How to Live Well with Invisible Chronic Illness
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Introduction

Andrew Schorr:
Good morning on what's a sunny Sunday here in Seattle where I am based by the Space Needle. I hope it's a nice, late summer day for you wherever you may be or if you are listening to us on the Internet, around the world. This is the program, Patient Power, where week after week we talk about something that often is not news making but affects so many families, and that is chronic illness or even cancer. And like in my case with leukemia, that can be chronic too. And when you are diagnosed with a chronic condition, often in just about every family there is someone like that.

In every family somebody takes daily medicine. Is it hypertension, diabetes, their cholesterol is too high, arthritis, or many other less common conditions? You have to get your head around it, and you have to believe that you can go on with your life. There might be some disability. There might be some side effects of medication. You might be angry about it. You might be depressed by it. How do you get through all this and go on with the life you have with a diagnosis that may have been illusive for a long time and certainly not something you asked for? So it is very troubling and quite traumatic sometimes when this happens to you, but there is life after that, and there are bumps along the way.

Now I want you to meet someone who wrote a book called You Don't Look Sick: Living Well With Invisible Chronic Illness. And I know with my own cancer people said, well, it doesn't look like you have cancer, or you are going through chemotherapy, but you don't look so bad because it was sort of--I don't want to say chemo light, but I didn't lose my hair. I had already lost that. But, and then there are people, millions of people with arthritis who have pain or swollen joints or difficulty with some movement, and drugs kind of control it, sometimes in some cases better than in others. How do you go on?

Well, Joyce Selak from Austin, Texas, 59 years old has been living with that for a long time. Joy Selak, sorry. I don't know why I do that. Joy Selak has been living with that for a long time. She was suffering from symptoms of pain and fatigue in her mid 30s, and it took her until she was 42 to get an accurate diagnosis and then to get her arms around
that. And she went through a lot of stages with that. And then eventually she said to her doctor--where she wound up with a leading rheumatologist who is sitting with me here today, Dr. Steven Overman. And Steven, welcome to Patient Power.

**Dr. Overman:**
Andrew, thank you.

**Andrew Schorr:**
She said, Dr. Overman, I want to write a book about this. Would you join me and be the coauthor so we have the patient's point of view and we have the doctor's point of view? And, Steve, you finally said yes.

**Dr. Overman:**
I said yes immediately. I just didn't think she was serious.

**Andrew Schorr:**
But, Joy, you were serious, weren't you?

**Ms. Selak:**
I was very serious. Right.

**Andrew Schorr:**
Why did you think that a book like this was needed, Joy?

**Ms. Selak:**
Primarily because I couldn't find the book that I needed. When I first became ill and I was still frightened and confused by my symptoms, I wasn't really sure what I had, and I went to the bookstore to try to get some help. There was primarily two kinds of books. One was everything you need to know about a particular disease, and the other was the seven easy steps to the cure, and neither made me feel any better. I needed to know how to live and how to seek answers and how to get past my sorrow and grief, so that's the book we wrote.

**Andrew Schorr:**
Now, you were working with your husband. He was the manager in an investment company. You were a broker. You worked together, and then there came that day when your own husband as the manager of the office said your symptoms are so severe that maybe it's time for you to give up work. That must have been very traumatic for you.

**Ms. Selak:**
It was. It still is. It still chokes me up when I think about that particular day. And he was right. The office had been backing me up for many, many months with--I had memory loss, and I was making mistakes that were dangerous to the firm and the clients, and I don't think I would have caught them had I not had such a supportive staff watching
out for me. There was issues of absenteeism. I had been in and out of the hospital during those times. And even when I was not recovering from hospitalization I was having bad days and good days where I was just unable to come to work or unable to work a full day. And we had reached the point where it didn't appear as if that was going to be resolved in the way we had always hoped.

Andrew Schorr: 
Now, what did your diagnosis turn out to be?

Joy's First Diagnosis

Ms. Selak: 
Well, I had two in those early years. The first diagnosis I got was a disease called interstitial cystitis, which is a chronic inflammation of the bladder without accompanying infection. And the second one was from Dr. Overman was undifferentiated connective tissue disease, and I think Steve explains it so much better than I do what that is.

Andrew Schorr: 
Let's find out. Dr. Overman.

Dr. Overman: 
What is that? The very name sort of is the label. It's undifferentiated. It's in a family of illnesses people have heard about more, lupus, Sjögren's syndrome. It's where there's features of a variety of these, but basically it's an autoimmune illness where the body decides to act against itself, and it manifests itself in pain and stiffness and fatigue and cognitive dysfunction or a variety of other symptoms.

