

# VIM & VIGOR

SPRING 2016 • \$2.95

 Community Healthcare System<sup>®</sup>

COMMUNITY HOSPITAL  
ST. CATHERINE HOSPITAL  
ST. MARY MEDICAL CENTER  
[www.comhs.org](http://www.comhs.org)

## You Go, Girl

**29** things women can  
do to be healthier

**PLUS** How **Julianne Moore** is putting a spotlight on Alzheimer's disease in women

FAMILY CONNECTION AND  
CARDIOLOGY TEAM  
SAVE MAN'S LIFE

**Family Birthing  
Center delivers  
strong beginnings**

SHINING A LIGHT ON  
BLADDER CANCER WITH  
NEW TECHNOLOGY





# CHOOSE QUALITY... CHOOSE EXPERT CARE

For people suffering from joint pain and loss of mobility, orthopedic surgery can make a difference in quality of life. Choosing the right hospital for this important surgery can also make a difference.

At **Community Hospital in Munster**, our board certified orthopedic surgeons embrace today's advanced techniques and technologies in joint replacement. Innovative rapid recovery practices and progressive pain management options are offered to make joint surgeries easier to undergo, and help patients get moving sooner and enjoy life again.

Whether it's knee, hip or shoulder surgery, our orthopedic team of physicians and medical professionals strive to provide this expert care to every patient we treat.



**Choose Community Hospital for the orthopedic program  
and surgeons that Healthgrades has chosen  
among their 100 Best.**

**Call 219-836-3477 or toll free at 866-836-3477.**

Visit [www.comhs.org](http://www.comhs.org), follow us on Twitter  
@CHSHospitals or friend us on Facebook at CHSHospitals.



**COMMUNITY** Hospital

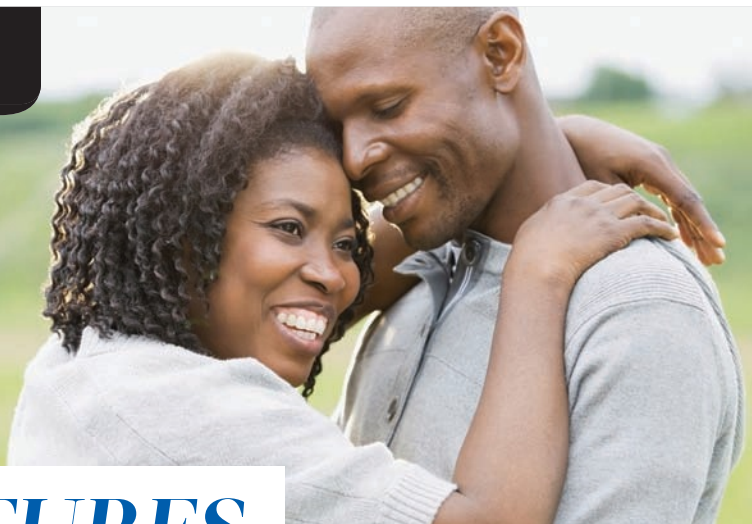
901 MacArthur Blvd., Munster, Indiana 46321

# Contents

SPRING 2016

## THE BIG STORY

Ladies, here's what you need to know about your unique health risks. **PAGE 14**



## FEATURES

**4 The Memory Keepers**  
Alzheimer's and dementia patients get special care at Hartsfield Village.

**6 The Heart of Rehab**  
Lifestyle changes make a difference for a couple from Dyer.

**8 The Sounds of Healing**  
Crystal bowl healing at the Cancer Resource Centre.

**9 Women's Health: Are You in the Know?**  
Most women aren't. Brush up on some basics.

**10 Acting for Awareness**  
Oscar winner Julianne Moore has a deeper understanding of Alzheimer's disease and a passion for advocacy.



**14 Ladies First**  
Get a handle on women's unique risks for heart disease, stroke and certain cancers.

**22 The Hormone Journey**  
Women's hormones ebb and flow throughout their lives. Here's how to cope.

**28 Treat Yourself**  
Pamper yourself with these fab rewards after you've gotten your screenings.

**49 Solving Sepsis**  
Adopting the best technology and new methodology for faster patient diagnosis.

**50 SPOTLIGHT ON: St. Catherine Hospital**  
Family connection and expert cardiology team save life of man with aneurysm.

**54 SPOTLIGHT ON: Community Hospital**  
Shining a light on bladder cancer with new technology and better visualization.



Learn three ways to fix this spring veggie. **PAGE 46**

## IN EVERY ISSUE

- 2 Community Message
- 3 Community Briefs
- 32 The Quick List
- 33 This Just In
- 38 The Truth About Eating Disorders
- 40 How To: Read a Nutrition Label
- 42 Quiz: Freak Out or Chill Out?
- 44 At a Glance: Allergic to Home?
- 46 In the Market: Asparagus
- 48 Health by the Numbers: Cancer
- 56 Ask the Expert

Does this breakfast have more calories than a doughnut? **PAGE 34**



# 52

**SPOTLIGHT ON: St. Mary Medical Center**  
Family Birthing Center Level II Nursery delivers strong beginnings.





# GET INSPIRED

*Stories of people overcoming health challenges and the team of healthcare professionals who inspire them*



Through the Memory Support program at Hartsfield Village (page 4), the Turner family found much more than a good, safe place for their mom with early onset Alzheimer's. They found care built on dignity, respect and a sense of self-worth.

Gary resident Harold Ward relied on faith, family and the expert cardiology team at St. Catherine Hospital to help him through a health crisis (page 50). After successful aortic abdominal aneurysm surgery, Ward is singing the praises of his care team, "caring people who go above and beyond the call of duty."

Seven years after her first child was born, Tia Sparks was planning on delivering at the Family Birthing Center of St. Mary Medical Center in Hobart knowing that she and her baby would be in good hands. When her water broke a month before her due date it caught her by surprise, but she knew she could count on the Level II Nursery to provide the best birthing experience, catering to the unique needs of her family (page 52).

Grandfather and fisherman Johnnie Hall is enjoying life again after the oncology team at Community Hospital used advanced technology and a new blue light procedure to diagnose and treat his bladder cancer (page 54).

At the hospitals and continuing care community of Community Healthcare System, our team guides you through the medical process, from diagnosis through recovery, not just to restore your physical well-being, but also to inspire you to better health.

**John Gorski**  
**President and Chief Executive Officer**  
**Community Foundation of Northwest Indiana**



# VIM & VIGOR

## COMMUNITY HEALTHCARE SYSTEM

### BOARD OF DIRECTORS

John C. Gorski, president/chief executive officer; Frankie L. Fesko, chairman; James J. Richards, vice chairman; William A. Hasse III, secretary; David E. Wickland, treasurer; Steven Beering, MD; David Bochnowski; Gene L. Chang, MD; Joseph E. Costanza; Dan Dumezich; Richard S. McClaughry; Michael J. Mellon; Joseph T. Morrow; Sister Kathleen Quinn; Monsignor Joseph Semancik; M. Nabil Shabeeb, MD; Donald C. Torrenga; Robert J. Welsh; Edward L. Williams, PhD; Joe P. Williamson; Jay L. Zandstra

### EXECUTIVE STAFF

Donald P. Fesko, OD, COO, Community Healthcare System and CEO, Community Hospital; Carole Bezat, senior vice president of administration; Mary Ann Shacklett, senior vice president of finance and CFO; Jo Ann Birdzell, CEO, St. Catherine Hospital; Craig Bolda, COO, St. Catherine Hospital; Janice Ryba, CEO, St. Mary Medical Center

### REGIONAL EDITORS

Mylinda Cane, regional director, marketing and corporate communications  
Elise Sims, public relations and publication specialist

### PRODUCTION

#### EDITORIAL

**EDITOR-IN-CHIEF:** Amy Saunders  
**EDITORS:** Erin Feeney, Meghan Krein, Matt Morgan  
**COPY EDITOR:** C.J. Hutchinson

#### DESIGN

**CHIEF ART DIRECTOR:** Tami Rodgers  
**ART DIRECTOR:** Rod Karmenzind  
**ASSOCIATE ART DIRECTOR:** Audrey Hall

#### PRODUCTION

**SENIOR PRODUCTION MANAGER:** Laura Marlowe  
**SPECIAL PROJECTS & PRICING MANAGER:** Jenny Babich  
**DIRECTOR OF PREMEDIA:** Dane Nordine  
**PRODUCTION TECHNOLOGY SPECIALISTS:** Julie Chan, Sonia Fitzgerald

#### CIRCULATION

**SENIOR DIRECTOR, LOGISTICS:** Tracey Lenz  
**POSTAL AFFAIRS & LOGISTICS MANAGER:** Janet Bracco

#### CLIENT SERVICES

**CHIEF CLIENT OFFICER:** Beth Tomkiw  
**ACCOUNT MANAGERS:** Mark Kats, Lauren Keeton, Gerry Kubek, Barbara Mohr, Katie Murphy

#### ADMINISTRATION

**CHIEF EXECUTIVE OFFICER:** Jason Benedict  
**SVP, BUSINESS DEVELOPMENT – HEALTHCARE:** Gregg Radzely, 212-574-4380  
**EXECUTIVE ART DIRECTOR:** Adele Mulford



**COMMUNITY HOSPITAL**  
**ST. CATHERINE HOSPITAL**  
**ST. MARY MEDICAL CENTER**

[www.comhs.org](http://www.comhs.org)

Attention: Marketing, 901 MacArthur Blvd., Munster, IN 46321

If you prefer not to receive our magazine or other health and wellness information from Community Healthcare System, please call us at 219-836-4582 or write to Community Healthcare System, 905 Ridge Road, Munster, IN 46321.

Vim & Vigor™, Spring 2016, Volume 32, Number 1, is published quarterly by MANIFEST LLC, 1010 E. Missouri Ave., Phoenix, AZ 85014, 602-395-5850. Vim & Vigor™ is published for the purpose of disseminating health-related information for the well-being of the general public and its subscribers. The information contained in Vim & Vigor™ is not intended for the purpose of diagnosing or prescribing. Please consult your physician before undertaking any form of medical treatment and/or adopting any exercise program or dietary guidelines. Vim & Vigor™ does not accept advertising promoting the consumption of alcohol or tobacco. Copyright © 2016 by MANIFEST LLC. All rights reserved. Subscriptions in U.S.: \$4 for one year (4 issues). Single copies: \$2.95. For subscriptions, write: Circulation Manager, Vim & Vigor™, 1010 E. Missouri Ave., Phoenix, AZ 85014.



**MANIFEST**



## VERY SPECIAL DELIVERY

*One of the tiniest patients born at Community Hospital in Munster is making a big impact in the community by raising awareness of sudden unexpected infant deaths*



**Today, Nathan is a healthy, happy 12-year-old. In appreciation, the Splant family still returns to Community Hospital to make special deliveries on behalf of the Nathan C. Splant Foundation, the organization the family founded to honor their son and give back to others. On hand for the presentation are (from left) Pam Krasowski, RNC; Jenn Pykosz, RN; Laurie Lindley, RNC; Kathy Huyser, RN; Ellen Nowak, RN; Mary VanCuren, RNC; Michelle Cherry, RN, MSN; Nathan Splant; Kim Splant; and Mary Puntillo, RNC, MSN.**

and to model safe-sleep practices for parents so they are educated about the best ways to prevent SUID (sudden unexpected infant death).

Used in the prevention of SIDS (sudden infant death syndrome), a HALO® SleepSack™ is a soft, wearable blanket with a swaddle feature that replaces loose blankets in a crib. In recent years, the American Academy of Pediatrics revised guidelines to suggest the use of wearable blankets instead of loose blankets as a way to help reduce the risk of SUID in babies younger than 1 year old.

These practices are helping decrease the number of SIDS- and SUID-related deaths in the U.S. Because of the efforts of more than 600 hospitals across the country, including the hospitals of Community Healthcare System, the SIDS rate is at an all-time low, according to the National Center for Health Statistics.

Visit [www.comhs.org](http://www.comhs.org) to learn more about the Family Birthing Centers at the hospitals of Community Healthcare System. ■



A \$3,000 donation from the Nathan C. Splant Foundation will support an initiative of Community Hospital nurse educators to use HALO® sleeper sacks in the Neonatal Intensive Care Unit (NICU) where Nathan was born. The sleeper sack, which is sent home with the baby, helps to educate new parents about the safest way for their infant to sleep—always placing babies on their back, in a naked crib, all by themselves.

When Nathan arrived 15 weeks prematurely on Jan. 10, 2004, he weighed less than 2 pounds and was only 12 inches long. Now he is a healthy and happy 12-year-old.

“Our family couldn’t have done it without the dedication and compassion

of all those involved with Nathan’s recovery,” Nathan’s mom, Kim Splant, explains. “This is our way of giving back so others may benefit from our story.”

“We started with the ‘Put a HALO® on an Angel’ program to raise awareness among employees and also provided education for our nurses,” says Michelle Cherry, RN, MSN, nurse manager, NICU, Community Hospital. “Now the safe-sleep practices educational program has been extended to families with infants in our newborn nurseries and the NICU, and also in the nurseries of our sister hospitals, St. Catherine Hospital and St. Mary Medical Center.”

The focus behind HALO’s Safer Way to Sleep® initiative is to keep delivered babies safe and warm while they sleep



**Brenda Obinger (right), director of the Memory Support Residence at Hartsfield Village, looks over family photographs with Kathy Raleigh.**

# THE MEMORY KEEPERS

*Special care for loved ones dealing with Alzheimer's and dementia*

BY **ELISE SIMS**

**I**t wasn't until Kathy Raleigh completely forgot to do some charting before her shift ended—a routine and mandatory part of her job as a nurse on a secure unit—that family members first suspected something wasn't right.

Daughter Kelly Turner explains, “My mom was a nurse and, at 57, had just switched jobs. We had originally chalked it up to getting older and having to learn a new system. A meeting with her employee assistance department staff led to a series of testing. A neurologist

finally diagnosed her with early onset of Alzheimer's.”

Over the next six years, Raleigh continued to live independently, but family members noticed things were not being taken care of around the house. Also, Raleigh was no longer taking care of herself.

“They were the kinds of things that alerted us that we had better make a move before something bad happened,” Turner says. “We wondered if she should live with us or have a full-time caregiver. We felt really guilty that we couldn't provide for her in our own homes the way

she had taken care of us our whole lives. I want everyone to know that it's OK to let someone else take care of your loved one—because it's the best kind of care for him or her. As Alzheimer's goes, she will need more and more involved care. At Hartsfield, we know she's in a good, safe place."

## A PLACE to Go

When memory lapses interfere with your loved one's daily activities, it may be time to seek help. Hartsfield Village Memory Support Residence in Munster offers solutions that many seniors like Raleigh and their families seek when facing the challenges of dementia and dementia-related illnesses.

"I work in nursing as my mom did. I'd like to think I can recognize good care when I see it," says Turner. "I think the care at Hartsfield is amazing. The programs and activities they provide are incredible. There is a level of stimulation that she has there that I know I couldn't give her. When you walk in, there is a white board that has activities starting at 10 a.m. until *Wheel of Fortune* in the evening. The staff spends all day with them, doing art projects, going to lunch, using different brain activities and other therapies."

With a growing population of seniors in need, there are a lot more choices in care than there used to be, explains Brenda Obinger, director of the Memory Support Residence at Hartsfield Village.

"Our residents have dementia-specific programming to meet their daily needs as well as to stimulate brain activity," she says. "Our staff is dedicated to assisting residents and their family members with daily challenges."

Hartsfield Memory Support residents enjoy amenities designed to enrich daily life including spacious private rooms, 24-hour nursing staff and recreational activities. Each resident has a care team that includes nursing staff, a program specialist, a dining room steward and a housekeeper.



**Hartsfield resident Kathy Raleigh enjoys a visit with grandchildren (from left) Jackson, 3, Claire, 1 and Emma Turner, 2.**

## INDIVIDUALIZED Care

"Hartsfield's philosophy of care in the Memory Support Residence is to match services with each resident's personal schedule to enhance independence with their own daily routine," Obinger says. "Recreation begins right after breakfast. As a certified activity director and nurse, I specifically design activities that address memory issues and stimulation. We cover all aspects of their daily lives including spiritual and emotional needs, and thinking stimulation."

