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FALL 2019 Contents

THE BIG STORY

A new way to look at women's bodies. **PAGE 14**

FEATURES

4 A Family Affair
Timely cancer detection gets patients to treatment sooner.

6 Rx for a Job in Medicine
High school juniors and seniors are getting a jump-start on their careers through the hospitals of Community Healthcare System.

9 Quiz: Women's Health
How much do you know about the bodies and minds of American women?

10 Witty and Well
Julia Louis-Dreyfus' breast cancer diagnosis came at the peak of her legendary TV career, but now she's back to work—and still laughing.



14 What's Going On in Your Body?
Women's health challenges can include uterine fibroids, pregnancy loss and menopause symptoms. But with knowledge and care, all women can feel better.

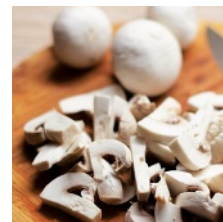
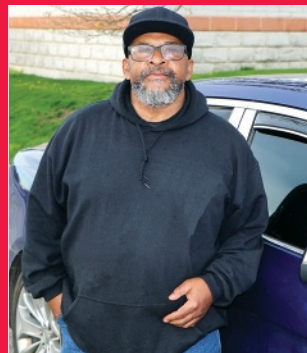
22 Daughter, Caregiver
When it comes to taking care of older or sick loved ones, women bear the brunt of the burden.

28 Lessons from Mom
Your mom's health history can hold valuable information about your own wellness.

49 Punching Back at Parkinson's
Daniel Cox takes a swipe at the Rock Steady Boxing program and finds relief from symptoms.

50 SPOTLIGHT: St. Mary Medical Center
Gynecologic surgeries are being performed using robotics, advanced technologies.

54 SPOTLIGHT: St. Catherine Hospital
Rheumatologist targets pain in patients with diseases like gout, systemic lupus, polymyositis and arthritis.



The always reliable mushroom. **PAGE 46**

IN EVERY ISSUE

- 2 Community Message
- 3 Community Briefs
- 32 The Quick List
- 33 This Just In
- 38 The Truth: Carpal Tunnel Syndrome
- 40 How To: Fly with a Baby
- 42 Quiz: Freak Out or Chill Out?
- 44 At a Glance: Germy Stuff
- 46 In the Market: Mushrooms
- 48 Health by the Numbers: Women and Heart Disease
- 56 Ask the Expert

An age-old battle: coffee vs. tea. **PAGE 34**



52

SPOTLIGHT: Community Hospital
Comprehensive Stroke Center is saving stroke victims' lives.

PERSONALIZED HEALTHCARE

Hospitals of Community Healthcare System tailor approaches to each patient



With Julia Louis-Dreyfus' story of her breast cancer diagnosis in this issue of *Vim & Vigor* magazine, we take a closer look at women's health and making medicine more personal by offering one-on-one care and innovative treatment solutions.

Instead of using a one-size-fits-all approach for breast cancer cases, physicians are increasingly tailoring their approaches to each patient, as was the case for Community Healthcare System's Cathy Tinsley. You can read her story on page 4. As Tinsley's story shows, the earlier breast cancer is detected, the better it is for patients and their chances of a positive outcome.

Alisa Keefe turned to St. Mary Medical Center in her fight against cancer. She knew she could count on her surgeries to be performed by an experienced surgeon using the most advanced technology available for minimally invasive techniques. Her story is on page 50.

Personalized care is not just for cancer. Our hospitals' specialized stroke teams—neurologists, neurosurgeons, neuroradiologists, clinical nurse specialists, registered nurses, emergency medical personnel, and therapy and rehabilitation professionals—develop individual plans of care to help those who have suffered from strokes recover and live life to the fullest. Community Hospital has been recognized as a Comprehensive Stroke Center by The Joint Commission and the American Heart Association/American Stroke Association for providing high-quality standards in the treatment of patients who have suffered the most severe types of stroke. Read more on page 52.

On page 54, you can read about a rheumatologist who returned home to St. Catherine Hospital to make a difference with specialized care for rheumatoid arthritis patients and those living with chronic inflammatory disorders.

Across all our locations, we will continue to provide quality care to you and your family, from youngest to oldest, one person at a time.

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



VIM & VIGOR

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STEPPING TOWARD A CURE

Annual walk and 5K run unites the community in support of the Cancer Resource Centre



Mary Ann LaHayne (left) and husband Eldon (fourth from left) hand out T-shirts at the Unite & Fight Cancer Walk & 5K Run fundraiser for the Cancer Resource Centre. Pictured with the LaHaynes are Carole Strange, Charlene Sparks and Dale O'Donnell.



“I’m still here,” says three-time cancer survivor Mary Ann LaHayne, who for the past 15 years has supported the Cancer Resource Centre at the annual Unite & Fight Cancer Walk & 5K Run fundraiser. LaHayne had breast cancer in 1995, then was diagnosed in 2010 with stage 4 lymphoma of the spleen and in 2016 with lung cancer.

