We are finally able to pay attention because cancer patients are doing so much better physically," she says.

According to the National Cancer

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BOOKS

Gruen got welcomed to Ape House

Author finds humans, bonobos share traits

By JOY TIPPING
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Author Sara Gruen's widely adored *Water for Elephants* nearly didn't get published at all. "It didn't fit any genre — people couldn't decide if it was a romance or a murder mystery," she says. "It had an elephant as a main character — and it was set in the world of circuses. Circuses? No one had any idea what to do with it."

Plan your life

Sara Gruen will appear at Arts & Letters live at 7:30 tonight at the Dallas Museum of Art, Horchow Auditorium, 1717 N. Harwood St., Dallas Arts District. $37 general admission; $32 for seniors 65 and older, educators and librarians; $15 for students. 214-922-1818. www.tickets.DallasMuseumofArt.org.

Finally, Gruen says, "in the last 15 minutes of possibility," Algonquin Books bought it. The rest, spurred mostly by word of mouth and passionate book-club members, is publishing history: *Water for Elephants* has sold 3.7 million copies

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Cancer battle can leave emotional scars behind

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Institute, the number of cancer survivors in the United States is nearly 12 million, up from around 3 million more than 35 years ago.

Grose says that fear of recurrence and emotional adjustment are some of the biggest long-term consequences of cancer treatment today.

"If someone said they never had any fear or worry, I'd be concerned. ... You can't go through a diagnosis without being affected," she says. Sometimes these issues manifest themselves when you least expect it.

"I had a patient who was a cancer survivor and took her young son to the doctor for cold symptoms," Grose says. "She ended up having a panic attack in the office because, as it turns out, this was how her own diagnosis started."

Texas resident Sarah Beard learned she had an aggressive form of breast cancer in 2001 and completed her treatment in 2002. A year later, while running on a treadmill, she was suddenly overwhelmed with emotion.

"I got off the treadmill and thought to myself, 'Wow, I had cancer and I was really sick.' It had all depleted me. I only realized it after I was better."

Dr. P.K. Morrow, an oncologist and co-director of the Breast Cancer Survivorship Program at the University of Texas M.D. Anderson Cancer Center in Houston, says that patients often experience the strongest response to their cancer when they are healthier.

"What I've seen in my patients treated for breast cancer is that during the period when they are going through active therapy, they have a sense and focus that they need to cross the finish line."

Then, when the adrenaline declines (and treatment ends), they are faced with the knowledge that they have been unable to focus on during chemotherapy, surgery, or radiation: the knowledge that this disease will be in some part of their minds for a long time.

> "I encourage people to be whole, and wholeness does not mean you always have to be happy-faced."
>
> **Amy Grose,** Dana-Farber Cancer Institute

Grose says embracing and finding ways to integrate one's cancer experience into life is an important stage of healing, though many perceive these emotions as going backward.

"It's actually a shift forward — a realization of your new normal," she says.

Often this can't happen, she says, until you have the "energy and space to deal with it all."

Karla Steele of Plano finished her radiation in 2004 and a five-year course of Tamoxifen in 2009. Like all breast cancer patients, once she got her diagnosis, she shifted from having a regular annual screening mammogram, where the results are mailed to you, to twice-yearly diagnostic mammograms, where the results are read right away.

Now a seven-year survivor, she's back to having an annual screening mammogram. Waiting for results, she says, can be wrenching.

"I think anyone with a history of breast cancer should have their mammogram read on the spot," she says. "Don't treat us like we are still on the other side of the fence."

Finding normal

Most survivors understand the notion of a fence that divides them from those who have never had the disease. Doctors ask patients to accept a new normal, a world of follow-up testing replete with potential triggers, but then ask us to return to the old normal and have mammograms designed for women who don't live with the memory of the news that changed their life. For me, there is no going back.

For many breast cancer survivors, there are also expectations about life after treatment. They include the idea that they should be celebrating, should feel well and shouldn't need support anymore.