Hartsfield Village offers a structured program in a beautiful environment that has been created specifically to serve the needs of cognitively challenged residents. Living space is divided into two distinct areas—the red neighborhood and the green neighborhood, joined in the middle with a nurses' station. Ceilings are lower and the lighting in the hallways and common areas gives off a warm, comforting glow. After they are finished cleaning individual rooms, housekeeping will put back things exactly as each resident prefers to help maintain uniformity in their surroundings.

"Hartsfield Memory Support staff has participated in dementia sensitivity training so that we have a better idea of what it's like—the challenges of being older and living with associated health

issues," says Jill Keilman, director of Resident Services.

Dementia sensitivity training allows participants to experience several of the physical and sensory deficits often experienced by seniors with dementia. This powerful training promotes both understanding and empathy for the difficulties seniors may encounter when trying to complete everyday tasks.

"It heightens awareness of some of the things our residents struggle with," says Obinger. "It helps us understand why someone does what they are doing. It's one of the best ways we can educate and help staff and families understand the issues their loved ones face. Instead of highlighting deficits, we're highlighting the things that they can accomplish and encourage them to do the things that they still can do."

"My mom is one of the youngest residents and she used to be a nurse," Turner says. "All of the other nurses ask her to be a 'helper' and find things for her to do. I think it's a great way to let her know that she is still useful ... that she can still contribute." ■

CLASS



## Join the Caregivers Support Group

For those caring for someone with Alzheimer's or other types of dementia, Hartsfield Village offers a free Alzheimer's and Dementia Support Group. The group meets in the multipurpose room the second Wednesday of each month, beginning at 6 p.m. To register, call **219-934-0750**.



# The HEART of Rehab

*Lifestyle changes make  
a world of difference  
in heart health*

BY **CHRISTINA L. WAGNER**



**V**alentine's Day is known for hearts and love. But for Earl and Maria Robinson, Valentine's Day 2014 will always mark something else—Earl's triple bypass surgery and the couple's journey to recovery. They are now enjoying a new life together with the help of Community Healthcare System's Cardiac Rehabilitation Program.

"My close call ended in a healthier, better quality of life for both of us," Earl says. "I couldn't have done it without the excellent care from the medical staff every step of the way."

After surgery, Cardiothoracic Surgeon Bradford Blakeman, MD, Cardiologist Samer Abbas, MD, and Community Hospital staff members offered words of encouragement and helped Earl begin the first phase of his cardiac rehabilitation. He quickly learned that a good support system can make all the difference in recovery.

Community Hospital Fitness Pointe® in Munster, St. Catherine Hospital in East Chicago and Community Hospital offer inpatient and outpatient cardiac rehabilitation. St. Mary Medical Center and Spectrum of St. Mary Medical Center in Hobart offer the region's only combined outpatient cardiac and pulmonary rehabilitation programs. The hospitals' rehabilitation programs bring exercise and education together with counseling and constant monitoring to help individuals improve and maintain a healthier, more productive quality of life. And, the Phase 2 cardiac rehab programs are certified by the American Association of Cardiovascular and Pulmonary Rehabilitation.

## **POWERFUL SUPPORT**

"Cardiac rehab provides a tremendous service to patients recovering from surgery," says Lori Turco, supervisor, Pulmonary Rehabilitation,

St. Mary Medical Center. "One of its purposes is to help set goals to modify risk factors of heart disease. Patients not only get support from staff, but gain the support of fellow classmates who have gone or are going through similar situations themselves. They form friendships that provide a different kind of support than we can. These bonds together are what make the program so incredible. They become family."

Earl made extraordinary progress. At the close of Phase 2, he enrolled in the Cardiac Rehabilitation Phase 3 program, but this time accompanied by his wife, Maria. "I joined because I knew it was important for his recovery," explains Maria. "I wanted to be able to help him, and in order to do that I had to learn how to make those changes, too."

Rehab specialists in the Phase 3 program provided the Robinsons with regularly supervised cardio conditioning exercises, classes on how to maintain a



**Earl and Maria Robinson are now enjoying a new life together with the help of the Cardiac Rehabilitation program of Community Healthcare System. The hospitals' rehabilitation programs bring exercise and education together with counseling and constant monitoring to help individuals improve and maintain a healthier, more productive quality of life.**

heart-healthy diet and regular heart rate and blood pressure monitoring.

During this time, Phase 3 physiologists discovered Maria had diabetes. They suggested she could benefit from diabetes self-management education. The Diabetes Self-Management Education course is available at St. Catherine Hospital and Community Hospital. St. Mary Medical Center offers diabetes management classes as well. The classes taught Maria about the diabetes disease processes, prevention and detection of complications, nutrition therapy, the importance of physical activity, medications, monitoring and various treatments.

“The best part is that they offer nutrition education,” adds Maria. “It really makes a difference knowing how to eat right.”

## **CONTINUING THE JOURNEY**

The couple had gained such a passion

for improving their health that after completing Phase 3, they continued their journey with credentialed exercise professionals in the MedFit Program at Fitness Pointe. MedFit specialists work with the Robinsons four days a week to offer guidance and support in maintaining a healthy lifestyle through health coaching.

Since they enrolled, the Robinsons have become well-known at Fitness Pointe, and their successes have earned them the titles of “Rehab Ambassadors” for the Phase 3 program.

“We go in every other month and tell our story and experiences to Phase 2 patients who are going through the same situation,” says Earl. “We try to motivate them to enroll in Phase 3 so they don’t just go home and not exercise.”

“Cardiac Rehab is a complete lifestyle change,” explains Fran Clark, RN, supervisor, Cardiac Rehabilitation, St. Catherine Hospital. “It’s an ongoing

commitment. You can’t just do it for 12 weeks and then say, ‘I’m done.’ Independent studies have shown that after participating in a cardiac rehabilitation program for one year, 75 percent of those individuals have improved at least one lifestyle-related risk factor (reduced diabetic and blood pressure medications; cholesterol level; weight; increased stamina; and more). I know people who have quit the program only to come back because they lack the motivation to do it on their own and they know that we will keep on top of them to follow through. It’s the camaraderie that keeps them motivated. They are their own cheerleaders for each other as well as the staff who keep them coming back.”

“People should learn everything they can about this disease. You can’t just go home after surgery and be a couch potato,” says Maria. “You need to get up and do something to prevent it from happening again.” ■

CALL



## **Do Your Heart Good**

Cardiac rehabilitation incorporates education and supervised exercise to help safeguard the health of heart patients. If you have heart disease, talk to your doctor about cardiac rehabilitation. To find out how cardiac rehabilitation specialists can custom design a plan to meet your needs, call Community Hospital **(219-836-4526)**; Lake Business Center **(219-934-2830)**; St. Catherine Hospital **(219-392-7100)**; or Spectrum of St. Mary Medical Center **(219-947-6085)**.





## FRIENDS OF THE CANCER RESOURCE CENTRE

The “Friends” group is a volunteer auxiliary of the Cancer Resource Centre that helps to support the Centre’s mission of providing free programs and resources to those affected by cancer. The group formed in June 2006, and membership as well as the scope of the group’s projects has grown through the years. One of the Friends’ latest projects provided the crystal bowls for the Sound Healing class.

**Crystal bowl sound healing classes at the Cancer Resource Centre in Munster aim to help caregivers and survivors let go of emotional issues and bring inner peace.**

# THE SOUNDS OF HEALING

*Cancer Resource Centre offers classes to soothe the mind, body and spirit*

BY **ELISE SIMS**

➔ Maryann Siniawski lay on her back, eyes closed, amid the blankets and cushions strewn across the floor at the Cancer Resource Centre in Munster. Her sister Sue Straatman lay next to her along with several other survivors and caregivers in the room. They were listening to the vibrating pitch of the crystal “singing” bowls at the front of the room. “It’s amazing,” says Siniawski, a breast cancer survivor. “I feel better after every class.”

“Scientific studies show that sound can produce changes in the immune, endocrine and other systems of the body,” says class facilitator Pam Kozy, EEMCP, RMT, IARP. “We look at

sound as a powerful tool in the healing process. Each of the crystal bowls is associated with a note on the musical scale. They resonate with these sounds and, in turn, help a person to let go of emotional issues and bring in inner peace.”

Siniawski explains she has been to the Sound Healing class at the Cancer Resource Centre three times and every time has had a different, but calming, experience.

“It’s about relaxation, emotions and everyone experiencing something different,” she says. “This time on the fourth bowl, as I was lying on the floor I felt like I was floating. When Pam got to the sixth bowl, my face got hot. The sixth bowl is the Third Eye relating to the forehead and sinus areas.”

There are seven bowls. The Root bowl is connected to the center or spine; the Sacral bowl to the abdomen and ribs; the Solar Plexus bowl to the core; the Heart to the heart; the Throat to the throat and neck; Third Eye to the forehead and sinuses; and the Crown to the top of the head, brain and nervous system.

“The sound and vibrations emanating from the crystal singing bowls can retune the listener’s body, initially by opening and rebalancing to clear out negative energy,” Kozy says. ■

WEBSITE



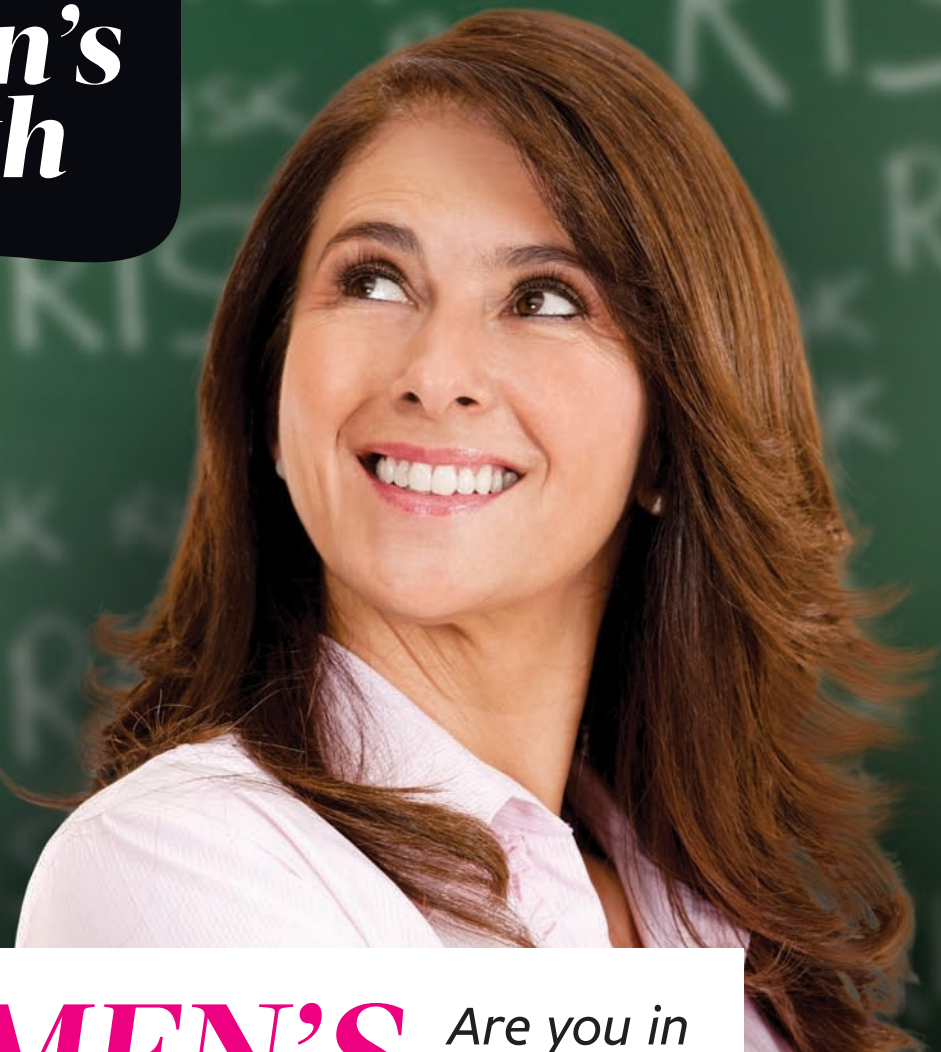
### Searching for Support?

Find the help you need at the Cancer Resource Centre in Munster. Visit [www.cancerresourcecentre.com](http://www.cancerresourcecentre.com) or call 219-836-3349 for more information about the programs and services.



# The Women's Health Issue

From strokes to cancer to Alzheimer's disease, better understand your risks and what you can do to prevent health problems.



## WOMEN'S *Are you in the know?* HEALTH



We have vast amounts of health information at our fingertips. Yet recent surveys show that American women don't have a firm understanding of their major health risks. In particular, women downplay their risk of heart disease. But the truth is in the numbers. The following are the leading causes of death for American women.

- 1 HEART DISEASE: **22.4%**
- 2 CANCER: **21.5%**
- 3 CHRONIC LOWER RESPIRATORY DISEASES: **6.1%**
- 4 STROKE: **5.8%**
- 5 ALZHEIMER'S DISEASE: **4.6%**

---

**You might not be able to single-handedly change the statistics, but you can take control of your own health and not become a statistic yourself. Read on to learn how.** ➔

# ACTING FOR AWARENESS

**JULIANNE MOORE'S** Oscar-winning role in *Still Alice* put Alzheimer's disease—and its effect on women—center stage

BY JENNIFER SMITH RICHARDS

**T**here's a scene in *Still Alice*, the film for which Julianne Moore won an Oscar for Best Actress in 2015, that gets Alzheimer's disease right.

Moore's Alice Howland, a Columbia University linguistics professor whose once-spectacular cognitive abilities are fading, is standing at a lectern to deliver a speech. As she speaks, she runs a highlighter along her words. Alice is coping, living with early-onset Alzheimer's disease.

Moore learned that strategy by talking with real women managing Alzheimer's. Her depiction of

the disease has resonated with many: It is not as if women with Alzheimer's disease are not themselves one day and lose their memories the next.

The mothers, sisters, aunts and grandmothers who have the disease—who, as women, represent more than 60 percent of the 5.3 million Americans living with Alzheimer's—often change slowly, softly. They become a bit forgetful. They search for the right word and find the need to make lists to remember daily tasks. People live with Alzheimer's.

"There's a joke in that speech, too, where she drops her papers, and she says: 'I think I'm going to

try to forget what just happened.' And that was the other thing—it was remarkable—that I found with the women that I spoke to. Everyone had such a great sense of humor," Moore told NPR last year. "One woman told me—this made me laugh so hard—that after she was diagnosed, all of her children gave her puzzles for Christmas."

The film inspired Moore, like the other women of the *Still Alice* cast, to support My Brain, an Alzheimer's Association campaign that calls on women to advocate for awareness and research of the disease. Here's a look at what they're pushing for.

PHOTO BY GETTY/JEFF VESPA







## Working to Understand Alzheimer's

There is hope for those living with Alzheimer's and hope for treatment. But there is no cure. And researchers' understanding of Alzheimer's, from how it progresses to whom it affects, is limited.

Unlike the ubiquitous pink ribbon for breast cancer, the purple ribbon of Alzheimer's disease is a newer symbol, and research funding is comparatively low.

That's despite the fact that women in their 60s are about twice as likely to develop Alzheimer's as they are breast cancer in their lifetimes.

"The push to really study Alzheimer's is a relatively recent phenomenon," says Jill Lesser, president of the WomenAgainstAlzheimer's network of UsAgainstAlzheimer's, an advocacy group. "You're comparing cancer, heart disease, AIDS—that's millions in funding. Yet the number of people with (this) disease is extraordinary."

What researchers know is that Alzheimer's can be genetic or the result of environmental or lifestyle factors.

The neurological disease, simply put, kills brain cells. Clumps of a protein called beta-amyloid form and contribute to the destruction of brain cells by



Julianne Moore snagged an Oscar for her work in *Still Alice*. The film inspired her to help advocate for Alzheimer's disease awareness and research.

blocking communication between them. Other proteins called tau proteins morph into tangles inside cells, causing failure.

Why the disease affects older adults is not well understood, nor is why it disproportionately affects women. The fact that women live longer is considered only a partial explanation.

Alzheimer's is the sixth-leading cause of death in the U.S., and some recent

studies rank it third—just behind heart disease and cancer—among the top causes of death for older people. While age is the biggest risk factor, the disease also disproportionately affects African-Americans and Hispanics.

