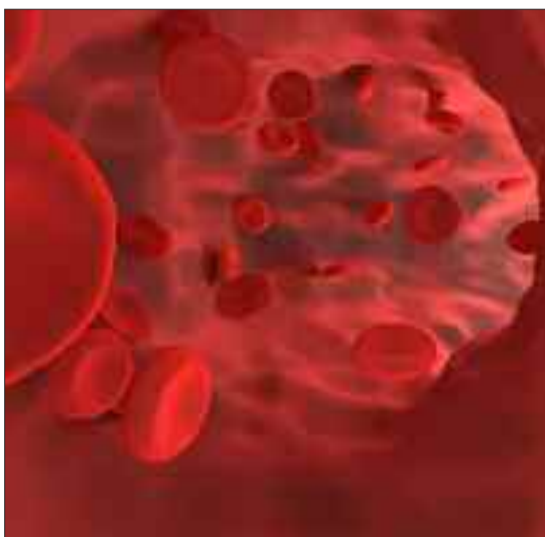


# Does WFH lead to deep vein thrombosis? It's not about sitting down but weight gain



With all the butt contact you've been making with your chair since work-from-home (WFH) arrangements began earlier this year, you might have wondered at some point: Are you at risk of developing deep vein thrombosis (DVT)?

After all, isn't the condition caused by a lack of movement – which is why long-haul air travel in I-can't-feel-my-legs-anymore economy class has long been considered a major risk factor for DVT?

Although no one's doing any travelling these days, most of us are stuck at home sitting down. And while WFH may have a link, it's not about sitting for extended periods of time. Rather, it's the weight gain that exacerbates into obesity that can put you at risk.

**MORE THAN DEEP VEIN THROMBOSIS:** First, some background on DVT. You may have read about it and have an idea on how the condition comes about: Blood clots in the vein travel to major organs, block blood flow and create a whole lot of trouble. Depending on where the clots end up – for instance, the heart, brain or lungs – they can cause a heart attack, stroke or difficulty breathing. The broad term for blood clots that start in the veins is venous thromboembolism or VTE. And depending on where the clots form or travel to, they can be either known as DVT or pulmonary embolism (PE), according to Dr Yap Eng Soo, a senior consultant at the Department of Haematology-Oncology at National University Cancer Institute, Singapore. "DVT occurs when a blood clot forms in one or more of the deep veins in the body, usually in your legs," he said. "If the blood clot forms in the arteries of the lungs, or if the clot migrates from the deep veins of the leg to the arteries of the lungs, it is termed pulmonary embolism (PE)." And the latter shouldn't be taken lightly; PE has a fatality rate of around 10 per cent to 30 per cent, noted Dr Tan Chuen Wen, a consultant with Singapore General Hospital's (SGH) Department of Haematology. Both DVT and PE can occur without any noticeable symptoms at all, said Dr Yap, although that is rare for PE. If you notice swelling in your leg, and a cramping sensation or sore-

ness in the calf, you might want to get yourself checked for DVT. According to Dr Yap, DVT may also create redness or discoloration on the affected part of the leg along with a warm sensation.

On the other hand, PE can present most commonly with a sudden shortness of breath, chest pain that worsens when you breathe, low blood pressure, anxiety, dizziness, light-headedness, an irregular heartbeat or palpitations. Dr Yap said that there can also be sweating, coughing or the coughing up of blood.

**SO ARE YOU A SITTING DUCK FOR DVT?** Some of the more possible reasons for DVT cases – which were actually on the rise in the 1990s – are age and obesity. "With an ageing population and increasing obesity in the population, VTE cases will increase," said Dr Yap. Increased awareness of VTE and better medical imaging may also play a part in picking up more cases, he added. According to the American Heart Association, patients older than 40 years are at higher risk of VTE, and that risk doubles with each subsequent decade. More reason to watch your weight: Those with obesity have two times the risk of VTE as people with normal weight. And the higher the weight, the higher the risk, noted the association.

If you remember your Biology lessons, veins have valves to help blood flow back to the heart. But with age, these valves thicken and become less flexible, according to a report in the AHA Journals, rendering them less effective at facilitating blood flow.

"This decline can result in stasis and possibly even reflux," the report noted. As for weight being a risk factor, it can be attributed to the higher adipose or fat cells in obese individuals. These cells can increase platelet activity as well as place the body in a constant state of low-grade inflammation – both of which promote clot formation, explained News Medical website.

