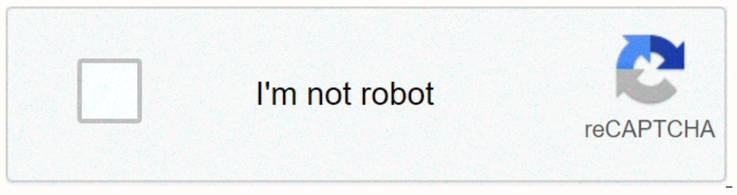

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Redding study guide

Updated: 04/26/2017 by Computer Hope Alternatively referred to as red eye effect, red eye or redeye describes an image of a person or animal that looks as if they have red eyes. Red eyes are caused when someone takes a photo with a flash camera and that flash is reflected back to the camera. The image shows an example of a red-eyed image and another that has had it removed using software. Related pages How to remove red eyes in an image. Photo help and support. Camera Terms, Digital Camera, Photo Medically Reviewed by Christina Chun, MPH - Written by Crystal Raypole on April 30, 2019Share on PinterestYou are probably familiar with nutritionists warnings about consuming too much red meat. This includes beef, lamb, pork and goat. This is said to increase the risk of several long-term health conditions, including cardiovascular problems, but more research is needed on the subject. But what about claims that red meat causes cancer? Experts are still looking into the issue, but they have identified some potential links. Before del deinging into the research around the link between red meat and cancer, it is important to understand the different types of red meat. UnprocessedProcessed red meat are those that have not been altered or changed. Examples include: steakpork chopslamb shanksmutton chopsOn its own, unprocessed red meat can be nutritious. It is often packed with protein, vitamins, minerals and other important nutrients. Red meat loses some of its traditional value when processed. ProcessedProcessed meat refers to meat that has somehow been modified, often for taste, texture or shelf life. This can be done by salting, curing or smoking meat. Examples of processed red meat include: sausage pepperoni and salamibacon and hamlunch meat sauces and najerkycanned meatComposed to unprocessed red meat, processed red meat is generally lower in beneficial nutrients and higher in salt and fat. Experts have classified red meat as a probable cause of cancer when consumed in large quantities. There is a stronger link between processed meat and cancer risk. Experts have classified processed meat as carcinogenic. This means that it is now known to cause cancer. Over the years, many studies have looked at the health effects of consuming both unprocessed and processed red meat. So far, the results have been mixed, but there is some evidence that eating a lot of red meat can increase the risk of certain cancers. IARC process The International Agency for Research on Cancer (IARC) is part of the World Health Organization. It consists of international experts working to classify possible carcinogens (carcinogens). When there is much evidence to suggest that something can cause cancer, IARC members spend several days reviewing studies on possible carcinogens. They assess several factors from the evidence, the evidence, how animals react to a possible carcinogen, how humans react to it, and how cancer can develop after exposure. Part of this process involves categorling potential carcinogens based on its potential to cause cancer in humans. Group 1 agents are those who are determined to cause cancer in humans. Group 4 agents, on the other hand, include agents that probably do not cause cancer. Keep in mind that this classification does not identify the risks associated with a carcinogen. It only indicates the amount of evidence that supports the link between specific carcinogens and cancer. IARC findings In 2015, 22 experts from 10 countries met to evaluate existing research on the link between red meat and cancer. They have undergone more than 800 studies from the last 20 years. Some studies looked at only processed or unprocessed red meat. Others looked at both. important takeaways IARC's findings suggest that: Eating red meat probably increases the risk of colorectal cancer. Eating processed meat regularly increases the risk of colorectal cancer. They also found some evidence suggesting a link between red meat consumption and prostate cancer and pancreatic cancer, but more research is needed. If you want to reduce the risk of colorectal and potentially other types of cancer, avoid eating processed meat. IARC classified processed meat as a group 1 carcinogen. In other words, there is enough research to show that it causes cancer in humans. To give you some context, here are some other Group 1 carcinogens: tobaccoUV radiation alcohol Again, this classification is based on evidence that supports the link between cancer and a particular remedy. While there is strong evidence to suggest that all Group 1 agents cause cancer in humans, they do not necessarily pose the same level of risk. For example, eating a sausage is not necessarily the same as smoking a cigarette when it comes to cancer risk. The IARC report concluded that eating 50 grams of processed meat every day increases cancer risk by 18 percent. According to the American Cancer Society, this can increase the lifetime risk of colon cancer from 5 percent to 6 percent. For reference, 50 grams of processed meat is translated into about a sausage or a few slices of deli meat. Experts suggest eating these meats only once in a while. Consider enjoying them on special occasions instead of making them part of your daily diet. Unprocessed red meat is part of a