"So many people with this disease feel isolated and marginalized," Moore said in her Oscar acceptance speech in 2015. "One of the wonderful things about

PHOTO BY GETTY/JEFF VESPA

## 7 THINGS YOU (PROBABLY) DON'T KNOW ABOUT JULIANNE MOORE

- 1 She's an author.** In 2007, Moore wrote a children's book called *Freckleface Strawberry*, which became a *New York Times* best-seller.
- 2 She got her big break in soap operas.** Moore was a star (she won a Daytime Emmy!) on *As the World Turns* in 1988. She played Frannie Hughes and Frannie's twin, Sabrina.
- 3 She's a natural gal.** At 55, Moore has said she doesn't believe in Botox or plastic surgery. She wants to age naturally.
- 4 She digs Stephen King.** Moore has said she has a library of all of the author's works.
- 5 She was a globe-trotter as a child.** Moore, whose mother was Scottish and whose father was in the U.S. Army, lived
- 6 She's a mom.** With her husband, director Bart Freundlich, Moore has two children, Caleb and Liv.
- 7 Her name isn't really Julianne Moore.** Moore, as we know her, was born Julie Anne Smith at Fort Bragg in North Carolina.

movies is it makes us feel seen and not alone. And people with Alzheimer's deserve to be seen, so we can find a cure."

Scientists have agreed that changes and damage to the brain happen years before symptoms arrive. Recent research is focusing on early-onset Alzheimer's, in which the disease shows symptoms before age 65. That happens in about 5 percent of cases.

Researchers also are working toward a better understanding of how to detect signs earlier in hopes of anticipating the disease before brain damage begins and can't be repaired.

In her research for the role, Moore heard women describe making simple mistakes at work or having memory problems when there'd been none before. Such stories are not unusual.

"One woman I spoke to ... was a high school Spanish teacher, and she said she didn't know what was happening to her. But one of her students noticed that she was writing backwards on the blackboard," Moore told NPR.

## A Women's Health Issue

The fact that women are disproportionately affected by Alzheimer's is well established. That's why Alzheimer's increasingly isn't just about the disease, but also about women's health.

The disease affects more than the person afflicted. Nearly two-thirds of unpaid caregivers (such as family members and friends) for those with Alzheimer's disease are women.

"Women are 2.5 times more likely to do intense care. Women are also more likely to step out of the career force," says Angela Geiger, chief strategy officer for the Alzheimer's Association. Because it's often a daughter who is caring for her mother, what we're seeing is "women at the peak of their careers are stepping out of their careers," she says.

The association is pushing to normalize the experience of living with Alzheimer's for caregivers, knowing of tension that

can exist when caregiving duties clash with work responsibilities.

"You always hear, 'I've got to go take care of a sick kid,'" Geiger says. "How often do you hear people say, 'Oh, I've got to leave to take care of my parent?'"

Alzheimer's is an economic issue, too. Alzheimer's care can be expensive and complicated when it comes to insurance. Plus, as a progressive disease, Alzheimer's eventually requires intensive levels of care. Medicare does not cover long-term custodial care.

## Starting a Conversation

Alzheimer's advocates believe that these issues—the physical ones and the emotional—can be improved by starting the conversation.

Knowledge comes first. The more people grasp the disproportionate way that Alzheimer's disease affects women, the more they will become engaged with pushing for a cure and more research. As more people talk about Alzheimer's as a women's health issue, the more likely it is for the conversation to shift.

Moore believes that, too. She has been lauded for portraying Alzheimer's in a sensitive but real way in *Still Alice*. As Alice, Moore advanced the idea that life continues for women who have a diagnosis of Alzheimer's. They are coping. And they are hopeful.

"Please do not think I am suffering. I am not suffering," Alice says in the movie. "I am struggling, struggling to be a part of things, to stay connected to who I once was." ■

## DIAGNOSING DEMENTIA

As we age, some forgetfulness and memory loss is normal. But other traits set Alzheimer's apart from what's typical.

**TYPICAL:** Forgetting what day it is, but remembering it later.

**ALZHEIMER'S SIGN:** Losing track of the day, date or season.

**TYPICAL:** Misplacing things once in a while.

**ALZHEIMER'S SIGN:** Misplacing things, but being unable to determine where they might be.

If your loved one seems more forgetful than usual, it may be time for a screening. Early detection and recognition of mild cognitive impairment is important to improving quality of life. Confidential memory screenings are offered several times throughout the year at Hartsfield Village Continuing Care Community in Munster. Results are discussed at the conclusion of the screening.

CALL



### Memory Screening

Hartsfield Village Senior Living Community is a designated Memory Screening Center for the Alzheimer's Foundation of America. To schedule your free screening, call **219-934-0750**, ext. 200, and ask for Jill.

# LADIES FIRST

➔ *Men and women are different, and not just in that Mars and Venus way. What women need to know about uniquely female health concerns* **BY CONNIE MIDEY**







## HEART DISEASE RISK

When it comes to heart disease, women have their own risks and symptoms to watch for.



# HEARTFELT DIFFERENCES

➔ *Heart disease is the top killer of both sexes, but the hearts of men and women aren't the same*

Women are not small men. That was the message (and title) of a book by cardiologist Nieca Goldberg, MD. When she wrote it some 15 years ago, many believed that heart disease and heart attacks were men's problems. Research studies focused on men. Diagnosis, treatments and even medicines were designed for men.

PHOTO BY GETTY/DIMITRIOS

“Colleagues would say, ‘Well, she’s a woman; she can’t have heart disease,’” Goldberg recalls. “That was a mistake.”

Today, health professionals recognize that heart disease is not a men’s-only club. It’s the No. 1 killer of women, responsible for more deaths than all cancers combined, according to the American Heart Association (AHA).

Yet just 54 percent of women know that cardiovascular disease is the top threat to their health, according to research published in the AHA journal *Circulation*.

“Women in general don’t see themselves as being at risk,” says Mary G. George, MD, of the Centers for Disease Control and Prevention. “Educating them is very important. There are a lot of overlapping risk factors and symptoms, but women have some unique ones.”

## THE DIFFERENCES

Physically, a woman’s heart is different from a man’s: It’s slightly smaller, and her heart rate may be higher at rest.

“But those structural differences are not really what put women at risk for heart disease,” Goldberg says. “As women approach menopause, their cholesterol goes up, their blood pressure goes up and they start to have weight gain around the middle.”

Those changes, influenced in part by drops in the body’s estrogen production, make women more vulnerable to heart disease and heart attacks. So can pregnancy-related conditions such as preeclampsia.

Two intertwined facts also account for women’s place in heart disease statistics. The likelihood of experiencing a heart attack or stroke increases with age. And women in the United States live longer: an average of 81 years, versus 76 for a man.

# DON’T WAIT

Symptoms other than chest pain and shortness of breath can indicate a heart attack. For women that could mean nausea or vomiting, back or jaw pain, dizziness, fainting or sudden fatigue. Not all people have the same symptoms, and intensity can vary from person to person. Although these warning signs may be subtle, a visit to the emergency room could mean the difference between life and death.

Community Healthcare System’s hospitals—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—are accredited Chest Pain Centers through the Society of Chest Pain Centers. The three hospitals have specialists around the clock ready to respond at the earliest stages of a heart attack. A team of emergency medical service personnel, cardiac specialists and hospital

medical staff works to ensure heart attack patients are quickly stabilized and treated, resulting in minimized damage to the heart and allowing for a more successful recovery.

When someone with chest pain calls 911, trained professionals are immediately dispatched and upon arrival begin treatment that could be lifesaving. Medical care begins in the field through communication and direction from physicians in the emergency department.

If you have symptoms, call 911 immediately.

WEBSITE



## Be Heart Smart

Community Healthcare System offers education to recognize signs of heart attack and how to decrease risk for disease. To register, visit [www.comhs.org](http://www.comhs.org) or call 219-836-3477.

## THE RISKS

Smoking, physical inactivity and excess weight raise the odds of heart disease in both sexes. These risk factors can affect women more severely:

- **Smoking and taking birth control pills.** Together, they multiply risk.
- **Hormone replacement therapy.**
- **Metabolic syndrome.** The condition consists of a group of risk factors, including a large waistline, low “good” (HDL) cholesterol, and high blood pressure, blood sugar and triglyceride levels.
- **Diabetes or prediabetes.**
- **Yo-yo dieting.**
- **Depression.**

## THE SYMPTOMS

For women, reducing your odds of heart disease and heart attack starts with changing diet and exercise behaviors. Women also need to recognize their unique symptoms of a heart attack—and react immediately.

“Women get to the hospital an hour later compared with men,” Goldberg says. “They worry about who’s going to

take care of the family, that kind of thing. But when you’re having a heart attack, you shouldn’t be looking symptoms up on the Internet. You should be calling 911.”

The classic signs of a heart attack—shortness of breath and pain or discomfort in the center of the chest, back or jaw—are hard to miss. But the following warning signs can be more subtle or more common in women:

- Pressure or pain in any part of the chest
- Indigestion, heartburn
- Nausea, vomiting
- Shortness of breath
- Unexplained fatigue
- Back or shoulder pain or tightness or squeezing in the upper back
- Jaw pain
- Lightheadedness ■



It's no secret that having different reproductive organs can lead to female-specific health risks.



# CANCERS DOWN THERE



*Uterine, ovarian and other gynecologic cancers don't get the attention they deserve*

Angelina Jolie had her ovaries removed to prevent ovarian cancer; Fran Drescher successfully battled uterine cancer. But outside of celebrity news, gynecologic cancers don't get much attention.

They should. The five most prevalent cancers that begin in women's reproductive organs—uterine (mostly endometrial), ovarian, cervical, vulvar and vaginal cancers—are diagnosed in more than 70,000 American women a year and take the lives of more than 26,000.

Yet many gynecologic cancers can be stopped: One type can be prevented with a vaccine, while others can be prevented by lowering risk factors. Here's what women need to know about these diseases.

## SUBTLE SYMPTOMS

Gynecologic cancers come with warning signs, but symptoms like bloating—a signal of ovarian cancer—are often dismissed.

“Many women experience occasional bloating, and most of them will not have cancer,” says oncologist Jill Whyte, MD, a spokeswoman for the Society of Gynecologic Oncology.

Irregular vaginal bleeding—a sign of uterine and cervical cancers—can be mistaken for the bleeding women experience during their menopausal transition. Warning signs of ovarian cancer, the most fatal in the female reproductive organs, are similarly ambiguous.

“So many women feel nauseated and think, ‘It must be something I ate,’ or they feel bloated and think it’s part of their menses,” says gynecologic oncologist Don S. Dizon, MD, a co-author of *100 Questions & Answers About Ovarian Cancer*.

“Sometimes,” Dizon says, “they’re told they have irritable bowel syndrome, and by the time their symptoms are associated with ovarian cancer, it’s usually late-stage.”

## WHAT YOU CAN DO

Such uncertainty makes lowering risks crucial. Cervical cancer is the only preventable gynecologic cancer, thanks to Pap tests and the vaccine for human papillomavirus (HPV).

“The Pap smear remains one of the best tests ever developed,” Whyte says, “because really what it’s screening for is not cancers but precancers.”

Other ways to lower risk include:

- **Report your symptoms.** Tell your doctor about abnormal vaginal bleeding or discharge, pelvic pain or pressure, abdominal or back pain, pain with intercourse, bloating, changes in bathroom habits, itching or burning of the vulva, and changes in vulva color or skin.
- **Get vaccinated.** The HPV vaccine can protect you against HPV, a sexually transmitted virus that sometimes

# THE FUTURE IS HERE

Women who require surgery for the treatment of gynecologic cancers and conditions have the highest standard of care available when it comes to minimally invasive options. St. Mary Medical Center is one of only four in Indiana to be a designated Center of Excellence for Minimally Invasive Gynecologic (COEMIG) surgery. Accredited by the American Association of Gynecologic Laparoscopists, St. Mary Medical Center and its COEMIG designated physician, Douglas Dedelow, DO, FACOOG, have been recognized for the ability to consistently deliver safe, successful outcomes using the most advanced techniques and procedures available.

causes cervical, vaginal and vulvar cancers. The Centers for Disease Control and Prevention recommends that girls and boys receive the HPV vaccine at age 11 or 12 so that they develop an immune response before becoming sexually active.

- **Get tested.** Regular Pap tests can find precancerous cervix changes and early cervical cancer. Ask your doctor if you also need an HPV test.

- **Stop smoking,** especially if you have HPV. The combination increases risk for vaginal cancer.

- **Know your family history.** BRCA genetic mutations can result in ovarian and breast cancer.

- **Consider birth control pills.** Ask your doctor whether they’re right for you to decrease risk for uterine and ovarian cancers.

- **Manage your weight.** Excess weight is a major contributor to uterine (endometrial) cancer, the most common gynecologic cancer.

## HOPE FOR THE FUTURE

Women diagnosed today are about 50 percent less likely to die of ovarian

Some conditions that can benefit from these less-invasive approaches include:

- Abnormal uterine bleeding
- Adenomyosis
- Endometrial ablations
- Endometriosis
- Hysterectomies
- Investigation and treatment of pelvic pain
- Ovarian cyst removal
- Some conditions of infertility
- Uterine fibroids

WEBSITE



## Less Is More

The hospitals of Community Healthcare System offer several minimally invasive treatment options for gynecologic and many other surgical procedures. Visit [www.comhs.org](http://www.comhs.org) or call 219-836-3477.

cancer than those diagnosed in 1975, according to a recent study.

“We’re converting ovarian cancer into a chronic illness,” Dizon says.

Surgery remains the mainstay of ovarian cancer treatment, but clinical trials are yielding promising new approaches. Among them: drugs that target the BRCA genetic mutations and recurrent cancers and that inhibit development of new blood vessels, thus reducing disease progression.

“We’ve come a long way,” Whyte says. “Modern surgical techniques, even minimally invasive surgery, and advances in radiation and chemotherapy allow many patients to be treated successfully.” ■

## STROKE RISK

Both genders are at risk for stroke, but women have unique factors to be aware of.



# STROKE SIGNALS



**Most women don't realize what makes them vulnerable to stroke**

Stroke. Time. Doctors often repeat those words in the same breath, and for good reason. For each minute untreated, a stroke destroys 1.9 million brain cells, according to a study published in the journal *Stroke*.

But getting prompt treatment presents special challenges for women, who typically lack awareness of their unique stroke risks and symptoms.

Only 11 percent of women could identify female-specific factors that increase their likelihood of having a stroke, Diana Greene-Chandos, MD, found in her 2015 survey of 1,000 women.



# EVERY SECOND COUNTS

“When you talk to women about stroke, they think it doesn’t happen to them,” says Greene-Chandos, a neurologist. “But stroke is the No. 3 killer for women [No. 5 for men] and the No. 1 preventable cause of disability.”

Her survey was prompted by the first guidelines for preventing stroke in women, published in 2014 by the American Heart Association/American Stroke Association.

Neurologist Cheryl Bushnell, MD, the lead author of the guidelines, says earlier recommendations for preventing cardiovascular disease in women had not addressed stroke.

“Women have unique risk factors,” she says, “and that includes pregnancy complications, contraception and menopause.”

## WHY WOMEN ARE SUSCEPTIBLE

Both men and women are more likely to have a stroke if they are inactive, obese, generally unhealthy and older than 55. They’re also at higher risk if they smoke or if they have cardiovascular disease or metabolic syndrome, a set of factors that includes a large waistline, low “good” (HDL) cholesterol, and high blood pressure and blood sugar levels.

But these risks are unique to women:

- Pregnancy, preeclampsia, gestational diabetes
- Oral contraceptive use (especially for smokers)
- Postmenopausal hormone use

Other risk factors affect both sexes but are stronger or more prevalent in women, such as:

- Migraine headache with aura
- Atrial fibrillation
- Diabetes
- High blood pressure
- Depression
- Psychosocial stress

A stroke can occur in anyone, but women have a greater chance of suffering a stroke than men. Factors like the use of birth control or hormone replacement therapy, and conditions such as diabetes, atrial fibrillation or heart disease, increase women’s risk.

At Community Hospital, St. Catherine Hospital and St. Mary Medical Center, expert teams of stroke care specialists provide care from the time symptoms occur to throughout recovery.

## ROUGH RECOVERY

Recovery from stroke introduces other hurdles for women. Bushnell also co-wrote a study exploring how women experience a diminished quality of life after a stroke.

Odds that either sex will experience a stroke double for each additional decade after age 55, the study noted. And on average, American women live to age 81, five years longer than men.

