

50+1

作者: 伊丽莎白·德拉克

主译: 方华文

译者: 束慧娟

英汉对照

Questions to Ask Your Doctor

50+1个

家庭医生手册

It's YOUR health!
Take control of it by learning
Which natural supplements and OTC drugs interact with
prescription medications
Early warning signs of cancers, diabetes, high blood pressure
How to use family medical history to your advantage
Questions to Ask Your Doctor

安徽科学技术出版社
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译者序

邪恶的黑衣魔鬼对人类虎视眈眈,接二连三地把疾病撒向人间。艾滋病、糖尿病、心脏病、肺结核、癌症……它们恶狠狠朝我们扑来,夺走了亿万条鲜活的生命。可怜的人们啊,你们不该走得那么匆忙!人间有鲜花,有明亮的太阳……多么值得留恋啊!魔鬼在施展阴谋,病菌在残害人的生命。白衣天使(医生)拉起一张大网,要挡住魔鬼凌厉的进攻,要保护住脆弱的人类,可这道防线到底还能撑多久?!你看不到,魔鬼张牙舞爪,在向我们喷毒液吗?这就是残酷的事实,它被遮盖在一幅锦绣灿烂的“太平图”下。如何保护自己,保护你的亲友?这本书可以为诸位提供一些有效的措施,但愿它们能够铲除疾病产生的温床,将疾病扼杀于萌芽!

你在吸烟吗?你吸烟时,是否意识到你正在不知不觉地吸入香烟中的有害物质。香烟中的有害物质达2000多种,最主要的有害物质是烟焦油和一氧化碳,其中的成瘾物质是尼古丁。吸烟时间越长,烟量越大,吸烟的危害越大。被动吸烟同样危害身体健康。吸烟可能会使你身患肺癌、冠心病、气管炎和肺气肿等疾病。美国前卫生局局长在一份报告中指出:“停止吸烟是吸烟者延长生命和提高生活质量最重要的一步。”但戒烟并不容易。尼古丁会使你产生愉快的感觉,于是你难于摆脱吸烟的坏习惯。那么,怎样才能够最终戒掉烟瘾呢?应该分四个步骤……

有些疾病“防不胜防”,会葬送你的健康、摧垮你的意志!原来它们是遗传性疾病。遗传性疾病,是指父母的生殖细胞,也就是精子和卵子里携带有病基因,然后传给子女并引起发病,而且这些子女结婚后还会把病传给下一代。一些疾病只传给男孩,而女孩是健康的。如血友病就是一例。得了这种病,由于缺乏一种凝血物质,使血液不易凝固。因此,轻微损伤就出血不止,甚至无伤也有皮下及关节内出血;如发生脑出血,就有致命危险。色盲也是只传给男孩的遗传病。其他还有假性肥大性肌营养不良症、肾性糖尿病等,也只有男孩得。那么,怎样才能阻断遗传的链条呢?应该从七个方面加以注意……

抑郁症是一种常见的精神疾病,主要表现为情绪低落、兴趣减低、悲观、思维迟缓、自责自罪,严重者可出现自杀念头和行为。抑郁症在西方被称为“蓝色隐忧”。据有关调查显示,在中国抑郁症发病率约为3%~5%,目前已经有超过2 600万人患有抑郁症。世界卫生组织最新调查统计分析:全球抑郁症的发生率约为3.1%,而在发达国家接近6%左右,2002年全球重症抑郁病患者已有8 900多万人。在中国,仅有5%的抑郁症患者接受过治

疗,大量的病人因得不到及时的诊治而病情恶化,甚至出现自杀的严重后果。这是一种极为危险的疾病,它不仅折磨人的肉体、摧残人的精神,还会瞬间消灭生命!怎么办……

生命之河在潺潺流淌,蜿蜒向远方……中途,河水时时会受到污染。失眠症、关节炎,甚至就连婚姻的不幸,如果不加留意,竟然也会威胁到我们的生命!人的一生要经受许许多多的磨难,包括疾病的侵扰,我们的格言是坚决顶住,绝不放弃!但愿生命之河永远清澈!

