

# VIM & VIGOR

SPRING 2017 • \$2.95

 Community Healthcare System<sup>®</sup>

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

## Our Incredible Bodies

**48** surprising facts about  
the human form


**PLUS** *Mark Ruffalo's*  
journey back from a rare  
brain tumor

NEW WEAPONS  
TO FIGHT CANCER

*A Lifesaving  
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HIGH-TECH  
HEART MEDICINE  
CLOSE TO HOME





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Please visit [www.comhs.org/TrueBeam](http://www.comhs.org/TrueBeam) to find out more.



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SPRING 2017

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Community Healthcare System hospitals partner with Purdue Northwest nursing students to help reduce infant mortality rates.

# YOUR PARTNER IN HEALTH

*Our goal is to provide treatment, and whether you're having a baby or facing a diagnosis of cancer or heart disease, we are here to help*



At the hospitals of Community Healthcare System, we are dedicated to providing you with all the services necessary to keep you and your loved ones healthy during every stage of life.

In this issue of *Vim & Vigor*, you can read about how our hospitals—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—work to bring you a safer, healthier future.

Our nurses are collaborating with students from Purdue Northwest to raise awareness about the high number of sudden unexpected infant deaths in Lake County, an initiative you can read about on page 4. With increased **education about a baby's proper sleep environment**, both in our hospital Family Birthing Centers and also in the community, Northwest Indiana families are adopting the recommended guidelines.

Advances in technology, high-tech imaging and radiation therapy systems are enabling our physicians and surgeons to **detect cancer earlier and provide more precise treatments** than ever before, with greater comfort for our patients. Learn more about how we are offering new hope to cancer patients, closer to home, by turning to page 6.

At St. Catherine Hospital, the Affirm™ upright **breast biopsy** guidance system is providing peace of mind for patients and a more comfortable exam (page 50).

Advances at St. Mary Medical Center in technologies and techniques, such as those performed in the **electrophysiology and cardiac catheterization laboratories**, are reducing the time that cardiac patients spend in the hospital after treatment (page 52).

Heart valve disease patients like Ernestine De La Rosa count on the **specialists at the Structural Heart & Valve Center** at Community Hospital for personalized attention, prompt care and a minimally invasive procedure (page 54).

We hope you will turn to Community Healthcare System for high-quality care, not only when you are sick, but also when you are healthy—so that we can help keep you that way.

**Donald P. Fesko**  
**President and Chief Executive Officer**  
**Community Foundation of Northwest Indiana**



# VIM & VIGOR

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MANIFEST

# LOG ON FOR HEALTH

*Revamped [www.comhs.org](http://www.comhs.org) provides the information and resources your family needs to reach us and access your records*

For the latest on what is happening at the hospitals of Community Healthcare System, you can find us online at [www.comhs.org](http://www.comhs.org). Our website has a new look designed to help you discover information about the health services offered at Community Hospital, St. Catherine Hospital and St. Mary Medical Center.

With a click of your mouse or a tap on your screen, you can check out

upcoming health education classes and screenings, find a new physician, submit a job application or learn more about advances in medical technology.

And that's just the beginning.

You can also access your health record through MyChart, the free, secure way to view information in your medical record and communicate with your doctor and healthcare team. No matter where you are, with an internet

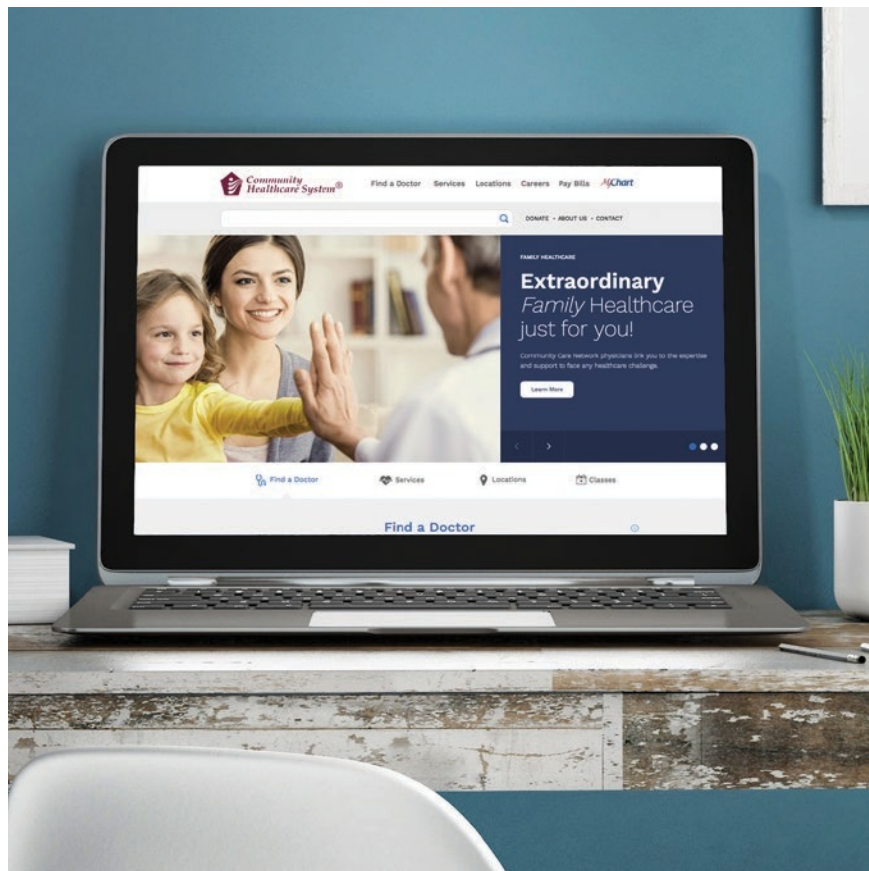
connection you can review current health issues, medications, immunizations and allergies; view test results; view your medical history; communicate with your healthcare team; request, cancel and view appointments; access information for family members, and more. Need a prescription refill? You can view a list of your current medications and request prescription renewals with MyChart. To get started, click on MyChart and request an activation code.

You can also log on to [www.comhs.org](http://www.comhs.org) to read the latest edition of *Vim & Vigor* magazine, including stories about our patients and their remarkable journeys. Don't forget to sign up for a free subscription so you never miss an issue.

The website also makes it easier to thank a special caregiver. Go to the "About Us" tab, click on "Newsroom," scroll down, and you'll find the form.

We have added new ways to contact us through email to make a donation, sign up for a class or pay your bill.

Let us know how we might expand the website even more to provide greater access to the information you are looking for. And don't forget to add us to your favorites! ■



**WEBSITE**

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Visit [www.comhs.org](http://www.comhs.org) for all your healthcare needs. Find a doctor, access your health record and learn about our services.

# THINKING INSIDE THE BOX

## *Baby box aims to help reduce infant mortality rates*

BY **ELISE SIMS**

**C**ommunity Healthcare System nurses and students from Purdue University Northwest's nursing program are working together to make a difference in infant mortality rates using a simple box. The box is filled with a variety of newborn necessities intended to help new moms and encourage them to seek early prenatal care. It also serves as a safe infant bed.

The idea of putting a baby in a box to sleep might seem odd to some, but ensuring the baby has a safe place to sleep—alone, with no pillows, bumper pads, loose sheets, blankets or stuffed animals—is pivotal in the fight against infant mortality, says Mary Puntillo, MSN, RNC-NIC, RNC-LRN, clinical nurse educator at Community Healthcare System and an adviser on the Purdue class project.

“Safe sleep practices are taught in the nurseries of Community Hospital, St. Catherine Hospital and St. Mary Medical Center,” Puntillo says. “We are committed to spreading the A, B, C message that babies should sleep Alone, on their Backs in an empty Crib. We use HALO® SleepSacks™ (wearable



Mallory Baccino worked on the baby box project at Purdue Northwest as a student nurse before graduating and becoming a nurse in the Mother-Baby unit at Community Hospital.

**Nurse Educator Mary Puntillo demonstrates the safe way to swaddle a baby during the free Taking Care of Baby and Grandparents classes offered by Community Healthcare System.**

blankets) for babies born at our hospitals. New moms are hearing this message from the moment their baby is born, and we are teaching it in our communities with the Taking Care of Baby and Grandparents classes, so that hopefully families will do the same at home. The baby box project is one more way to raise awareness.”

The baby box holds a health kit, cloth diapers, pacifiers, bottles and other necessities. At the bottom of the bundle is a waterproof mattress that allows the box to function as a safe space for the baby to sleep. It also includes a book about practicing safe sleep, among other pieces of safety literature.

Puntillo and other nurses in the healthcare system are part of the Northwest Indiana Patient Safety Coalition that is rolling out an Infant Safety Task Force with a “Safe to Sleep” training component. (Safe to Sleep is a nationwide public education campaign led by the National Institute of Child Health and Human Development.) For her contributions to keeping babies safer in their cribs, Puntillo has been recognized as a finalist in the Indiana Patient Safety Center’s honors program.

“We need to use every opportunity to raise awareness of infant deaths that are very preventable in our communities. It takes more than just one person ... it takes a whole village to change a way of thinking,” Puntillo says.

Ellen Moore, associate professor of nursing at Purdue University Northwest, says that in Northwest Indiana, the need for education and awareness is great. Lake County has one of the highest infant mortality rates in the state. Its most recent average was 8.5 (per live 1,000 births), compared with 7.2 for the state overall. That rate increases to 12.8



for African-American infants, according to a National Vital Statistics Report.

“These deaths result from birth defects, preterm birth, maternal complications, sudden infant death syndrome and suffocation,” she says. “Moving forward with initiatives to bring awareness to safe sleep practices in Indiana and throughout the United States is essential.”

Besides encouraging women to seek out prenatal care early and consistently, the boxes also help women follow their doctor’s orders in caring for their infants. The boxes make them feel more prepared, too.

“We are trying to raise awareness and create empowerment for women who may not otherwise be confident in their abilities to provide for their new infant,” Moore says.

Mallory Baccino worked on the project last year as part of her capstone class at Purdue University Northwest. Now a nurse on the Mother-Baby unit at Community Hospital, she is using what she learned in the classroom to educate new moms about safe sleep practices for babies.

“My classmates and I all thought we would never put our babies in a

box to sleep,” Baccino says. “But, once we did the research we were less biased—in fact, we all want one for our own babies.”

The goal of the class during the next phase of the project, Moore says, is to standardize the education of clinical and nonprofessional staff regarding safe sleep practices and educate new moms. To accomplish this, funding and grants may be needed to supply baby boxes and associated materials to the community.

“Empowerment comes through knowledge,” Moore says. “Knowledge is acquired through critically examining the research. This evidence may save lives by helping new mothers make educated decisions regarding safe sleep.” ■

WEBSITE

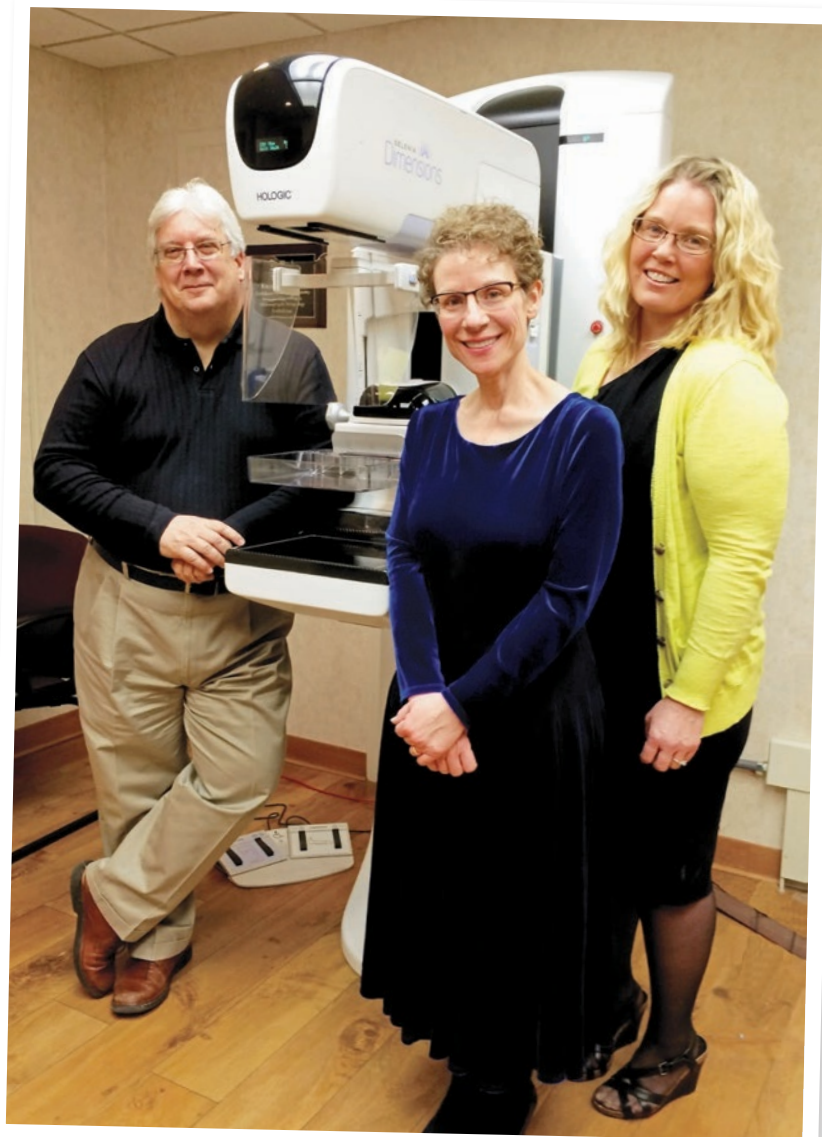


## Best for Baby

For more information on initiatives at the Family Birthing Centers of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org).

# NEW HOPE *in the* *Fight Against Cancer*

*Technology detects cancer earlier, provides more comfortable treatments for patients* BY ELISE SIMS



Cancer patients are looking to the hospitals of Community Healthcare System for leading-edge approaches to diagnostics and treatment, and finding that there is hope close to home. Advances in technology, high-tech imaging and radiation therapy systems are enabling physicians to detect cancer earlier and provide more precise, more comfortable treatments than ever before.