“So there are a lot more women alive and disabled from a stroke,” Bushnell says. “They are more likely to be living alone and more likely to be institutionalized after a stroke.”

Women’s cognitive outcome and depression after a stroke also are worse, says Greene-Chandos.

“When they get ready to go to rehabilitation, that’s when they really start to think about how their life has changed,” she says, “and the depression interferes with their ability to rehabilitate.”

## STOP STROKES FROM STARTING

Such circumstances make stroke prevention, recognition of symptoms and timely treatment all the more essential. Doctors have a narrow time frame to administer a clot-busting drug for an ischemic stroke (when an artery to the

Our Stroke Care programs are certified by The Joint Commission, providing the highest quality care for every patient, every time. It’s important to be treated quickly for a better prognosis. And you can count on expert care at the hospitals of Community Healthcare System.

WEBSITE



## Know the Risks

Community Healthcare System offers education to help identify risks and learn about stroke prevention. Visit [www.comhs.org](http://www.comhs.org) or call **219-836-3477**.

brain is blocked) or to stop the bleeding in a less-common hemorrhagic stroke (when a vessel to the brain ruptures).

But a stroke in women can look different than it does in men. Instead of the classic symptoms, a woman’s stroke might be ambiguous—a migraine headache, pain or even hiccups. And women may not feel a sense of urgency to call 911.

“We think we’re going to shake it off,” Greene-Chandos says, “that we’re going to get better in a minute, that we have so many responsibilities we don’t have time for a stroke.”

For women, as for men, the acronym FAST is a reminder of stroke’s most common symptoms:

- **F**ace drooping. Does one side droop or is it numb?
- **A**rm weakness. Is one arm weak or numb?
- **S**peech difficulty. Is speech slurred? Are you unable to speak or hard to understand?
- **T**ime to call 911 for a ride to the hospital, even if the signs go away. ■

As you age, your hormones change. Understanding what's happening at each life stage can help you make healthy choices.

An illustration of a young woman with long brown hair, wearing a white tank top, looking into a round mirror. The reflection in the mirror shows an older woman with grey hair and wrinkles, looking back at her. The background is a teal circle with white hexagonal patterns, set against a yellow-green background.

# THE HORMONE JOURN

*Hormones affect a woman's physical and mental health throughout life. Here's what you can expect at each stage—and how to cope* **BY STEPHANIE R. CONNER**

ILLUSTRATIONS BY BRENNIA VAUGHAN



# NE EY



That recent acne breakout on your chin. Your moodiness last week. Those sugar cravings. Hot flashes. The likely culprit? Hormones. • Everyone has hormones, of course. Chemical substances that affect how your cells and organs work, hormones influence both your physical and mental health. • For women, hormones can be an ever-present force that poses challenges in each stage of life. But hormones shouldn't dictate how good you feel—not every 28 days, nor any other time. • Read on to learn how to manage your hormone happenings.





## PUBERTY

**WHAT'S HAPPENING:** When a girl is born, she has 1 million to 2 million eggs in her ovaries. Starting at birth, the ovaries lose those eggs, explains Wulf Utian, MD, founding executive director and medical director for the North American Menopause Society. By the time she begins puberty—and has her first period—she'll have about 300,000 eggs.

During puberty, two hormones are released into the bloodstream. These hormones—luteinizing hormone (LH) and follicle-stimulating hormone (FSH)—tell the ovaries to begin producing the hormone estrogen, causing the body to mature.

“Something tells that ovary that this individual is big enough and healthy enough to carry a pregnancy,” Utian explains.

**WHAT YOU SHOULD KNOW:** Utian notes that the average age at which girls start menstruating has become increasingly younger. Girls who begin puberty before age 8 are considered to be going through “precocious puberty,” a term that refers to going through puberty too soon. The cause of early-onset puberty is not known.

Regardless of age, puberty is a confusing time for adolescents. Kids are becoming adults, and emotional changes accompany the physical ones.

Try to be patient and strive to help kids understand why their body is changing. If you have particular concerns, talk to your child's pediatrician.



## EARLY ADULTHOOD

**WHAT'S HAPPENING:** Once a young woman has completed puberty, she has a cyclical reminder of her hormones. During the approximately 28-day menstrual cycle, a woman's body is preparing for a possible pregnancy.

FSH, LH, estrogen and progesterone are involved. The first day of a woman's period, the follicular phase of her cycle begins. FSH and LH travel from the brain to the ovaries, stimulating the growth of about 15 to 20 eggs in the ovaries—and triggering an increase in estrogen. The eggs are in sacs called follicles.

This estrogen rise then causes a halt in FSH production. One follicle in each ovary becomes dominant,

continuing to grow and continuing to produce estrogen.

The next phase—ovulation—starts about 14 days into a woman's cycle. A rise in estrogen followed by an increase in LH makes the follicle release its egg.

Now, the luteal phase begins. The empty follicle pumps out estrogen and progesterone, which work together to prepare the uterus for a fertilized egg.

If the woman does not become pregnant during this time, the egg will pass through the uterus, the uterine lining breaks down and the body sheds it during the woman's next period.

### WHAT YOU SHOULD KNOW:

Before their period, women might experience premenstrual syndrome (PMS). The symptoms of PMS run the gamut—cramps, breast tenderness, bloating, diarrhea, acne and mood swings.

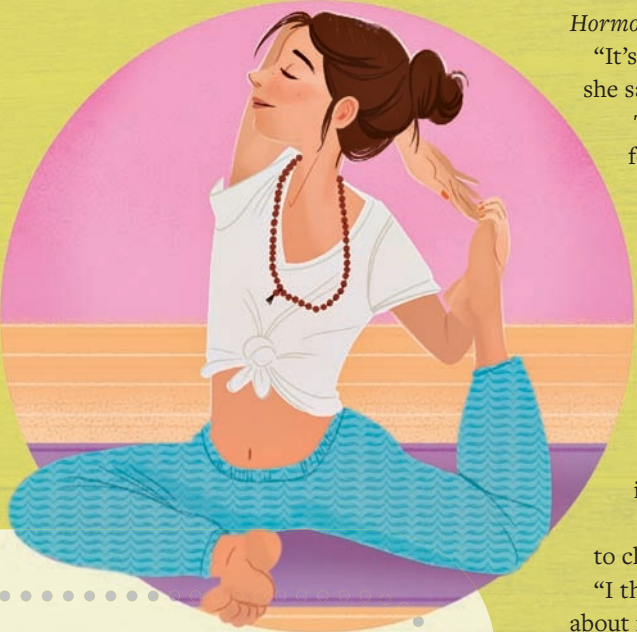
Managing these symptoms starts with a healthy lifestyle, says Sara Gottfried, MD, a gynecologist and the author of *The Hormone Cure* and *The Hormone Reset Diet*.

"It's more effective than any pill," she says.

That includes eating nutritious foods, being active and getting enough sleep. It also includes watching out for the effect of cortisol, a stress hormone that can affect your cravings, your weight, your blood pressure and more. To keep cortisol in check, Gottfried recommends learning how to manage stress and considering supplements.

And here's a recommendation to cheer: dark chocolate.

"I think a lot of women feel bad about it," she says. Don't! It can help lower those cortisol levels, she says.



## BABY BLUES

The birth of a baby can trigger a jumble of powerful emotions, from excitement and joy to fear and anxiety. But it can also result in something you might not expect—depression. If the baby blues don't go away within two or three weeks, it's important to talk to your doctor. Postpartum depression can be a complication of giving birth. While postpartum depression may appear to be only baby blues at first, the signs and symptoms are more intense and can last longer, eventually interfering with a woman's ability to care for her baby and handle other daily tasks. Postpartum depression symptoms may include loss of appetite, overwhelming fatigue, lack of joy in life, withdrawal from friends and family, and thoughts of harming herself or her baby.

If you think a loved one is developing postpartum depression, seek medical attention immediately. Prompt treatment from Community Healthcare System's Centers for Mental Wellness can help you or your loved one manage symptoms and enjoy your new addition to the family.

CALL



### Get Help

The Centers for Mental Wellness offer two convenient locations for outpatient counseling and support: Schererville (6225 W. Lincoln Highway) and East Chicago (4321 Fir St., hospital 1st floor, Elm Street Entrance). Call **219-392-7025**.



## PREGNANCY

**WHAT'S HAPPENING:** Pregnancy is a special time in a woman's life. It's also a time when your hormones are driving the agenda. Within days of the fertilized egg implanting in the uterus, the body produces a hormone called human chorionic gonadotropin (hCG). This is the hormone that pregnancy tests look for.

Estrogen and progesterone are also on the rise during pregnancy. These hormonal changes can cause tender and swollen breasts, fatigue, food cravings and nausea.

**WHAT YOU SHOULD KNOW:** While you can rest assured that pregnancy will

end in nine months, your hormones won't quiet down just yet.

Estrogen and progesterone drop significantly after childbirth. Combined with the swirling emotions of motherhood (oh, and not sleeping), hormones can contribute to postpartum depression. Talk with your doctor immediately if you're experiencing severe mood swings, intense irritability, difficulty bonding with your baby, withdrawal from loved ones or thoughts of harming yourself or your baby.



## PERIMENOPAUSE AND MENOPAUSE

**WHAT'S HAPPENING:** During perimenopause—the time when a woman's body is moving toward menopause—estrogen levels start to decline, and progesterone and testosterone fluctuate. All this affects a woman's menstrual cycle.

Every woman is different, but you may notice your periods becoming irregular, longer or heavier. Low levels of estrogen can lead to those hot flashes synonymous with perimenopause, and to insomnia, night sweats, headaches and vaginal dryness.

After 12 consecutive months without a period, a woman is considered to be experiencing menopause—which for U.S. women happens at the average age of 51.

Throughout a woman's life, estrogen appears to have a protective benefit. The drop in estrogen levels increases a postmenopausal woman's risk for heart disease and heart attacks. Plus, estrogen decline contributes to bone loss, so postmenopausal women should discuss osteoporosis screenings with their doctors.

**WHAT YOU SHOULD KNOW:**

"Menopause is a normal event," Utian says. "Some of the things that happen can be dealt with. This is not a phase to be concerned about."

As in any time in life, it's important to exercise and eat a healthy diet, to not smoke and to drink alcohol only in moderation. Be sure to get adequate calcium and vitamin D







to reduce your osteoporosis risk, Utian adds.

To help with the sleep challenges of menopause, Gottfried suggests considering a melatonin supplement. Melatonin helps regulate other hormones and maintains the body's sleep-wake rhythm.

And to manage stress, she adds, consider adding a contemplative practice such as meditation, deep breathing or yoga.

Finally, talk to your doctor about therapies for the symptoms of menopause. For example, vaginal estrogen can relieve dryness and discomfort. And while menopausal hormonal therapy has risks, it may be right for some women. Discuss your situation with your doctor. ■

# HORMONES IN HARMONY

*How hormonal imbalances can affect your health*

**W**hen hormones are working as they should, your body hums along just fine. But when these chemical messengers are out of balance, they can affect your health in big ways. Here's a look at two issues caused by hormonal imbalances.

## THYROID DISORDERS

Thyroid hormones affect your metabolism (and your brain, heart and other organs) and how your body turns food into energy. When your thyroid hormone levels are too low, it's called hypothyroidism, a condition that can cause fatigue, a low heart rate, constipation and weight gain.

On the flip side, hyperthyroidism occurs when thyroid hormone levels are too high. You might feel nervous or irritable, struggle to concentrate, have a fast heart rate, experience diarrhea or have trouble sleeping. You also may lose weight without trying.

After discussing your medical history and symptoms, your doctor can order a blood test of your hormone levels and then discuss possible treatments.

## POLYCYSTIC OVARY SYNDROME (PCOS)

Women typically have small amounts of testosterone, but those with PCOS produce more of these "male" hormones.

Women with PCOS have a large number of follicles (the sacs where the eggs grow) on their ovaries. It's called "polycystic" because the follicles look like cysts.

PCOS, which is more common among women who are obese, appears to have a genetic component as well. Symptoms include irregular menstrual periods, heavy menstrual bleeding, excess facial hair, weight gain, skin problems and infertility.

Women with PCOS should be aware that they are at higher risk for diabetes, heart disease, uterine cancer, sleep apnea and pregnancy complications.

To diagnose PCOS, your doctor will ask about your medical history and do a physical exam. In addition, your doctor might order a blood test to measure hormone levels and an ultrasound to look at the ovaries.

Some medications can help treat the symptoms of PCOS, while others are designed to rebalance a woman's hormones. ■

# Treat YOURSELF

*Scheduling screenings is a chore. Consider this reward system a bribe for taking control of your health* BY SAM MITTELSTEADT



PHOTO BY SUPERSTOCK



**T**he reward system can work wonders in encouraging good behavior, whether it's a gold star for a child's made bed or a new workout top after you've hit the treadmill every night for two straight weeks. Why not apply that style of persuasion to an area where most people could use the boost: health screenings?



Here's a look at three important tests and suggested treats commensurate with the efforts required, ranked on a scale of 1 (minimal) to 10 (max).

## PAP TEST/PELVIC EXAM

**THE TIMING:** For Pap tests, depending on your age and health history, every three to five years, starting at age 21. If you've had abnormal results in the past, more frequent tests may be recommended. For pelvic exams, recommendations vary: In 2014, a panel of the American College of Physicians suggested that healthy, low-risk women need not undergo an exam every year, but the American Congress of Obstetricians and Gynecologists recommends one annually. Talk to your healthcare provider to decide what's best.

**THE PREP:** Schedule your exam for 10 to 20 days after the first day of your period. For two days beforehand, avoid using tampons and vaginal treatments such as douches, and refrain from sex.

**THE PROCEDURE:** During a Pap test, your healthcare provider will insert and open a speculum so he or she can examine your cervix, and perhaps remove cell tissue with a brush or stick for testing.

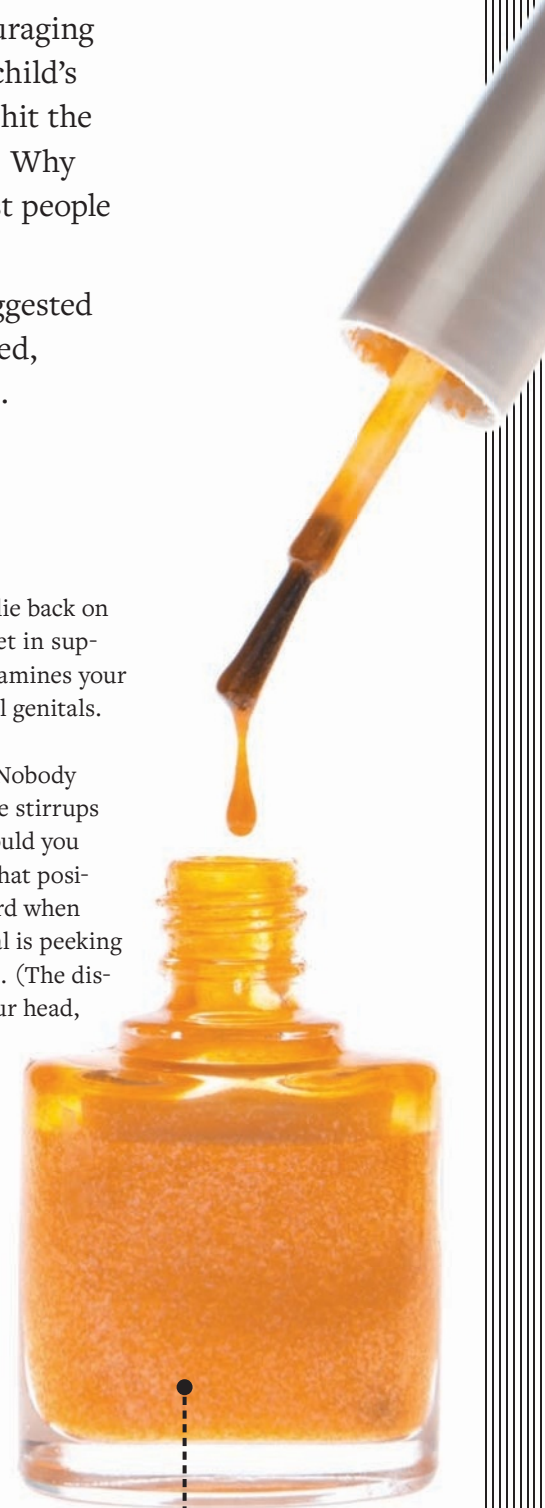
For the pelvic exam, you'll lie back on the table and place your feet in supports while the provider examines your uterus, ovaries and external genitals.

