



Pseudotumor Cerebri aka Increased Intracranial Hypertension (IIH)

Pseudotumor cerebri occurs when the pressure inside your skull (intracranial pressure) increases for no obvious reason. Symptoms mimic those of a brain tumor, but no tumor is present. Pseudotumor cerebri can occur in children and adults, but it's most common in obese women of childbearing age. The increased intracranial pressure associated with pseudotumor cerebri can cause swelling of the optic nerve and result in vision loss. Medications often can reduce this pressure, but in some cases, surgery is necessary.

Symptoms

Pseudotumor cerebri symptoms may include:

- Moderate to severe headaches that may originate behind your eyes, wake you from sleep and worsen with eye movement
- Ringing in the ears that pulses in time with your heartbeat
- Nausea, vomiting or dizziness
- Blurred or dimmed vision
- Brief episodes of blindness, lasting only a few seconds and affecting one or both eyes
- Difficulty seeing to the side
- Double vision

Causes

The exact cause of pseudotumor cerebri in most individuals is unknown, but it may be linked to an excess amount of cerebrospinal fluid within the bony confines of your skull.

Your brain and spinal cord are surrounded by cerebrospinal fluid, which acts like a cushion to protect these vital tissues from injury. This fluid is produced in the brain and eventually is absorbed into the bloodstream. The increased intracranial pressure of pseudotumor cerebri may be a result of a problem in this absorption process.

In general, your intracranial pressure increases when the contents of your skull exceed its capacity. For example, a brain tumor typically increases your intracranial pressure because there's no room for it. The same thing happens if your brain swells or if you have too much cerebrospinal fluid.

Risk factors

The following factors have been associated with pseudotumor cerebri:

- **Obesity:** Pseudotumor cerebri occurs in about one person per 100,000 in the general public. Obese women under the age of 44 are nearly 20 times more likely to develop the disorder.



- **Medications:** Substances that have been linked to pseudotumor cerebri include:
 - Lithium
 - Oral contraceptives
 - Tetracycline
 - Steroids or discontinuation of steroids
 - Excess vitamin A
- **Health problems:** The following conditions and diseases have been linked to pseudotumor cerebri:
 - Head injury
 - Kidney disease
 - Lupus
 - Lyme disease
 - Mononucleosis
 - Underactive parathyroid glands

Complications

As many as 10 percent of the people with pseudotumor cerebri experience progressively worsening vision and may eventually become blind. Even if your symptoms have resolved, a recurrence can occur — months or even years later.

Tests and diagnosis

The following tests may be conducted to diagnose pseudotumor cerebri:

- **Eye exams:** If pseudotumor cerebri is suspected, a doctor specializing in eye disorders will look for a distinctive type of swelling — called papilledema — in the back of your eye. You will also undergo a visual fields test to see if there are any blind spots in your vision.
- **Brain imaging:** CT or MRI scans can rule out other problems that can cause similar symptoms, such as brain tumors and blood clots.
- **Spinal tap (lumbar puncture):** A lumbar puncture — which involves inserting a needle between two vertebrae in your lower back — can determine how high the pressure is inside your skull.

Treatment

Pseudotumor cerebri treatment typically begins with medications to control the symptoms. Weight loss is **CURATIVE** in individuals who have pseudotumor because of obesity. **WEIGHT LOSS IS CURATIVE AND DOES NOT COME IN PILL FORM.** If your vision worsens, surgery to reduce the pressure around your optic nerve or to decrease the intracranial pressure may be necessary.



Medications

- **Glaucoma drugs.** One of the first drugs usually tried is acetazolamide (Diamox), a glaucoma drug that reduces the production of cerebrospinal fluid by at least 50 percent. Possible side effects include: stomach upset, fatigue, tingling (of fingers, toes, and mouth), and kidney stones.
- **Diuretics.** If acetazolamide alone isn't effective, it's sometimes combined with furosemide, a potent diuretic that reduces fluid retention by increasing urine output.
- **Migraine medications.** Medications typically prescribed to relieve migraines can sometimes ease the severe headaches that often accompany pseudotumor cerebri.