Andrew Schorr: 
Okay. And you are in rheumatology. There is a whole constellation of these conditions that are not going to kill somebody but can make their life very difficult. And often, as the title of the book says, you don't look sick, people can look okay if they are moving okay, but they may have terrible fatigue or be trying to cope with pain. And work can be difficult. Even, as you said, cognitive function can be difficult. But if they were sitting on a plane next to you or at lunch, you might say, well, that may be severe for you, but you don't look so bad.

Dr. Overman: 
Andrew, this is true. And I actually have to correct you in one element. In fact these illnesses can be fatal.

Andrew Schorr: 
Okay.
Dr. Overman:
Some of them. And this is what is so difficult. Sometimes when I give somebody the label, for example lupus, but even rheumatoid arthritis, and people go read about those illnesses, it's like telling somebody that they might have a car accident this afternoon. Now, we know statistically that most car accidents are minor, and in fact they are nuisances, but in fact there are some severe ones. And we now know with rheumatoid arthritis there is an increased mortality associated. In lupus there can be kidney and lung problems. And so once a person starts thinking in this domain of illnesses they immediately go to the books, and they read and sense the worst. Absolutely.

Andrew Schorr:
I should mention that Dr. Steven Overman, the coauthor of this book with Joy Selak, You Don't Look Sick: Living Well With Invisible Chronic Illness, he is one of the directors of the Seattle Arthritis Clinic, and that's at Northwest Hospital that's on the north side of Seattle, and he has been in rheumatology for over 25 years.

So, Joy, as we think about the book, you find out you have these two diagnoses, one this sort of rheumatic condition and also the interstitial cystitis. You can't work anymore. You must have been just devastated at first, and that's the natural thing for somebody with a diagnosis like this.

Ms. Selak:
I was. I certainly was. I had placed a great deal of value on my work and my productivity and my ability to share in the support of our household. And I think more than anything else that lack of usefulness was the most frightening. I couldn't understand how I could be loved if I wasn't bringing anything to the party. So that was one of the devastating aspects of no longer being able to work. But one of the great blessings as time went on was finding out that I wasn't valued just for my ability to earn a living but that I was valued by my husband and my family by the person that I was inside, and I gave up some of those old ideas, which I think in the long run was healthy for me.

Andrew Schorr:
Yeah. Good for you. And you also learned that there is life after the diagnosis.

Ms. Selak:
I certainly did. Good life.

Andrew Schorr:
And that's what I think the book really speaks to and from the perspective of your physician and also you. We are going to continue this discussion about living with chronic illness and how you can go on as we continue Patient Power right after this.
Andrew Schorr:
Thanks for spending part of your Sunday with us on Health Radio Network and here live on Health Radio Network with me, Andrew Schorr, and Patient Power week after week talking about chronic illness and cancer and connecting you with leading experts. And when I say experts, I don't mean somebody an M.D. or a Ph.D. after their names, or an M.Ph. as Dr. Overman has too, but also people who have been sort of baptized, if you will, by a diagnosis and then said, you know what? I am going to learn about it, and then at some point maybe I will have something important to say to others. Joy Selak in Austin, Texas is such a person diagnosed a number of years ago with a rheumatic condition and also interstitial cystitis. Then she teamed with her doctor and wrote this book, You Don't Look Sick: Living Well With Invisible Chronic Illness, and that's with the man to my right, Seattle rheumatologist Dr. Steven Overman.

So, Dr. Overman, we think so much about acute conditions, but most people in their family have a chronic health concern. What is chronic illness?

What is Chronic Illness?

Dr. Overman:
Chronic illness is just what it says. It's something that you have got and it doesn't go away. Now, what's gets confusing is some chronic illnesses don't cause symptoms. High blood pressure, diabetes may not cause symptoms, and yet it's with you. It also gets confusing because sometimes one will lose weight or eat appropriately and the blood sugar is normal and therefore might not sense that they have diabetes, and yet that chronic illness is still there and asymptomatic. So in a larger framework chronic illness is the challenge our healthcare system in the 21st century. 50 percent of our healthcare needs certainly go to chronic illness. One in three people have chronic pain of one sort or another.

And I think one of the--certainly we all realize we grow up hoping for absolute health, and it's truly one of those great myths that we are going to avoid having some sort of chronic illness. Most of us do, and it's really learning to accept that as a part of life but also learning how to manage all these complexities is what's key.