**THE EFFORT:** 5 out of 10. Nobody enjoys having her feet in the stirrups and hearing the phrase "Could you scoot down a bit?" And in that position, you might feel awkward when your healthcare professional is peeking and prodding at your pelvis. (The discomfort likely will be in your head, not your lower torso.)



**THE REWARD:**

Treat your feet for hanging out in those stirrups! A professional pedicure is about more than just painted toenails; the massage helps boost circulation in your feet (albeit temporarily) and moisturizing the skin can help prevent dryness and cracking.







## MAMMOGRAM

**THE TIMING:** Recommendations vary:

The American Cancer Society's new guidelines suggest annual mammograms for women ages 45 to 54, then every two years after that, while the U.S. Preventive Services Task Force recommends starting at 50. Factors such as family history and smoking affect each person's risk of breast cancer, so talk to your healthcare provider about a testing schedule.

**THE PREP:** Breasts can be tender or swollen the week before or during your period, so schedule your exam for at least one week afterward. Don't apply deodorant, antiperspirant, perfume, lotion or powder to your underarms or breasts, because those products can show up as white spots on an X-ray. To relieve possible discomfort during the exam, ask whether it's OK to take acetaminophen or ibuprofen beforehand.

**THE PROCEDURE:** You'll stand at a machine while the radiation technologist compresses each breast between clear plastic plates to be X-rayed. At a screening mammogram, each breast will be imaged twice—once from above, and once from the side.

**THE EFFORT:** 3 out of 10.

Some women find the squeezing sensation uncomfortable.

But each image takes only a few seconds, and the exam will be done in about 15 minutes.



**THE REWARD:** A new, properly fitted bra. A study in the *Chiropractic & Osteopathy Journal* found that 80 percent of test subjects were wearing incorrectly sized bras. Breast size and mass change as you age, have children, or lose or gain weight, while bras themselves deteriorate over time and washings. A professional fitting measures your rib cage and breasts to determine sizing (and makes you look your best!).

# COLONOSCOPY

**THE TIMING:** Age 50 for most; African-Americans should begin screening at age 45. Tests can be scheduled just once a decade, but if polyps or lesions are discovered at a previous exam, the suggested frequency will be closer to once every five years.

**THE PREP:** The only items on the menu the day before your screening are clear liquids such as apple or white grape juice, plain coffee or tea, and foods such as gelatin and fat-free broths. Well, there's *one* more item: an oral solution designed to clear your large intestine and everything southward by triggering temporary diarrhea, which means you'll need to stay close to home (or somewhere you can commandeer the commode).

**THE PROCEDURE:** The doctor will guide a flexible scope up the rectum and into your large intestine. The instrument pumps air into the organ to give the physician a better view while he or she

looks for (and removes) polyps or lesions. You'll be under light, IV-based sedation to ease discomfort and help you forget the procedure; possible aftereffects include mild cramping or bloating, which usually disappear within 24 hours.

**THE EFFORT:** 9 out of 10. The "twilight sedation" should alleviate discomfort during the procedure, but unfortunately, you'll be fully lucid during the previous day's fasting and resultant trips to the bathroom.

➔ **THE REWARD:** We've all heard the joke: The doctor poked and prodded someone's backside, "and he didn't even buy me dinner first!" You, my friend, have *earned that nice dinner*. Not on the same day as your appointment—remember the cramping or bloating side effects. Plus, that sedative is powerful enough that you won't be allowed to drive yourself home. Make your restaurant reservation for the weekend (but you should be able to return to normal foods the day after your exam.) ■

# SCREENING TIME

Regular screening mammograms have been proven to find breast cancer at its earliest stages when treatments are most effective. The hospitals of Community Healthcare System and their Women's Diagnostic Centers have developed a more personalized breast imaging program for women by women, one that aims to make your experience more comfortable, convenient and efficient than before.

Women coming in for an appointment can rely on the support of our highly knowledgeable staff who are ready to listen and address any concerns. We provide digital mammography at all of our facilities and offer same-day appointments with same-day results. In addition, 3-D mammography is available at St. Mary Medical Center's Women's Diagnostic Centers in Hobart and Valparaiso. Risk assessments are performed with mammography at all sites, and patients are informed of additional screening and treatment options available based upon their risk.

St. Catherine Hospital and St. Mary Medical Center also have funding from the Indiana Breast Cancer Awareness Trust Inc. to help provide free mammograms to women in need. To find out if you qualify, call **219-392-7346** (East Chicago) or **219-947-6830** (Hobart or Valparaiso).

CALL



## Same-Day Results

To schedule your mammogram at the Women's Diagnostic Centers in Munster or St. John, call **219-836-4599**; in East Chicago, **219-392-7227**; or in Hobart or Valparaiso, **219-947-6436**.

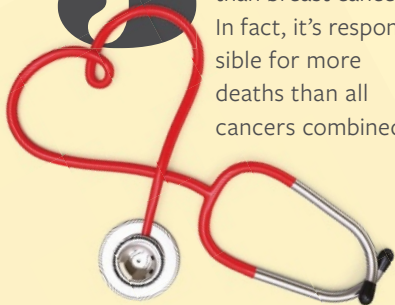
# 10 THINGS EVERY WOMAN SHOULD KNOW

**1** More than 70,000 American women each year are diagnosed with uterine, ovarian, cervical, vulvar or vaginal cancer.



**2** Women have unique stroke risk factors, including pregnancy complications, oral contraception and postmenopausal hormone use.

**3** Heart disease is the No. 1 killer of women—yes, more than breast cancer. In fact, it's responsible for more deaths than all cancers combined.



**4** Menopause brings about a drop in estrogen, which can make women vulnerable to heart disease.

**5** A healthy diet, regular exercise, maintaining a healthy weight and not smoking are key to preventing heart attacks and stroke. Throw in controlling cholesterol, blood sugar and blood pressure, and you've nailed the American Heart Association's Life's Simple 7.

**6** Nearly two-thirds of unpaid caregivers for people with Alzheimer's disease are women. It's hard, but if you're a caregiver, be sure not to neglect your own health.

**7** By the time a girl begins puberty—and has her first period—she'll have about 300,000 eggs in her ovaries.

**8** The average age of the onset of menopause for American women is 51.



**9** If you suffer with symptoms of premenstrual syndrome, the best place to start is a healthy diet, physical activity and adequate sleep.

**10** Screenings are key to disease prevention, and these days, personalized screening schedules are quite common. Talk to your doctor about your own individual risks and screening needs.

➔ **WANT MORE HEALTHY IDEAS?** Check out our summer issue, focusing on staying active.



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## 2-MINUTE HEALTH MAKEOVER

If you leave your desk job by day to moonlight as a couch potato, have we got news for you: A brisk walk for just two minutes every hour may lower your risk of premature death. A recent study shows that short bursts of activity—including walking or cleaning—may lead to a longer life span.

So, get the vacuum out. A commercial break is coming.

Want to live longer? Take regular breaks to walk or vacuum.



PHOTO BY THINKSTOCK

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## BOTOX: THE HEALTH BENEFITS

As a skin-smoothing remedy, Botox is boss. Yet this popular injection may also help smooth more serious health wrinkles.

Two studies have found that the muscle-relaxing properties of Botox may ease urinary incontinence. In one study, nine in 10 patients saw their daily episodes of incontinence drop by half or more. Meanwhile, quality-of-life scores doubled and tripled.

Another study shows promise for Botox as a treatment for irregular heart rhythms in patients after heart surgery. A shot of Botox into the heart's fat tissue during open-heart surgery nearly eliminated risk of postoperative atrial fibrillation (irregular heartbeat) for up to a year.

## DOUGHNUT VS. BAGEL AND CREAM CHEESE

*Which has more calories?*

**ANSWER: BAGEL AND CREAM CHEESE.**

Who'd have thought that diabolical, deep-fried doughnuts would underperform against boiled bagels—at least when it comes to calories? Lather on the cream cheese, and it's no contest.

A medium sugared or glazed doughnut has 192 calories, while a medium bagel with 1 ounce of cream cheese has 374.



PHOTOS BY THINKSTOCK





If your child plays football, concussions and migraines should be on your watch list.

## HEAD GAMES

High school football and concussion safety often come up in the same sentence. Recent research suggests a heady new concern may be growing on the gridiron: migraines.

According to the study, one-third of high school football players in Louisville, Ky., area schools experienced migraine headaches, compared with a 16.2 percent prevalence in the general population.

A second study links concussions with migraines, reporting that 100 percent of 25 teenage athletes treated at a headache and sport neurology center had headaches after a sports-related concussion.

## ▶ TRUE OR FALSE

Frozen fruits and vegetables aren't as nutritious as fresh produce.

**FALSE.** Frozen "freggies" are picked and frozen at peak ripeness, which preserves nutrients. Plus, frozen produce lasts several months in the freezer, compared with several days for fresh fruits and vegetables in the refrigerator.

But avoid frozen fruits with added sugar and vegetables with sauces or seasonings (read: extra calories and sodium).

## DIAGNOSING DIABETES



**1.4 MILLION**

The number of new diabetes diagnoses in 2013—more than triple the number of new diabetes cases in 1980.

**40 PERCENT**

The average man's lifetime risk of developing type 2 diabetes from 2000 to 2011 (compared with 20 percent in 1985). Lifetime risk for women increased to 39 percent from 27 percent.

**45 PERCENT**

The percentage of new-onset diabetes cases in adolescents that are type 2. Before 2001, new type 2 diabetes cases accounted for less than 3 percent of new cases in adolescents.

## METABOLIC SAY-WHAT?

From baseball cards to coins, Americans love collections. But if you're "collecting" health problems as you age, you may have joined the one-third of U.S. adults with metabolic syndrome.

Metabolic syndrome is an umbrella term for a diagnosis given when a cluster of three or more of the following conditions occurs together:

- ▶ High blood pressure
- ▶ High blood sugar
- ▶ High levels of triglycerides
- ▶ Low levels of "good" cholesterol
- ▶ Too much fat around the waist

According to a recent study, 35 percent of U.S. adults have metabolic syndrome. That number spikes to nearly 50 percent by age 60, driving home the importance of healthy diet, regular exercise and taking medication as directed.

WEBSITE



## Kick-Start a Workout Routine

Fitness is key to warding off metabolic syndrome. The American Council on Exercise offers a 12-week fitness plan for beginners. Visit [bit.ly/1K2Js3E](http://bit.ly/1K2Js3E) to get started.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## ARE YOU COLLECTING RISK?

From baseball cards to coins, Americans love collections. If you are collecting risk factors such as a large waist circumference, high blood sugar, high blood pressure and high cholesterol levels, you are at increased risk of developing metabolic syndrome and heart disease. The hospitals of Community Healthcare System—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—offer coronary health appraisals to determine your risk. The best ways to reduce your risk for a cardiac event include exercising, eating right and monitoring your blood pressure and cholesterol levels. Take control of your heart and your health.

### APPOINTMENTS



### Schedule an Appointment

Get help from the experts! Our skilled professionals can help, through a personalized coronary health appraisal, identify your specific risks for developing heart disease. Call **219-836-3477** to schedule an appointment.

To burn calories and tone up, grab a racquet.




## WORKOUTS THAT WORK: TENNIS

Game, set, match: Tennis is a winning workout for the entire body.

- ▶ **MIND:** Tennis requires mental strategy, which may foster new brain connections.
- ▶ **ARMS:** Tennis tones your biceps, triceps, shoulders and forearms.
- ▶ **LEGS:** Sprinting, lunging, pivoting and planting provide an explosive workout for calves, quads and hamstrings.
- ▶ **HEART:** Tennis is the real-life counterpart to the “interval training” setting on the treadmill. Tennis players run in bursts before resting between points.
- ▶ **BONES:** Running and jumping may help prevent osteoporosis in older players.
- ▶ **WAIST:** Depending on your weight, singles tennis can burn 500 to 700 calories per hour.

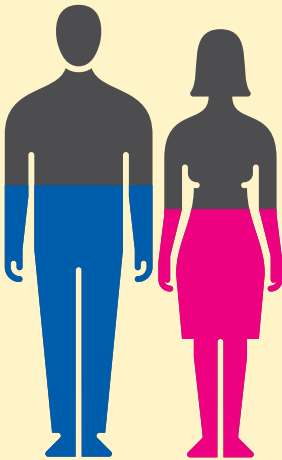
PHOTO BY SUPERSTOCK





## WHAT ARE THE ODDS

of developing cardiovascular disease?



At age 45, a man's lifetime risk of developing cardiovascular disease is 60 percent. For women, it's 55 percent, according to research published in the *Journal of the American Medical Association*.

The good news? Study participants with optimal risk profiles (non-smokers with no high blood pressure, high cholesterol or diabetes) lived up to 12 years longer than those with two or more risk factors.

## PREVENTING ALZHEIMER'S: MIND OVER MATTER

Researchers have MIND on their brains. A new diet called Mediterranean-DASH Intervention for Neurodegenerative Delay—a cross between the Mediterranean and DASH diets—may help lower the risk of Alzheimer's disease by as much as 53 percent.

### ✔ Dietary “dos” include:

- Vegetables, especially leafy greens
- Nuts
- Berries
- Beans
- Whole grains
- Fish
- Poultry
- Olive oil
- Wine

### ✘ And the don'ts:

- Red meats
- Butter and stick margarine
- Cheese
- Pastries and sweets
- Fried or fast food

Berries, in particular, got a shout-out as one of the most potent protectors of brain health. In addition to being rich in antioxidants, which protect cells from damage, berries improve the way neurons in the brain communicate, thus improving cognition.



## JARGON WATCH

**EDEMA** comes from the Greek *oīdēma*, which means “swelling.”

That's exactly what happens when edema strikes. Swelling, caused by fluid in the body's tissues, most commonly affects the feet, ankles and legs, but it can happen anywhere in the body.

See your doctor if you experience swelling: Edema can be caused by serious conditions such as heart failure, kidney disease and liver problems.



**A person's relationship with food is important, but eating disorders go beyond what's on the plate.**

## THE TRUTH ABOUT **EATING DISORDERS**

*There's much more to these illnesses than a distorted body image and an unhealthy relationship with food*



You think you know what eating disorders look like: A dangerously thin frame paired with a pattern of either starvation or bingeing and purging. But that image represents only part of a puzzle that includes anorexia nervosa, bulimia nervosa and binge-eating disorder. We explain how eating disorders are far from black and white.

### TRUE OR FALSE:

**You can tell someone has an eating disorder just by looking at her.**

→ **FALSE.** This is possibly the biggest and most dangerous myth. “Most people who have eating disorders by far have normal-looking bodies or are even overweight,” says Doug Bunnell, PhD, a spokesman and past president of the National Eating Disorders Association.

People with bulimia, for example, tend to maintain a normal weight, while those with binge-eating disorder are overweight, even obese. However, the depiction of someone who is severely underweight is common in those with anorexia.

PHOTO BY SUPERSTOCK



## TRUE OR FALSE:

### Eating disorders are just a phase that teenage girls go through.

→ **FALSE.** These illnesses can strike anyone: men and women; young, old and in between; and at every socioeconomic level. It is true, however, that young women are at greater risk. Statistically, 20 million women and 10 million men will experience an eating disorder at some point in their lives. And the seeds are sown early: In a study, 40 to 60 percent of girls ages 6 to 12 were concerned about their weight or about becoming too fat.

## TRUE OR FALSE:

### Eating disorders run in families.

→ **TRUE.** Researchers are discovering a genetic component to eating disorders. Brain chemistry can also play a role, as can psychological and social factors such as low self-esteem, depression, anxiety, trauma, grief, bullying and societal pressure to be thin. "It's very important not to look for a single, simplistic explanation," Bunnell says. "These are serious illnesses that stem from a variety of biological, psychological and social reasons."

## TRUE OR FALSE:

### It's all about the food.

→ **FALSE.** As Bunnell puts it, "Yes, it is about the food, and yes, it is not just about the food." Eating disorders often stem from a desire to feel more in control of one's life, so the purging, bingeing or extreme dieting behaviors begin as a way to cope with these feelings. The result is poor physical and emotional health. So while a large part of treatment focuses on achieving a

# DECODING THE SIGNS

Is your friend just dieting or is there a deeper issue? Eating disorders, including anorexia nervosa and bulimia, are complex illnesses, according to Joseph Fanelli, MD, medical director of St. Catherine Hospital's Behavioral Health program.