## **Faster, More Precise TREATMENTS**

St. Mary Medical Center was the first in Northwest Indiana to offer an innovative approach to treating cancer with image-guided radiotherapy called TrueBeam™. This technology also is being used by physicians at Community Hospital. TrueBeam is the advanced medical linear accelerator that significantly improves radiation treatment for patients with lung, breast, prostate, and head and neck cancers.

TrueBeam treatment system is fast and precise and can be adjusted to provide many forms of tracking and

3-D mammography enables radiologists, including Thomas Hoess, MD, and Mary Nicholson, MD, to see in layers with better contrast, additional sharpness and improved clarity. At right is breast health navigator Cheyann Abreu.



targeting external beam therapies, enabling doctors to tailor treatment to each patient's specific needs.

With more advanced technologies used to treat cancer, such as intensity-modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT) and stereotactic body radiation therapy (SBRT), physicians are able to deliver a broader range of treatments to track and destroy tumors without harming surrounding healthy tissue. These therapies also account for patients as they breathe and move, assessing the tumor in real time.

"With TrueBeam, we can choose from a variety of advanced treatments," says Koppolu Sarma, MD, medical director of Radiation Oncology at St. Mary Medical Center. "Complex treatments that once took 20 minutes or more can be completed in less than two minutes once the patient is in position. Faster delivery and precision also allow for reduced chances of tumor motion during treatment. This helps to protect nearby healthy tissue and organs, making it possible to use this treatment approach for tumors of the kidney, liver, lung and breast."

### **Attacking Tumors, SPARING HEALTHY TISSUE**

At St. Catherine Hospital, CyberKnife® delivers high doses of radiation to cancer cells with pinpoint precision, without any bleeding or pain, using the same technology that leads cruise missiles to their targets. CyberKnife uses computerized imaging associated with IMRT, as well as the targeting abilities of stereotactic radiosurgery. In stereotactic radiosurgery, very small beams of radiation are directed from different angles to better shape radiation around the tumor and spare critical structures and organs in its path. CyberKnife can direct up to 1,600 beams of radiation at a single target. Each small beam of radiation does not harm the healthy tissue



**The TrueBeam™ radiotherapy system delivers precise treatments that can be adjusted to provide many forms of external beam therapies.**

or organs it passes through. However, when each of these beams intersects at the target, a high enough dose is delivered to destroy the tumor and stop the progression of abnormal cell growth.

While CyberKnife was initially used to treat inoperable brain tumors, radiation oncologists across the country, including those at Community Healthcare System, have found that it is an effective treatment for other organs between the head and pelvis, says CyberKnife Medical Director and Radiation Oncologist Andrej Zajac, MD.

For tumors outside the brain, the advantage and uniqueness of CyberKnife are even more significant, Zajac explains. "CyberKnife's robotic arm is able to direct the radiation beam from many different angles and positions, and this becomes an important advantage in treating lesions that are larger, odd-shaped and near vital organs. CyberKnife also tracks tumors in real time, staying on target with the patient's every movement, including breathing, providing the highest degree of accuracy."

### **A Better Way to FIND PROSTATE CANCER**

At Community Hospital, 3T magnetic resonance imaging (MRI) technology is being used to diagnose prostate cancer. This technology is making a difference in care, as prostate cancer currently is the most common cancer diagnosis and the second leading cause of cancer deaths in men in the United States.

The enhanced visual images with the 3T MRI help physicians distinguish benign from malignant (cancer) tumors, and prostate cancer cells stand out in situations where they might normally be undetectable. (The T stands for "tesla," the unit of measurement for the strength of a magnetic field.) Greater than 97 percent accuracy can now be achieved in detecting clinically significant prostate cancer or excluding significant cancer.

"With the advanced images of the 3T MRI combined with the guidance

of ultrasound, we can get a much more accurate picture of where the tumor is located and how aggressive it is,” says Jonathan Lee, MD, medical director of Radiology.

A 3T MRI is the most powerful imaging magnet available. It provides twice the magnetic strength than the next-lower-strength magnet (1.5T), and thus a clearer image of the prostate. This gives the 3T MRI the advantage when it comes to improved anatomical detail and shorter scan times.

The 3T MRI is also more comfortable for patients than the 1.5T. “With the 3T MRI, physicians do not need to use an endorectal coil to perform the prostate exam,” says Justin Spackey, MD, radiologist. “An endorectal coil is essentially a probe placed into a man’s rectum during the MRI scan, and the coil can be quite uncomfortable.”

### **A Comprehensive VIEW OF THE BREAST**

Breast tomosynthesis produces a three-dimensional view of the breast tissue and helps radiologists identify

and characterize individual breast structures without the confusion of overlapping tissue.

“With 3-D tomosynthesis, we are able to see the breast as a three-dimensional reconstruction,” says Mary Nicholson, MD, regional director of breast imaging services for Community Healthcare System. “For the radiologist, 3-D mammography offers better contrast, additional sharpness and improved clarity of the images.”

Multiple studies show a combined use of digital mammography and tomosynthesis appears to improve cancer detection and decrease the number of callback rates for further imaging.

The tomosynthesis screening experience is similar to a traditional mammogram. During a tomosynthesis exam, multiple, low-dose images of the breast are acquired at different angles. These images are then used to produce a series of 1-millimeter-thick slices that can be viewed as a 3-D reconstruction of the breast.

St. Mary Medical Center, St. Catherine Hospital and

WEBSITE 

## Cancer Care


For more information about cancer care at the hospitals of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org).

Community Hospital offer 3-D mammography. In addition, St. Catherine Hospital Women’s Diagnostic Center is now using the Affirm biopsy system for patients undergoing mammography-guided biopsies.

“The advantage of the Affirm biopsy system is that there is no weight limit and the patient needs only to be able to sit upright in a chair to have the biopsy performed, instead of lying down on her stomach,” explains Cheyann Abreu, breast health navigator. “This enables us to accommodate many more patients.”

Breast cancer is the second leading cause of cancer death among women, exceeded only by lung cancer. Statistics indicate that one in eight women will develop breast cancer in her lifetime. The stage at which breast cancer is detected influences a woman’s chance of survival; if detected early, the five-year survival rate is 98 percent.

The Women’s Diagnostic Centers of Community Healthcare System are committed to the fight against breast cancer. In offering breast tomosynthesis 3-D digital mammography, the centers provide the latest in imaging technology. The radiologist reviews the images while the patient waits, preventing the need for a return visit. ■

 **CyberKnife®**, shown here with Medical Director Andrej Zajac, MD, delivers high doses of radiation to cancer cells with pinpoint precision, using the same technology that leads cruise missiles to their targets.



# The Understanding Your Body Issue

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## INCREDIBLE YOU



**Think you know your body like the back of your hand? Consider these amazing facts about the human form.**

As much as **60 percent** of the adult body is water; the lungs are about 83 percent water.

The human body contains more than **650 muscles**.

A human head may lose **50 to 100 hairs a day**—and you didn't even notice, did you?

You aren't imagining it: **Fingernails grow faster than toenails**; all nails grow faster in summer than in winter.

Your body can make nearly **30 hormones**.

The average 20-year-old American native English speaker knows **42,000 words**—and learns a few new words every week.

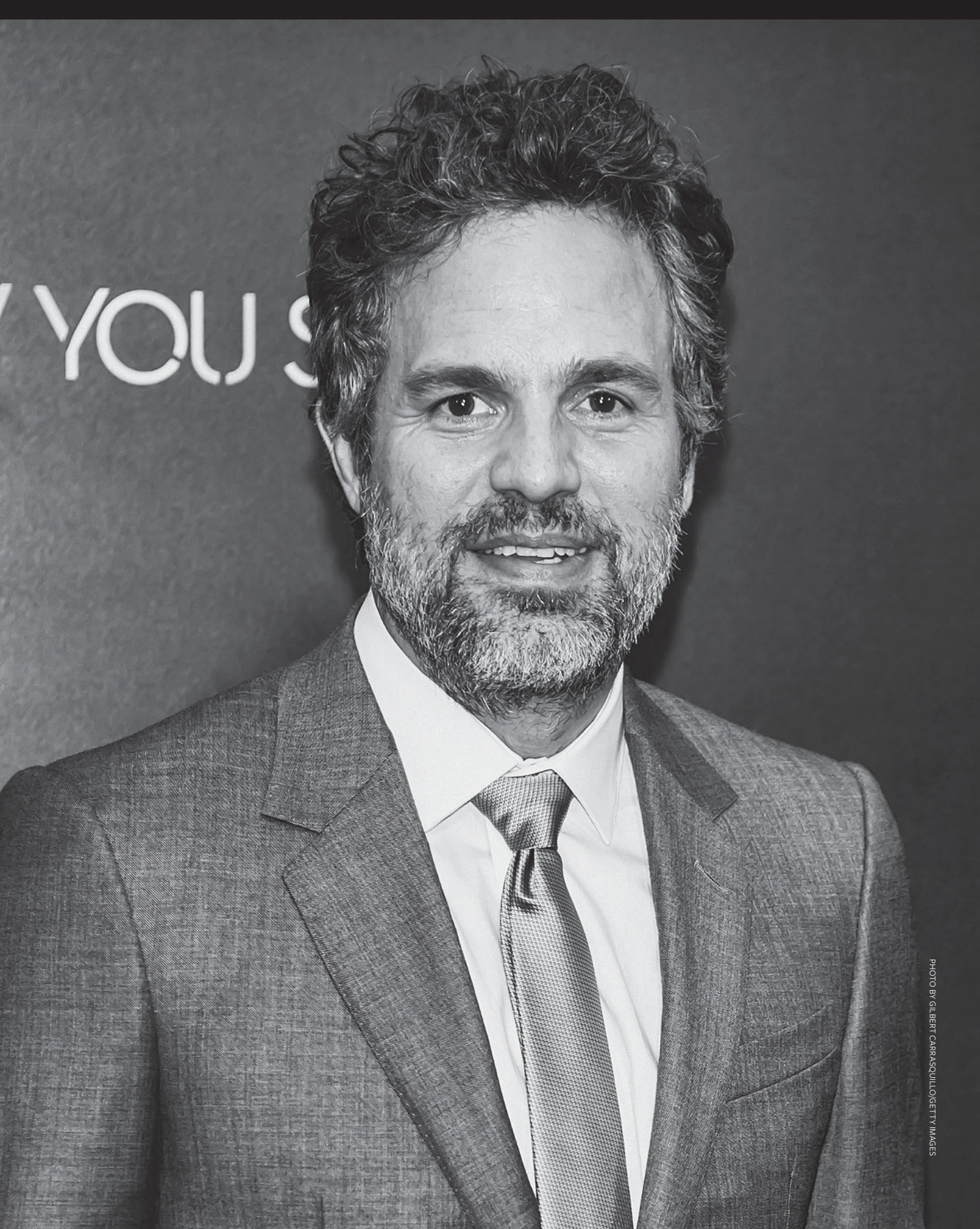
Hearts work hard: The body contains about **5.6 liters (or 6 quarts) of blood**, which circulates through the body three times every minute.

The small intestine, at about **20 feet long**, is much longer than the large intestine. The large intestine, at 5 feet long, gets its name from its bigger diameter.

**When you better understand how your body works, you can help it work better.**

**Read on to find out how.** ➔

PHOTO BY THINKSTOCK



# A HULK-SIZED COMEBACK

*Before becoming an action hero and an Oscar nominee, **Mark Ruffalo** had a benign brain tumor that left him with hearing problems and facial paralysis*

BY **SHELLEY FLANNERY**

Actors can be, by definition, a bit dramatic at times. So when Mark Ruffalo told the doctor on the set of *The Last Castle* in 2001 that he had a brain tumor, she naturally thought he was being theatrical.

“I was working on a movie when I had a dream that I had a brain tumor, and it was like no other dream that I’d ever had,” Ruffalo says in a video for the Acoustic Neuroma Association. “I went to [the set doctor] that morning and I said, ‘Listen, I had a really scary dream last night, and you’ll probably think I’m crazy, but I think I have a brain tumor and I’d really like to get it checked out.’”

The doctor did, in fact, tell Ruffalo he was crazy. He wasn’t exhibiting any symptoms of a brain tumor. But she ordered a CT scan to placate him.

Unbelievably, the scan revealed a mass behind his left ear about the size of a golf ball.

“And I was like, ‘Yep,’” Ruffalo says. “It’s not a great time to say, ‘I knew it,’ but ...”



Mark Ruffalo with his wife, Sunrise.

## 7 THINGS YOU (PROBABLY) DIDN'T KNOW ABOUT MARK RUFFALO

- 1 **Ruffalo's mother is a hairdresser**, and all three of his siblings followed in her footsteps.
- 2 Ruffalo's father took a break from being a painting contractor to sell a **SodaStream-like invention called the Soda Butler**. "He was 20 years ahead of his time" and ended up going broke, Ruffalo told *Men's Journal*.
- 3 He was once **held up while working in a dive bar** near MacArthur Park in Los Angeles. The doorman of the club, an off-duty cop, shot the robber.
- 4 Ruffalo was a **C student in school but placed fourth in wrestling** in his hometown of Virginia Beach, Virginia.
- 5 He suggested to his wife **they name their first son Keen by picking the word out of the dictionary** after finding out there was a deadline to name a baby. He didn't want him to be dubbed Baby Boy Ruffalo by the Department of Records.
- 6 Ruffalo studied acting for seven years at the Stella Adler Academy, where he **learned alongside Benicio Del Toro and Salma Hayek**.
- 7 One of his favorite places in New York City is the subway, where he'll just **ride around town for hours running movie lines**.

Sources: *Men's Journal*, *New York magazine*

### 'THE BEST OF THE WORST'

Ruffalo's official diagnosis turned out to be an acoustic neuroma, otherwise known as vestibular schwannoma, which is a benign tumor that grows on a nerve between the brain and inner ear that's responsible for hearing and balance.

"Acoustic neuromas are rare and account for about 7.5 percent of all brain tumors," says Allison Feldman, chief executive officer of the Acoustic Neuroma Association. "They're generally slow-growing tumors. And while they're benign, they do cause a lot of quality-of-life issues for those who have them."