Surgery

- **Optic nerve sheath fenestration.** This procedure cuts a window into the membrane that surrounds the optic nerve. This allows excess cerebrospinal fluid to escape. Vision stabilizes or improves in more than 85 percent of cases. Most people who have this procedure done on one eye notice a benefit for both eyes. However, this surgery isn't always successful and may even increase vision problems.
- **Spinal fluid shunt.** Another type of surgery inserts a long, thin tube — called a shunt — into your brain or lower spine to help drain away excess cerebrospinal fluid. The tubing is burrowed under your skin to your abdomen, where the shunt discharges the excess fluid. Symptoms improve for more than 80 percent of the people who undergo this procedure. But shunts can become clogged and often require additional surgeries to keep them working properly. Complications can include low-pressure headaches and infections.

Lifestyle and home remedies

Obesity dramatically increases the risk of pseudotumor cerebri. In fact, weight gain of as little as 5 percent of your body weight can increase the risk. Losing extra pounds and maintaining a healthy weight may help reduce your chances of developing this potentially sight-stealing disorder...*AND WEIGHT LOSS CAN BE CURATIVE!*

BODY MASS INDEX

Body Mass Index (BMI) is a number calculated from a person's weight and height BMI provides a reliable indicator of body fat content. It is a reliable way to determine weight categories that may lead to health problems. It takes into account different body structures, for example those who feel they are allowed more weight because of 'big bone' or 'large amount of muscles' or 'being stocky build' should still maintain a normal BMI since it is a reliable indicator of body fat content not body bone content...not body build etc.



Body Mass Index (BMI) Chart

Calculate your Body Mass Index:

http://www.healthdiscovery.net/links/calculators/body_mass_index.htm

		Height (feet, inches)										
		5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"
Weight (pounds)	120	19	19	18	18	17	17	16	16	15	15	15
	125	20	20	19	18	18	17	17	17	16	16	15
	130	21	20	20	19	19	18	18	17	17	16	16
	135	22	21	21	20	19	19	18	18	17	17	16
	140	23	22	21	21	20	20	19	19	18	18	17
	145	23	23	22	21	21	20	20	19	19	18	18
	150	24	24	23	22	22	21	20	20	19	19	18
	155	25	24	24	23	22	22	21	20	20	19	19
	160	26	25	24	24	23	22	22	21	21	20	20
	165	27	26	25	24	24	23	22	22	21	21	20
	170	27	27	26	25	24	24	23	22	22	21	21
	175	28	27	27	26	25	24	24	23	23	22	21
	180	29	28	27	27	26	25	24	24	23	23	22
	185	30	29	28	27	27	26	25	24	24	23	23
	190	31	30	29	28	27	27	26	25	24	24	23
	195	32	31	30	29	28	27	27	26	25	24	24
	200	32	31	30	30	29	28	27	26	26	25	24
205	33	32	31	30	29	29	28	27	26	26	25	
210	34	33	32	31	30	29	29	28	27	26	26	
215	35	34	33	32	31	30	29	28	28	27	26	
220	36	35	34	33	32	31	30	29	28	28	27	



THIN FOR LIFE!

10 Keys to Success from People Who Have Lost Weight and Kept It Off.

Anne M. Fletcher M.S. R.D. (Author)

Anne Fletcher's *Thin for Life: What You Can Eat*

Fletcher says: "You don't have to starve, buy fancy foods or portions or stay away from sweets and so-called 'junk' foods." She talks about "high-flavor, low-risk eating" that involves cutting calories and fat to match recommended intake for your height.

She also outlines a Six-Week Nondiets Weight Control Plan - which means that week after week, you integrate one segment of the Food Guide Pyramid into your diet. In Week One, for example, you're focusing on fat, oils, and sweets intake - and learning to use them sparingly. Examples of Fletcher's focus on high-flavor, low-risk foods:

- Breakfast: Cheerios with skim milk and a banana
- Snacks: Fig bars; sherbet; jelly beans; low-fat popcorn.
- Lunch: Very lean baked ham on rye bread with reduced-fat mayonnaise
- Dinner: Broiled halibut with margarine and lemon juice; cooked spinach with lemon juice
- Dessert: Cantaloupe with low-fat frozen vanilla yogurt

Fletcher advises experimenting with reduced-fat versions of yogurt, sour cream, cheese, and milk to find those you like. She also lists 22 ways to shave fat from your recipes - by substituting egg whites for whole eggs, unsweetened cocoa for baking chocolate, chocolate syrup for fudge topping, evaporated fat-free milk for heavy cream, and applesauce for oil, for example.