"Such diseases have serious biological, psychological and sociological underpinnings. While behaviors associated with eating disorders may begin with a fixation on calories and weight, eating disorders generally stem from issues beyond food and body size. They also signify an attempt to control something of substance in an individual's life," he says.

"Eating disorders are a mental illness," he says. "The mortality rates associated with eating disorders are higher than any other mental illness, including depression, bipolar disorder and schizophrenia. Anorexia nervosa, which is characterized by refusal to maintain a healthy body weight and an obsessive fear of gaining weight, is the most lethal eating disorder. Anorexia has a mortality rate of 20 percent within 20 years, meaning that one in five people that have had anorexia for two decades will die as a result of the illness."

Even for patients whose eating disorders don't prove fatal, there are often severe medical complications associated with starvation and purging, including bone disease, cardiac complications, gastrointestinal distress, organ failure and infertility.

healthy relationship with food, effective therapy also addresses underlying emotions. A person in recovery might work with a nutritionist as well as a psychiatrist, a social worker, a psychologist and a primary care physician.

## TRUE OR FALSE:

### Eating disorders can harm your entire body.

→ **TRUE.** When your body isn't getting the nutrients it needs, a host of health issues can arise. Bones can become brittle; the heart can grow weak; kidneys

can fail because of dehydration. In people who purge, stomach acid can cause tooth decay. But there is hope. "Most things get better when people return to normal eating habits," Bunnell says. ■

## APPOINTMENTS



## SOS

To learn more about getting help with eating disorders or to make an appointment with a specially trained counselor from the Intensive Outpatient Program at St. Catherine Hospital, call **219-392-7025**.



You can't make healthy choices without the right information.

## HOW TO **READ A NUTRITION LABEL**

*Fat, sugar, sodium—oh my! Help for deciphering all those food facts*

▶ Making a healthy meal shouldn't require a working knowledge of algebra. But for a lot of people, the nutrition label is as daunting as high school homework. We talked to Nancy Farrell, a registered dietitian and a spokeswoman for the Academy of Nutrition and Dietetics, to help us understand funky serving sizes, ingredients to watch for, and what exactly makes a fat “good” or “bad.” Read on for her expert advice.

### **STEP 1**



**Don't base all your choices on fat and calories alone.**

Packaged foods typically carry a daily recommendation of 2,000 calories for women and 2,500 for men, but Farrell cautions against relying on such general baselines. “Recommended caloric intake is different for each individual, as are the amount of fat, carbs and protein each person should be consuming,” Farrell says. “Those all differ depending on your nutrition needs or health goals.”

PHOTO BY SUPERSTOCK



## STEP 2



### Watch the sodium ...

One teaspoon of salt is equal to about 2,300 milligrams of sodium, which is generally the maximum recommended daily intake. “For people over 51, those with hypertension, diabetes or chronic kidney disease, or people of any age who are African-American, the recommendation is 1,500 milligrams per day,” Farrell says. “A 1-cup serving of soup can contain 700 milligrams of sodium, and it is really easy to eat the whole can or 2 cups of soup in one sitting.”

## STEP 3



### ... and the sugar.

For the first time, the government’s dietary guidelines advisory committee has recommended limits on added sugar in Americans’ diets. It mirrors the World Health Organization’s stance: that no more than 10 percent of your calories should come from sugar. “For a 2,000-calorie diet, that would come out to be 12 teaspoons of sugar, max,” Farrell says. To more easily monitor your sugar intake, remember that 4 grams is equal to a teaspoon. So if you see that your cup of cereal contains 12 grams of sugar, you can quickly calculate that you’re having 3 teaspoons of sugar at breakfast.

## STEP 4



### Put those grade-school math skills to work.

When it comes to confusing portions, like grams, Farrell uses this trick: “28 grams is about 1 ounce. So I like to round that to 30 grams = 1 ounce. That helps my patients do quick math while shopping and looking at a food label.”

Farrell also recommends using objects to visualize the amounts: “A tennis ball is about a half-cup, a pancake about the size of a CD, a serving of fish about the size of a checkbook, a serving of meat about the size of a deck of cards.”

## STEP 5



### Check—and double-check—the serving size.

Serving sizes are one of the most important parts of the nutrition label—and also the most confusing. Sure, one serving of ice cream only has a couple of hundred calories, but a pint has four servings. And when you’ve got the whole pint in your hand, it’s tough to know when you’ve hit the one-quarter mark.

Make sure you understand what a serving is, and if you need help, consider using a measuring cup or kitchen scale to measure your food before you eat. ■

## FORMULA FOR HEALTHIER EATING

Successful weight loss begins at the grocery store. It’s important to start your shopping trip with a well-planned list of items to incorporate into your meal plan for the week, says Kathryn Lipari, RDN, CD, bariatric dietitian for St. Mary Medical Center’s Healthy 4 Life Center. “Having all of the items you need to prepare meals helps to cut down on fast food and restaurant visits where calories can add up quickly,” she says.

Lipari recommends shoppers focus on the outer perimeter of the grocery store, where the freshest, least-processed foods are found. “Shop seasonal produce for the best taste and price,” she explains. “Purchase precut and washed produce to save yourself some prep time.”

Check the nutrition facts label and ingredient list to ensure the item purchased matches any food-packaging claim on the front label.

“Sometimes these items make grand claims that don’t often tell the whole story,” Lipari says. “It’s good practice to flip the package and read the facts.”

WEBSITE



### Reach Your Goals

Learn about Healthy 4 Life at Community Hospital in Munster and St. Mary Medical Center in Hobart by visiting [www.healthy4lifecenter.org](http://www.healthy4lifecenter.org).



**Health concerns “down there” are common. But most are no reason to freak out.**

## **FREAK OUT OR CHILL OUT?**

*Ladies, it's time to test your knowledge about feminine health concerns*



Many women have a hard time talking about what's going on “down there” (or under their bras, for that matter). The situation isn't exactly suitable for polite conversation.

But the best way to find out whether you're healthy is to, in fact, talk about it with your doctor. We asked Kate Nash, MD, a Fellow of the American Congress of Obstetricians and Gynecologists, to help us decode five common women's health situations—and determine whether the symptoms are cause for concern.

PHOTO BY GETTY/HENRIK SORESENEN



**Q** While getting into your PJs after a long day, you glance down at your underwear and notice a **funky-looking discharge**. You're feeling a little itchier than normal, too.

**IS IT:** a yeast infection or trichomoniasis?

**YEAST INFECTION.** "Abnormal discharge is one of the most common reasons women seek medical care," Nash says. "But for the most part, they're caused by something benign but bothersome." Some sexually transmitted infections such as trichomoniasis can cause irritating levels of itching, but the key is distinguishing between discharges. If yours isn't foul-smelling and faintly green, you're likely in the clear.

**Q** On a midafternoon bathroom break, urinating leaves you in a world of **burning pain**.

**IS IT:** a urinary tract infection (UTI) or a kidney stone?

**UTI.** Kidney stones—and the sharp, severe pain that accompanies the wait for one to flush out of your system—are far more common in men. Women are the primary sufferers of UTIs, which necessitate stopping by your doctor's office for some antibiotics. If you seem to come down with these painful infections regularly, let your doctor know. "Some women with recurrent UTIs can take antibiotics immediately following intercourse to prevent them, but that's something to do under a doctor's supervision," Nash says.

**Q** While putting on your bra one morning, you notice one of your breasts feels **lumpier than normal**. It goes away after a couple of days, but a few weeks later, the feeling recurs.

**IS IT:** a tumor or hormones?

**HORMONES.** Some women have fibrocystic breast tissue—meaning their mammary tissue hardens and softens in some spots as hormones fluctuate during the menstrual cycle. The feeling can be alarming for someone doing a self-exam, but the cause is ultimately benign. "I often tell patients that it's OK to wait and watch for a week or two before coming in," Nash says.

**Q** Out of nowhere, you have a **red, painful sore** in your pubic area.

**IS IT:** an ingrown hair or herpes?

**INGROWN HAIR.** If it isn't accompanied by pain or burning, it's probably nothing urgent. "It's pretty common to find lumps and bumps in that area," Nash says. You can thank shaving and sweating for that. But if an angry red spot shows up and doesn't seem to leave (or gets worse), it's time for a doctor to take a look.

**Q** Your period is weeks away from starting, but while watching a movie, you feel a **sharp menstrual cramp** on one side of your body. By the time the credits roll, though, the pain has dissipated.

**IS IT:** a fibroid or are you ovulating?

**OVULATING.** "A lot of women will have cramping midway through their cycle," when an egg is released from the ovaries, Nash explains. How long the pain lasts and where you feel it are key from distinguishing ovulation from a fibroid, which is a benign muscular tumor. Here's what to consider: Ovulation pain is always fleeting (lasting one to two hours) and on just one side of your body. Fibroids don't always cause pain (or any symptoms at all), but when they do, you might experience painful periods, pain during intercourse or lower-back pain. Fibroids may require medication or surgery, so if you have these symptoms, talk to your doctor. ■

VIDEO



## A Dry Run for Exercise

Worried about your bladder health as you age? Check out the Total Control program from the Women's Health Foundation at [womenshealthfoundation.org/fitness](http://womenshealthfoundation.org/fitness). Exercise videos are geared toward women concerned about incontinence.

# ALLERGIC TO HOME?

*Allergy sufferers, beware: Indoor allergens might be causing that sneeze*



If you have respiratory allergies, you might be tempted to stay inside all spring just to avoid anything that blooms.

But that won't work if you're irritated by the common allergens found in your home. Indoor allergens cause the same stuffy, scratchy, runny misery as outdoor pollen.

Eighty-five percent of allergy sufferers react to more than one allergen. Just because you're irritated by grass or ragweed doesn't mean you don't have indoor allergies, too.

The best way to get relief indoors is to keep your house as clean as possible. Read on to learn where indoor allergens lurk.

## MOLD

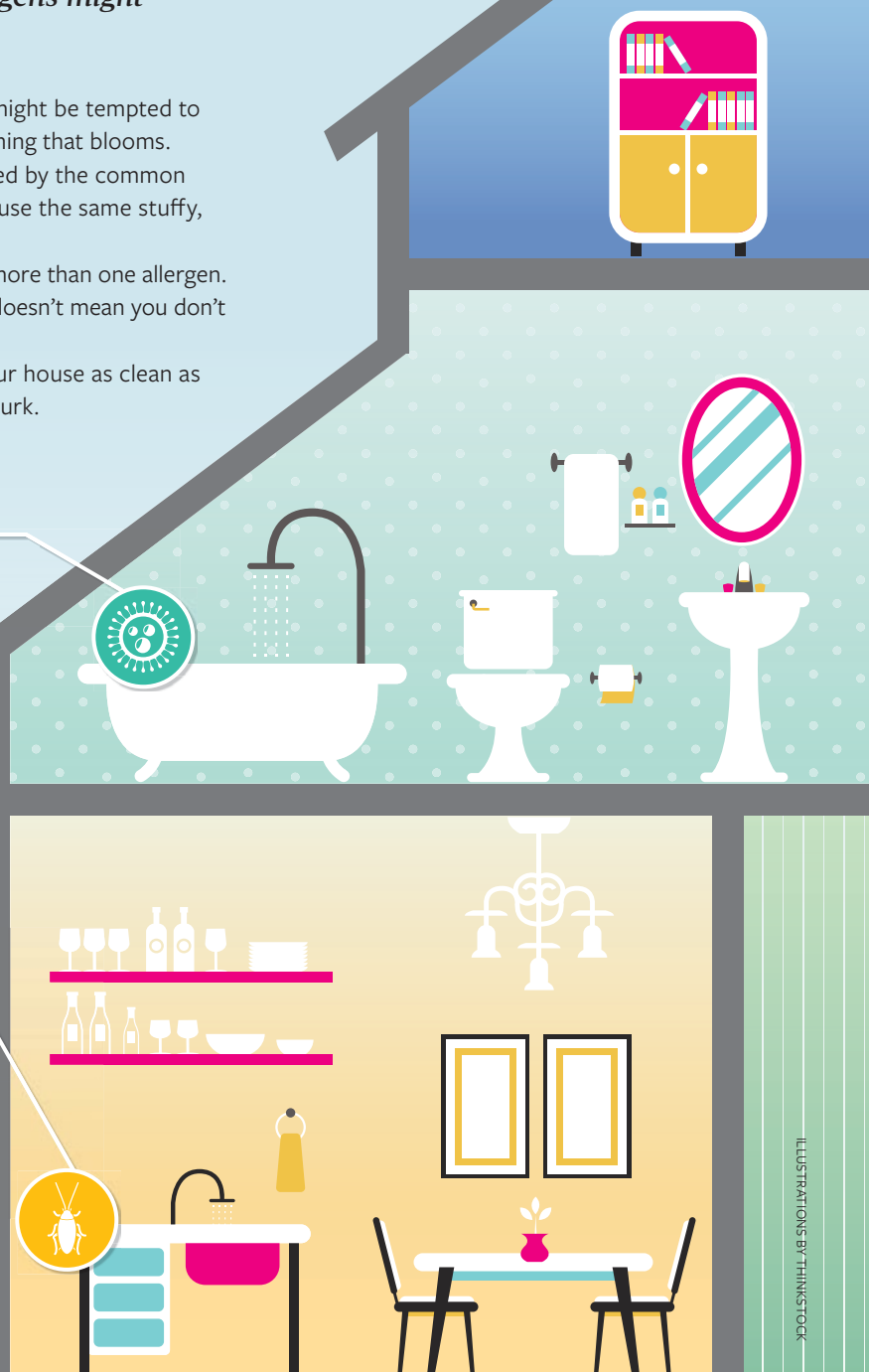
Mold grows wherever there is moisture, most commonly in bathrooms, basements and kitchens.

**Anti-allergy action:** Scrub any visible mold with detergent and water or a bleach-containing cleaner, fix leaky pipes and use a dehumidifier. It also might be a good idea to rip up that basement carpet and replace it with linoleum or concrete.

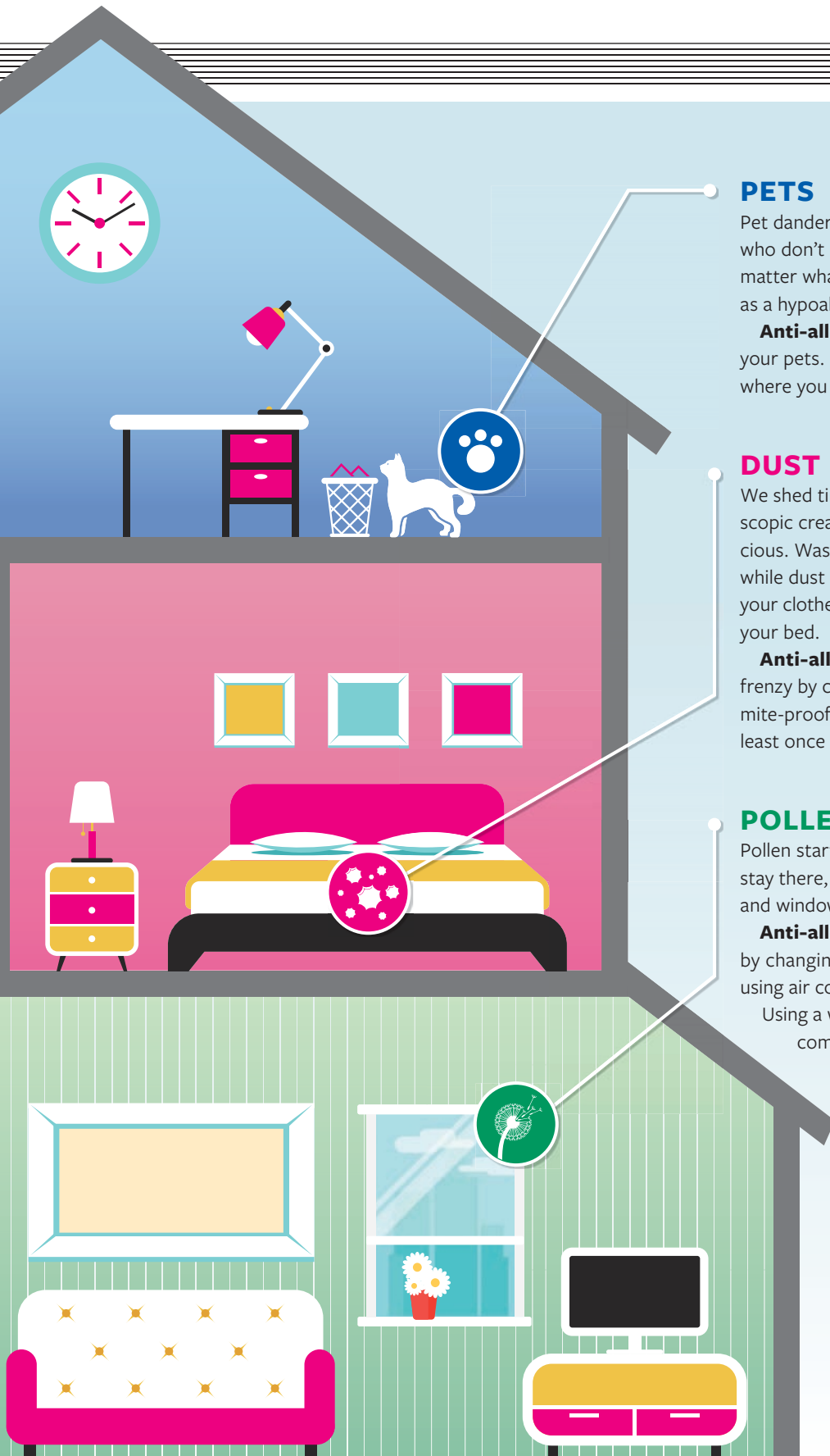
## COCKROACHES

No one wants to think about cockroaches, whose waste, saliva and bodies can trigger allergies. But the critters lurk in many homes, especially in major urban areas and the Southern United States. And just because you don't see roaches doesn't mean they're not there.