The acoustic neuroma symptoms Feldman is referring to include single-sided hearing loss, facial paralysis, vertigo and tinnitus—ringing or buzzing in the ears. Most people don't realize they have a tumor until they go to a doctor about the hearing loss. Ruffalo had no symptoms and had lost only about 7 percent of the hearing in his left ear at the time of diagnosis. "I didn't feel like I could hear any worse out of that ear than I could in my other ear," he says.

As an actor dependent on showing emotion, Ruffalo was most concerned about paralysis and losing the ability to make facial expressions.

His doctors advised that an acoustic neuroma was "the best of the worst" as far as brain tumors are concerned and that surgery was the right course of action. Surgery often causes acoustic neuroma patients to lose hearing in the affected ear but has the ability to ward off other symptoms, including paralysis.

So Ruffalo accepted that he might lose hearing in his left ear and had the surgery. The hearing loss was immediate, but it wasn't until the second day after the procedure that he realized his worst fear had come true. The actor had no feeling in the left side of his face.

"I had an odd bit of shame about it and fear about it and how it would be perceived, especially in my profession," Ruffalo says. "So I didn't really tell anybody."

Ruffalo and his wife, Sunrise, who'd married less than a year earlier, decided to move, along with their newborn son, Keen, to upstate New York to focus on Ruffalo's recovery.

## FROM DEVASTATION TO DEVOTION

Ruffalo never gave up on willing the paralysis away.

“Every day I’d get up and try to make those muscles move,” he says in the video. “I’d spend an hour doing that every day, to no avail.”

He also tried alternative therapies, including acupuncture, massage, herbal therapy and craniosacral therapy, which involves a therapist touching and applying gentle pressure to the head. “I did every alternative thing I could find to make me feel like I was in power,” says Ruffalo, who also started a video diary of his recovery to address his fears and watch for signs of improvement in his face.

Then it happened. After nearly a year of paralysis, Ruffalo felt a slight twitch in his left cheek during a car ride.

“At the 10-month mark, my face started to come back, which was itself kind of unheard of because after about seven months, if your face stays paralyzed, they sort of think the nerve is dead,” he says.

As feeling returned, so did Ruffalo to the spotlight. Since his diagnosis, he’s appeared in more than 35 films, including *Eternal Sunshine of the Spotless Mind*, *13 Going on 30*, *Collateral*, *Zodiac*, *Shutter Island* and, of course, the Avengers franchise, in which he plays The Hulk. He’s been nominated for three Academy Awards, for *The Kids Are All Right*, *Foxcatcher* and *Spotlight*, which won best picture.

It wasn’t long before Ruffalo was able to see the positive in his experience.

“My relationship with my wife deepened enormously at that time. ... And I’ve been really lucky.” He even jokes about a perk of permanently losing hearing in one ear.

“Sleeping on my good ear—it is amazing,” he says in the video. “I could sleep through anything. I’ve had two other kids since then, and I could sleep through babies screaming right next to me. I could sleep through anything. That’s probably the greatest gift of single-sided hearing.”

## OTHER CAUSES OF HEARING LOSS

Acoustic neuromas are rare, but hearing loss is not. In fact, by age 65, 1 in 3 adults reports some degree of hearing loss, according to the Hearing Loss Association of America.

“The most common thing we see is age-related hearing loss and then hearing loss from noise damage and ototoxicity, which is hearing loss caused by chemotherapy drugs,” says Alan G. Micco, MD, president of the American Hearing Research Foundation and chair of its subsidiary research committee.

The signs of hearing loss may surprise you. Not being able to hear is the obvious symptom, but you may also feel as though people are mumbling or talking too fast, even if you think their volume is adequate. You may also hear just fine one-on-one but have difficulty conversing when there is background noise. Often a loved one will notice your hearing loss before you do.

Unfortunately, there’s not much you can do to prevent age-related hearing loss beyond wearing ear protection around loud noises. “Genetics are genetics,” Micco says. And once hearing is lost, it can’t be restored. But there are some very good assistive devices on the market today.

Don’t let pride get in the way of asking for a diagnosis. After all, if The Hulk can do it, so can you. ■

## PATHWAY TO CLEARER SOUND

Cheri Rumsey recalls the moment she heard the “whoosh” of a passing car and the sound of birds chirping in a tree as clear as a bell. And, now she can hear her husband call her from another room. For that, Rumsey credits the audiology services of Community Healthcare System, where a team of certified audiologists offer diagnostic services, treatment and hearing aids for patients of all ages and income levels.

“Our goal is to find solutions to improve communication skills and achieve optimal health and hearing function,” says Natalie Spork, AuD, doctor of audiology on staff at Community Hospital audiology services at Lake Business Center and St. Catherine Hospital. “Our patients are closely counseled and we arrange follow-up visits with thorough explanations to make sure they are hearing well.”

Rumsey says her life has changed for the better. “I am calmer now. It is because I can hear.”


CALL



### Help with Hearing Loss

Call Community Hospital audiology services at Lake Business Center, **219-836-4527**; St. Catherine Hospital, **219-392-7665**; or Community Hospital Outpatient Centre, St. John, **219-226-2326**.

# *Know Your Body* **BETTER**

 *You probably took a biology class in high school or college. But what do you really know about the way your body works? We take a closer look at the physical (your heart and joints) and the psychological (why you crave junk food, not carrots) to get a better understanding of whole-body health.*

BY **STEPHANIE THURROTT**





PHOTO BY HERO IMAGE SIGLOW IMAGES

## HEART HEALTH

Your heart and your car have more in common than you think.



# Tune Up YOUR TICKER

➔ *When you understand how your heart works, you can better care for it—and get the help you need*

Your heart is like a car, explains Robert O. Bonow, MD, past president of the American Heart Association. “It’s got moving parts, a motor, fuel lines and electricity,” he says. “And just like with a car, any one of those things can go wrong. And when one goes wrong, it affects something else.” Here, he outlines what can malfunction with your heart’s parts, and what you can do to keep your ticker running smoothly.

# THE LIFESAVING POWER OF A HEALTHY DIET

You are what you eat. For those suffering from high cholesterol, high blood pressure or diabetes, making healthy lifestyle choices is essential to reaching and staying within your target ranges. If neglected, conditions such as these can easily become life-threatening.

There is a simple way to balance your meals, through diet and nutrition counseling at the hospitals of Community Healthcare System: Community Hospital, St. Catherine Hospital and St. Mary Medical Center.

“With help from a registered dietitian, we can perform an evaluation of your current diet to pinpoint your unique nutritional needs,” says Bobbi Homola, MPA, regional clinical manager, Hospitality and Nutrition Services, Community Healthcare System. “Then an individualized meal plan is designed to help establish better eating habits, manage weight and prevent illness. Our experts provide one-on-one consultation throughout your journey.”

And if you suffer from food allergies, hospital dietitians can map out a specialized meal plan. A physician referral is required.

## THE FUEL LINES (Arteries)

**What could happen:** Plaque can build up inside your arteries, narrowing the pathway for blood flow and preventing enough blood from reaching your heart. “You may feel fine when you’re resting but have symptoms (such as shortness of breath) when you’re exercising,” Bonow says. If a piece of plaque breaks off, it could cause a total blockage, triggering a heart attack and requiring emergency treatment.

**What you can do:** Beta-blockers can reduce the heart’s demand for oxygen, making it easier for the heart to work and easing symptoms. If medication doesn’t help, doctors can open clogged arteries with minimally invasive procedures or bypass arteries surgically.

## THE MOTOR (Muscle)

**What could happen:** Anything that forces your heart to work too hard, such as clogged arteries or high blood pressure, can damage your heart muscle. And when your heart is weak, other parts of the body—the kidneys, for example—recognize it and signal the heart to work harder. The heart responds to these signals and becomes even weaker over time.

**What you can do:** Some medications can help your heart work more efficiently, and others, including beta-blockers and angiotensin-converting enzyme (ACE) inhibitors, tell the heart to ignore the signals from parts of the body that demand it work harder. The heart can then beat more slowly and with less force. “Heart failure is often caused by a combination of factors, so it’s not uncommon for patients to take four, five or more medications all at once, since they are addressing different aspects of the heart failure,” Bonow says.

## THE MOVING PARTS (Valves)

**What could happen:** Your heart’s valves open and close with every heart-beat, so “wear and tear” problems are common as you age. The left side of your heart circulates blood to your body and works harder than the right side, which serves your lungs. So valve problems are more common on the left. Some valves become too tight, as if rusted, and others tend to leak. Either way, your heart has to work harder, whether to push blood past a valve that isn’t opening properly or to recirculate blood if it leaks back through the valve.

**What you can do:** In general, you can’t prevent valve problems, though many are exacerbated by other heart conditions. So taking good care of your heart can help keep your valves healthy, too. There are no medications that can make your valves work better once they begin to malfunction. Some valves can be repaired surgically; when that’s not an option, valves can be replaced.

## THE ELECTRICAL SYSTEM

**What could happen:** Problems with the heart’s electrical system often develop as people age. One common problem, atrial fibrillation, occurs when

the heart’s two upper chambers, the atria, beat fast and erratically. Blood pools in the atria instead of flowing into the lower chambers as it should. When the heart isn’t beating properly, blood can clot inside and lead to a stroke.

**What you can do:** You can’t prevent most of your heart’s electrical problems—although, as with valve problems, keeping your heart healthy overall will help. There are medications that can prevent atrial fibrillation, and your doctor may prescribe an anticoagulant to reduce your stroke risk. Another treatment option, a procedure called ablation, can identify and eradicate the source of the electrical abnormalities. ■

CALL




### Call a Counselor

To learn more about nutrition counseling, call **219-934-2858** for Community Hospital, Munster; **219-392-7060** for St. Catherine Hospital, East Chicago; or **219-947-6063** for St. Mary Medical Center, Hobart.

Before surgery, you can try to ease pain with therapy and strength training.



## *Is It Time to Replace Your* **ACHING JOINT?**

 *Your knee catches. Your hip hurts. Your shoulder is sore. Here's what might be causing your pain—and what you can do about it*

Joint pain that stems from arthritis usually starts gradually—you feel stiff when you wake up in the morning, or you notice a twinge as you climb stairs. But as arthritis breaks down more of your cartilage, the pain can worsen.

## WHEN ICE ISN'T ENOUGH

When it comes to joint or muscle pain, very few people are immune. Many of us will experience orthopedic issues in our lives. When symptoms are minor, the best way to treat them is rest and ice. When that doesn't work, you may need physical therapy.

The hospitals of Community Healthcare System—Community Hospital, St. Catherine Hospital and St. Mary Medical Center—offer a wide range of therapy services for those who want to get back to their daily activities pain-free. The services offered by the physical therapy departments at the hospitals include the latest in rehabilitation technology. Our highly skilled therapists perform special tests to identify the basis for a patient's movement issues or pain. From this assessment, an individualized treatment plan of care is developed to address specific functional goals.

Joseph J. Ciotola, MD, an orthopedic surgeon and a member of the American Academy of Orthopaedic Surgeons, says that you can treat arthritic joint pain with anti-inflammatory medications, injections or physical therapy. Those options may be all that you need. But Ciotola says it might be time to think about joint replacement if they're no longer working and:

- You have debilitating pain in that joint.
- Pain is affecting your quality of life.
- Stiffness is limiting your range of motion.

Ciotola says the knees, hips and shoulders are the joints most often replaced. Here's what you need to know about them.

### NEW KNEE

**How does your knee work?** Think of your knee like a hinge. The bones, cartilage, muscles, ligaments and tendons work together to stabilize and support your body whether you're standing, running or jumping.

**What can go wrong?** Osteoarthritis can wear away the cartilage and create problems with the bones in the knee. Having an injury, being overweight and aging all can worsen the effects of arthritis.

**How could knee replacement help?** If you have a total knee replacement, once you recover you should be able to play doubles tennis and walk, cycle, swim and bowl. For activities like running, basketball or skiing, you'll probably need a brace. It might hurt to kneel, and your range of motion could be reduced a little. Your replacement knee can last up to 30 years.

### HIP HELP

**How does your hip work?** Your hip, one of the largest joints in your body, is

a ball and socket. This design allows you to move your upper leg in many directions. A layer of cartilage protects both the ball and the socket and allows the joint to move smoothly.

**What can go wrong?** As you age, arthritis can cause the protective layer of cartilage to wear away. And bone spurs can grow in an effort to replace the missing cartilage.

**How could hip replacement help?** Hip replacement surgery could ease your pain and get you back to the activities you enjoy. As you recover, you'll probably be able to add walking, bicycling and swimming to your routine. Your doctor may advise you to avoid high-impact activities, like basketball, jogging and tennis. "With high-energy activities, you could wear out the joint prematurely, but it's not a problem if that's what you want to do," Ciotola says. Your new hip should last up to 30 years.

### SHOULDER IT

**How does your shoulder work?** Three bones come together in your shoulder: collarbone, shoulder blade and upper arm. They meet in two joints, one between your shoulder blade and collarbone and one between your upper arm and shoulder. The shoulder is the most moveable joint in the body.

**What can go wrong?** As with knee and hip problems, arthritis can wear down the shoulder's protective cartilage.

**How could shoulder replacement help?** If you need shoulder replacement, a surgeon could replace just the ball or the ball-and-socket portion of the joint. After you recover and regain your range of motion, you can perform most activities. Your doctor might advise that you avoid contact sports and repetitive overhead lifting so you don't strain or damage your new joint. Your new shoulder should last 10 to 15 years. ■

VIDEO



### Join a PT Class

For a list of classes offered by the physical therapy departments of Community Healthcare System, visit [www.comhs.org](http://www.comhs.org) or call 219-836-3477 or toll-free 866-836-3477.

**You know  
you won't stop  
at one ...**



# *Cravings,* **EXPLAINED**

**→** *Too much junk food wrecks havoc on the body, so why do we crave cake and cookies instead of carrots?*

Cravings are a lot like itches. They demand your attention. They occupy your thoughts. They are hard to resist. And yet, once they go away, you question why they had such a hold on you. Here's what you need to know about these urges—and why it's OK to sometimes let yourself have that treat.

## WHY DON'T I CRAVE CARROTS?

We tend to pursue foods that have an addictive quality. “They’re often highly palatable and high in sugar, salt and fat. Typically, they are highly processed, not foods we can find in nature. Our brains aren’t wired to know what to do with those foods, so they kind of go haywire and get overstimulated and we get a rush or a high off of that,” says Allison Childress, a registered dietitian nutritionist and board member of the Texas Academy of Nutrition and Dietetics. These foods tend to trigger a pleasurable chemical and physical reward, and we go to them again because we want to repeat the sensation.