Time and again, these expectations don't match up with how we really feel. Society and well-meaning families can make it hard to admit these thoughts.

"There is a bias in our culture," Grose says, "that positive thinking is the way to go all the time. ... I encourage people to be whole, and wholeness does not mean you always have to be happy-faced."

Morrow concurs.

"My patients often feel badly because they think they should be grateful to be alive and think they shouldn't have negative thoughts. I tell them everyone goes through these feelings, and it's a normal way to feel about what they've just gone through."

The best advice?

Acknowledge the fear. Studies show that the more we try not to think about something, the more we do.

"Worry or fear can be helpful," Grose says. "It keeps us paying attention" — and going to follow-up appointments. "But ask yourself: Is this a useful fear?"

Talk about it. Get help from a counselor or support groups.

Learn the signs of a recurrence from your health care provider.

As for the Internet, Grose suggests setting a timer for surfing about symptoms.

"You can get sucked in to both good and bad things. Ask yourself if the information is serving your best self."

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Help for cancer survivors

www.mdanderson.org/survivorship: Provides "a resource for cancer survivors helping them achieve quality of life and emotional support."

www.cancercare.org: Offers free professional support services for anyone affected by cancer including patients, health care professionals and family members.

www.livestrong.org: Empowers the "cancer community to address the unmet needs of cancer survivors." Encourages "collaboration, knowledge-sharing and partnership."

Recommended reading

After Breast Cancer by Hester Hill Schnipper (Bantam, $16)
Picking Up the Pieces: Moving Forward After Surviving Cancer, by Sherri Magee and Kathy Scalzo (Rutgers University Press, $19.95)

Information For Patients About Cymbalta

Please read this information carefully before you start taking Cymbalta (sim-BALL-tah), and each time your prescription is refilled, in case anything has changed or new information has become available. This information is not meant to take the place of discussions with your healthcare provider. Talk with your healthcare provider or pharmacist if there is something you do not understand or if you want to learn more about Cymbalta. Always follow your healthcare provider's instructions for taking Cymbalta.

Warning: In clinical studies, antidepressants increased the risk of suicidal thinking and behavior in children, adolescents, and young adults with depression and other psychiatric disorders. Anyone considering the use of Cymbalta or any other antidepressant must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidal thinking or behavior with antidepressants in adults older than 24; there was a reduction in risk with antidepressants in adults 65 and older. Suicide is a known risk of depression and some other psychiatric disorders. All patients starting antidepressant therapy should be monitored appropriately and observed closely. Families and caregivers should discuss with the healthcare provider right away any observations of worsening depression symptoms, suicidal thinking and behavior, or unusual changes in behavior. Cymbalta is not approved for use in patients under age 18.

What is Cymbalta?

Cymbalta is a prescription medicine that is approved to treat multiple conditions. Cymbalta is approved for the treatment of major depressive disorder (MDD), also called depression; generalized anxiety disorder (GAD); and for the management of fibromyalgia (FM) and diabetic peripheral neuropathic pain (DPNP), also called diabetic nerve pain.

Who should NOT take Cymbalta?

You should not take Cymbalta if:

• You are taking a type of antidepressant known as a Monoamine Oxidase Inhibitor (MAOI), such as Nardil® (phenelzine sulfate), Parnate® (tranylcypromine sulfate), or Emsam® (selegiline transdermal system). Using an MAOI with many prescription medicines, including Cymbalta, can cause serious or even life-threatening reactions. You must wait at least 14 days after you have stopped taking an MAOI before you take Cymbalta. You need to wait at least 5 days after you stop taking Cymbalta before you take an MAOI

• You have uncontrolled narrow-angle glaucoma (increased eye pressure)

• You are taking an antipsychotic medicine known as Mellaril® (thioridazine)

What should I talk to my healthcare provider about?