“It’s wonderful to see survivors complete that first lap and then the walkers and the runners join in, all for the same cause,” LaHayne says. “The Cancer Resource Centre had a vision and that vision has come true with Unite & Fight. The event brings survivors and their families together to support those with cancer. As we raise awareness for this important cause, it promotes camaraderie between all who are there.”

She and her husband, Eldon, have supported the Cancer Resource Centre every year since the fundraiser’s inception through monetary donations and by distributing T-shirts at the event.

“The Cancer Resource Centre is the only facility in this area that provides holistic support and is free to cancer patients, their caregivers and loved

ones,” LaHayne says. “It’s so important to have a support system.”

M. Nabil Shabeeb, MD, chairman of the Cancer Resource Centre Advisory Board, says the Unite & Fight event is a great way to get involved and make a difference.

“All of the money raised goes directly to the Cancer Resource Centre,” Shabeeb says. “Nearly \$1.5 million has been raised for programs and services since the event began in 2001.”

Every day someone in the community faces a diagnosis of cancer. Coping with that diagnosis can take an emotional toll on individuals and families. The Cancer Resource Centre offers a variety of support groups, mind-body programs

and educational resources to support the emotional healing of individuals and families.

The Centre, which is a program of the Community Cancer Research Foundation, is funded from donations and grants, in-kind contributions and volunteer support. Services to cancer patients, their families and friends are free of charge. ■



GIVE



Join a Team

Walk with us to honor someone you love and support the fight against cancer. The 16th annual Unite & Fight Cancer Walk & 5K Run is set to kick off at noon on Sunday, Oct. 6, at the Munster High School Football Field. Teams are forming now. To get involved, visit uniteandfight.org or call 219-836-3349 for more information.

A Family Affair

Early detection helps woman prevent a breast cancer three-peat *BY ELISE SIMS*

With a directive from her sister in the back of her mind, Cathy Tinsley, vice president of medical data, analytics and economics for the hospitals of Community Healthcare System, went to the Women's Diagnostic Center in Munster on October 16, 2015, for her annual mammogram.

Two years earlier, one of Tinsley's two sisters, then 44, had been diagnosed with breast cancer and went on to have 18 weeks of chemotherapy and then 12 weeks of radiation. Some 40 years before that, her paternal grandmother also had breast cancer and a double mastectomy.

"I have been diligent about going in and having my annual screening mammogram, especially since my sister makes me go," says Tinsley, a busy wife and mother of three teenage boys. "I was sitting in the waiting room after the screening when they called me into the consult room to give me my results."

Quick Biopsy Results

The certified breast health navigator told Tinsley that Mary Nicholson, MD, medical director of breast imaging services for Community Healthcare System, who performs breast MRI, ultrasound and stereotactic core biopsies, had found something suspicious.



Cathy Tinsley and her husband, Jim, with her sons—from left, Eric, Jack and Tommy—at a family wedding at the University of Notre Dame in South Bend.

"You hear the 'cancer' word and you have to stop and think, how is this going to affect my life, my kids, my husband, my family, my work?" Tinsley says. "All those things were swirling around in my head, especially after having seen it up close and personal with my sister."

One week later, Tinsley had a biopsy. On Halloween morning, not even 24 hours later, the certified breast health navigator called her to tell her

that they did find something and she would need to meet with the next necessary physicians.

Nicholson says results are available the next day for the majority of biopsies performed at the Women's Diagnostic Centers. "The sooner we get the results, the sooner our patients get to treatment," she says.

"Pinpointing breast cancer swiftly and sooner is part of our commitment

to early detection and accurate diagnosis,” Nicholson says. “Everything we do is designed to decrease waiting and decrease anxiety.”

The Tumor Board

Tinsley followed up with oncologist Mohamad Kassir, MD, who explained that the mammography and biopsy revealed a lesion called atypical ductal hyperplasia (ADH). Women diagnosed with ADH do not have breast cancer, but have a higher risk of developing it in the future.

Before treatment, Tinsley’s care was reviewed at one of the Community Healthcare System’s Tumor Board conferences. At these meetings, physicians, surgeons, medical geneticists, medical oncologists, radiation oncologists, pathologists, radiologists, pulmonologists, nurses, respiratory/physical/occupational therapists and other specialists come together to ensure the best plan possible for each patient. If a woman has ADH cells found on a minimally invasive imaging-guided core biopsy, as well as other risk factors for breast cancer, further evaluation is done to calculate her risk of one day developing breast cancer.

Recommendations for the next appropriate preventive steps are then presented to the patient. These steps may include surgical biopsy, lifestyle changes and medications like tamoxifen.



Cathy and her oldest son, Jack, participate in the 5K run during the annual Unite & Fight fundraiser for the Cancer Resource Centre in Munster.

One in 1 Million

Tinsley’s recommendations from the breast conference and Kassir included a surgical biopsy similar to lumpectomy and regularly scheduled screenings for vigilant surveillance. The Tumor Board and Kassir’s findings also revealed that both Tinsley’s ADH and her sister’s breast cancer were not due to a hereditary breast cancer gene. Kassir says that the chances of two sisters both having breast cancers that were not hereditary were about 1 in 1 million.