**Anti-allergy action:** Make sure you don't tempt roaches by leaving dirty dishes in the sink or crumbs on the counter.







## PETS

Pet dander is a major allergen, even for people who don't realize they're allergic to their pet. No matter what you've heard, there's no such thing as a hypoallergenic dog or cat.

**Anti-allergy action:** Go outdoors to groom your pets. And keep them out of the bedroom, where you spend a third of your hours.

## DUST MITES

We shed tiny bits of skin constantly, and microscopic creatures called dust mites find them delicious. Waste left by mites irritates allergies. And while dust mites are nearly everywhere—from your clothes to your carpets—they especially love your bed.

**Anti-allergy action:** Minimize the feeding frenzy by covering your mattress and pillows with mite-proof covers, and wash all your bedding at least once a week in hot water.

## POLLEN

Pollen starts outside, but it doesn't necessarily stay there, coming indoors through open doors and windows, and on clothes, shoes and pets.

**Anti-allergy action:** Minimize pollen's impact by changing clothes when you get home and using air conditioning instead of open windows.

Using a wet brush on pets before they come inside can help, too. ■

WEBSITE



## Plan of Attack

For a room-to-room breakdown of allergens from the American College of Allergy, Asthma and Immunology, visit [acaai.org/resources/tools/home-allergy-management](http://acaai.org/resources/tools/home-allergy-management).

## THREE WAYS TO COOK **ASPARAGUS**

*These springtime stalks are jampacked with nutrients and flavor*



How much did Roman emperors love asparagus? They reportedly gave special fleets the task of finding these veggie spears and bringing them to the empire.

Perhaps asparagus gave ancient rulers the stamina they needed to conquer the world. “A cup of cooked asparagus has only 40 calories, but it’s got nearly 4 grams of fiber and 4½ grams of protein, which is this awesome, ideal combination for keeping us full longer,” says Torey Armul, a registered dietitian nutritionist and a spokeswoman for the Academy of Nutrition and Dietetics. One cup also has significantly more potassium, iron and folate than an equal amount of raw spinach.

During asparagus season, typically between April and June, shoppers should look for tightly closed buds at the top, as well as moist ends (dryness indicates age). Because asparagus spoils quickly, Armul suggests “treating it like a bouquet of flowers.” Before refrigerating, slice about half an inch off the bottoms and place the spears upright in a shallow dish of water, or wrap their ends in a damp paper towel. Once you’ve pampered your veggies properly, check out these three ways to cook them.

### **1 ROAST THEM**

Snap asparagus ends off at their natural breaking point, about one-third up from the bottom. If stalks are thick, peel them, leaving buds intact. Place spears on a baking sheet and drizzle with olive oil, salt and pepper. Toss asparagus gently to coat with oil and roast at 425 F for 15 to 20 minutes. Garnish with crumbled hard-boiled egg.


### **2 STEAM THEM**

Snap ends off and, if needed, peel as indicated in roasting instructions. Fill bottom half of steamer pot with water and bring to a boil. Add steamer basket with asparagus and cook for 3 to 8 minutes, depending on stems’ thickness. The finished stalks should yield easily when pierced with a fork. Serve with melted butter and fresh lemon juice.

### **3 GRILL THEM**

Snap ends off as indicated in roasting instructions. Toss asparagus in a bowl with olive oil, minced garlic, sea salt and pepper. Place stalks perpendicular to the grates so they don’t slide through. Grill over medium heat for about five minutes, turning frequently. (They can also be heated atop aluminum foil.) Top with grated Parmesan cheese. ■





**Stock up on  
these stalks,  
and you'll  
stay fuller  
longer.**

## **SORTING STALKS:**

# **AN ASPARAGUS BUYING GUIDE**

### **SKINNY VS. FAT**

The girth of thin spears simply indicates that they come from a younger root bed. As plants mature, they begin to produce thicker stems. Spears that come from the same plant will taste similar, regardless of size.

### **GREEN**

The leafy-colored asparagus is the most common and popular in the United States. It's also widely grown in China, Peru, Mexico and Germany.

### **WHITE**

These colorless stalks, which are preferred in Europe, are the same variety as green. Their ghostly look comes from being grown under mounds of soil (or in other light-deprived environments) to prevent photosynthesis. Along with the obvious visual difference, white asparagus has been described as less grassy-tasting and more pleasantly bitter than green asparagus.

### **PURPLE**

That violet color is a clue that these stalks contain anthocyanins, antioxidants that research suggests may protect against cardiovascular disease and cancer. Purple asparagus turns green when cooked, so some cooks like to flaunt its color by slicing it crosswise and serving it raw in salads. It's a different variety than green asparagus, and the flavor is sweeter.

APP



## **Spoiler Alert**

Not sure how to store your vegetables so they remain as fresh as possible? Download the Food Storage and Shelf Life app for iOS. At your fingertips you'll have information to help you select and store your produce and other foods for ultimate freshness.

# CANCER CRUSADE

**\$0** How much a woman will pay for a Pap test, which screens for cervical cancer, under most health insurance plans. Under the Affordable Care Act, Pap tests are covered.

**\$5.57 BILLION**

The federal government's estimated funding for cancer research in fiscal year 2016.



**\$254 MILLION**

The money spent on lung cancer research by the National Institutes of Health in fiscal year 2014; similar amounts were budgeted for 2015 and 2016. Lung cancer is one of the most common cancers diagnosed in the United States, where it accounts for more deaths than any other type of cancer.

**77%**

The reduced risk of colon cancer for people who underwent a colonoscopy in the previous 10 years, according to a study published in the *Annals of Internal Medicine*.

**14**

Number of member organizations in the Cancer Financial Assistance Coalition, which seeks to increase financial resources for people with cancer and their families. Member organizations include the American Cancer Society, the Leukemia & Lymphoma Society and the Sarcoma Alliance.

Sources: American Cancer Society, American Lung Association, Annals of Internal Medicine, Cancer Financial Assistance Coalition, National Colorectal Cancer Roundtable, National Institutes of Health, U.S. Department of Health and Human Services

## SUPPORT FOR THE JOURNEY

Thinking about the potential costs involved with cancer treatment may make you feel anxious about the future. Patients and their families should try instead to focus on recovery. These local advocacy groups offer **free** services:

**American Cancer Society:** Programs and services to help you manage treatment, recovery and find the emotional support you need. [www.cancer.org](http://www.cancer.org)

**Cancer Resource Centre:** Support groups, education and mind-body-spirit classes. [www.cancerresourcecentre.com](http://www.cancerresourcecentre.com)

**Cleaning For A Reason:** House cleaning for women undergoing treatment for cancer. [www.cleaningforareason.org](http://www.cleaningforareason.org)

**Imerman Angels:** One-on-one mentoring

and support among cancer fighters, survivors and caregivers. [www.imermanangels.org](http://www.imermanangels.org)

**Mondays at Intrigue Salon & Spa:** Cosmetic services for those undergoing chemotherapy or radiation, by appointment. [www.mondaysatintrigue.org](http://www.mondaysatintrigue.org)

**Pink Ribbon Society:** Serves men and women in Northwest Indiana with many projects, including a wig reimbursement program. [www.pinkribbonsociety.org](http://www.pinkribbonsociety.org)

VIDEO



### Coping with Cancer Costs

Hear more from cancer survivors and healthcare experts about managing the costs of cancer in this video from the American Society of Clinical Oncologists. Visit [www.bit.ly/1Hj1MiT](http://www.bit.ly/1Hj1MiT) to watch.

# Solving Sepsis

Teamwork behind the scenes *BY ELISE SIMS*



When it comes to a serious illness like sepsis, every minute counts. Thanks to new technology and continued processes that lead to more timely intervention, Community Healthcare System professionals are helping prevent the serious complications of sepsis, including tissue damage, organ failure and even death.

Sepsis is the overwhelming and life-threatening response that can happen when the body tries fighting off an infection. There are 750,000 new cases in the U.S. each year, with more than 200,000 deaths caused by the condition, according to the Centers for Disease Control and Prevention.

Patient care teams at the hospitals of Community Healthcare System know that every minute counts when it comes to diagnosing and treating sepsis.

To help diagnose conditions that can lead to sepsis, Community Healthcare System laboratory has begun using an advanced technology called a MALDI-TOF processor. It has reduced the time to get results from hours to minutes, says Pravin Patel, PhD, microbiology lab supervisor. The new laboratory technology gives doctors the information they need to identify the most effective medications to treat the patient.

“Every hour that treatment is delayed, the mortality rate increases 8 percent,” explains Heidi Nordbrock, MD, Pathology. “That’s devastating, and we want to be in the forefront of adopting the best technologies to get quicker diagnoses for our patients.

“When a patient comes in with sepsis, the clinician will start with a very



broad-spectrum antibiotic, but we really want to target the antibiotic to the bug that’s causing the infection,” Nordbrock says. “With the old method, the time to

**“Every hour that the appropriate treatment is delayed, the mortality rate increases 8 percent.”**

identify a specific type of bacteria averaged seven to eight hours, and to identify a fungus, 18 hours. Now the time to identify either is about 15 minutes.

“We are using a two-pronged approach,” she says. “We’ve focused on providing our clinicians with quicker responses on test results, and using

**Lab Technician Sarah Zurek, MT, prepares a slide for identification in the new MALDI-TOF processor, which has proved to be a powerful, rapid, precise and cost-effective method of identifying microorganisms, including sepsis.**

cutting-edge methodology to identify an infectious agent more rapidly.”

“One of the first steps in early detection and treatment of sepsis is recognizing which patients are high risk and communicating that to our staff,” says Minal Kapoor, MD, infectious disease specialist, Community Healthcare System.

“The entire care team must be aware,” Kapoor says. “With vigilance and timely interventions, we’re making headway in the fight against sepsis.”

To learn more about the programs and services at the hospitals of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org). ■



# FAMILY CONNECTION

*Harold Ward SURVIVES an aneurysm after being in the right place at the right time*



Through the years, Harold Ward, of Gary, had seen quality healthcare but had never been a patient himself. For 39 years he worked with the Department of Child and Family Services in and around hospitals helping plan care for kids with special medical needs. But last July, he found himself on the receiving end of care at the Emergency Department of St. Catherine Hospital, suffering from severe back pain that couldn't be relieved with over-the-counter medications.

"The pain was terrible," recalls the 70-year-old retiree. "It was on my left side and radiated from my lower back down my leg. They were still running some tests when my sister, who is a nurse practitioner in Dallas, called the

hospital to speak with the healthcare team. That phone call saved my life."

Ward's sister Tamara McCrary, NP, told Nurse Annette Henderson that Harold's father and grandfather had both died of an abdominal aortic aneurysm rupture when they were in their early 70s. She told her, "I can't afford to lose my brother; please check it out."

The healthcare team had been monitoring Ward, who told them that he had no major medical issues and didn't drink, but was a smoker. However, with this new key piece of family history, the team immediately ordered an MRI and a CT scan. The MRI revealed a mass in Ward's stomach, and the CT scan distinctly showed an aneurysm.

## **NINE HOURS to Recovery**

Cardiologist Pastor Llobet, MD, reassured Ward that he would be able to repair the life-threatening aneurysm. It took a team of cardiologists, anesthesiologists, nurses and surgical technicians a little more than nine hours to repair Ward's aorta and send him on the road to recovery.

"Dr. Llobet and his team did not let me down," Ward says. "I've been blessed. It is a miracle. When I go to

**St. Catherine's specialized team of cardiologists, anesthesiologists, nurses and surgical technicians took a little more than nine hours to repair Ward's aorta and send him on the road to recovery. The care team included (from left) Alanna Hunter-Parks, RN, BSN, nurse manager 6 West; Char Wright, CM, RN, BSN, RNC; Katie Cruz, RN; Lisa Horton, CM, RN, BSN; Tasha Hudak, RN, BSN; and Elizabeth Mathis, patient care technician.**



*“The care at St. Catherine Hospital is very good. You couldn’t find a better team of doctors, nurses, aides and caring people who go above and beyond the call of duty.” –HAROLD WARD*

church—the Pilgrim Baptist Church in Gary—I have testimony. The care at St. Catherine Hospital is very good. You couldn’t find a better team of doctors, nurses, aides and caring people who go above and beyond the call of duty.”

An abdominal aortic aneurysm (AAA), also known as a triple-a, is a bulge in the aorta, the main artery that carries blood away from your heart. If the bulge—caused by a weakened vessel—ruptures, the results can be deadly.

Typically, AAA has no symptoms, but if it expands rapidly, leaks blood along the aortic wall or ruptures, there can be severe and persistent pain in the abdomen or lower back. Occasionally there is leg pain. AAA most commonly occurs in men over 50 and among those with a family history. The most common cause of an aneurysm is arteriosclerosis. Smoking dramatically increases the risk for arteriosclerosis, or hardening of the arteries. Not smoking is the single best way to prevent the disease.

“Mr. Ward had both major risk factors: He had two family members who had aortic aneurysms and he’s a smoker,” says Llobet.

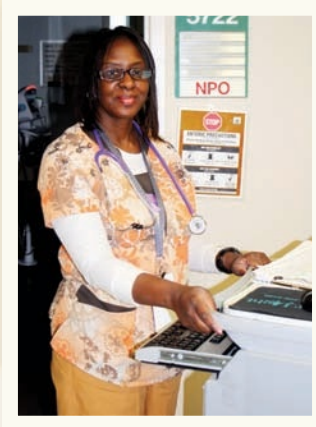


**Cardiologist Pastor  
Ramon Llobet, MD**

### ***AN ALTERNATIVE to Open Surgery***

“Previously we fixed an aortic aneurysm with major surgery,” explains Llobet. “Traditional open aortic surgery is a big complex surgery with a higher morbidity rate. The patient usually needs to be intubated almost 24 hours, has an eating tube for five or six days and has more pain because of the large incision in the midsection and a lengthy recovery.

“Luckily for Mr. Ward, we were able to do a minimally invasive endograft repair in the cath lab,” Llobet says.



**Annette Henderson from 5 West was the nurse on duty and instrumental in communicating with Harold Ward’s sister and the physician to reevaluate the plan of care, resulting in further testing and the procedure.**

Endovascular aneurysm repair (EVAR) is an alternative to open surgery for the treatment of AAAs. In 2003, EVAR surpassed open aortic surgery as the most common technique for repair of AAA. In 2010, EVAR accounted for 78 percent of all intact AAA repairs in the United States.

“Endograft repair has a lot lower morbidity, a shorter hospital stay and fewer complications for the patient,” Llobet says.

Using special endovascular instruments and X-ray images, a stent-graft is inserted through the femoral artery and advanced into the aorta and placed at the site of the aneurysm. The surgeon checks for leakage of the stent-graft. Incisions are closed and sterile dressings are applied.