方华文

方华文简介

方华文,男,1955年6月生于西安,现任苏州大学外国语学院英语教授,著名学者、文学翻译家及翻译理论家,被联合国教科文组织国际译联誉为“the most productive literary translator in contemporary China”(中国当代最多产的文学翻译家,Babel.54:2,2008,145-158)。发表的著、译作品达1000余万字,其中包括专著《20世纪中国翻译史》等,计200余万字;译著《雾都孤儿》《无名的裘德》《傲慢与偏见》《蝴蝶梦》《魂断英伦》《儿子与情人》《少年维特之烦恼》《红字》《从巅峰到低谷》《马丁·伊登》《套向月亮的绳索》《君主论》《社会契约论》以及改写本的《飘》《汤姆叔叔的小屋》《查特莱夫人的情人》《大卫·科波菲尔》《苔丝》《高老头》《三个火枪手》《悲惨世界》等;主编的译作包括《基督山伯爵》《红与黑》《简·爱》《汤姆·索亚历险记》《茶花女》《金银岛》《鲁滨孙漂流记》《巴黎圣母院》《莎士比亚戏剧故事集》《精神分析引论》《论法的精神》和《国富论》等;并主编了多部英汉对照读物。以上均为单行本著作,所发表文章不计在内。

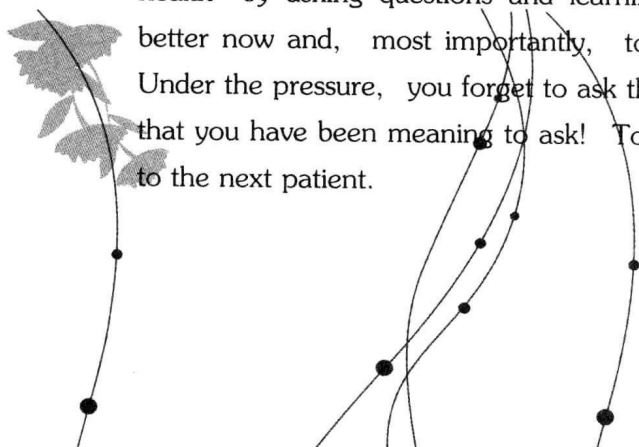
When it comes right down to it, few of us really take good care of our health; we take our well-being for granted. Despite warnings, we do not lose the weight we are supposed to or exercise nearly as much as is recommended. Often we avoid going to the doctor altogether, unless we are sick. In short, we are not as proactive about our health and well-being as we should be.

In addition, we have a strange, almost reverential deference toward doctors and their ability to remember our medical history, what medicines we take and generally the details about our health. It is part of the same, benign neglect syndrome of personal health care. It is easier just to show up, not ask questions, wait for the doctor to tell us what to do or just assume that the physician will solve everything.

Of course, such behavior is absolutely foolish. The doctor's memory and a few medical records are not a substitute for an active, participatory health maintenance plan. The basic question is: Who is responsible for your well-being? The simple answer is: You are responsible for your health, and it is time to take charge—to be proactive and thoughtful.

Today's contemporary medicine is quite different from the family doctor your parents consulted. The one-doctor office is no longer economical nor practical. A medical practice may be made up of several doctors, and the office is a hub of activity. Everyone is busy, preoccupied and sometimes forgetful.

The amount of time you can talk with your doctor may be brief. Make the best use of this time and make the effort to be active in your own health—by asking questions and learning what you need to do to feel better now and, most importantly, to prevent problems in the future. Under the pressure, you forget to ask the questions or seek further advice that you have been meaning to ask! Too late, the doctor has moved on to the next patient.



说到健康问题,几乎没有人能真正好好关爱自己的健康,我们理所当然认为自己很健康。尽管有警告,我们并没有像应该做的那样去减肥或是按照建议充分锻炼。除非病了,通常我们尽量不去看医生。总之,对于健康,我们缺少应有的主动性。

另外,我们对医生有一种奇怪的、近乎虔诚的信任。相信他们能够记得我们的用药史,知道我们应该吃什么药,大致了解我们健康的方方面面。同样这也是我们忽视个人健康的部分原因。更多时候,我们只是出现在诊所,不问任何问题,而等着医生告诉我们该做什么,并且认为医生可以解决所有问题。

很显然,这样的行为肯定是非常愚蠢的。医生的记忆以及几页病历并不能取代积极参与健康呵护的整个计划。最基本的问题是:谁应该为你的健康负责?回答很简单:你自己。是到了我们主动、全面负起责任的时候了。