Patients on antidepressants and their families or caregivers should watch for new or worsening depression symptoms, unusual changes in behavior, and thoughts of suicide, as well as for anxiety, agitation, panic attacks, difficulty sleeping, irritability, hostility, aggressiveness, impulsivity, restlessness, or extreme hyperactivity. Call your healthcare provider right away if you have thoughts of suicide or if any of these symptoms are severe or occur suddenly. Be especially observant within the first few months of treatment or whenever there is a change in dose.

Talk with your healthcare provider:

• About any medical conditions you may have, including kidney or liver problems, glaucoma, diabetes, seizures, or if you have bipolar disorder. Cymbalta may worsen a type of glaucoma or the control of blood sugar in some patients with diabetes

• If you have itching, right upper belly pain, dark urine, yellow skin/eyes, or unexplained flu-like symptoms while taking Cymbalta, which may be signs of liver problems. Severe liver problems, sometimes fatal, have been reported

• About your alcohol use

• If you are taking or plan to take any prescription or nonprescription medicines, as Cymbalta may interact with some of these products

• If you take medications known as triptans, commonly prescribed for migraines. A potentially life-threatening condition may occur when triptans are used with Cymbalta. Symptoms may include high fever, confusion, and stiff muscles

• If you take NSAID pain relievers, aspirin, or blood thinners, as these medications may increase risk of bleeding when used with Cymbalta

• Before stopping Cymbalta or changing your dose. Stopping Cymbalta may result in symptoms including dizziness, nausea, or headache (not a complete list). Your healthcare provider may wish to decrease the dose slowly

• If you are pregnant, plan to become pregnant, or are breast-feeding

• If you experience dizziness or fainting upon standing while taking Cymbalta. This is likely to occur in the first week or when increasing the dose, but may occur at any time during treatment, or when used in combination with certain other drugs

• About your blood pressure. Cymbalta can increase your blood pressure. Your healthcare provider should check your blood pressure prior to and while taking Cymbalta

• If you experience headache, weakness, confusion, problems concentrating, memory problems, or feel unsteady while taking Cymbalta, which may be signs of low sodium levels

• If you develop problems with urine flow while taking Cymbalta

What should I avoid while taking Cymbalta?

• Cymbalta may cause sleepiness and dizziness. Until you know how Cymbalta affects you, you should not drive a car or operate hazardous machinery.

What are the most common side effects of Cymbalta?

• In clinical studies for approved indications (depression, generalized anxiety disorder, diabetic nerve pain, and fibromyalgia), the most common side effect was nausea.

• Other common side effects included dry mouth, constipation, sleepiness, increased sweating, decreased appetite, dizziness, and weakness.

This is not a complete list of side effects. See Boxed Warning, "Who should NOT take Cymbalta?" and "What should I talk to my healthcare provider about?" See full prescribing information at www.cymbalta.com. Talk to your healthcare provider if you have questions or develop any side effects. **You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.**

What should I do if I think I have taken an overdose of Cymbalta?

If you have taken more Cymbalta than has been prescribed for you, contact your healthcare provider, a hospital emergency department, or the nearest poison control center immediately.

How should I take Cymbalta?

• Take Cymbalta exactly as directed by your healthcare provider.

• Cymbalta should be taken by mouth. Do not open, break, or chew the capsule; it must be swallowed whole.

• Cymbalta can be taken with or without food.

• If you miss a dose, take it as soon as you remember. However, if it is time for your next dose, skip the missed dose and take only your regularly scheduled dose. Do not take more than the daily amount of Cymbalta that has been prescribed for you.

• Remember to refill your prescription before you run out of Cymbalta.

• Talk with your healthcare provider before stopping Cymbalta or changing your dose.

General advice about Cymbalta

• Store Cymbalta at room temperature and out of the reach of children.

• Medicines are sometimes prescribed for purposes other than the ones listed. This medication has been prescribed for your particular condition. Do not use it for another condition or give this drug to anyone else.

• If you have any questions or concerns, want to report any problems with the use of Cymbalta, or want more information, contact your healthcare provider or pharmacist.

Additional information can be found at www.cymbalta.com.

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Indianapolis, IN - USA

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