## BLOOD SUGAR BOOST

People often crave foods high in carbohydrates, which cause a rapid rise in blood sugar. You can get surges of the feel-good brain chemicals serotonin and dopamine from these foods, and you’ll want to create those good feelings again. Marjorie Nolan Cohn, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics, explains that carbs are digested quickly, so two hours later, as your blood sugar levels fall, you may want to eat again, creating another cascade of hormones.

If you eat large quantities—which is common with cravings—you’ll tax your digestive system repeatedly. Over time, if you overeat, you can become overweight and increase your risk for heart disease, diabetes and other long-term health problems.

## FIND THE MIDDLE GROUND

Cravings are tricky to manage. “We have learned that the more we give in, the more we have them. And the more we restrict them, the more we have them,” Childress says. “The trick is finding that balance—not giving in to them every time and not restricting them completely.”

## BREAKING THE CYCLE

For many people, losing weight and keeping it off can be a struggle. For some, the inability to control food cravings isn’t due to lack of willpower.

“Food cravings can be attributed to habits, hormones or even triggers in your brain similar to addiction,” says Debi Pillarella, director of Bariatric Services and the Healthy 4 Life program at Community Hospital and St. Mary Medical Center. “It’s important for individuals who are trying to lose substantial weight to have a complete medical examination by a qualified physician specializing in weight loss. This can help determine the complex physical, psychological and emotional matrix at the root of an individual’s weight loss challenges so they can successfully keep it off and become healthier.”

Cravings can be powerful, but knowledge and support are key to helping you maintain control.

To keep cravings at bay, eat regularly and stay hydrated, as you’re more likely to cave if you’re hungry or thirsty. Get regular exercise, which acts as a natural appetite suppressant. And get enough rest so you have the energy to resist the urge when you need to.

To satisfy a craving, get a single serving of the food you want—a slice of pizza or an ice cream cone, for example. That way you won’t overeat or be tempted later with your leftovers.

To resist the urge to eat a not-so-good-for-you food, try an artistic or tactile activity. Cohn recommends knitting, coloring and making jewelry. “If you find something that’s more enjoyable, you’ll have more success than if you punish yourself and force yourself to clean the bathroom,” she says. And seek out an activity that’s accessible. Rock climbing might be a great distraction, but it’s not something you can turn to every time the need arises.

If you struggle with emotional eating, it can be helpful to journal about the emotions you feel during a craving. Cohn notes that some research is beginning to draw correlations between certain emotions and flavors. Crunchy and salty foods like pretzels and chips are associated with frustration or anger, while sweet and creamy foods or baked goods are associated with depression, sadness or loneliness.

## YOU DON'T HAVE TO BE PERFECT

Cravings stem from an emotional desire. But it’s important to realize that emotional eating isn’t necessarily off the table. “We have this notion that there should be no emotional attachment to food, but in reality food has positive and negative associations, and that’s not a bad thing,” Cohn says.

For example, enjoying a slice of cake at a birthday party, or an ice cream cone on a beach vacation, can be a positive experience. “But when it becomes frequent or excessive,” Cohn says, “it starts to become dangerous physically and emotionally.” ■

CALL



### You Can Lose Weight

Discover your weight loss options with the Healthy 4 Life team. Call **219-836-3477** or visit **[www.comhs.org](http://www.comhs.org)**.

# WHAT'S MY CANCER RISK TIMELINE?

*As we age, our lives change—and so does our cancer risk. Read on to find out the best prevention strategy for your age*

BY ELLEN RANTA OLSON

**T**here are few words in the English language that are scarier than the big C. And when it comes to age, cancer doesn't discriminate. We've tapped the brains of leading experts to explain which cancers are most common at different times in life—and what steps you can take to stay healthy for years to come.



ILLUSTRATION BY JOSIE PORTILLO





## 15-24 YEARS OLD

### THINK AHEAD:

“Unfortunately, there are no preventable risk factors for [adolescent] lymphoma and leukemia,” says Brett Osborn, DO, author of *Get Serious: A Neurosurgeon’s Guide to Optimal Health and Fitness*. “Unlike cancers seen in adulthood, many of these malignancies have a strong genetic component—they are the result of an inherited genetic mutation.” While you may not be able to prevent these cancers, you can keep an eye out for warning signs in yourself or your children, such as persistent fatigue, frequent infections, unexplained weight loss, easy bleeding or bruising, and swollen lymph nodes in the neck, underarms or groin. Keeping up with annual appointments to a primary care provider is important, too.

It’s often said that teenagers and young adults feel invincible. And why not? They should have their whole lives ahead of them. Unfortunately, cancer can strike even the young and seemingly healthy. In fact, about 70,000 people ages 15 to 39 are diagnosed with cancer each year in the U.S. For people 15 to 24, the most common cancers are leukemia, lymphoma, testicular cancer and thyroid cancer.

**25-39**  
YEARS OLD



In their 20s and 30s, many people become parents and start focusing on their children's wellness. But it's still important to monitor your own health; in this group, the most common cancers are breast and melanoma. And breast cancers in younger women are more likely to be more aggressive than in older women.

**THINK AHEAD:** To prevent breast cancer, changing your habits can help, says Noelle LoConte, MD, a member of the American Society of Clinical Oncology's Cancer Prevention Committee. "Breast cancer

interventions include maintaining or achieving a healthy weight, getting regular exercise and cutting out high-risk alcohol use, like binge drinking," LoConte says. Talk to your doctor if breast cancer runs in your family; you might want to start early mammograms.

If you're pregnant or trying to conceive, give serious thought to breastfeeding your baby, if you're able. According to the Susan G. Komen Foundation, mothers who breastfed for at least one year were less likely to get breast cancer than those who never nursed.

As for melanoma, we all know the importance of limiting sun exposure and wearing sunscreen with SPF of at least 15, and both UVA and UVB protection. Keep track of your moles and note any changes or growth to your doctor promptly.

## 7 THINGS TO CHANGE NOW

Not all cancers are preventable, but the earlier in life you adopt healthy habits, the better your chances of warding off the disease down the road. Here, Pawan Grover, MD, a physician who specializes in interventional spine treatment and a medical correspondent for CNN, NBC and CBS, explains the top seven things you can do to avoid cancer diagnosis.

**1 AVOID ALL FORMS OF SMOKING.** "Some people are under the impression that smoking cigars and hookah are safer than smoking cigarettes, but the fact is that all smokable products contain carcinogens," Grover says.

**2 DRINK IN MODERATION.** For men, this means limiting yourself to no more than two drinks per day, and one per day for women.

**3 EAT A HEALTHY DIET** that includes lots of fruits and vegetables. Limit how much processed meat and red meat you eat, and opt for whole grains over refined grain products.

**4 TRY TO ADOPT HEALTHY COPING TOOLS** for dealing with stress, such as meditation and writing in a journal. "Stress weakens your immune system and can allow cancer cells to proliferate," Grover says.

**5 BE ACTIVE.** Aim for at least 150 minutes of moderate-intensity activity or 75 minutes of vigorous activity each week (or a combination of the two).

**6 MAINTAIN A HEALTHY WEIGHT.** You want to be as lean as possible throughout life without being underweight, Grover says. If you are overweight, losing even a small amount of weight has health benefits and is a good place to start.

**7 LIMIT SUN EXPOSURE.** The American Cancer Society recommends using the catchphrase "Slip! Slop! Slap! and Wrap" as an easy way to remember how to protect your skin from the sun: Slip on a shirt, slop on sunscreen, slap on a hat and wrap on sunglasses.



## 40–54 YEARS OLD

**T**urning 40, and then 50, can mean you've developed rich relationships, had rewarding life experiences and achieved financial stability. Unfortunately, aging also means an increased risk of certain kinds of cancer. For women, breast cancer is still the most common, and it's now more important than ever to talk to your doctor about when

to begin screening mammograms. For middle-aged men, the most common diagnosis is testicular cancer, LoConte says.

**THINK AHEAD:** Many men with testicular cancer have no known risk factors, and of the ones who do, the risk factors are unpreventable—undescended testicles, white

race and a family history of the disease. Although you might not be able to prevent the disease, you can identify it early and have a better chance of treating it. Aim to do monthly self-exams, checking for lumps or anything that doesn't feel right, and ask your doctor about whether a testicular exam should be a part of your annual physical.



## 55-69 YEARS OLD

**B**y the time you're starting to get the senior discount, life is good. Retirement is on the horizon, the kids have moved out and you have a dream vacation planned. For men older than 55, though, prostate cancer is a looming risk, Osborn says. At some point in their lifetimes, 14 percent of men will be diagnosed with the disease, making

it the second most common cancer among American men (after skin). Ladies, breast cancer is still your biggest cancer threat. The good news: Both prostate and breast cancer are very treatable when found early.

**THINK AHEAD:** Men should focus on their diets to prevent prostate cancer. "Eat a low-fat,

high-fiber diet and consume tomatoes a few times a week for their lycopene," Osborn says. Studies have shown that lycopene may have preventive effects for cancers of the prostate, skin, breast, lung and liver. Women should continue their mammograms.

**70+**  
YEARS OLD

As you've grown older, you've probably seen several friends or family members battle cancer. So you're well aware of the importance of being vigilant about your health. Though breast and prostate cancers are still leading threats for women and men, lung cancer kills

more Americans than breast, prostate and colon cancer combined. The average age of diagnosis is about 70.

**THINK AHEAD:** "This probably won't come as shocking news, but the best way to reduce your risk of lung cancer is not to smoke and to avoid breathing in other people's smoke," Osborn says. If you stop smoking before a cancer develops, your damaged lung tissue gradually starts to repair itself. No matter what your age or how long you've smoked, breaking the habit may lower your risk and help you live longer and better. ■

## EASING THE JOURNEY

Being diagnosed with cancer is challenging, but Community Healthcare System's quality care navigators can help to make this experience a little easier for patients and their families.

- ▶ The lung health nurse navigator at Community Hospital serves as a resource to patients.
- ▶ The oncology nurse navigator at St. Mary Medical Center supports patients with lung cancer and cancers of the GI system, including pancreas, gallbladder, colorectal, stomach and esophagus.
- ▶ Patients can benefit from breast health navigators at the Community Hospital, St. Catherine Hospital and St. Mary Medical Center Women's Diagnostic Centers and the Cancer Research Foundation.

These navigators are often the first contact for patients upon learning of their cancer diagnosis. They can get answers to questions, provide support and assist with setting up appointments. Once treatment is complete, survivors are invited to participate in a "survivorship visit" with the navigator for a comprehensive treatment summary and review of care plans provided by the patient's physician. In addition to supporting patients through the process, the navigator helps educate patients on how to maintain a good quality of health following treatment.

WEBSITE



### Here to Help

To find out more about the patient care resources offered by the hospitals of Community Healthcare System, the Women's Diagnostic Centers and the Cancer Research Foundation, visit [www.comhs.org](http://www.comhs.org).





# THE WAR

*What happens when  
the body turns on itself*

BY **STEPHANIE CONNER**



Your immune system is a powerful ally. It's responsible for identifying and attacking organisms that invade the body and cause disease.

When it works, it's a beautiful thing. When it doesn't, it can wreak havoc. Sometimes, the immune system makes a mistake and attacks the body's own tissues or organs. This is called autoimmunity—and it's an area of health that researchers are working hard to fully understand.

PHOTO BY OJO IMAGES/GLOW IMAGES

# WITHIN

## Understanding Autoimmunity

“We know more than what we knew a few decades ago, but there is still much to learn,” says Ziv Paz, MD, a member of the American College of Rheumatology and a practicing rheumatologist.

There are more than 80 autoimmune diseases—each one with a slightly different mechanism of attacking the body. According to the American Autoimmune Related Diseases Association (AARDA), nearly a fifth of the U.S. population—or

50 million people—suffers from an autoimmune disease. More than 75 percent of those affected are women.

“It is clear there are some genetic risk factors that predispose you to developing autoimmunity,” says Gary Gilkeson, MD, an expert in microbiology and immunology and the chair of the medical advisory board for the Lupus Foundation of America. Experts believe it’s the interaction of specific genes and environmental factors that lead to autoimmune diseases, but scientists don’t yet know exactly how.

One thing researchers are trying to better understand is why autoimmune diseases are becoming more prevalent. Although autoimmune diseases run in families, the increase is occurring faster than genetics can account for. Type 1 diabetes, for example, is increasing at a rate of 2 to 5 percent per year worldwide. And one 2015 study looking at autoimmune diseases shows the annual increase to be about 3 to 7 percent.

To understand autoimmunity, take a closer look at a few of the more common autoimmune diseases.

## ● Rheumatoid Arthritis

The American College of Rheumatology estimates that rheumatoid arthritis (RA) affects more than 1.3 million Americans. And although it can strike at any age, it's more common in people older than 40. In people with RA, the immune system attacks healthy joints, causing pain, stiffness and swelling, leading to limited motion and function.

Several decades ago, Paz notes, effective treatment didn't exist. And that meant those with RA experienced a debilitating disease. The reality for people with RA is much different today.

"With treatment, we can prevent the majority of the destruction of the joint," he says. "As a result, we're able to preserve function."

Because the symptoms of RA can be subtle at first—and are symptoms shared by multiple diseases—it can take time to get a diagnosis. But once you do, it's important to see a doctor who is experienced in treating RA.

It's also important, Paz says, to take any medication that you're prescribed. "You have to treat this disease," he says. Without doing so, RA can progress, leading to joint pain that can restrict simple daily activities, or cause deformed joints and permanent disability.

Addressing these problems with treatment isn't the same as eliminating the disease. "This is a common misconception with many chronic conditions," Paz says. "We talk about remission—not a cure."

Still, for people with RA, remission can mean a relatively normal life.

## Lupus

Lupus is an inflammatory autoimmune disease in which the immune system attacks healthy tissue. Unlike RA, which targets the joints, lupus can affect almost any part of the body. So, for the estimated 1.5 million Americans affected by the disease (90 percent of whom are women), the symptoms can be wide-ranging.