当今医学完全不同于父母时代请的家庭医生。单个医生诊所既不经济也不务实。一项检查可能会有几个医生,诊所就是一个活动中心,人人都很忙,都全神贯注,有时甚至是健忘的。

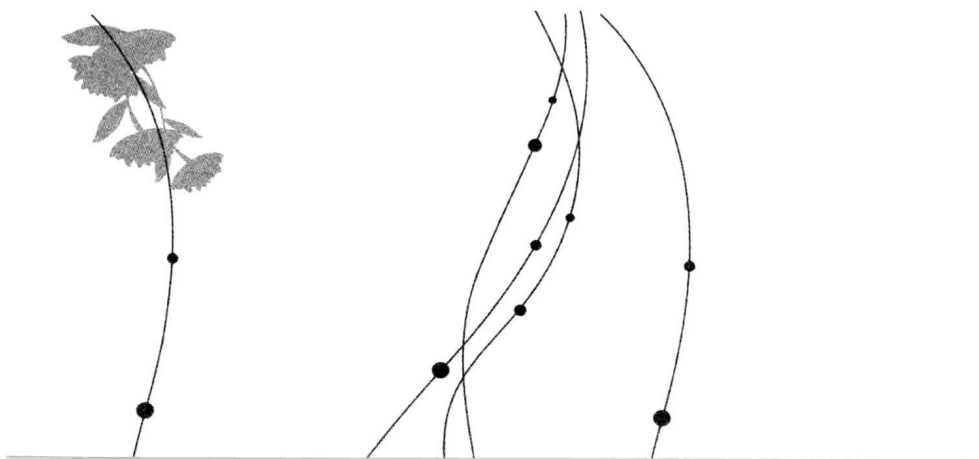
能和医生交谈的时间可能很有限。需要好好利用这段时间,努力主动把握自己的健康——通过问问题了解你需要做什么使自己现在更舒服,更重要的是如何预防将来可能出现的问题。由于紧张,你会忘了打算要问的问题以及想要进一步寻求的建议!问得太晚以至于医生已经转向了下一个病人。

50 plus one Questions to Ask Your Doctor is a simple, practical and up-to-date book that will help you help yourself. Essential questions include:

- How important is your family health history?
- What are sleeping disorders and what can be done about them?
- What drugs should not be taken together?
- What can be done about declining physical health?
- What is depression and what can be done about it?

These and many more are the questions you should be talking about with your physician. Remember that your doctor cannot do everything. He needs your help. Use this handy guide as a reminder of what you need to discuss with your doctor. You can even take it to the doctor's office with you as a reminder of what you need to discuss. Your health is in YOUR hands, and this is the book to help you manage it—and manage it the right way!

Elizabeth Drake



《50+1个最该问医生的问题》简单、实用,是一本全新的可以帮助你了解自己的书。书中包含的主要问题有:

- 你的家庭健康史有多重要?
- 什么是睡眠紊乱? 如何对待睡眠紊乱?
- 哪些药不可以同时吃?
- 体质下降应该怎么办?
- 什么是抑郁症? 如何对待?

以上问题以及书中所包含的其他问题是你需要询问医生的。请记住,医生不是无所不能。他需要你的帮助。好好利用手边的这本书,不断提示你需要和医生讨论的话题。你甚至可以将书带到医生诊所,用来提示你要问的问题。健康在你自己手中,这本书正是要帮助你把握健康——立刻把握!

伊丽莎白·德拉克

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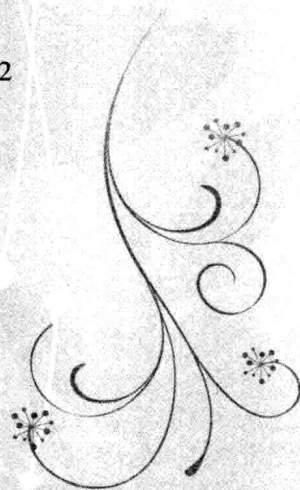
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50+1个最该问医生的问题

潺潺流淌,蜿蜒向远方的生命之河,会时常受到污染——失眠症、关节炎,乃至婚姻的不幸,都会危及我们的生命!人的一生要经受包括各种疾病在内的许多磨难。坚决顶住,绝不放弃——生命之河才可永远清澈!



How Important Is Family History to My Health?

It is extremely important to know the medical history of your family and to share that information with your doctor. Many major medical conditions, including heart disease, breast cancer, prostate cancer, diabetes and Alzheimer's disease, have been proven to be passed down through families. Knowing and sharing any history of these conditions in your family can help identify important risk factors that can have a major impact on your own health.

Some research shows that more than 40 percent of the population is at increased genetic risk for many common diseases. By learning your risk for developing them, you can make informed decisions about prevention and screening. You can even participate in genetic-based research aimed at understanding, preventing and curing them. For example, if your father developed colon cancer at age 45, you probably should be screened for this disease before the recommended age of 50.