Andrew Schorr:
Now, in chronic illness and particularly in your area of rheumatology, though, why does it take some people years to get a diagnosis? And it did for Joy.

Dr. Overman:
Because many of my illnesses there are not specific tests such as a blood sugar for diabetes. We have different kinds of inflammatory markers. We have different antibodies, but they are not specific. Many of the symptoms people present with are also nonspecific. Pain. You can have shoulder pain from throwing a ball. You can have elbow pain. You have patterns that come on. Fatigue, the most common complaint in medicine...
probably can be associated with just about every illness that I can think of. So it's both that, the complexity of the illness as well as our healthcare system which has been set up for what I will call 15-minute sound bite visits, come in with a whole portfolio of issues, prevention, care, looking for a cure, and the best of docs sometimes don't have the time to sit down and listen to the complex history and try to put the puzzle together.

Andrew Schorr:
Now, Joy, when you were diagnosed, like me, we didn't know any of this because we had been healthy people. So tell us about the book, the way you set it up to try to help people on this journey and then live well.

Joy’s Journey from Patient to Author

Ms. Selak:
I would love to. When Steve and I began to plan writing the book we started off with stories, true stories of mine that we felt were common to most people who had gone down this path of chronic illness and building a life that included the illness. And as we set up those stories, picked the ones that we thought were the most common, put them on a historical spectrum, we realized that there were fairly well defined stages. That there was a stage that we came to call getting sick, which is when you are looking for a diagnosis, looking for a doctor, that fear that this is going to kill you before you find out what it is. Then once you begin to establish definition for your illness and collect a medical team, we call that stage being sick. Learning to manage insurance company problems.

And finally when you accept that the illness probably is not going to go away, at least not with the treatment available today, then we pass into what we call living well, and that's when you begin to learn to build a life that includes the illness and find meaning and productivity within the parameters of that life. So that's how we structured the book.

Andrew Schorr:
Okay. And, Steve, you joined in this project, and so you put in sort of the M.D. point of view. You have seen hundreds if not thousands of people, and they have gone through these stages, so you knew them pretty well too.

Dr. Overman:
Actually that's one of the interesting things that we are not really taught these stages, and I think again Joy gives an appropriate but a retrospective view of that. We really looked at these stories, and it was together that we started to get this sense that there were these phases. And this was not something that we had been taught or really had read about in the sense of--I mean, most docs are trained in crisis care. You come in, let's figure it out and fix it. But the idea of trying to teach people how to manage their
illness is something that I had been interested in, but it's not so well defined. And I think the phase of illness concept comes from what many people have read about from Kübler-Ross about the phases of death and dying.

So it was with that awareness that we had this sense that there really was this journey through chronic illness. And it was after we had put our sort of construct together that we independently read some work from Pat Fennell, who is a researcher in this area, who defined using other words, this concept of phase of illness with chronic illness.

Andrew Schorr:
So, Joy, is there is a, maybe you could recount some of the situations. I was curious particularly about the title, You Don't Look Sick. Where does that come from?

Ms. Selak:
That came from an experience I had--well, everybody who has a chronic illness has--an invisible illness has that said to them over and over and over again, and I knew that if we used that as the title that the person browsing through the bookstore who had had that said would know that we wrote the book especially for them. But the actual event that we drew the tile from came from a chapter in the book called "Ladies Who Lunch." And this was a day I went to a charity luncheon and had said to me around the table most of the thoughtless and hurtful things that people sometimes say to the chronically ill without meaning too.

Andrew Schorr:
What sort of things?

Joy:
Well, things like God gives you an illness to teach you a lesson, and when you learn it, you will be well. Or stress causes these illnesses, how's your marriage? Or Steve, you know these too.

Dr. Overman:
That, well, why don't you find another doctor? Or have you tried these vitamins, or have you tried this or have you tried that with a long, long list?

Andrew Schorr:
But all invalidating what was going on, or that it was really that big a deal.

Ms. Selak:
Exactly. There is a message that whatever you have is psychosomatic if you can't get rid of it, and it's in some way your own fault. That's the general message that is delivered, and I think that comes from fear, that the person who sees someone who is chronically ill and who is doing everything they can to get better and can't become occurred is so frightened of that happening to them. I think it's a sort of a blame the victim response.
Dr. Overman:
Yes. I would just add that I think medicine has added to this. There is words or concepts called secondary gain that we are all taught about, and it's human nature. It's human behavior, we do something to look for a response. But when that gets amplified in a way that people--it's perceived too often that patients are doing it in a malingering sort of way when in fact that is so far from the case in 99.9 percent of the people I see.

