Knowledge About What Causes—and Prevents—Cancer Is Off Base

MORE THAN 65 percent of Americans think pesticide residues on fruits and vegetables cause cancer, yet no association has even been proven. At the same time, only 42 percent of Americans believe diets low in fruits and vegetables increase the risk for cancer development, but low- and no-produce diets have been linked with more than a dozen cancers, including those of the lung, stomach, colon, pancreas, breast, bladder, and cervix. Those perceptions about cancer causes are the findings of the American Institute on Cancer Research, which conducted a survey of more than 1,000 people telephoned at random earlier this year.

Other findings from the survey: Close to 50 percent of people think food additives lead to cancer although there’s no proof of that. But only 41 percent believe diets high in fat could raise cancer risk, even though high-fat diets have a possible link with cancers of the lung, colon, prostate, and other organs. And only 45 percent are aware of the link between various cancers and obesity, with just 38 percent knowledgeable about the link between excess alcohol and cancers of the mouth, esophagus, liver, breast, and lung. An even smaller fraction—just 36 percent—know that insufficient physical activity appears to increase the risk for cancers of the colon, and perhaps the lung and breast as well.

The bottom line: To reduce cancer risk, worry less about things like food additives and focus more on things over which you can exert full control every single day—eating more fruits and vegetables, losing excess weight, limiting some fatty foods, and getting plenty of exercise.

Your Headache Medication Can Cause...Headaches

FOR RELIEF OF the occasional headache, there’s nothing wrong with taking your pick from among the dozens of remedies available on drugstore shelves. But if you’re one of the millions of Americans who suffer from headaches on a chronic basis, there’s a danger in reaching for pain-relieving medication too frequently. In fact, relief may be the last thing you get. Overuse of over-the-counter drugs can cause rebound headaches, leading to a vicious cycle of pain and frustration that’s worse than the headaches were in the first place. Of the estimated 45 million Americans coping with chronic headaches, “as many as 2 million suffer from rebound headaches,” says Seymour Diamond, MD, executive chairman of the Chicago-based National Headache Foundation (888-643-5552; www.headaches.org).

One of Dr. Diamond’s primary aims in battling rebound headaches is to address the overuse of analgesics, or pain-relievers, that contain caffeine, such as Excadrin Migraine. “Caffeine is a vasodilator, which means that it can be helpful in constricting blood vessels to reduce swelling and alleviate headache pain,” he explains. But, similar to what can happen with a person who’s heavily dependent on caffeine, when the drug wears off, the pain returns—and is often intensified.

Taking three or more doses of a pain reliever per day at least five days a week can lead to the rebound effect. That may sound like a lot of medication. But because no prescription is required, over-the-counter pain relievers are frequently perceived as relatively benign and thus taken far more liberally than prescription drugs. For instance, some people take them simply in anticipation of a headache.

Prescription drugs can present problems, too

Over-the-counter caffeine-containing drugs are not the only concern. There are several other categories of medications people turn to for headache relief that can also cause rebound headaches, both prescription and otherwise: barbiturate-containing agents like Espig and Fioricet; ergots, including Cafegrot and Ergoman; triptans, such as Zomig and Linitrex; and noncaffeine-containing over-the-counter analgesics, for instance, acetaminophen, ibuprofen, and aspirin. The exact mechanism by which all of these drugs can end up intensifying pain has yet to be determined, but it appears that overuse or misuse lowers serotonin levels in the brain. The decrease in serotonin, a neurotransmitter involved in things such as mood and appetite, apparently then triggers the onset of even more severe and sometimes more frequent headaches, including migraines.

If you believe the medicine you take to relieve headaches only serves to make you feel worse, or you’re taking something to relieve headache pain on a near-daily basis, speak to your doctor. First, it will be critical to compare your headaches’ severity and patterns to your medication use, which can be done with a headache diary. Next, if rebound headaches are found to be occurring, you will need to completely cease use of the medication your doctor identifies as the culprit.

In some cases, the doctor can use non-pharmacologic methods to relieve pain in the absence of the drug, such as biofeedback and relaxation techniques. It is also possible to prescribe an alternate medication for severe episodes—although some untreated pain throughout the withdrawal process, which can take up to 3 months, is inevitable. But hang in there. Once you have received proper medical attention and your drug use is under control, you may actually end up with fewer and less severe headaches than you started with.