As for sitting a lot more, thankfully that's not an issue per se. "Prolonged sitting and a sedentary lifestyle can only be considered as weak

risk factors," said Dr Tan. Apparently, the key word here is "immobility", which refers to the "complete or near-complete immobility after a major operation or severe medical conditions such as a stroke", said Dr Tan. Moving your body less does not qualify as immobility. The well-established risk factors, according to him, include:

- Recent trauma or surgery leading to immobility
- Pregnancy
- Use of hormonal replacement therapy or oral contraceptives
- Cancer
- Obesity

**PREVENTION AND TREATMENT:** Even though the risk of developing DVT or PE from being on your tush nine-to-five is "likely to be very small", Dr Tan said that you could still lower your chances even further with these tips:

- Take regular breaks every hour or two to stand up and walk around
- Make sure you have enough space to stretch your legs
- Avoid crossing your legs for long periods of time
- Stay active and exercise regularly
- Stay well hydrated
- Avoid smoking

Pile of pills When it comes to treatment, patients are usually prescribed anticoagulants or blood thinners. Such medications do not actually dissolve the blood clot, but rather, prevent the clot from becoming larger, said Dr Tan. They can also prevent new blood clots from forming, and to prevent long-term complications.

"Various anticoagulants, oral and injectable forms, are currently available and your doctor will discuss the options with you," he said, adding that the recommended duration is at least three months. Other treatments that may be used include thrombolytic therapy (commonly known as clot busters) or placing a filter (commonly known as an "umbrella") in a major blood vessel, explained Dr Tan. —CNA

## When healthy eating isn't healthy: letting go of the 'perfect' diet



I stood in front of my fridge, eyeing the vegetable drawer. I was about 6 years old. It was me versus a carton of mushrooms.

I remember very clearly thinking to myself, "I don't want to eat that, but I'm going to teach myself to like it." At that young age, I was already aware of the importance of healthy eating and already semi-obsessed with the idea of mind over matter.

Today mushrooms are my favorite vegetable. I have another memory of my adolescent self sitting at a booth in an Elephant Bar with a few friends from my junior high school dance team. A platter of fried food had just arrived on the table. I struggled against the urge to eat while the other girls dug in. One of my fellow dancers turned to me and said, "Wow, you're so good." I smiled awkwardly with a mixture of pride and embarrassment. "If she only knew," I thought.

The desire to be good is something that's driven me since my earliest days. I couldn't understand why no one seemed to agree on what it really took to be good.

I remember taking a Bible off of my parents' bookshelf one day, thinking I might find some answers. I opened it, read a few pages, and quickly understood why everyone was so confused. I had expected a neat list, not allegory. Later on in my teen years, I decided to become a vegetarian. I had been a staunch adherent of the standard American diet for most of my upbringing, but ethical considerations and my newfound interest in yoga were quickly sweeping me toward change. A year of vegetarianism turned into full-blown veganism. I thought I'd finally found the "right" way to eat. I was tight

about my food choices, ready to debate food ethics at a moment's notice, and frankly, pretty self-righteous. I wasn't that fun to hang out with.

**Taking 'healthy' too far:** I persisted in my veganism after finding out I was iron-deficient, reasoning that government standards for nutrition were likely skewed by the meat and dairy lobbies. This may at least in part- Trusted Source be true, but not when it comes to iron Trusted



Source. About 3 years into veganism, I accidentally ate a sauce with shrimp in it at a buffet. I had a full-blown panic attack, launching myself into a labyrinth of ethical and gastrointestinal what-ifs.

In yoga, I had picked up the idea of eating Sattvic, which translates from Sanskrit as "goodness" or "purity." Unfortunately, my interpretation of this principle wasn't a healthy one. It also didn't help that I was a philosophy major at the time. I was basically Chidi from "The Good Place," the high-strung ethics professor who becomes completely paralyzed whenever he has to make a

choice about what appear to be inconsequential things.

It wasn't until I started seeking treatment for anxiety, a seemingly unrelated issue, that I realized something was up with my relationship to food. With effective treatment, I felt like the whole world literally opened up to me. It had only been off-limits before because I was so focused on controlling, judging, and assessing everything I did.

I still chose to be vegan and eat

healthy food simply because it aligned with my values (while happily supplementing with iron). The difference was there was no longer a sense of pressure that I had to get it "right" or of self-judgment, and no more anxiety attacks over what to eat.

**Food felt joyful again:** Eventually, I went to Europe and decided to be "freegan," or to accept any food I was offered. This was both to be gracious and respectful to my hosts from other cultures, but also to flex my newfound freedom in making conscious, ethical choices without self-torture.

**Giving it a name:** Not long after, I encountered the word "orthorexia" for the first time. Orthorexia Trusted Source is a term first coined by American physician Steve Bratman in 1997. It comes from the Greek word "orthos," or "right." When I learned this, alarm bells were going off in my head. I saw myself in this word. If I'd never sought out treatment for anxiety, I wouldn't have had the opportunity to step outside of my obsession with making the "right" food choices and see it for what it was. To everyone, including myself, it just looked like I ate really, really healthy.