The most common include fatigue, headaches, painful joints, fever, anemia, pain in the chest when breathing deeply, a butterfly-shaped rash across the cheeks and nose,

hair loss and sun sensitivity.

Getting a diagnosis can be challenging, Gilkeson explains. That's partly because a lot of the symptoms can be indicators of other conditions. If you have several symptoms, he says, you can talk to your primary care doctor about testing for positive antinuclear antibodies (ANA). These antibodies are evidence of a stimulated immune system.

"If that's negative, that essentially rules out lupus," he says. "But there are a number of things that can cause it to be positive. If it's positive, you'd need a further workup by a rheumatologist."

For people with lupus, Gilkeson advises eating a healthy diet, staying active and getting proper ongoing care.

"The majority of lupus patients can live a relatively normal life," he says. "The two most important things are keeping regular follow-up appointments with your doctor and taking the medications that are prescribed."

## Type 1 Diabetes

Unlike type 2 diabetes, which can be a result of lifestyle factors, type 1 diabetes is an autoimmune disease. Inside the pancreas are cell clusters called islets, which contain beta cells responsible for making insulin.

"Type 1 diabetes results when the immune system attacks the beta cells, and they can't make their own insulin," explains Jessica Dunne, PhD, director of prevention for JDRF,





an organization that funds type 1 diabetes research.

About 1.25 million Americans have type 1 diabetes, according to the American Diabetes Association. Symptoms include extreme thirst, frequent urination, fatigue, sudden weight loss, increased appetite and sudden vision changes.

The treatment is daily insulin injections or an insulin pump to ensure the body gets the right amount of insulin to manage blood sugar levels.

It's not a cure, she says. But with daily insulin and good blood sugar control, a person with type 1 diabetes can live a long and healthy life.

## Celiac Disease

Some might see “gluten-free” and think fad diet. But for 1 percent of the population, it's a potentially lifesaving way to eat. Talia Hassid, the communications manager for the Celiac Disease Foundation, was diagnosed with celiac disease in 2011. She was 22 and

had experienced symptoms for seven years.

When people with celiac disease eat gluten (a protein found in wheat and other grains), the body's immune response damages the lining of the small intestine, which prevents the body from properly absorbing nutrients.

Symptoms can include abdominal pain, diarrhea, vomiting, anemia, fatigue and joint pain. Left undiagnosed and untreated, celiac disease can lead to other autoimmune disorders and long-term health problems.

It's also possible to have celiac and not experience symptoms—but still experience intestinal damage.

The treatment is a gluten-free diet, which works for most people with celiac disease.

And although a lot of people switch to a gluten-free diet, believing it offers health benefits, Hassid notes, “Celiac disease is not a fad. A gluten-free diet is our only treatment.” ■

# BEYOND THE BODY

Chronic illness may have a serious effect on a person's mental health, as well as physical. Medical conditions such as type 1 diabetes, rheumatoid arthritis, lupus and multiple sclerosis can trigger depression.

To care for patients suffering from depression with co-occurring illnesses, Community Healthcare System offers several treatment options:

- Inpatient
- Intensive Outpatient Program
- Ketamine Infusion (pain medicine)
- Centers for Mental Wellness Outpatient Therapy

A thorough assessment determines which program best meets the needs of each patient.

“Our team works together to heal the entire person using techniques from the medical, behavioral and social sciences to provide treatment for a wide range of health conditions,” says Joseph Fanelli, MD, medical director, Behavioral Health Services. “We help patients get the care and support they need to cope with the stresses of life.”

Patients experiencing a psychiatric emergency such as severe depression or suicidal thoughts can begin treatment in any of the emergency departments of the hospitals of Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago or St. Mary Medical Center in Hobart.

CALL



## Help Is a Call Away

For those experiencing psychiatric symptoms, call the Centers for Mental Wellness, **219-392-7025**, in East Chicago or Crown Point. For symptoms that need immediate care, go directly to the Emergency department.

# 10 THINGS TO REMEMBER FOR AN ACTIVE LIFE



**1** One in 3 adults has hearing loss by age 65. Preserve your hearing by wearing ear protection or plugging your ears when near loud noises.

**2** When the heart is weak, other organs, like the kidneys, recognize that and signal the heart to work harder. That makes the heart even weaker.



**3** People tend to crave foods high in carbohydrates, which cause a quick uptick in blood sugar and release feel-good chemicals.

**4** The hip joint is a ball and socket lined by a layer of cartilage. If that layer wears away, a hip replacement might be necessary.

**5** Being overweight, getting older and having an injury all can make arthritis worse.



**6** Atrial fibrillation is a common condition that causes an irregular heartbeat and can lead to blood clots and strokes.

**7** Resist the urge: The more we give in to cravings, the more we will have them.



**8** Breast cancer in women in their 20s and 30s is more likely to be aggressive than in older women.

**9** Diets low in fat and high in fiber may help prevent prostate cancer.

**10** There are more than 80 recognized autoimmune diseases, in which the immune system attacks the body's own tissues or organs.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## **SLEEP PROBLEMS IN MEN COULD BE TIED TO DIABETES**

Men who don't get enough sleep could be at increased risk for developing type 2 diabetes, according to a recent study published in the *Journal of Clinical Endocrinology & Metabolism*.

In the study, researchers reviewed the electronically monitored sleep habits and diabetes test results of 788 healthy men and women and found that when men deviated from the average sleep time of seven hours in either direction—yes, even getting too much sleep—they experienced a decrease in their glucose tolerance and insulin sensitivity, both of which are factors of diabetes. There was no correlation found in women.

PHOTO BY THINKSTOCK

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## BE HAPPY—IT'S HEALTHIER

Being a positive person might do more than make you pleasant to be around. According to a 2012 review of more than 200 studies, possessing positive psychological attributes (think happiness, optimism and life satisfaction) was linked to a lower risk of cardiovascular disease.

Experts believe the connection might stem from the fact that people with a positive sense of well-being are more inclined to maintain healthy habits, or that having a sense of optimism might make you more likely to perceive those habits as being potentially beneficial. Also associated with having a better sense of well-being were lower blood pressure, a normal body weight and healthier cholesterol and triglyceride levels.

## POPCORN **VS.** POTATO CHIPS

*Which salty snack is healthier?*

### LIGHT POPCORN—AS LONG AS YOU DON'T SMOTHER IT WITH BUTTER.

When it comes to choosing chips or popcorn, the healthiest option isn't always obvious. A single serving of popular varieties of traditional potato chips or microwaveable popcorn typically contains about the same number of calories (about 160) and grams of fat (9 to 10 grams), while popcorn has an edge in the fiber department (3 grams versus 1 gram).

Fortunately, lighter varieties of both snacks abound. One type of baked chips, for example, has 120 calories, 2 grams of fat and 2 grams of fiber per serving, and a popular light popcorn brand contains just 120 calories, 2 grams of fat and 6 grams of fiber. But your best bet of all is popping your own popcorn—either with a hot air popper or by putting a few tablespoons of kernels in a brown paper bag, rolling closed and microwaving until the popping slows (no oil required). “Naked” popcorn contains just 30 calories a cup and none of the artificial flavorings or potentially harmful chemicals that line most microwaveable popcorn bags.

**THE VERDICT?** If you're looking for a sensible snack for your next Netflix binge, pass on the potato chips—and microwaveable popcorn—and pop your own popcorn instead.



PHOTOS BY THINKSTOCK



## IS SOCIAL MEDIA MAKING YOU DEPRESSED?

Spending too much time on Facebook, Instagram and other social media could increase your risk of depression, according to recent research published in the journal *Depression and Anxiety*. The study looked at 1,787 American adults ages 19 through 32 and used a depression assessment tool and questionnaires to evaluate social media use. (Researchers controlled for factors that could influence the risk of depression.)

They found that people who checked social media sites most frequently were 2.7 times more likely to be depressed than those who checked the least.

## ▶ TRUE OR FALSE

Some people are just “big-boned.”

**TRUE.** The size of our frames does vary by individual—and some of us are simply bigger than others. Although most people have normal-sized bones, about 15 percent are small-boned and another 15 percent are large-boned. But remember: A larger frame may add a couple of pounds, but it doesn't affect your body-fat percentage—and it's not an excuse for being 20 pounds overweight.

PHOTO BY THINKSTOCK

## SEASONAL ALLERGIES

If you're sneezing and suffering, you have company.



**10 TO 30 PERCENT**

Allergic rhinitis, also known as hay fever, affects between 10 and 30 percent of the world's population.

**50 MILLION**

More than 50 million Americans suffer from some form of allergies. The most common include hay fever, asthma, conjunctivitis, hives, eczema, dermatitis and sinusitis.

**8 IN 10**

Immunotherapy, or allergy shots, can help reduce or eliminate hay fever symptoms in up to 85 percent of sufferers.

## SPORTS INJURY PREVENTION TIPS

A concussion is a traumatic brain injury that changes brain function. Effects are usually temporary and may include headaches and issues with concentration, memory and balance.

Concussions are common, particularly for those who play a contact sport such as soccer or lacrosse. From specialized concussion care to sprains, breaks and tears, the Community Care Network of health professionals treats a complete spectrum of sports-related injuries.

Physical Medicine Specialist Michael Owens, MD, encourages injury prevention through sport specific warm-ups.

“Fifteen to 30 minutes of a gradual warm-up will help to prevent a painful injury that may require days, weeks or even months to recover,” Owens says. When it comes to concussions, he adds, “Never use your head as the initial point of contact.”

CALL



### Contact the Concussion Clinic

The Concussion Clinic at Community Hospital in Munster and St. Mary Medical Center in Hobart offers individualized treatment and care to help patients recover from a concussion. Call **219-836-4461**.

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## MORE REASONS TO STOP SPANKING

If you spank your kids, you're not alone—but you may want to rethink the disciplinary tactic. A recent survey of more than 2,200 parents of children ages 5 and younger found that 26 percent of them reported “popping” or “swatting” their kids, while 21 percent said they spanked and 17 percent said they hit their children with an object at least a few times each week. (Parents could report more than one strategy.)

The American Academy of Pediatrics advises against spanking because it's associated with aggressive behavior in children. Recent studies suggest that children who are spanked are more likely to show disruptive, aggressive behavior and have poorer cognitive outcomes—even when factors such as maternal intelligence, maternal depression and cognitive stimulation at home are controlled.

WEBSITE



### Fine-Tune Your Parenting Skills

Find strategies and tips for making your disciplining efforts more effective (without spanking) by visiting [healthychildren.org](http://healthychildren.org) and searching for “disciplining your child.”

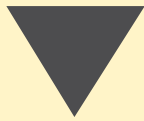


## WORKOUTS THAT WORK: DANCING

Whether you take a hip-hop class, pop in a Zumba DVD, go out dancing with friends or just get down in your own living room, the benefits of dancing abound. Here is how it benefits you:

- ▶ **MIND:** Dancing helps improve brain function by combining cerebral and cognitive thought processes with muscle memory, and it may offer protection against dementia.
- ▶ **HEART:** Dancing elevates your heart rate, which qualifies as physical activity. Getting at least 30 minutes a day most days can help reduce your risk of cardiovascular disease.
- ▶ **WAISTLINE:** Aerobic dancing, such as Zumba, can burn up to 500 calories per hour. In fact, one study found that dancing was just as effective as cycling and running for losing weight and improving aerobic capacity.
- ▶ **BALANCE:** Your core plays a key role in dancing. By strengthening your stomach, legs and other stabilizing muscle groups, you can improve your balance. A study of older adults found that doing the tango regularly did just that.
- ▶ **MOOD:** Dancing has been shown to boost your mood even better than traditional exercise, and it has also been found to be useful in treating depression.

PHOTO BY THINKSTOCK



## WHAT ARE THE ODDS

of Dying in a Car Crash?

.....



About 1 in 606

You can help reduce your risk by driving a car that has received good crash-test ratings, wearing your seat belt, driving the speed limit, and always being sober, well-rested and focused on the road when you get behind the wheel.



## A-FIB IS MORE DANGEROUS FOR AFRICAN-AMERICANS

According to a recent study published in *JAMA Cardiology*, atrial fibrillation (A-fib), an irregular or rapid heartbeat, is more dangerous—and even deadly—for African-Americans.

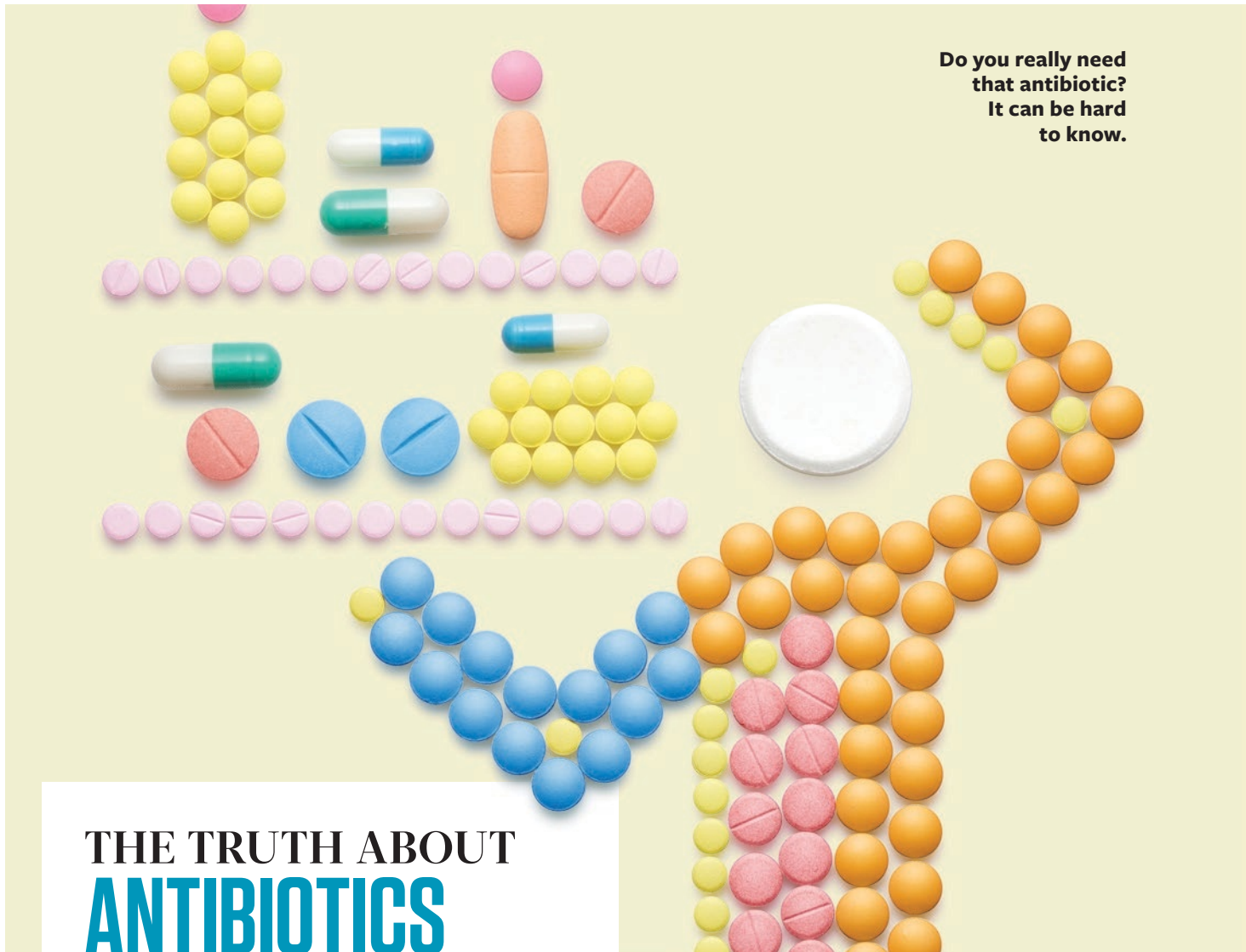
Although an irregular heartbeat is more common in Caucasians, the study found that the effects of the condition are far more devastating for

African-Americans, who were more than twice as likely to experience a stroke, 42 percent more likely to experience heart failure, 76 percent more likely to have coronary heart disease, and nearly twice as likely to die prematurely. The reason for the difference is unclear, but it might have something to do with treatment disparities.

