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### **Dyslexia — Not Just a Reading Disability** American Osteopathic Association

True or false? A dyslexic person may be able to read very well but find it difficult to write or spell. True. “Dyslexia is a language disability not just a reading disability, meaning that it affects reading, writing, and spelling,” explains Craig M. Wax, D.O., an osteopathic family physician in Mullica Hill, NJ. “In addition, it affects the ability to process information and to concentrate.”

Between 10 percent and 15 percent of school-aged children in the United States have dyslexia. However, only five percent of children are properly diagnosed. The Dyslexia Research Institute has provided a list of some common signs of dyslexia depending on the individual’s age. For instance, preschool children may begin to talk later than most children; have difficulty with rhyming, or be slow to add new vocabulary words.

Symptoms for children between kindergarten and 4<sup>th</sup> grade may be slow to learn the connection between letters and sounds; make consistent reading and spelling errors such as inverting letters by using “m” for “w” or reversing words like “pit” for “tip,” and often grips a pencil awkwardly.

Children in 5<sup>th</sup> grade through 8<sup>th</sup> grade may show symptoms of reading below their grade level or spelling the same word differently even on the same page. In addition, they may experience trouble with math problems and difficulty with comprehension.

For older students and the adult population, the symptoms may include reading slowly and inaccurately, difficulty answering open-ended questions on tests and experience trouble with outlining and summarizing. Although dyslexics often have good people skills, they may hide reading problems and avoid writing.

“When talking about dyslexia, some people may hear the terms ‘dysphonetic’ and ‘dyseidetic,’” says Dr. Wax. Dysphonetic refers to those who have a hard time sounding out words or with spelling. This can

also be called auditory dyslexia because it is associated with how people process the sounds of language. Those with dyseidetic dyslexia have difficulty recognizing whole words and with spelling. Thus, it is also known as surface or visual dyslexia.

Dr. Wax states that the goal is to diagnose the disability early on in order for these individuals to get appropriate help so that they can achieve their goals and be successful in all aspects of their lives.

There are two types of tests for dyslexia — screening tests and comprehensive tests. Screening tests are used to narrow down a large group of students who may be dyslexic. This test asks about spelling difficulty and reluctance in attending school. Comprehensive tests hope to find the underlying causes for possible learning disabilities the test-takers may have. These are thorough examinations, which include tests for spelling, math, reading, and visual scanning.

Today, many sensory learning programs exist that improve auditory and visual processing for individuals with dyslexia. With the help of your family physician, supportive family, friends, and teachers, dyslexics can develop their talents and skills to the utmost potential rather than compensate or cope with their disabilities.

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Summer is a great time to see  
your family physician for a routine  
physical exam. It is a great way to  
prevent health problems.  
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### **Steer Away From High Cholesterol** American Osteopathic Association

Imagine driving a car when a warning light on the dashboard suddenly illuminates. You ask yourself, “What is it? The oil? Brake fluid? Is it overheating?” You look closer. The light signals, “Your blood cholesterol level is rising!” Though a surprise, the warning prompts you to live healthier, saving you from speeding down a one-way street towards a heart attack.

Back in reality, people are not so fortunate. Neither the human body nor the family car come equipped with an automatic cholesterol alert.

(continued on page 2)

# HealthIsNumberOne.com News 2

Spring / Summer 2003

“Unfortunately, there aren’t any clear, visual symptoms of high blood cholesterol,” explains Craig M. Wax, D.O., an osteopathic family physician from Mullica Hill. “However, there are preventive measures that can be taken.”

Simple blood tests are available to measure cholesterol levels, he reveals. In addition, patients need to better understand cholesterol and be more health conscious about the foods they consume and their levels of physical activity.

The body needs some cholesterol, notes Dr. Wax. It is responsible for processing fats and producing cell membranes, hormones and vitamin D. “Anything living produces cholesterol including our own bodies and much of what we eat,” he points out. “It’s hard to get away from it.”

Cholesterol comes from animal products. Foods such as meats, dairy products, egg yolks, poultry and shellfish contain cholesterol. Consuming too much cholesterol narrows and hardens arteries, blocking the flow of blood and oxygen to the heart. This blockage can eventually lead to a heart attack and even death.

There are two main types of cholesterol, commonly known as “good” and “bad.”

- High density lipoprotein (HDL) is known as “good cholesterol” because it tends to carry cholesterol away from the arteries, preventing buildup in them.
- Low density lipoprotein (LDL) and very low density lipoprotein (VLDL) are considered “bad cholesterol” since cause buildup in the arteries when they reach high levels.

Dr. Wax recommends that adults 20 years and older have their blood tested for cholesterol levels at least every two years. In addition, he explains that total blood cholesterol levels fall into one of these categories:

- Desirable ~ Less than 200 mg/dL: Individuals whose levels are in the desirable range are at low risk for having a heart attack.
- Borderline high risk ~ 200-239 mg/dL: Those who are borderline high risk should work with their doctor to cut their cholesterol intake and plan a safe and effective exercise regimen. For some people, such as an active younger man or a woman before menopause, the physician

might order a test to exclusively measure lipoprotein levels to determine whether high LDL (“bad cholesterol”) or HDL (“good cholesterol”) is causing the borderline reading. If the HDL reading is high while the LDL reading is desirable, the person is not at high risk for heart attack.

- High risk ~ 240 mg/dL and over: Individuals in this category are at high risk for heart attack and stroke. They should work closely with their physicians to develop an effective treatment plan.

“I tell all my patients that exercise will help you control your cholesterol levels,” Dr. Wax explains, “but whether you have a cholesterol problem or not, you should always strive to get in shape and maintain a healthy weight.” He points out that physical activity is an effective way to lower “bad cholesterol” levels and raise “good” levels. Simply walking everyday can help a person lose weight, lower their blood pressure, improve the fitness of the heart and reduce stress.

He also suggests choosing foods low in fat and saturated fat like fruits, vegetables, whole wheat breads, cereals, whole wheat pasta and grains. Limiting fatty toppings and spreads such as creamy sauces made with whole milk and dairy products is also an easy way to cut fat, as well as calories from the diet. “In general foods with less fat and calories have less cholesterol as well,” says Dr. Wax.

“By following these guidelines, we are not only controlling our cholesterol levels, we are making choices that will steer us toward healthier living,” asserts Dr Wax.

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# HealthIsNumberOne.com News 3

Spring / Summer 2003