Andrew Schorr:
Well, we are going to talk more about that as we continue after the break as they say on American Idol. And we will be back with more as we discuss invisible chronic illness and this book that's important, You Don't Look Sick: Living Well With Invisible Chronic Illness. We will be right back with more of Patient Power.

Andrew Schorr:
So there you are, you or someone you love, but let's say it was you. Finally after having symptoms and concern and fear you get a diagnosis that you are going to have a lifelong illness, chronic illness. And you have read up on it and maybe that information was even out of date or just plain wrong, and you are trying to pick yourself off the floor. You are trying to ignore inappropriate things that people say to you like Joy Selak was just saying and move on with your life. Joy Selak, how did you do that?

Regaining Your Life

Ms. Selak:
It goes back to the stages that we talked about, and I think that even though you do get that diagnosis that you have a chronic illness and there is no known cure, I think the initial response is probably, oh, that doesn't apply to me. I'll be able to get well because I am strong and I am a fighter. And so we have an introduction to the being sick section of the book that probably sums up very well what that transition is from the diagnosis on to building a life that contains illness, and maybe if I just read that it would illustrate what you are asking.

Andrew Schorr:
Sure. Go ahead.

Ms. Selak:
"Being sick begins as a war that requires determination and skill. It is a war with pain, with fatigue, with doctors and insurance companies, with all who do not believe such a well looking person can possibly be ill. It is also a war with the self. There is an assumption of choice that with enough effort this illness can be made to go away, but at some point the body is weary and a decision must be made, continue to fight or surrender. It takes a very long time to make peace with the truth that the illness, this particular illness is not going to go away, not anytime soon, not with the treatment
available now. It takes a very, very long time to accept the irony that winning the war requires embracing the enemy. With the embrace comes a real choice, the choice to fight not against the illness but for the self. The choice to build a life with meaning even if that life contains illness. Once this peace is made, the war ends and reconstruction can begin."

Andrew Schorr:
Almost poetic. And, Dr. Overman, your doctor, Joy, so you have had to tell people time and again, Mr. Jones, Mrs. Smith, I am sorry to inform you you have a chronic illness and then help them move on.

Dr. Overman:
Yes. And, Andrew, I must admit I don't think I have ever used those words, in the sense that this is the fine balance. The balance of hope says that when they come to see me they know that I am still going to look as hard as I can for the, quote, cure, that we are looking for the best therapy, we are looking for the best way to manage this scientifically, but that's not a fight against. It also means helping them, as Joy was saying, do what they can do to support their basic health and to focus and to move on to relieve the stress in their systems. So I think maintaining hope and yet maintaining that balance of not giving in, not lying down, not letting it rule over and yet continuing an appropriate amount of fight but also the fight really to move ahead and to look into the future of a life built around the illness is a complex balance.

Andrew Schorr:
So, Joy, also in the book you have got your "Top Ten List for Living Well Even While Sick," and so I wonder if we could start that. We may have to continue after the next break, but let's start on it. What are some of these tips, if you will, that you have in the book to help people move on?

Ms. Selak:
Well, I will give you number one and number ten. How about that? And we will come back.

Andrew Schorr:
Go right ahead.

Ms. Selak:
The first one is put yourself first, and I think this is particularly hard for women who are raising families and who are most susceptible to autoimmune disease but absolutely essential to learning to manage the illness. You have to be willing to say this is how I feel today, this is what I can and can't do, and I am first on that decision.

The last one is avoid any medicines that will make you fat. And I think...
Andrew Schorr:
You are laughing at that one.

Ms. Selak:
It may not, I think that the point there is what matters to you matters to you. And maybe you don't want to have bad breath, maybe you don't want to have your sexual drive reduced, maybe you don't want to be fat, but there is a great menu of medications that you can look at. And in addition to seeking the one that best suits your symptoms and will give you the most relief, you also have to remember who you are and what matters and put that on the table as well. So that's what we mean.

Andrew Schorr:
Okay. And let's get another tip in here too before the break as well.

Ms. Selak:
The second one is never, never, never give up. And this goes right back to what Dr. Overman was saying earlier that just because you have accepted that it's chronic and that there is no cure, that doesn't mean that you don't continue to work to optimize your function, have the best health that you can, the best treatment that you can. And beyond that to fight for your rights with insurance companies, disability insurers, physicians who perhaps don't take you seriously. So that's what we mean by never, never, never give up.