PHOTO BY BLEND IMAGES/SUPERSTOCK

## JARGON WATCH

**IN SITU** is a Latin phrase from the mid-18th century that literally translates to “in position,” and it is used to describe something in its original, natural or appropriate place or correct position. In medicine, the term is sometimes used to describe a tumor that is confined to the place where it originated and has not yet spread.



**Do you really need  
that antibiotic?  
It can be hard  
to know.**

## THE TRUTH ABOUT **ANTIBIOTICS**

*These bacteria killers are indispensable in modern medicine, but that doesn't mean we should take them as much as we do*



Antibiotics revolutionized medicine after the discovery of penicillin in 1928, saving millions of lives by fighting off bacterial infections at home, in hospitals and on the battlefield. And they remain one of the most important tools at our doctors' disposal.

But they aren't always the right choice. Too often, people take antibiotics when they shouldn't—the U.S. Centers for Disease Control and Prevention says at least 30 percent of the time.

Mostly, that's because they're taking an antibiotic for a virus. Antibiotics do absolutely nothing for a virus, no matter how awful that cold or flu feels.

And misusing antibiotics isn't just a waste of money. The more we put them in our bodies, the more ways bacteria figure out how to get around them—a problem called antibiotic resistance that is considered one of the greatest challenges in medicine today.

Aaron Glatt, MD, a spokesman for the Infectious Diseases Society of America, says many people, and even some doctors, are operating on misconceptions when it comes to antibiotics.



## TRUE OR FALSE:

### Antibiotics should always be used to treat sinus infections.

→ **FALSE.** “It totally depends on what exact infection you have,” Glatt says. Although one sinus infection might warrant a prescription, the next might be less severe and clear on its own.

## TRUE OR FALSE:

### Taking antibiotics can lead to other health issues.

→ **TRUE.** “One of the main problems of antibiotic use is a serious colon infection called *C. difficile*,” Glatt says. “It’s the No. 1 hospital-acquired infection, and it’s directly related to antibiotic usage. That’s terrible if it’s inappropriate antibiotic usage.” *C. diff* is a bacterium that causes inflammation in the colon. When a person takes antibiotics, good germs that protect against infection are destroyed and people can get sick from *C. diff* picked up from contaminated surfaces. Antibiotics also can wipe out normal protective bacteria in other areas of the body. Yeast infections are a common complaint for women after a course of antibiotics.

## TRUE OR FALSE:

### Because viral respiratory illnesses that linger sometimes turn into bacterial infections, it makes sense to take an antibiotic if a cough and congestion last for weeks.

→ **FALSE.** “If you don’t have a bacterial infection, there’s no point in taking an antibiotic. Most respiratory tract

infections are viral, and they take two weeks or so to go away,” Glatt says. He says taking antibiotics as a preventive measure does make sense in certain circumstances, such as before surgery, because of the increased risk of infection.

## TRUE OR FALSE:

### Superbugs—those that are resistant to antibiotics—are worrisome only when you’re in the hospital.

→ **FALSE.** “It’s more of a concern for people who are hospitalized, but it’s absolutely an important concern for everyone,” Glatt says, including the young and healthy. Even a high school athlete could get a little cut and suffer a terrible infection.

## TRUE OR FALSE:

### You should always take your antibiotics as prescribed, even if you start to feel better.

→ **TRUE,** most of the time. Glatt says the advice to stick with a prescription to the end is on the mark. Stopping before an antibiotic has time to do a thorough job can, in fact, contribute to lingering germs mutating and becoming resistant to treatment. But there are people who start an antibiotic one day and feel fantastic the next. In those circumstances, it makes sense to call the doctor for advice before swallowing pills for a week or two, Glatt says. ■

## PRESCRIPTION FOR SERVICE

When looking for a neighborhood pharmacy with friendly, knowledgeable staff who can help answer questions about your prescriptions, look no further than the pharmacies of Community Healthcare System. The outpatient/specialty pharmacy at Community Hospital and the outpatient pharmacy at St. Catherine Hospital offer exceptional customer service.

Managing prescriptions can be overwhelming. The pharmacists at the retail pharmacies take time with each of their customers so that they understand the medications they are taking, as well as the drugs’ purpose, dose, interactions and potential side effects.

“We take great pride in getting to know our customers and helping them feel comfortable with their medication routine,” says Frank Bieda, manager, outpatient pharmacy, Community Hospital. “Once our customers are home, they often have further questions. We are just a phone call away for the answer.”

CALL



### Have Questions?

Call the Outpatient Pharmacy in Munster at **219-852-2146**; the Outpatient Pharmacy in East Chicago at **219-392-7691**; or the Specialty Pharmacy in Munster at **219-836-2480**.

**Aim to walk  
a little more  
each day.**



## **HOW TO** **GET MORE STEPS**

*A few tweaks can help you log more miles, whether you have a fitness tracker or not*



When David Sabgir, MD, started his cardiology practice 11 years ago, he found he was having the same frustrating conversation with his patients about the need to get more activity.

“I talked about it until I was blue in the face,” says Sabgir, a fellow of the American College of Cardiology.

Then, wearable activity trackers exploded onto the market, and the conversation got a little easier as people got more motivated. Device users want to earn that satisfying chirp signifying they’ve reached their target activity level, which is often 10,000 steps. That’s long been the standard, and although the number is somewhat arbitrary—based more on marketing than science—doctors think it’s a good goal.

Sabgir offers tips for reaching that 10,000-step threshold.

### **Take Baby Steps**

A lot of people are just trying to get off the couch, not run a marathon. Sabgir tells patients to start small: Today, take a walk to the mailbox. Tomorrow, walk to the neighbor’s house. The next day, try for the end of the block. “If you can get from the couch to 15 minutes a week, that’s huge health-wise,” he says.



## Have a Destination

Sure, you could go on an aimless stroll around the neighborhood, but isn't having a place to go more satisfying? If you need to pick up something at the pharmacy, walk there instead of hopping in the car. Same

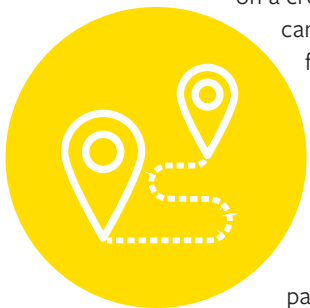


with getting coffee, dropping off library books or running other errands.

Walking somewhere with purpose will make the activity seem less like a chore and more like a routine.

## Go Farther

People who commute via public transit get in at least four walks a day to and from the train or bus. Sabgir recommends extending those walks by going to the next stop up on the subway, or getting off one stop early. A few more minutes on your feet, rather than



on a crowded train, can help both fitness and frustration levels. For those who drive to work, the old trick of parking in the farthest spot—or even down the street—ensures you get steps in before settling down to work.

## Start Early

"If you can get a walk in early in the morning, that really helps," Sabgir says. Logging 2,000 or 3,000 steps before the day really gets going can make hitting your



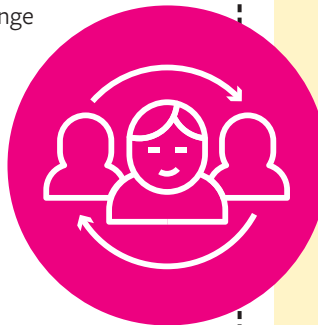
target seem more attainable. "All day, you're like, 'I'm almost there,'" Sabgir says.

## Find Your Crew

When Sabgir was trying to persuade patients to exercise, he realized it might be easier if he gave them a time and a place to do it. So in 2005, he started a weekly group walk in his hometown of Columbus, Ohio, dubbed "Walk with a Doc." The campaign has since spread to more than 200 sites across the country.

Find one of those groups near you, or arrange

a weekly walk with friends. It's hard to skip out when you have plans with others.



## Reward Yourself

Did you meet your steps goal for the day or week? Pat yourself on the back with a fancy coffee, a new piece of clothing or some other treat. Prefer not to buy something? Carve out time for yourself to take a bubble bath or watch your favorite show. You could even give yourself permission to skip a chore, like dusting the living room. ■



# MOVE IT

The hospitals of Community Healthcare System and their community partners can help get you on your way to being more active.

St. Mary Medical Center's health partner, the Valparaiso Family YMCA, offers the Healthways SilverSneakers Fitness® program, which gives older adults the opportunity to use the YMCA and take special classes at no additional cost.

"When members connect with others, they are more likely to meet their health and wellness goals," says Carrie Koch, Wellness Program coordinator.

SilverSneakers also is available through St. Catherine Hospital, which is home to a Well Walkers Club that meets in three locations and provides participants with a free pedometer.

"Club members have the opportunity to meet new people and form walking partnerships," says Khisha Anderson, club liaison.

Community Hospital Fitness Pointe® offers a group exercise class, "Walk This Way," rewarding participants with incentives for reaching benchmark steps. "Members receive assistance with their technique and stretches, ensuring they get the most out of their exercise," says Nikki Sarkisian, manager.

WEBSITE



## Connect Online

To learn more about the Health and Wellness programs offered by the hospitals of Community Healthcare System and their community partners, visit [www.comhs.org](http://www.comhs.org).

Forget the date a lot? Not a reason to worry.

## FREAK OUT OR CHILL OUT?

*Everyone has forgetful moments. But do you know how to distinguish between run-of-the-mill brain blips and long-term memory loss?*



It happens to everyone—a misplaced set of keys, a forgotten dentist appointment, someone's name that can't be recalled. Life's busy, and somewhere between soccer practice, a trip to the grocery store and the report that's due at work, things slip your mind.

But sometimes occasional forgetfulness can become more frequent, and that can be a sign of long-term memory loss, says Ruth Drew, director of family and information services at the Alzheimer's Association.

So how can you tell the difference? When is it time to talk to a doctor about memory loss? Drew helps us understand.

PHOTO BY THINKSTOCK

**Q** You've been running on empty this week, and you've missed a lunch date with an old friend. You had it written down in your calendar, but you didn't remember it until she called to ask where you were.

**Is it:** Everyday forgetfulness or a sign of Alzheimer's disease?

**FORGETFULNESS.** Everyone forgets once in a while. What's key here is that you remember making the date.

"For the person with Alzheimer's, it might be the memory of making that engagement is lost. They might say, 'No, you've made a mistake,'" Drew says.

**Q** A friend has been taking care of his ailing mother. He's exhausted and too overwhelmed to eat well. He's misplaced his keys and his cellphone this week alone.

**Is it:** Stress taking its toll or dementia?

**STRESS.** One way to know for sure, Drew says, is to see whether things change after your friend gets back to a pattern of healthy sleep and nutritious eating.

"When the stressors pass, and you've had time to regroup and renew and get some sleep and you know you're getting good nutrition, and you continue to have these persistent memory issues," that is when it's probably wise to consult a doctor, Drew says.

**Q** Your dad has always been warm and jovial. But lately, he's been snapping at people and even swearing at loved ones.

**Is it:** Alzheimer's or a change with age?

**COULD BE ALZHEIMER'S.** Although people can change, it's not typical for someone's personality to drastically shift simply as a result of aging. Big differences in personality can sometimes be a symptom of Alzheimer's.

"Maybe someone who was always very warm and gregarious and vivacious pulls back and becomes more withdrawn. Or maybe someone has an edge or is more demanding; maybe he uses language he didn't use before," Drew says. "Various parts of the brain can be affected with a disease like Alzheimer's."

**Q** It's busy at work, and you've been living on granola bars and coffee. Lately, you've been leaving your keys at the coffee shop and a trail of documents all over the office.

**Is it:** A vitamin deficiency or a sign of dementia?

**BETTER CHECK YOUR VITAMIN B12 LEVELS.** "Nutrition and hydration are super important, and vitamin B12 is one of those nutrients that when it's missing, it's hard for us to function very well. If people are missing B12, they may be showing signs of forgetfulness and confusion," Drew says.

It's easy to tell whether vitamins are causing memory issues. After getting sufficient B12, you'll snap back to


normal. If you give B12 to someone with dementia or Alzheimer's, however, the memory problems will persist.

**Q** Your aunt is often scattered, but this week you notice she has put the ice cream away in the cabinet with the dishes. When she saw it later, she had no memory of putting the ice cream away.