Your risk will depend on the medical history of all of your relatives:

- Your first-degree relatives, which include parents, siblings and children;
- your second-degree relatives, which include half siblings, grandparents, uncles and aunts, grandchildren, nieces and nephews; and
- your third-degree relatives, which include cousins, great-grandparents, great-aunts and great-uncles.

Medical Conditions That Run in Families

As you can see, some of the most serious medical conditions may be inherited from your family. The following are details on some of these diseases and conditions:

Heart Disease

Many cases of coronary heart disease are caused by the interaction of inherited traits with environmental influences such as diet, exercise, smoking, body fat and other risk factors. In fact, inherited traits that contribute to risk can be identified in approximately 80 percent of heart disease patients.

Cancer

Most cancer is not due to inherited gene mutations; only about 10 to 15 percent of cancers are hereditary, depending on the type. Therefore, the occurrence of one or two cases of cancer in a family does not necessarily mean that there is a hereditary cancer syndrome.

Many factors can help determine if the cancer in a family is hereditary, including the presence of certain types of cancer (for example, breast cancer, ovarian cancer, colon cancer and uterine cancer), the age of the onset of the disease and the number of relatives with cancer and their relationship to one another.

Alcoholism

Alcoholism tends to run in families, and genetic factors partially explain this pattern. Currently, researchers are searching for the genes that influence vulnerability to alcoholism. Certainly, other factors contribute to its development, including environment, stress levels and the ease of obtaining alcohol. Positive influences such as social support may help protect even high-risk people. A child of an alcoholic parent will not automatically develop alcoholism, and a person

你的家庭健康史 有多重要？

了解家庭健康史并告诉医生相关信息至关重要。许多重大疾病如心脏病、乳腺癌、前列腺癌、糖尿病、阿耳茨海默氏病(老年性痴呆病)等经证明都是家族遗传性的。了解家族的相关情况可以帮助确定哪些因素很可能对你自己的健康有重大影响。

有研究表明40%以上的人在很多常见疾病上越来越有遗传风险。了解这些疾病的风险才能明智地决定如何预防和检查。你甚至可以参加旨在理解、预防和治愈这些疾病的遗传学方面的调查。例如,如果你的父亲45岁时得了结肠癌,那很可能需要建议你在50岁前进行这类疾病的检查。

你的疾病风险取决于你所有亲戚的健康史:

- 直系亲属,包括父母、兄弟姐妹和子女;
- 旁系亲属,如同父异母的兄弟姐妹、祖父母、父母的兄弟姐妹、孙子孙女、侄子侄女;
- 其他亲属,如表兄妹、曾祖父母、祖父母的兄弟姐妹。



家族的健康状况

正如我们所知道的,某些最严重的疾病是有家族遗传性的。下文列举了一些疾病的具体情况:

心脏病

很多心脏病例是遗传、饮食、锻炼、吸烟、身体肥胖等危险环境因素共同影响的结果。事实上,遗传几乎占心脏病病人风险的80%。

癌症

大部分癌症并不是由于遗传基因突变而产生;根据不同的癌症类型,只有10%到15%的癌症是遗传的。因此家族中出现一两个癌症病例并不意味着就有遗传性的癌症症状。

家族中的癌症是否是遗传性需要由很多因素决定,包括某种癌症出现时的状况(如乳腺癌、卵巢癌、结肠癌和子宫癌)、疾病发作的年龄、患病亲属的人数以及他们之间的关系。

酒精中毒

酒精中毒常常会遗传,基因因素可以部分地解释这一症状。目前研究人员正在调查可能影响酒精中毒的基因。当然酒精中毒过程也会受到其他因素的影响,包括环境、压力程度以及获得酒精的难易程度。正面的影响,如社会支持,可以帮助即使是高风险的人群采取预防措施。父母酒精中毒,孩子未必一定会酒精中毒,同样没有酒精中毒家族史的人

with no family history of alcoholism can become alcohol-dependent.

Diabetes

Recent studies reveal that genetics, obesity, fetal history, lack of activity, a diet high in fat and stress all may play a role in the development of diabetes. Genetic studies have shown that the association of some genes is the root cause of type 2 diabetes. A healthy and active lifestyle for the whole family of a person with diabetes is strongly recommended to prevent occurrence of the disease in the youngest generation.