balanced diet for many people. It offers good amounts:protein vitamins, such as B-6 and B-12minerals, including iron, zinc and seleniumStill, the IARC report concluded that regularly eating red meat likely increases the risk of certain cancers. It's not necessary to completely cut red meeting out of your diet, though. Just pay attention how to prepare it and how much of it you consume. Cooking methodsIARC experts also noted in their that the way you cook red meat can have an impact on cancer risk. Grilling, burning, smoking or cooking meat at very high temperatures seems to increase the risk. Still, IARC experts explained that there was not enough evidence to make any official recommendations. Here's our take on how to make meat as healthy as possible. Serving RecommendationThe authors of the IARC report noted that there is no need to give up unprocessed red meat altogether. But it's best to limit your portions to three per week. What is it in a serving? A single serving of red meat is around 3 to 4 grams (85 to 113 grams). This looks like: a small hamburgerone medium-sized pork chops small beefIf red or processed meat makes up much of your diet, consider making some changes. Here are some ideas for reducing your red meat consumption: In pasta sauce, replace half the meat you'd normally use with finely chopped carrots, celery, mushrooms, tofu or a combination. When making burgers, use ground turkey or chicken instead of beef. For a meat-free burger, use black beans or tempeh. Add beans and lentils to soups and stews for texture and protein. Do you want to stop processed meat? These tips can help: Replace cold cuts in your sandwich for sliced fried chicken or turkey. Choose chicken or vegetable toppings on pizza instead of pepperoni or bacon. Try vegan meat. For example, use soy chorizo in burritos or seitan in stir-fries. Add vegetables for color, texture and added nutrients. Change eggs and yogurt to processed breakfast meat, such as bacon or sausage. Instead of grilling sausages, deep frying or preservative-free bratwurst or sausage chains. Red meat has been under scrutiny for its potential links to several health problems, including cancer. Experts now believe that regularly eating red meat can increase the risk of colorectal cancer. Experts also agree that there is strong enough evidence to say that eating a lot of processed meat increases cancer risk. But it is not necessary to cut red meat out of the diet completely. Just try to stick to high-quality unprocessed red meat, and limit consumption to just a few servings each week. Last medically reviewed On June 30, 2015, the At the first presentation, the child was irritable with diffuse skin redness and dry mucous membranes. He was trembling and did non-aimful now movements with his arms. He had roving eye movements and markedly dilated pupils who were minimally reactive. Initial vital signs were: blood pressure, 140/95 mm Hg; heart rate, 220 beats/minute; respiratory rate, 30 breaths/minute; temperature, 100.6ºF. Capillary glucose was 120 mg /dL, and oxygen saturation was 100% on room air. An electrocardiogram (ECG) showed sinus tachycardia with normal QRS QTc intervals. What is the toxicological differential diagnosis? Toxicity from several different classes of drugs can cause an altered level of consciousness, tachycardia and hyperthermia. Serotonin agonists, such as selective serotonin reuptake inhibitors, can lead to serotonin toxicity - a syndrome that includes altered cognition, autonomic changes (eg, tachycardia, hyperthermia) and neuromuscular effects (eg, stiffness, clonus), along with mydriasis and diaphosis. Neuroleptic malignant syndrome (NMS) occurs after exposure to dopamine antagonists, such as antipsychotic medications. Neuroleptic malignant syndrome presents in the same way as serotonin toxicity, but tends to have a more indolent course compared to the abrupt onset and dissolution of serotonin toxicity. Sympathomimettic medications (eg, methylphenidate) or drugs of abuse (eg, cocaine, methamphetamine) result in catecholamine effects including tachycardia, hypertension, diaphoresis, and mydriasis. Acetylsalicylic acid (aspirin) toxicity (salicylism) often causes tinnitus, hyperpnoea, and gastrointestinal (GI) effects after exposure. Severe toxicity can cause altered levels of consciousness and hyperthermia; These, however, are ominous and late findings. Mydriasis is not common. What is anticholinergic toxidrome? Acetylcholine is a neurotransmitter present both in the central and peripheral nervous system. In the periphery, acetylcholine acts on both sympathetic and parasympathetic components of the autonomic nervous system and in somatic motor fibers. Acetylcholine works in two classes of receptors, namely nicotine and muscarinic types. Muscarinic receptors are found in the central nervous system (CNS) (especially the brain) and peripherally on the effector cells of the parasympathetic nervous system and on sympathetic inner-vated sweat glands.1 Anticholinergic toxicity is due to antagonism of muscarinic receptors and is more appropriately referred to as antimusic colony poisoning, although the terms are used interchangeably. Nicotine receptor antagonists are used primarily for neuromuscular blockade and do not cause this syndrome. Hot as a hare (anhidrose with temperature height); Red as a beetroot (vasodilation with skin hyperemia); Blind