**Is it:** Alzheimer's or absentmindedness?

**IT COULD BE ALZHEIMER'S.**

When forgetfulness or memory issues move from what seems typical to more unusual, it might be a sign of dementia, Drew says. If someone can't retrace her steps to find an item or has no recollection of doing something, for example, long-term memory issues may be at play. ■

QUIZ 

## Understand Alzheimer's

How well do you know this degenerative disease? Take a short quiz about Alzheimer's at [alz.org/alzheimers\\_disease\\_nadm\\_quiz.asp](http://alz.org/alzheimers_disease_nadm_quiz.asp).

# GET SOME SLEEP!

*Skimping even a little on shut-eye can slow the body's basic functions*



We are a nation of doers, not sleepers. We say things like, “I’ll sleep when I’m dead!” and “Sleep is a poor substitute for caffeine.”

We don’t announce to co-workers that we had a restful eight hours. Nope. We might even brag about our sleep deprivation.

“Our total sleep time has been decreasing and decreasing. In a perfect world, we’d get seven or eight hours of sleep,” says Raj Dasgupta, MD, a fellow of the American Academy of Sleep Medicine. But now, he says, “our total sleep time has decreased to six to seven hours” on average.

At that pace, it won’t be long before it’s typical to get just five hours a night, he says. And that has serious consequences for every part of our bodies.

## MOTOR FUNCTION

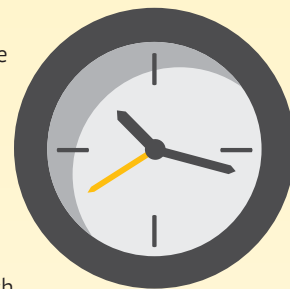
Sleep deprivation slows you down physically.

Dasgupta compares the impact of sleep deprivation on motor function to alcohol’s effect on motor skills. A full 24 hours awake is like having a blood-alcohol level of 0.1, which is above the legal limit to drive in most states.

## WAISTLINE

Sleep deprivation and sleep apnea are linked to obesity. The reason is hormonal, Dasgupta says.

“Leptin begins with the letter L, and L stands for lose weight. You want to secrete leptin while you sleep,” he says. “Instead, when you get too little sleep, you secrete ghrelin, which stands for gain weight.” In short, he says, people who lack sleep end up with too much ghrelin and not enough leptin. And that imbalance can cause an increase in appetite.



## IMMUNE SYSTEM

Ever been really stressed, gone to bed and gotten up the next morning with a tickle in your throat?

Sleep deprivation is strongly associated with a weakened immune system. In fact, Dasgupta says, there are some vaccines that don’t work as well when given to a sleep-deprived person.

## HEART

Failing to get to deep-sleep stages can increase stress hormones such as cortisol, norepinephrine, dopamine and serotonin, Dasgupta says, which causes your blood pressure to rise. That's stressful on the heart.

This is a particular problem of people who wake up frequently overnight because of insomnia or sleep apnea, a disorder marked by shallow breaths or pauses in breathing while sleeping.

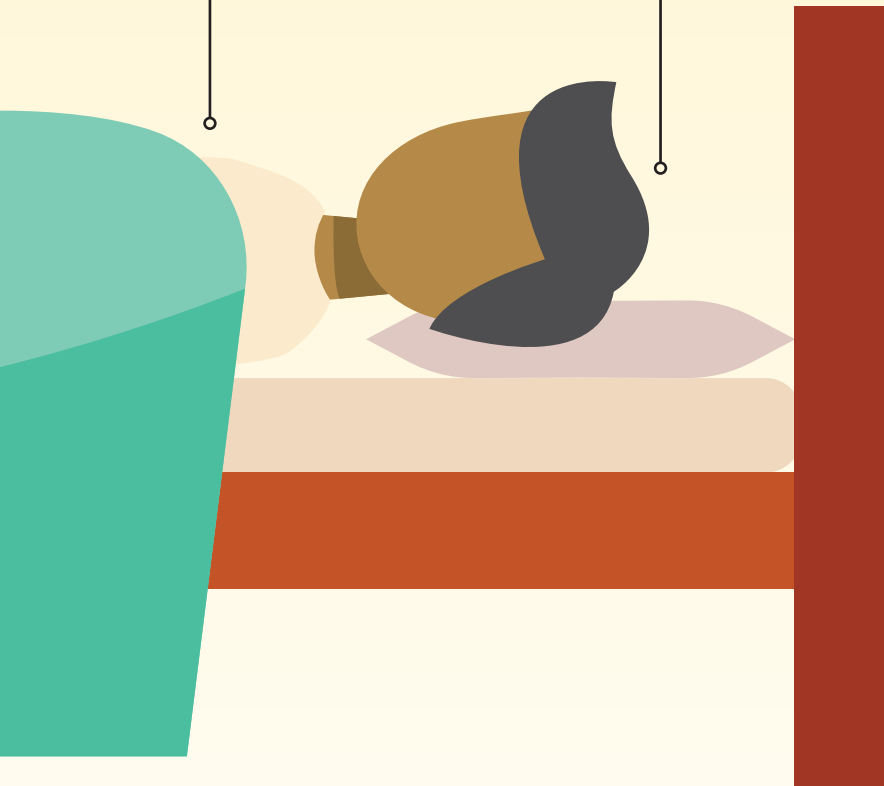
High blood pressure means your heart has to work harder to pump blood, and it puts you at higher risk for heart failure.

## BRAIN

It doesn't take a medical degree to know you aren't sharp as a tack on four hours of sleep.

"When you are sleep deprived, it's well-documented you have poor attention and poor decision-making, and the chance of you making a mistake, whether on a test or at work, is high," Dasgupta says.

For top-notch function, your brain needs to reach deeper stages of sleep, such as REM (rapid eye movement) and N3 (slow-wave, deep sleep). That's when your brain consolidates what you learned during the day into long-term memories.



QUIZ



## Sleep Smarts

See how much you know about insomnia, snoring and other issues related to sleep. Take a National Institutes of Health quiz at [bit.ly/18XAX9P](http://bit.ly/18XAX9P).

## THREE WAYS TO COOK **ARTICHOKES**

*Don't be intimidated by their dense, leafy exterior—there's delicious nutrition inside*



Think of this bulbous vegetable as a shy, yet wonderful friend: It's worth making the effort to get to know it for the sweet, tender heart hidden within.

Besides their nutty, earthy flavor, these spring veggies also have serious nutritional qualities. "A medium artichoke has about 6 grams of fiber, which is about a quarter of what we need in a day, and that's a nutrient that a lot of kids and adults are lacking," says Caroline Passerello, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics.

Along with being packed with vitamins like K and C, artichokes are one of the most antioxidant-rich vegetables, containing high levels of plant compounds that are thought to help lower cholesterol, prevent cancer and even boost memory function.

Fresh artichokes should have tightly closed leaves and a rich green color and feel heavy and firm. Because canned ones usually have added salt, Passerello suggests rinsing and draining them, which can reduce the sodium content by about 40 percent. Here are her three favorite ways to prepare artichokes.

### **1 STEAM THEM**

Chop about a third from the top of the artichoke, then snap off any tough outer leaves (snipping the thorns with scissors is optional; they will soften during cooking). Peel the stem and slice a half-inch from its bottom. Place the artichokes, stem side up, in a steamer basket over a pot of boiling water. Cook for 25 to 40 minutes—an outer leaf should pull off easily, and you should be able to easily insert a paring knife into the base. Serve with melted lemon butter.

### **2 GRILL THEM**

Prep artichokes as described above, but quarter them and remove each fuzzy center (called the choke). Boil in water for 15 minutes, until tender but still crisp. Brush artichokes with olive oil and season with salt and pepper. Grill over medium-high heat until soft and slightly charred, turning occasionally, for about 8 minutes. Drizzle with vinaigrette before serving.

### **3 ROAST THEM**

Trim the artichokes as described in the steaming method, but cut off the stem. Place two whole, peeled garlic cloves into the center of each artichoke and add salt, lemon juice and olive oil. Double-wrap in foil, then roast at 425 degrees for 60 to 90 minutes.



PHOTO BY THINKSTOCK





Once you've learned to eat an artichoke, you'll be hooked.

## HOW TO EAT A STEAMED ARTICHOKE

- 1 First, make sure you have two essentials:** your favorite sauce (classics prefer melted butter, but others swear by mayonnaise-based dips such as balsamic aioli) and a discard bowl for scraps.
- 2 Start by eating the soft, tender flesh from the leaves.** Pluck them off, one at a time, and dip into the sauce. Bite the leaf gently and scrape it between your teeth. The rest of the leaf is inedible, so toss it into your discard bowl. Also skip the purple, prickly center petals if the cook has left them inside.
- 3 When all of the petals have been eaten or removed, you've arrived at the best part: the soft, flavorful heart.** If the hairy choke covering hasn't already been taken out, scrape it away with a spoon or a knife and fork—definitely don't eat it.
- 1 Using a knife and fork, slice the heart into pieces and dip into sauce.** If the stem is still attached and has been peeled, it will also be tender enough to eat (though some cooks remove them and save them for stir-fries).

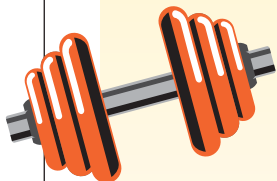
VIDEO



### Watch and Learn

To view hands-on cooking lessons starring artichokes, go to the videos section of [morematters.org](http://morematters.org). Get tips for selecting, prepping, steaming and stuffing them.

## BODY IMAGE IN KIDS & TEENS



**1/3** of adolescent boys in one study said they had used protein supplements, and nearly 6 percent had experimented with steroids.

**UP TO 1%** of American women have anorexia nervosa (abnormal drive to lose weight); 1 to 2 percent of adolescent and young adult women have bulimia (binge eating and purging).

**3%**

of U.S. adolescents have an eating disorder, and most do not receive the proper treatment.

**69%**

of American elementary school girls who read magazines say the pictures in them influence what they think the ideal body shape is.

**7.5 HOURS**

are spent by 8- to 18-year-olds each day engaged with some form of media—media that are likely to pass along unrealistic body ideals.



**8 IN 10**

10-year-old girls are afraid of being fat.



Sources: National Eating Disorders Association, National Institute of Mental Health, Pediatrics

## TEACHING YOUR KIDS TO FEEL GOOD ABOUT THEIR BODIES

For some teenagers, maintaining a healthy body image is a challenge. Magazine and billboard ads and television commercials about clear skin and weight loss often display unrealistic, “perfect” bodies. Parents should do what they can to address these negative outside influences early on—some kids show body image issues as early as first grade. Talking to your kids about our culture’s unattainable appearance standards can make a difference.

“Teach them that people come in all shapes and sizes and there is no one correct way to be when it comes to your body,” says Phrosini Samis-Smith, a personal trainer at Community Hospital Fitness Pointe®. “Encouraging physical activity and a balanced

diet as part of a healthy lifestyle, rather than as a means to achieving a certain body, and acknowledging and praising your children for accolades other than their appearance all can foster a better environment for kids at home.”

A teen membership at Fitness Pointe provides members with an opportunity to get their teens, ages 12 to 15 years old, involved in regular exercise. Teens must be a child or grandchild of an active Fitness Pointe member. Once membership is complete and approved, the teen goes through an orientation session with a Fitness Pointe exercise professional to help determine goals, whether that is trying out for a sports team or increasing physical activity in daily life.

GO TO...



### Fitness for Teens

Find out more about teen membership at Community Hospital Fitness Pointe®. Visit our website at [www.comhs.org/health-and-wellness-services/fitness-pointe](http://www.comhs.org/health-and-wellness-services/fitness-pointe) or call membership services at 219-924-5348.



# MEMORY KEEPERS

*Hartsfield Village offers free memory screenings and dementia-specific programming for residents*

BY **CHRISTINA L. WAGNER**



When a loved one has a cognitive disorder, it may be difficult to recognize the symptoms. A free memory screening offered at Hartsfield Village Continuing Care Retirement Community in Munster can give you the answers needed for early detection.


Hartsfield Village is also home to a Memory Support Residence with dementia-specific programming to meet residents' daily needs as well as to stimulate brain activity. Staff share a collective dedication to assisting residents and their families with daily challenges.

"Our staff are specially trained in treating patients with a variety of dementia-related disorders, so family members can rest easy knowing their loved one is safe and receiving premium care around the clock," says Jill Keilman, director of Resident Services.

Services and personal assistance are provided 24 hours a day, seven days a week. In this uniquely designed Memory Support Residence, dementia care specialists provide compassionate care and specialized programming that promotes residents' cognitive abilities and enriches their daily lives.

"The best outcomes come from treating the whole body, not just focusing on one issue," explains Brienna Woods, director of the Memory Support Residence at Hartsfield Village. "Our programs address their overall needs: spiritual, emotional and cognitive."

In addition to medical care, Memory Support Residences at Hartsfield Village have private furnished rooms with flat-panel televisions and cable service and large private bathrooms with walk-in safety showers. The residence nursing staff works 24 hours a day, and

CALL 

## A Place to Call Home

Hartsfield Village Continuing Care Retirement Community, 10000 Columbia Ave. in Munster, is a designated Memory Screening Center for the Alzheimer's Foundation of America. Screenings are free; appointments are necessary. Call **219-703-5131**.

residents receive all meals and snacks, daily housekeeping, laundry services and therapeutic programs. The grounds include an outdoor fenced courtyard with a walking path and much more. ■

# Women First

*Latest 3-D mammography/biopsy equipment provides peace of mind, comfort*



WillElla Biddings needed reassurance that the pea-sized dot radiologists at St. Catherine Hospital spotted in a mammogram was nothing to worry about.

“We saw a very small change in an area of the left breast, so we took a few more digital X-rays at different angles to create a 3-D image of the breast and do a biopsy,” breast health navigator Cheyann Abreu says. “Her findings were normal. We got good results.”

Biddings, a patient who has seen Abreu annually for years, gave high marks to the hospital’s new diagnostic imaging and biopsy guidance system and staff.

“For anyone going through this, it is a very difficult and stressful time,” Biddings says. “But all along, I felt safe and loved.”

## **3-D Mammography Offers New View**

Digital breast tomosynthesis, offered through Hologic® technology, was acquired by St. Catherine Hospital in February 2016 and is considered the new gold standard in the health-care industry for breast cancer screening. The digital mammography system can take routine, two-dimensional mammograms or can move around the breast to get three-dimensional views of breast tissue.