Compiling a Family Medical History

It is a good idea to compile your family medical history as soon as possible. Save the information and bring it to every doctor's appointment you have. Keep it up-to-date as time goes by. It should include important medical information about your relatives, including illnesses and diseases, along with the relationships among members of your family.

You can start this project by talking with your family members, including your parents, grandparents and siblings, since they provide the most important links to genetic risk. Interview each relative in person or on the phone or send each one a written survey. Include questions about medical conditions your relatives have and their health habits, such as smoking, diet and exercise. Your questions might include:

- Can you provide significant dates, such as birthdates and approximate dates when diseases were diagnosed?
- What major diseases has the family experienced? Can you think of instances in yourself or others of heart disease, stroke, cancer, depression, diabetes, Alzheimer's disease, obesity, blindness and deafness? At what age were these diseases or conditions diagnosed? Was treatment successful?
- Have family members had a tendency toward other conditions, such as allergies, asthma, migraines or frequent colds?
- Has anyone in your family experienced infertility, miscarriages, stillbirths or infant deaths? If so, what was the cause?
- Are you aware of birth defects, learning disabilities or mental retardation in the family health history?
- What is the family's dominant racial and ethnic background?
- Can you think of any other information that may be relevant to the family medical history?

Gather information on as many generations of relatives as you can, including your grandparents, half brothers and sisters, aunts and uncles, nieces and nephews, children and grandchildren.

If your parents or other key family members are deceased or some relatives are uncooperative or simply cannot provide the information you need, you may need to undertake some research to learn more. You can find important details on death certificates, which are available through your state health department, and family records, including letters, census records or obituaries. Even old family photos can provide visual clues to diseases such as obesity, skin conditions and osteoporosis. If you are adopted or otherwise cannot learn more about your family's health history, be sure to follow standard screening recommendations and see your doctor for a physical on a regular basis.

What to Include in a Family Medical History

When you interview your relatives, you may get a lot more detail than you need about their medical conditions. How do you know what is important enough to include in your official family

却有可能变得依赖酒精。

糖尿病

最近的研究表明基因、肥胖、孕育史、缺乏锻炼、高脂肪饮食以及压力都是糖尿病产生的因素。基因研究表明某些基因是2型糖尿病产生的根源。糖尿病患者整个家庭健康积极的生活方式对于预防下一代出现这种疾病至关重要。

汇编家族健康史

尽快汇编你的家族健康史是很明智的。保存好信息,每次看医生时都带着,并且不断更新。重要信息应包括亲属的健康状况,包括他们的某些疾病以及你和家庭成员的关系。

你可以通过和包括父母、祖父母、兄弟姐妹在内的家族成员聊天来着手做这件事情,因为他们和基因风险有重要的关联。和每一个亲属当面或电话交谈,或是给他们每人寄一份问卷。问卷问题包括亲属的健康状况和健康习惯,如吸烟、饮食和锻炼习惯。你的问题可以包括:

- 你能否说出像生日般具体的患病日期或是大概的日期,何时被诊断出疾病?
- 家族有哪些重大疾病?你能否想到在你自己身上或是其他亲属身上出现的心脏病、中风、癌症、抑郁、糖尿病、阿耳茨海默氏病、肥胖、失明或耳聋? 什么年龄被诊断出这些疾病? 治疗成功吗?
- 家族成员是否有出现其他疾病的倾向,如过敏、哮喘、偏头痛,或是经常感冒?
- 家族成员中是否有过不孕不育、流产、死胎或是夭折? 如果有,原因是什么?
- 你是否意识到家族健康史中的出生缺陷、无学习能力或是智力迟缓?
- 家族主要的种族背景是什么?
- 你认为还有哪些信息和家庭健康史有关?

尽可能多地收集各代亲属的信息,包括祖父母、同父(母)异母(父)、兄弟、父母的兄弟姐妹、侄子侄女、子女以及孙辈。

如果你的父母或其他主要家庭成员过世了,或者一些亲属不合作或是不能提供你所需要的信息,那么也许需要做些调查来了解更多信息。你可以从当地健康部门所提供的死亡证明和家庭档案中了解到很重要的细节,包括信件、人口普查报告、讣告。甚至家庭的老照片也能从视觉上提示一些疾病如肥胖、皮肤状况以及骨质疏松等。如果你是领养的或者无法了解家族健康史,那么建议你一定要接受常规检查并定期看医生进行身体检查。

家庭健康史包括哪些?

和亲属交谈时,可能会得到比你所需要的更多的关于他们健康状况的细节。那么如