Andrew Schorr:
Okay. And number three is know who you are now and let others know who you are now. What does that mean?

Ms. Selak:
That's really a tricky thing, and it's hard for me to this day. To what degree do you let people know you are sick and have that be a very public thing, and to what degree do you keep that private? And how do you be realistic day in, day out about what you are capable of because these symptoms wax and wane? So that is an ongoing reevaluation socially and personally every day. Who am I and how much do I want people to know about me? What I think I have learned myself is that the more frank and forthright I can be, the more uncomplicated and honest I can be with myself and others about who I am, the better I function and the better I feel.

Andrew Schorr:
But also, though, you said at the outset that you were--you had to learn that you were not your job--

Ms. Selak:
That's right.
Andrew Schorr:
--when these symptoms became such that you couldn't continue working, but you also have to not be your illness, right?

Ms. Selak:
Exactly. And that's what I mean about the delicate balance. I have found that those hurtful things that people said to me that we discussed previously in the "Ladies Who Lunch" aren't said as much anymore. And I am not positive why, but I suspect it has to do--when I announce to someone for a reason on a need-to-know basis, I have a chronic illness and therefore you need to know this about me because there are certain things I cannot do and certain things I have to be careful of. If I say it that bluntly and in a way that's unemotional and uncomplicated, I find that it's rather easily accepted. It's when I am whining and moaning and complaining that people become uncomfortable, so.

Andrew Schorr:
Right. We are going to get more of your tips and hear more from your doctor, Dr. Overman, as we continue after the break. We are discussing invisible chronic illness and moving on with your life and the book that Joy Selak and Dr. Steven Overman have written together. It would be a great book for you if you are living with these conditions. We will be right back on Patient Power.

Andrew Schorr:
Here we are live on Patient Power. I want to mention next week we are going to have one of my friends back, Dr. Sylvia Lucas. She is a neurologist at the University of Washington, and she is a specialist in headache and migraine that affects a lot of people, and they understand it a lot better, and if you can get sometimes to a specialist like that that could be the answer if you have been having years of headache pain. That's a replay, just a remarkable program with Sylvia Lucas next week at this time on Health Radio Network. But now I want to continue our discussion live with Dr. Steven Overman, a Seattle rheumatologist at the Seattle Arthritis Clinic at Northwest Hospital here, and his patient, somebody he has gotten to know over the years, Joy Selak. And together they wrote the book You Don't Look Sick: Living Well With Invisible Chronic Illness. And as you wind your way through this very helpful book, there is Joy's "Top Ten List for Living Well Even While Sick." Joy, we are at number four. What's that one?

Ms. Selak:
That's Enroll in the School of Whatever Works. Often we have biases about Western medicine versus complementary therapies. We have biases about the way that in the past we have been able to overcome cold or flu or some less significant type of illness, and if we don't open our minds and our hearts to the entire menu and be willing to look at enrolling in this brand new school of whatever works sometimes we just drive ourselves right into the ditch. Steve has just a wonderful analogy he often uses with his patients at the beginning stages of illness of what happens to them when they drive off into the ditch, and they become a stuck car. I would love him to tell you about that.
Andrew Schorr:
Dr. Steve.

Dr. Overman:
Well, it really comes from having seen and asking so many people or ask them whether they feel or someone said to them if you just tried harder do you think you could get better? And the inference is that they are really not working, and many times this will bring tears to the eyes. The idea that—and many of us have been stuck, and when we push harder on the accelerator you can just get more and more stuck, and before you know it you run out of gas, the tires get thin and so forth and so forth. I think the idea that in trying to get unstuck when you are in the ditch is a dynamic between the person driving the car, learning how to accelerate, back off differently, so that's the self-awareness part. It's do I get the feel for the road? It's the awareness of the car is different. Do you have to have more gas and oil? So that is allowing things to be done to you or looking for new answers in ways that maybe you weren't aware that you were there before you got into the ditch. And then lastly how are you working with your team? Who is pushing? Who is pulling? How are you coordinated in the effort of trying to get back on the road?

And I think these sort of three perspectives are helpful. Many—when I will suggest to somebody for example maybe you should be on Prozac, you know, a classic antidepressant, and they will have a visceral, negative reaction as if I am suggesting to them it's in their head. Quite the contrary. If you have been in the ditch a long time working as hard as you can to try to get better, the gas and the oil may be low, and this is really replacement therapy to try to get somebody back to where they really can get better.