**WillElla Biddings is seated in the 3-D mammography chair at St. Catherine Hospital with interventional radiology quality care nurse navigators Diane Vandiver, center, and Belia Mendez.**

Unlike the flat, 2-D image of a regular mammogram, tomosynthesis screening produces a series of images similar to a computed tomography (CT) scan, to allow radiologists to see individual, 1-millimeter thick slices of the breast and identify abnormalities that might otherwise have been obscured.

This is an important feature because breast density is a factor radiologists consider when reading images of a mammography exam, explains Mary Nicholson, MD, regional director of breast imaging services for Community Healthcare System. "When you take a 2-D picture of a three-dimensional object, abnormalities can be masked by tissue above or below it. This provides a clearer picture, better contrast and additional sharpness."

Getting a faster, clearer image increases the detection rate for breast cancer and cuts down on false alarms.

The 3-D tomosynthesis imaging has proven to be a useful tool in the fight against cancer because it has helped detect masses in women with dense breasts, Nicholson adds. "Patients are no longer burdened by the yearly worry of possible breast cancer and the number of callbacks for additional views is down."

CALL



## Just for Women

St. Catherine Hospital's Women's Diagnostic Center is located at 4321 Fir St., East Chicago. A physician order is necessary for referral. For more information or to schedule an appointment, call **219-392-7227**.

**The Affirm™ upright breast biopsy guidance system is able to change from the imaging mode to intervention mode in minutes, speeding up diagnosis for a wider range of patients.**

## Better Biopsies

A year ago, St. Catherine Hospital added the Affirm™ upright breast biopsy guidance system and breast biopsy device to the Hologic system to improve accuracy and speed up diagnosis for a wider range of patients.

The Affirm system offers minimally invasive stereotactic and tomosynthesis breast biopsy procedures, as well as wire localization services in the breast imaging suite.

"We can locate and target lesions quickly and change imaging to intervention mode for biopsy within minutes," says Maria Marrero, a high risk breast health navigator and family medicine nurse practitioner at St. Catherine Hospital's Women's Diagnostic Center and Hessville Family Care Center.

The Affirm biopsy can be performed in a sitting position. This helps the breast health navigator to get a biopsy from multiple angles while maintaining patient comfort.

"The advantage of the Affirm biopsy system is there is no weight limit and the patient does not need to lie down to have the biopsy performed," Marrero explains. "It's more comfortable. We can accommodate patients of all shapes and sizes and because the chair can turn, tilt and lie nearly flat, we have more angles available to position the needle for biopsy."

Women who undergo nonsurgical breast biopsy through the hospitals of Community Healthcare System get answers in as little as 24 hours. For 80 percent of women who undergo this biopsy testing, the mass is not cancer.



Chairman of the Radiology department Thomas Hoess, MD, says the beauty of the tomosynthesis unit is that it can function at all levels, from 2-D to 3-D, and swing immediately to biopsy as necessary. "The X-ray positions to the patient are still about the same," he says. "The only difference is that it adds about 11 seconds to the exam."

Biddings draws comfort from knowing the Hologic equipment is up to date and can better detect changes or abnormalities in the breast.

"The people I saw that day for my added views and the biopsy treated me with compassion and care," Biddings says. "They put the best team together for me and no matter what, I knew I was in good hands."

Luckily, Biddings didn't have to wait long for good news.

"They called bright and early the next morning with the results," Biddings adds. "I was relieved. It was calcification. Now, I also know that if it had been cancer, we would have caught it early." ■



Cardiac catheterization nurse Mabel Canete-Villarosa, RN, at St. Mary Medical Center, prepares supplies for the next patient.

## ONE-STOP SHOP FOR CARDIOVASCULAR CARE

*Cardiologists use new technologies to treat heart patients in newly renovated space*



In the electrophysiology laboratory (“EP lab”) at St. Mary Medical Center, a colorful three-dimensional view of a heart begins to take shape on the large displays above the patient. A small oval-shaped “wand” sweeps across the screen, each pass revealing or mapping more of the cardiac structure. Once the mapping process is complete, the resulting anatomical image of the heart

can be turned and flipped to any angle, revealing its full form of chambers, walls and valves.

For this patient, electrophysiologist Samer Ajam, MD, and the EP lab team are using the latest CARTO 3-D mapping system to create a real-time, three-dimensional image of the heart. With it, Ajam is able to accurately navigate catheters to specific locations within the right atrium, where he can deliver short

bursts of radiofrequency energy. Those bursts create small scars that serve to block faulty electrical impulses causing this patient’s heart rhythm disorder, called atrial flutter.

“This is a very effective procedure for patients with an irregular heartbeat such as atrial flutter or atrial fibrillation,” says Ajam. “Most patients begin to feel the results immediately and are able to go home the same day.”

The patient in this scene isn't unique; advances in technology and techniques used in the EP lab and cardiac catheterization laboratory are reducing the amount of time patients spend in the hospital after treatment.

"The growth of minimally invasive procedures and outpatient treatment options for patients with heart disease or related conditions is redefining the way we deliver care," says Janice Ryba, CEO at St. Mary Medical Center. "With our continued growth, it was clear we needed to expand the space and amenities dedicated to patients receiving outpatient cardiovascular procedures."

## A NEW HOME FOR HEARTS

An opportunity to create that space arose when the hospital's surgery department moved into the new surgical pavilion in December 2015. The vacated surgery floor space abutted the existing cardiac catheterization labs, a prime location for consolidating outpatient cardiovascular services for the comfort and convenience of patients, families and staff.

"Previously some of these services and recovery areas were located on two different floors in the hospital," says Shannon Moyers, nurse manager of the Cardiovascular Outpatient Unit (CVOP). "Also, patients who arrived to our emergency room with chest pains are often treated and require 24-hour observation. This new space allows us to comfortably accommodate them and their families during that observation time, while remaining close to all the equipment and technology needed if a cardiac event would occur."

The 14,000-square-foot renovation and expansion project also includes installation of a third cardiac catheterization lab to accommodate increased capacity for cardiac, interventional radiology and peripheral vascular disease procedures. A multi-use outpatient clinic was designed for electrophysiology patients and assessment of new and follow-up interventional radiology patients. It is also the location of the new Limb Ischemia and Vascular Excellence (LIVE) program, dedicated to optimizing outcomes and preventing lower limb loss in patients with peripheral arterial disease, critical limb ischemia, venous disease, and non-healing wounds.

"We are performing some of the most advanced treatments available for patients living with peripheral vascular disease, including those at risk for amputation," says Anas Safadi, MD, ABVM, FACC, FSCAI, medical director of the LIVE program at St. Mary Medical Center. "We are able to perform the entire array of endovascular procedures that can be used to significantly reduce symptoms and improve the quality of life for these patients."

## CARDIOVASCULAR SERVICES EXPANSION

- ▶ Electrophysiology (EP) Lab Services location with new family/companion area
- ▶ Multi-use Outpatient Clinic
- ▶ Interventional Radiology assessment area
- ▶ Limb Ischemia and Vascular Excellence Clinic (LIVE)
- ▶ Addition of third Cardiac Catheterization Lab for increased capacity in serving our cardiology, interventional radiology and peripheral vascular patients
- ▶ Cardiovascular Outpatient Unit expanding to 20 private rooms
- ▶ Comfortable, centralized area for patients undergoing observation for chest pain

CALL



## Call for Your Heart

For more information about the cardiovascular services offered at St. Mary Medical Center, call **219-947-6890** or visit [www.comhs.org](http://www.comhs.org).

Ryba says providing the best experience to the patient was the top priority of the expansion plan.

"Our entire cardiology services team—our physicians, nurses, technologists and leadership—worked together to create a space that would prioritize patient comfort and safety while anticipating the needs of future growth and technologies," Ryba says. "Our patients and families can continue to expect the highest level of care today and well into the future, thanks to our team's efforts." ■



Ernestine De La Rosa with her cardiologist, Hussam Suradi, MD.

# MENDING BROKEN HEARTS

*Patient finds success with minimally invasive valve procedure after refusing major surgery*



A history of heart conditions and an open heart surgery at age 30 didn't slow down Ernestine De La Rosa's busy lifestyle. Her family counts on her. After her daughter passed away in March of 2015, De La Rosa, now 70, has been taking care of her son-in-law and her two teenage grandchildren in their Chicago home.

"I cannot just sit and stare at the four walls," says the retired Metropolitan Water Reclamation District worker. "I'm the kind of person who likes to keep busy, but I knew something was wrong. I wasn't sleeping at night. I could feel my

heart pounding. I felt as though I was in heart failure. My legs were swollen and I had shortness of breath. I just couldn't believe what was happening to me."

De La Rosa's cardiologist told her that the mitral valve in her heart was closing up, a condition called mitral stenosis. She underwent surgical mitral valve repair about 40 years ago for treatment of the condition. However, the narrowing reoccurred over the years and prevented the valve from working properly. That is why she wasn't feeling well.

She underwent a minimally invasive procedure in Chicago to reopen the



*“We have the most advanced tools available to treat heart valve diseases ... When we choose the best available technique to treat each individual patient and improve their quality of life, then we have done our job giving our patients the finest care possible.”*

*– Hussam Suradi, MD*

valve, but it failed and her cardiologist told De La Rosa she would need to undergo another major surgery. Instead, she called her son, who lives in Portage, and told him she wanted a second opinion from the cardiologist she saw when she lived in Indiana, Hussam Suradi, MD, FACC, FSCAI.

“I was determined to get my heart valve fixed and I knew Dr. Suradi would do it right and without a major operation,” De La Rosa says. “I could feel the difference right away, as soon as I woke up. Before, I couldn’t even climb two steps before I was out of breath. Now I can walk upstairs and all around the mall with my granddaughter.”

Suradi is first in the area to use a minimally invasive procedure called percutaneous mitral balloon valvuloplasty to reopen a narrowed mitral valve and allow blood to flow more freely through the heart. Suradi is Northwest Indiana’s only fellowship-trained structural cardiologist. He is on staff at Community Hospital in Munster and St. Mary Medical Center in Hobart.

“We have the most advanced tools available to treat heart valve diseases,” Suradi says. “We are using balloon valvuloplasty, which has excellent long-term results to help patients like Ernestine with mitral valve stenosis. When we choose the best available technique to treat each individual patient and improve

their quality of life, then we have done our job giving our patients the finest care possible.”

Balloon valvuloplasty is done as part of a cardiac catheterization, which is less invasive than open heart surgery. During a valvuloplasty procedure, a small narrow hollow tube called a catheter with a balloon at the tip, is threaded through a blood vessel in the groin and up into the heart. Once the catheter is in place across the mitral valve, the balloon is inflated to open up the narrowed valve. Then the balloon is deflated and the catheter is removed from the heart. The patient usually has an overnight hospital stay.

“When I was in the hospital I asked Dr. Suradi, ‘Doctor, how long do I have to be in bed, off my feet?’ He said, ‘Take it easy, Mrs. De La Rosa, you need time to recuperate.’ Now, knock on wood in

no time at all, I’m feeling great again!” De La Rosa says.

Surgery used to be the only available treatment for mitral valve stenosis. That method requires the patient to be put on a heart-lung bypass machine and has significant risks. Many patients, especially elderly patients with weak hearts, are unable to tolerate such a lengthy complex surgery. The minimally invasive procedure De La Rosa received is the preferred therapy in the right candidate.

“I was delighted to be back at Community Hospital,” De La Rosa says. “The nurses were so very, very attentive. I live near Midway airport and I have been to medical centers that are much closer to home, but I prefer the personalized attention and the prompt care that I get when I see my doctors in Northwest Indiana.” ■

CALL



## Heart Smart

For more information on the Structural Heart & Valve Center at Community Hospital and St. Mary Medical Center, call **219-703-5301** or visit **[www.comhs.org](http://www.comhs.org)**.



## THE HEALING GAME

Orthopedic sports medicine surgeon Daniel Woods, MD, answers questions about sports injuries and management

**Q What types of sports injuries do you most commonly see?**

The most common are overuse injuries, such as patellofemoral pain syndrome (anterior knee pain), hip or knee bursitis (inflammation) and rotator cuff tendinitis (shoulder pain). Many of these issues can be successfully treated without an operation. Occasionally injuries such as anterior cruciate ligament (ACL) tears, shoulder dislocations and fractures need operative care.

**Q Should I see an orthopedic sports medicine surgeon?**

Many minor injuries can be treated with rest and over-the-counter anti-inflammatory medicine. Persistent pain or feeling of instability in a joint, large bruised areas, significant swelling or any sign of a limb deformity usually needs urgent attention. My goal is to get patients back to their athletic activities as quickly and safely as possible.

**Q What is the newest advancement in orthopedic care you offer patients?**

It continues to be minimally invasive surgery. Most ACL reconstructions, rotator cuff tears and shoulder stabilization procedures, once requiring large, open incisions, can be done with arthroscopic surgery. These procedures involve fingernail-sized incisions, a small camera and specialized equipment. Recovery time is faster. There is less postoperative pain and patients often have better long-term outcomes.

**Q How can I prevent injury when I'm playing a sport?**

Injury prevention begins with appropriate training. Gradually increasing activity until your muscles are used to the stress of competition is crucial. Wear appropriate gear such as helmets and shoulder pads for football, well-padded running shoes for cross country and shin

Orthopedic sports medicine surgeon Daniel Woods, MD



pads for soccer. There is new medical research on safe ways to throw a baseball, serve a tennis ball and run a tackle. New soccer and basketball jumping and landing techniques also have been published, which may help female athletes prevent ACL injuries.

**Q Do you only see sports-related problems?**

My orthopedic training allows me to treat a large number of general orthopedic conditions. I see a large variety of bone and joint-related problems that may not have sprung from a sport or athletic event. From the office to the operating room, for low back pain, foot pain, hand pain, arthritic joints, fractures or dislocations, I am here to take care of your orthopedic needs. ■

*Daniel Woods, MD, board-certified orthopedic surgeon at St. Catherine Hospital Orthopedic Institute, completed his sports medicine fellowship training at The Rothman Institute in Philadelphia.*

CALL



### Joint Expert

Orthopedic sports medicine surgeon Daniel Woods, MD, is accepting new patients. Call **219-392-7664** to schedule an appointment.

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