“If you catch the aneurysm in time, it’s easier to do the endograft,” says Llobet. “This particular procedure was more difficult than it needed to be because Mr. Ward wasn’t screened and his aneurysm was almost at the point of rupture.”

Llobet recommends regular screenings, which are available at St. Catherine Hospital. “Medicare pays for an abdominal aortic ultrasound once a year if you are 60 years of age or older and smoke.

“If you have an aneurysm, sometimes you have to have it checked initially every six months,” Llobet says. “If it is stable and it is not growing, then you don’t worry too much about it and you can check it every year. But if it is growing a little bit, then it’s time to go ahead and start checking it more frequently or even have it repaired.”

For more information about low-cost vascular AAA screenings at St. Catherine Hospital, call **219-392-7110**. ■

# DELIVERING BIG

*Birthing Center's Level II Nursery  
delivers strong beginnings*



It had been seven years since the birth of Tia Sparks' first child. Sparks was planning on delivering at the Family Birthing Center of St. Mary Medical Center in Hobart, so she knew that she and her baby would be in good hands. When her water broke a month before she was due, it caught her by surprise, but caregivers quickly put her at ease.

With a certified obstetric nursing staff and 24-hour neonatology coverage, the Family Birthing Center's Level II Nursery is able to handle emergencies that may arise during childbirth and care for babies born up to two months premature.

"I was very impressed by the quick response of the entire team," Sparks says. "I was admitted right away and given a medication to induce labor." Her obstetrician, Christopher Wirsing, DO, FACOG, was at her bedside within the hour, she says.

"My nurse was there every step of the way, addressing any concerns I had," she continues. "She even held my hand through the delivery, staying past her shift to ensure I had the support I needed."

## **UNIQUE Delivery Needs**

"Our focus is on providing the best birthing experience, catering to the unique needs of each delivery," says Alicia Hart, RNC, BSN, manager of the Family Birthing Center. "We recognize

**Although Noah was born weighing 5 pounds, 3 ounces, with respiratory complications, he quickly was thriving and doing excellent thanks to quality, nurturing care in the Level II Nursery of the Family Birthing Center at St. Mary Medical Center. From left are Ob-Gyn Christopher Wirsing, DO, FACOG; Tia Sparks; Noah Sparks; and Neonatologist Sudhish Chandra, MD.**





that childbirth is a natural process, and we are passionate about giving women the birthing experience they desire. If that desire is minimizing pain medicinally, we offer many pain management options.

“If the mother desires to deliver via natural birth methods, we provide that expertise in a safe setting with immediate medical backup if needed.”

Sparks’ son, Noah, was born weighing 5 pounds, 3 ounces, experiencing respiratory complications that required a longer stay and use of the Level II Nursery services, including one of the advanced design Giraffe® OmniBed incubator and radiant warmers.

Sparks knew Noah was in good hands under the care of Neonatologist Sudhish Chandra, MD.

“Dr. Chandra provided regular updates on Noah’s progress and was very clear in the goals we needed to reach before being able to go home,” she says. Once the family was home, the team made regular follow-up calls to see how Sparks was adjusting and check the status of Noah’s progress. “Noah is doing excellent thanks to the great care provided by the Family Birthing Center,” Sparks continues.

### **SOOTHING Surroundings**

To provide an additional level of comfort for new mothers and their families, the Family Birthing Center recently underwent renovation of its 10-bed unit. The redesigned space features modern, soothing surroundings and finishes that promote calmness and healing.

“With the renovation, the unit inspires a comforting environment for families as they adjust to a major life change. Our patients feel more at home here as they bond with their newborn,” says Hart.

#### **New features of the unit include:**

- State-of-the-art Giraffe® OmniBed systems—full-featured incubators and radiant warmers
- Expanded nursery and nurses station
- Updated family lounge for increased comfort for those waiting on the baby’s arrival
- Additional soothing, updated décor

“The addition of the OmniBed systems enables us to more closely monitor the status of our newborns and gives us better access to position the infant for all types of procedures,” says Hart. The beds also reduce stress for higher-risk babies, aiding them in the healing process, she notes.



### **AWARD Winning**

The Family Birthing Center of St. Mary Medical Center recently received the 2015 Women’s Choice Award as one of America’s Best Hospitals for Obstetrics. This award recognizes the hospital as one of the top in the nation for pre- and postnatal care, based on clinical excellence and female patient satisfaction scores.

The Family Birthing Center at St. Mary Medical Center also has been recognized by the Blue Cross and Blue Shield Association for excellence in delivering quality maternity care. The Blue Distinction program, which was expanded to include maternity care for 2016, is a “national designation program recognizing healthcare facilities that demonstrate expertise in delivering quality specialty care—safely, effectively, and cost efficiently,” according to the association.

The hospital’s Family Birthing Center also participates in the Baby-Friendly accreditation program, which sets the standards for best practices in maternity care. These practices include baby-friendly methods, such as skin-to-skin and rooming-in, and following evidence-based techniques that increase breastfeeding initiation and duration.

For more information or to arrange a tour of the Family Birthing Center at St. Mary Medical Center, visit [www.comhs.org/stmary](http://www.comhs.org/stmary) or call 219-947-6084. ■

**The Level II Nursery at the Family Birthing Center of St. Mary Medical Center features state-of-the-art Giraffe® OmniBed systems with fully equipped incubators and radiant warmers.**

# SHINING A LIGHT ON BLADDER CANCER

*New technology,  
better visualization*



Merrillville resident Johnnie Hall has gotten the green light to continue his busy lifestyle after undergoing the new blue-light cystoscopy procedure to treat his bladder cancer at Community Hospital. Today, with the support of his family and the help of Urologist Bruce Yalowitz, MD, and the oncology staff, Hall is enjoying his favorite activities such as fishing and taking care of his granddaughters.

Community Hospital is one of the hospitals nationwide leading the fight against bladder cancer by introducing blue-light cystoscopy with Cysview® technology. This latest technology delivers an imaging solution into the bladder that is absorbed by cancerous

tissue. The FDA-approved breakthrough procedure uses blue light that enables the solution to highlight the tumors and make them more visible. This innovation has been proven to significantly increase detection over traditional white-light cystoscopy alone.

“Bladder cancer has a high rate of recurrence,” Yalowitz says. “If we are unable to visualize all of the tumors, this may result in incomplete treatment and a higher recurrence rate. The advanced technology of the blue-light cystoscopy with Cysview enables more accurate identification of bladder tumors compared to the standard technique.”

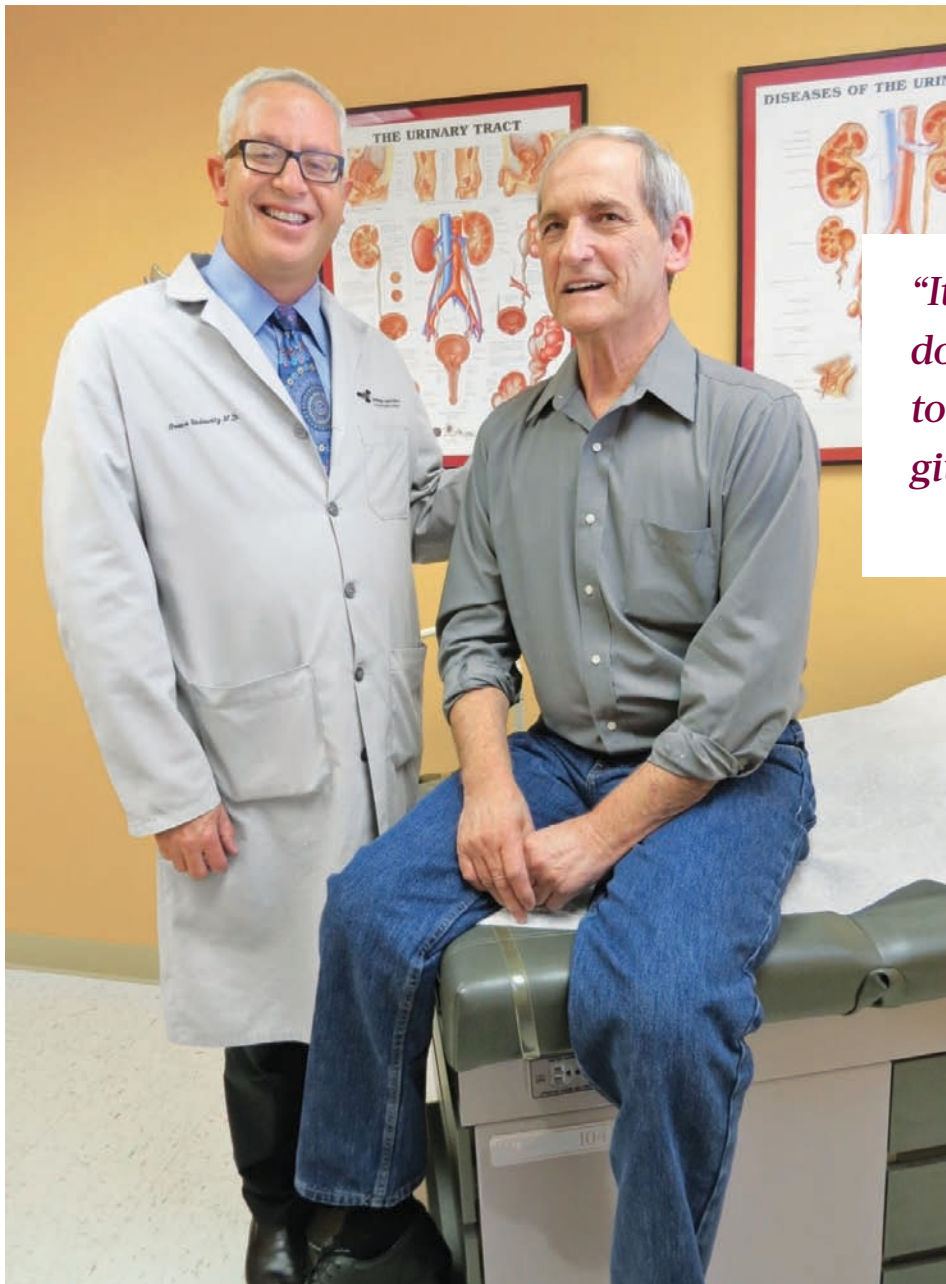
Cancerous tumors were discovered in Hall’s bladder in December 2014. In early

2015, Yalowitz performed a traditional cystoscopy using white light to examine the severity of Hall’s condition. Eight tumors were removed.

“Dr. Yalowitz was optimistic about treating my cancer—all of it—from the beginning, and that really helped a lot,” Hall says.

To be sure he was not missing any tumors, Yalowitz decided to perform a surveillance cystoscopy using the latest high-definition equipment and Cysview, instilled into Hall’s bladder one hour before the procedure, followed by blue-light along with white-light cystoscopy. This would show Hall’s condition in complete detail.

The blue-light cystoscopy showed



Merrillville resident Johnnie Hall has gotten the green light to continue his busy lifestyle after undergoing the new blue-light cystoscopy procedure to treat his bladder cancer at Community Hospital. Hall is pictured with Bruce Yalowitz, MD, during a follow-up visit.

*“It’s scary because you don’t know what’s going to happen, but you can’t give up hope.”*

**-JOHNNIE HALL**

50 to 80 percent of patients will experience a recurrence of bladder cancer, making it the highest recurrence rate of any form of cancer.

“The availability of Cysview and blue-light cystoscopy is in keeping with our commitment to advancing patient care,” says Donald P. Fesko, CEO of Community Hospital. “Patients with known or suspected bladder cancer can now undergo diagnostic procedures performed by physicians specially trained in the use of this innovative technology.”

Hall had to make a few adjustments in his daily routine but has been encouraged by results indicating that tumors have not recurred since his treatment. Yalowitz prescribed BCG, which is immunotherapy instilled into his bladder over the next several months.

Hall’s experience has changed his perspective of life. “It’s scary because you don’t know what’s going to happen, but you can’t give up hope.”

For more information about advanced technology and procedures or an urologist on staff at Community Hospital, visit [www.comhs.org/community](http://www.comhs.org/community). ■

several smaller tumors sprinkled on the inside of Hall’s bladder. The biopsies showed that the tumors were cancerous. Follow-up treatment was necessary.

Bladder cancer is one of the most commonly diagnosed cancers in the United States. Hematuria (or blood in

the urine) is the most common presenting symptom of bladder cancer. This will cause a workup to be initiated, including imaging of the kidneys (typically a CT scan or a renal ultrasound) and cystoscopy to visualize the bladder and look for possible tumors. Between





**Ob-Gyn A. Donna Farin, DO**

## FOR THE LADIES

*Ob-Gyn A. Donna Farin, DO, answers some of the most intimate questions about women's health*

**Q What is an Ob-Gyn?**  
An Ob-Gyn is a physician specializing in obstetrics and gynecology. Obstetrics focuses on pregnancy and childbirth. Gynecology focuses on the health of the female reproductive system. Ob-Gyn physicians provide services that include preventive care, prenatal care, family planning, and the detection and treatment of reproductive diseases and conditions.

**Q What do you think are a few of the most important things women should know about menopause?**

Menopause is the cessation of menstruation that occurs after the loss of ovarian activity. By definition this is 12 months after the last menstrual period. The average age in the U.S. is 51 years.

Women report a wide range of menopausal symptoms, most commonly being hot flashes and vaginal symptoms. It is important to know that there are treatments available.

**Q How might women know when they're in perimenopause? How early could it begin?**

Women may start to experience symptoms that are most closely associated with hormonal changes such as hot flashes, vaginal dryness, emotional instability or pain with intercourse. Some women may also note irregularity in their menstrual cycles. These can occur in your 40s or 50s. The menopausal transition or perimenopausal state is marked by fluctuation in hormonal levels as our ovarian function starts to slow down.

**Q What are some misconceptions women have about menopause?**

Many women believe this is “the change,” and they just have to deal with it. Fortunately that is not the case. There are behavioral modifications, herbal therapy and medical treatments available. Women must also remember that these are not quick fixes. It may take several weeks to months before you start to experience improvement.

**Q What is your advice to women thinking about menopausal hormone therapy?**

Hormonal therapy is not ideal for everyone. Behavioral and lifestyle changes may be all some women need. It is important to discuss available treatment options with your Ob-Gyn. Your doctor will review optimal treatment options based on your current symptoms and medical history. ■

APPOINTMENTS



### Need an Appointment?

Ob-Gyn A. Donna Farin, DO, is accepting new patients. Call **219-836-0606** (Munster) or **219-226-2336** (St. John) to schedule an appointment.



# WHITING HEALTH CENTER

**St. Catherine Hospital** is expanding services to meet the needs of the Whiting Community. The care you and your family have trusted for more than 85 years can now be found in a new convenient location - in downtown Whiting at 119th and New York Avenue just across from the Post Office.

- Community Care Network physicians include the specialties of family medicine, internal medicine, obstetrics and gynecology and pediatrics
- Outpatient laboratory for routine testing, a complete gym for physical therapy services

## NOW OPEN!



**Whiting Health Center**  
**1516 - 119th Street - Whiting, IN**  
**219-703-2550**  
[www.comhs.org/stcatherine](http://www.comhs.org/stcatherine)



# In good hands...



Our Family Birthing Center Features include:

- Modern, private suites
- State-of-the-art birthing beds
- Progressive delivery options, such as water births
- Certified Nurse Midwives and Lactation Consultants on staff
- Skin-to-skin bonding techniques
- Infant security system
- Flexible pain management options



OF ST. MARY MEDICAL CENTER  
1500 S. Lake Park Ave., Hobart, IN  
[www.comhs.org/stmary](http://www.comhs.org/stmary)

## Level II Nursery at The Family Birthing Center of St. Mary Medical Center

When it comes to babies, every delivery is special. And when those deliveries require more complex care, you can rest assured you're in good hands at the Family Birthing Center of St. Mary Medical Center. Our Level II Nursery is staffed and equipped to care for high-risk births and the special needs of both mother and baby. Our certified obstetrical nursing staff is specially trained across all aspects of maternal and child health, including emergencies that may arise during childbirth. Neonatologists are available 24-hours and we are equipped to care for babies born up to two months premature. All of this in a home-like environment that is comforting and conducive to family bonding and healthy beginnings.

**To learn more  
visit us online  
or call:  
219-947-6462.**