**This is how healthy eating can hide an unhealthy pattern:** Orthorexia isn't technically a diagnostic condition, though it's starting to gain attention in the medical community. Not surprisingly, it often shows up in individuals who experience anxiety Trusted Source, perfectionism, and preoccupations with purity Trusted Source. \*raises hand sheepishly\* As the years have worn on, I've loosened up my eating habits quite a bit.

After my pregnant body wouldn't have it any other way, I started eating meat again. Eight years later, I've never felt better. I also go out of my way to intentionally bring joy into my food choices with the strategies below.

**Feed your inner child:** Thanks to pregnancy cravings, I rediscovered foods I hadn't eaten or even thought about since childhood. One of those was fried chicken tenders with honey mustard. Every so often, I intentionally take my inner child on a food date (usually my actual child comes, too). We really make a big deal of it, go all out, and get exactly what we want, not what we should get. For me, it's very often chicken dipped in honey mustard, just like I used to get every time I ate out at a restaurant as a little girl. If I'm feeling fries, I go for those, too.

**And I enjoy it, in all its deep-fried glory:** Ritualizing eating in this way isn't just fun; it can also be healing. By not only giving yourself permission, but actually celebrating the food and your pleasure in it, it's a reminder that we don't have to be perfect and that food is about more than just nutrition. The container of ritual creates a sense of appropriateness and sacredness. It also curbs the guilt that might come up from eating unhealthy foods in a less conscious or intentional way. So find the food (or foods) that does it for you. Is it mac 'n' cheese? Bagel bites? Whatever it is, make yourself a date to enjoy the heck out of it.

## Heart disease is the top cause of death in women, but few know warning signs

- Heart disease remains the top cause of death for women in the United States.
- About 1 in every 5 female deaths are linked to heart disease.

A recent national survey from the American Heart Association found that despite the risk, many women are unaware of the signs of heart attack and stroke or the risk heart disease poses to women.

Heart disease is the leading cause of death of women in the United States. But if you ask most American women, a surprisingly low number would not know that fact, according to new research.

According to the Centers for Disease Control and Prevention (CDC) Trusted Source, about 1 in every 5 female deaths are linked to heart disease. A national survey published this week in the *Circulation* journal from the American Heart Association found that despite the risk, many women are unaware of the signs of heart attack and stroke or the risk heart disease poses. The survey found that from 2009 to 2019, awareness of heart disease as the leading cause of death for women decreased from 65 percent to 44 percent. Awareness also declined among the following areas: warning signs of a heart attack and stroke, first action to take when someone is having a heart attack or stroke, and heart disease and stroke risk factors.

**What women should know:** The decline was observed in women of all ages, except those greater than 65 years old, and in all racial and ethnic groups. "It is disappointing to hear that younger women were less likely in 2019 to lead a heart-healthy lifestyle than in 2009," said Dr. Eugenia Gianos, director of Women's Heart Health at Lenox Hill Hospital in New York. "This, coupled with lack of awareness about heart disease, may explain the rise in heart disease mortality we are seeing in younger women."

However, lack of awareness was greatest among women less than 34 years old and in non-Hispanic Black and Hispanic groups. According to the CDC, Black women are about 60 percent more likely than white women to have heart attacks, "primarily because of socioeconomic factors such as poor insurance coverage, lack of quality care, and insufficient prenatal counseling." When women have a heart attack, they may have different symptoms compared to a man. While chest discomfort is common, they may experience other symptoms that are less associated with heart attacks including dizziness, shortness of breath, or nausea.

- Other symptoms can include:**
- Pain or discomfort in the back, jaw, stomach or both arms
  - Breaking out into a cold sweat
  - Shortness of breath with or without chest pain
  - Vomiting
  - Chest pain

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**A matter of education:** The findings of the survey show that the greatest lack of awareness is in women under ages 34, and in non-Hispanic Black and Hispanic women. These findings highlight, among other things, the disparities in education among socioeconomic communities. The most recent report said that, "Women at high CVD (cardiovascular disease) risk (heart disease or stroke) had higher awareness than women without these conditions in 2009, but this was not seen in 2019." The report also found that people with diabetes were not more likely to be aware of cardiac warning signs even though they would be more at risk for cardiac event. Additionally they found that women with hypertension had 30 percent lower awareness of cardiac warning signs compared to women without hypertension.

- Causes of heart disease in women**
- Some of the risk factors for heart disease among women include:**
- High blood pressure
  - High cholesterol
  - Diabetes
  - Cigarette smoking
  - Sedentary lifestyle
  - Obesity
  - Family history

But even for women who do not have these risk factors, there are still measures to be taken to ensure that they are leading a heart-healthy lifestyle. "We need the medical community to get together to show women it's not just about those risk factors, but other factors to evaluate," said Goldberg. "Certain autoimmune diseases, such as rheumatoid arthritis, put women at increased risk for heart attack. [The same is true of] women with pregnancy-related conditions. —Health Line