like (pupillary expansion with loss of accommodation); Dry as a bone (drying of mucous surfaces and skin); Full as a flask (urinary retention); Stuffed as pepper (constipation); and Mad as a hats (describes the central anticholinergic effects that are often present- e.g. altered mental status manifested as agitation, delirium, hallucinations, abnormal picking movements, rare seizures). Elderly patients and those with underlying medical or psychiatric disorders may be more susceptible to CNS manifestations of anticholinergic medications. Anticholinergic effects may occur smoking, inhalation and topical absorption (including prolonged or ophthalmic routes). Delayed or long-lasting effects may occur due to slow gastric emptying and prolonged GI absorption. The duration of the effects are variable and central anticholinergic manifestations of confusion or agitation can be present for several days, even after peripheral manifestations have resolved (ask concepts of the central anticholinergic syndrome). What are the common causes of anticholinergic toxicity? Although anticholinergic effects are often described in the form of toxicity, these effects are often used for therapeutic benefit. Such roles of anticholinergic agents include the following:Atropine to treat bradycardia; Ipratropium bromide to deal with asthma; Antinausiva (eg, scopolamine, meclizine) for symptom relief; Tolterodin to treat narrow incontinence and overactive bladder; andOphthalmic medicines (eg, skopolamine, homatropin) to inhibit ciliary spasms in patients with iritis. Although the above medications are used for a specific anticholinergic property, other accidental and troublesome anticholinergic effects are often seen. Similarly, many other medicines often have unintended anticholinergic effects (see table). Anticholinergic toxicity is only an extension of the effects that occur with therapeutic use. What is the treatment for patients with anticholinergic toxicity? Most patients with anticholinergic toxicity do well with supportive treatment. Benzodiazepines are the treatment of choice for agitation. Haloperidol and other antipsychotics are relatively contraindicated for the treatment of agitation, as they can impair temperature regulation and lead to hyperthermia. Although it is likely of limited general benefit, oral activated charcoal can reduce the amount of the drug absorbed. Antidotic treatment with physostigmine should be considered for selected patients presenting with altered mental status due to an anticholinergic. Physostigmine is an acetylcholinesterase inhibitor that prevents the breakdown of acetylcholine in the synaptic chasm, thereby antagonizing the effect of anticholinergic drugs. A retrospective study noted a lower incidence of complications and shorter time of recovery using physostigmine compared to benzodiazepines in patients with anticholinergic toxicity.2 The use of physicist in selected patients may hinder the need for additional delirium work, which often includes computed tomography or lumbar puncture. Page 2 When administering physostigmine, atropine should be present at the bedside with respiratory equipment readily available, as cholinergic effects may develop (especially bronchospasm, bronchorhoea or bradycardia). Dosage of physostigmine in adult patients is 1 to 2 mg via slow intravenous (IV) push, in

aliquots of 0.2 to 0.3 mg each, over 5 minutes; paediatric dosing is 20 mcg/kg to a maximum of 0.5 mg. The onset of may be expected within minutes of administration.3 Since the duration of physostigmine is less than too many anticholinergic medicinal products, recurrence of anticholinergic effects should be expected. Historically, physostigmine was included in the coma cocktail, along with thiamine, dextrose and naloxone for the treatment of undifferentiated patients with altered levels of consciousness. Concern for its ubiquitous use arose after reports of asystole in two patients who presented with tricyclic antidepressants (TCA) overdose, although these patients actually had more complicated overdoses of multiple e-mails.4 Nevertheless, an ECG should be performed in all patients for whom physicitis is considered, and it should not be administered (or perhaps only extremely cautiously) if the ECG shows a QRS complex duration > 100 ms.3 Relative contraindications include reactive respiratory disease, peripheral vascular disease or intestinal or bladder withdrawal obstruction. Prolongation of the QRS interval is not always a sign of TCA intake, as certain other antimuscarinic drugs, such as diphenhydramine, may cause sodium channel blockade. Based on extrapolation from TCA literature,5 if QRS > 100 ms, a bolus of 1 to 2 mEq / kg sodium bicarbonate should be given when monitoring the QRS interval for narrowing. Case conclusion The clinicians at the bedside felt that the infant's presentation was consistent with anticholinergic toxicity. Physostigmine was administered with slow IV push for a total dose of 1.5 mg. The patient had immediate improvement of symptoms, including reduced redness of the skin, decreased agitation and improved vital signs (BP, 118/80 mm Hg and HR, 160 beats/minute). He was admitted to the paediatric intensive care unit for monitoring and was later discharged home with a complete symptom resolution two days later. Later.

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