Also, small amounts of flavorful fats like butter, olive oil, bacon fat, and sesame oil can go a long way to enhance a low-fat recipe, she says.

Anne Fletcher's *Thin for Life: How It Works*

Fletcher's 10 Keys to Success are a cornerstone of her book. They are:

1. Believe that you can become thin for life. "The masters' stories will help you believe in your own power to lose weight and keep it off forever," writes Fletcher. "The masters at weight control are living proof that weight destiny need not be controlled by your genes or by the fact that you're a 'slow burner.' The masters have learned how to 'stifle' their genetic legacy."

2. Take the reins. Make the decision to take action, choose a way to lose weight, and begin making day-to-day decisions about food. You must face the truth about your weight, how you eat, and how you look. "Develop a kind of selfishness about yourself and your weight," she writes. "Accept that it's not easy, it's not always fair. Be persistent."

3. Do it your way. "If you want to lose weight, you have to find what's best for you," says Fletcher. For example, Ernie L. says, "For me, it was a combination of exercise, psychological and philosophical enlightenment, and healthy diet - low-fat, low-protein, low-alcohol, and low-carbohydrate." Structured weight loss programs work for some people; others like Ernie develop their own schemes, which rarely involve a stringent diet.



4. Accept the food facts. You can't eat whatever you want. You have to make low-fat eating enjoyable, writes Fletcher. She describes her Six-Week Nondietering Weight-Control Plan and lists lots of substitutions for high-fat products used in cooking. She also includes a detailed chart listing fat and calorie content in many common foods.

5. Nip it in the bud. Tackle <http://www.webmd.com/diet/medical-reasons-obesity> on a day-by-day, meal-by-meal basis, says Fletcher. Closely monitor your weight. Establish a weight buffer zone ('I will gain no more than five to 10 pounds'), and be adamant about not exceeding it. Have a set plan of action if you hit your upper limit - like exercising more or stopping snacking. Plan how you will handle high-risk eating situations like parties.

6. Learn positive self-talk. Learn to control your mental dialogue, the ongoing conversation in your head. When negative, self-defeating self-talk outweighs the positive, coping thoughts, you're not going to do well in weight management efforts. With positive self-talk, you'll come to believe in yourself more and more, writes Fletcher.

7. Move it or lose it. Commitment to exercise is the single best predictor of keeping weight off. It's not necessary to be an exercise fanatic - but exercising consistently and enjoying it are essential, she writes.

8. Face life head-on. Learning how to cope with life's ups and downs - without turning to food - can make a big difference in overcoming a weight problem, Fletcher says. Those who have mastered weight loss have put an end to the instant gratification of overeating. They've learned to deal with life's problems in constructive ways, without turning to food. Feel the gratification that comes from regaining control over your emotions and your weight. When you get cravings, simply wait them out. Talk yourself out of eating. Get counseling from a psychologist - it could help immensely.

9. Get more out of life. Balance your lifestyle, and your sense of craving and deprivation will decrease, writes Fletcher. People who succeed at weight control tend to develop new hobbies, interests, friendships. A healthy lifestyle improves your self-esteem, which gives you confidence to make other changes in your life. Make a list of things you like about yourself - to give you the strength to do better. List things you've always wanted to do, then figure out a way to do them. Reward yourself - but without food.

10. Don't go it alone. Support from family and friends can be critical to long-term success at weight control. For many people, individual counseling (from a registered dietitian, social worker, or psychologist) is very helpful. Others prefer group support like Weight Watchers' group meetings.



"Her book sends out a very positive message," says Cynthia Sass, MPH, MA, RD, co-author of *Your Diet is Driving Me Crazy*.

"We used to hear the statistic that 98% of dieters gain it back," says Sass. "But newer information now is that only about 80% of people gain it back -- 20% are keeping it off. Her whole premise is, 'How did they do it?' She called them and found out.

"The people in her book are successful - they show that you're not doomed to fail. This is not a how-to type of book. This is a book about what these people did - and what you can learn from them."

They're using advice that nutritionists given for years, Sass notes. "This book is not about a quick fix. It's more about lifestyle modification. I've recommended this book to many people, and they've said they could relate to the case studies."