Andrew Schorr:
Well, I think this is the point of this ongoing discussion with your doctors, sometimes with other support from patients and family, so that you can draw strength and kind of even do course corrections along the way. And, Joy, you certainly have, right? So there have been things you have tried. Maybe you discarded them. They weren't working for you, looking for others, but not with a sense of desperation, but with a sense of moving on, right?

Ms. Selak:
Right. And I think a sense that I have so many choices. And it's a bit of an adventure, and it's interesting to find out what among those many choices is just right for me, whether it's lifestyle, it's discovering a lifestyle change that allows a way to function or discovering a therapy that we didn't know about that gives me some relief from my illness. The flipside is trying everything and the frustration and the overload, but you
have to pace yourself and get wise counsel and have a wonderful physician like Steve who can be a bit of a gatekeeper and help you keep track of all the things that are going on, but yeah.

**Andrew Schorr:**
Now, one of your top ten is also share your gifts. And in my case I know it's doing this radio show, and I do a blog which is on healthtalk.com. You can just kick on, click on blog, or you can kick it if you don't like what I am saying. And, Joy, you have a website too, don't you?

**Ms. Selak:**
I do. I do.

**Andrew Schorr:**
What is that address?

**Ms. Selak:**
It's joywrites.com.

**Andrew Schorr:**
So joy and then r, w-r ,

**Ms. Selak:**
No. It's spelled like a writer, joywrites.

**Andrew Schorr:**
Okay. Joywrites.com. Well, I urge people to take a look at it. So in our time remaining, any other of your top ten you would want to be sure and let us get a glimpse of today before we buy the book?

**Ms. Selak:**
I would like to say about the share your gift that I have a belief that as a citizen of the world we have an obligation sick or not to find a way to give back. And part of the thing that helps you step out of your illness and into a life that's more fulfilling and rewarding is finding that thing which you can do to give back that has nothing to do with being sick, but is within your manageable parameters.

**Andrew Schorr:**
Well said, well said. We are going to take a break, Joy, and get a final comment from you and Dr. Steven Overman when we continue right after this. Stay with us.

**Andrew Schorr:**
Joy Selak mentioned in her book and on the air a minute ago about sharing your gifts, so this is my gift to you, Patient Power. And there is a website, patientpower.info. It has
about 120 hours of programs that you can listen to whenever you want for free, and I am sure that there is content there that will help you or someone you love. So please take advantage of that, and thanks to the thousands of people who do every month. It makes me feel great.

So, Dr. Steven Overman, rheumatologist, a final comment from you as we think about this topic of invisible chronic illness.

**Dr. Overman:**
Well, actually I would like to quote Dean Ornish, a well known cardiologist who says, "Awareness is the first step in healing for individuals as well as society, and sometimes the brain needs to be satisfied before the heart begins to open." And in saying that I guess it really is the awareness that illness is a part of life, the awareness that there is no specific progression one goes through. One cycles through all these phases over and over again. And the awareness that our frustration and fear and so forth really anchors in the past, and so the more that we can let go of those things and make illness a part of our life the better we are going to do.

**Andrew Schorr:**
Well, thank you for that. And, Joy Selak, a final comment from you living with chronic illness.

**Ms. Selak:**
I would like to read a brief excerpt from the introduction to the book that I think speaks to your question.

"Coming to terms with this reality was similar to accepting the death of a loved one. The life I had was gone, and I had to bury it, grieve, and go on. Sometimes on a bad day I remember my old self and how my life used to be and grow sad. However, most of time I love my life the way that it is, good days and bad. Illness has taught me to have a new appreciation for the small blessings of each day and has given me time to pursue quiet interests that were once stored away in the attic of my life waiting for a rainy day. I am no longer sorry that the rainy day came for me. I have had to face the fact that I am likely to live more than half my life ill. It only makes practical sense for me to use this precious time to fashion a fulfilling life, one that includes my illness."

**Andrew Schorr:**
Well said. The book again is *You Don't Look Sick: Living Well With Invisible Chronic Illness*, and the authors are Joy Selak from Austin Texas who we have been visiting with and her doctor, Dr. Steven Overman, rheumatologist with the Seattle Arthritis Clinic at Northwest Hospital in Seattle. I want to thank both of you. It's always a pleasure.

The replay will be on patientpower.info, and the best to you. Have a great week everybody. And remember always that knowledge can be the best medicine of all.
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