

## Breast Cancer Diagnosis Centre

For women who've discovered a lump in their breast, waiting for the diagnosis can be an emotionally agonizing time. Appointments for a mammogram, an ultrasound, a visit with a surgeon and a biopsy can stretch out over weeks and involve numerous trips to different locations.

A new service in North York, Ont., promises to eliminate the waiting and put everything under one roof. North York General Hospital is opening a Breast Diagnostic Centre. A woman will be referred there by a family doctor quickly. In a single afternoon she will have an examination, an X-ray and a biopsy, if necessary. Radiologists, pathologists and surgeons will be on hand to make a diagnosis and talk about treatments.

Equipment in the centre includes an advanced breast biopsy imaging system, one of only two in Canada.

Quiet rooms and private waiting areas will help ensure comfort. Trained volunteers who've had personal experience with breast cancer will be on hand to offer immediate support — support not often available at the point of diagnosis. The centre will also include a resource department where women can research cancer diagnosis and treatment.

Proceeding without government funding, the diagnostic centre is expected to open in late September.

Monica Kunz, public relations officer for the hospital, says, "Some may see this as a revolutionary way to offer care. We're organizing experts and equipment for the convenience of patients rather than the hospital." — *Helen Keeler*

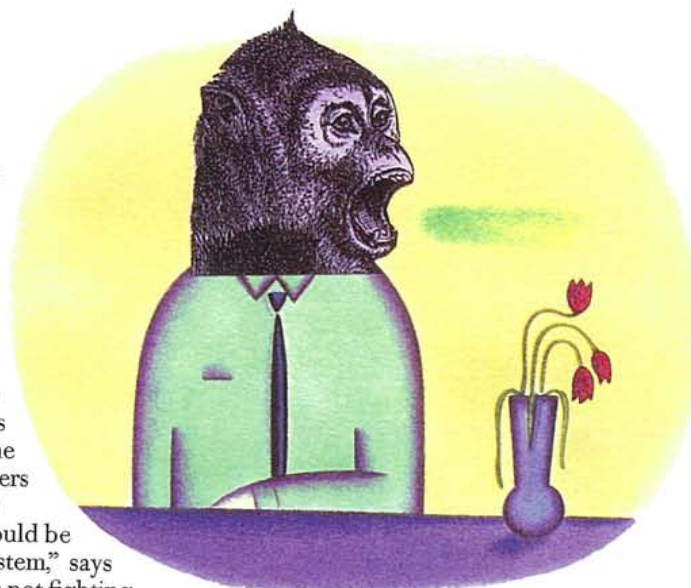
## The Oral Hex

About half of us suffer from some form of bad breath, and most of us don't know we have it. So says Anne Bosy, who holds a master's degree in oral malodour and is cofounder of the Fresh Breath Clinic in Toronto. According to Bosy, the primary culprit is anaerobic bacteria (the kind that thrives where there is no oxygen) in the mouth. And what makes sufferers susceptible to this foul bacteria?

"One possibility is that it could be a weakness in the immune system," says Bosy. "The white blood cells are not fighting the bacteria in the mouth properly, allowing it to get out of control. It could also be stress or it could be because the person was born that way. We don't really know because more studies need to be done."

Some of the less-serious kinds of bad breath can be controlled by most mouthwashes. However, a quarter of the population suffers from the chronic forms that are resistant to mouthwash. There are several reasons — some health-related — why people suffer chronic bad breath.

"Food that you eat, such as garlic or onions or curry, will colour your breath," says Bosy. "You can also have dental dis-



eases, swollen tonsils or stomach problems; it could be diabetes, liver problems, hiatus hernia, tonsillitis or sinusitis."

The clinic doesn't promise to cure bad breath, but can control it with prescription rinses and antibiotics. Bosy and the clinic's cofounder, dentist Julian Geller, also try to find the source by looking at the sufferer's diet and other possible health-related causes.

For those interested in a test for bad breath, Bosy says that if you have a bad taste in your mouth, you may have it. Another way of testing is to lick your wrist and wait a minute. A bad smell on your wrist strongly suggests bad breath. — *Okey Chigbo*

## Helping Asthmatic Teens Breathe Easier

You happen to notice that your teen has stopped taking his asthma medication. "Puffers are embarrassing," he explains. "Besides, I don't need them any more," he adds with a wheeze.

"Teenagers are the most challenging group of patients with asthma," admits Sharon Smith, clinical educator and coordinator of the Family Asthma Education Program at St. Joseph's Community Health Centre in Hamilton. "Denial is often a problem."

But the more knowledgeable that teens, adults and even children are about asthma, the less likely they are to have a severe attack. Preliminary research from 13 community asthma-care centres across Canada revealed that asthmatics who had asthma counselling had 79 per cent fewer emergency-room visits, and 81 per cent fewer hospital admissions with asthma.

The one-on-one programs teach sufferers to take a preventive, rather than crisis-oriented, approach to the disease. "Most people with asthma have never been sat down and told how their medications work," claims Smith.

For teens, the key to asthma management is handing over control to them. "I tell them, 'I trust you and give you the responsibility.' The more pressure you put on teens, the more rebellious they become," says Smith.

If you have a family member who would benefit from a community asthma-care centre, speak to your family physician. There are 41 centres across Canada. — *Susan Pedwell*