“I thought about how far treatment has come since the time that they diagnosed my grandmother,” Tinsley says. “Back then, there was no early detection and only limited treatment. I had a lot of decisions to make and my oncologist gave me a lot of information. In the end, Dr. Kassir was great about letting me make the choices that were best for me.”

“I can’t say enough about all the cancer services offered within Community Healthcare System,” she says. “I was not in a position to go downtown for treatment, which means having your spouse drive you downtown, finding parking, taking the day off work and all this other stuff that has to happen ... and if you have back-to-back appointments, you can spend the whole day there. I have kids; I have a job. It would have added a lot more stress to our family. It’s very comforting to have such wonderful care right here in our own backyard.” ■

WEBSITE



Comprehensive Cancer Care

For more about oncology care and services offered at the hospitals of Community Healthcare System—Community Hospital, Munster, St. Catherine Hospital, East Chicago and St. Mary Medical Center, Hobart—visit COMHS.org/cancer.



Rx for a Job in Medicine

*Programs help high school students
discover different career paths*

BY **ELISE SIMS**



High school juniors and seniors are getting a jump-start on their career plans through the hospitals of Community Healthcare System and community partners in Northwest Indiana.

“Community Healthcare System is working with area educational institutions to get a pipeline moving into the work world,” says Sandra Alvarez, senior associate at the Center of Workforce Innovations. She says new diploma requirements mean eighth graders now have to take certain courses or an accredited program that leads them toward a career and better prepares them for work-based internship opportunities.

To build key partnerships with healthcare providers, including Community Healthcare System hospitals, the Center of Workforce Innovations partnered with the School City of Hobart and Ivy Tech Community College to create the Northwest Indiana Healthcare Consortium. The consortium helps schools learn from employers about the type of healthcare positions that need to be filled.

“Entry-level positions, which are great springboards to longer-term careers in healthcare, continue to be in demand,” explains Tony Ferracane, vice president of Human Resources, Community Foundation of Northwest Indiana, Inc., parent company to Community Healthcare System hospitals. “Sandi and the Center of Workforce Innovations pull schools, employers and the government together to tackle regional workforce development issues through career paths, apprenticeships and creative approaches.”



Mom-baby nurse Tina Flynn and Munster High School student Alexandra Vjestica check the vitals on newborn Leo Robinson as part of job shadowing at the Family Birthing Center of Community Hospital.

St. Mary Medical Center

Members of the consortium—Hobart High School, Ivy Tech and St. Mary Medical Center—have successfully partnered on a medical assistant (MA) program. An MA acts as an administrator and healthcare professional, performing both clinical duties and managing administrative tasks in physician offices, laboratories, hospital outpatient centers and other settings.

The MA position has emerged as one of the most in-demand careers in healthcare. It provides a rewarding salary, benefits and job security. More than 160,000 new jobs are expected to become available to MAs in the U.S. between 2012 and 2022, according to the Bureau of Labor Statistics.

“Healthcare remains one of the strongest employment sectors today,” says Janice Ryba, St. Mary Medical Center CEO. “The MA program is our newest partnership with local school systems that offers employment opportunities and exposes students to the many varied careers in healthcare. The program was developed based on a proactive consortium of leaders committed to each student’s success and aligned with local employment needs. It’s been a ‘win-win’ partnership for everyone—the school system, our healthcare system and, most importantly, the students.”

Students begin the program as juniors.

“By the time they graduate from high school, they will have completed all their dual credit hours through Ivy Tech and have their certificate to be a

medical assistant,” explains Teresa Hallmen, medical assistant program chair, Lake County, Ivy Tech Community College. “After they graduate from high school, the students’ externships take place in cooperation with St. Mary Medical Center and other hospitals. So far the MA program has been well received, and we are looking to expand the curriculum to other school systems.”

“Nothing means more to our students than getting a firsthand look at what they think they want to do after they graduate,” says Peggy Buffington, PhD, superintendent for School City of Hobart. “Our kids need to find their passion. When an employer opens their doors to help make that happen, you are going to have happy people in their future workplace.”

St. Catherine Hospital

East Chicago students interested in the field of healthcare but unsure of which area they want to pursue may want to participate in the I Have Promise project. The pilot initiative is supported by the School City of East Chicago, Foundations of East Chicago, Ivy Tech Community College and St. Catherine Hospital.

Through the I Have Promise project, high school students are paired with a volunteer mentor from St. Catherine Hospital staff. Twice a month, designated students visit St. Catherine Hospital for group shadowing activities and career experiences. They learn about the many job and career paths available.

“This is a golden opportunity,” says Leo Correa,



East Chicago Central High School students team up with their mentors from St. Catherine Hospital to create vision boards that illustrate their journey to a career in healthcare.



Interested in a Career in Healthcare?

For more information on career opportunities with the hospitals of Community Healthcare System, visit [COMHS.org/careers](https://www.comhs.org/careers) and click on “Professional Development.”

CEO of St. Catherine Hospital. “Our goal is to help connect East Chicago high school students to rewarding careers in healthcare. We have made a commitment to help them see firsthand what a future in healthcare would be like.”

A range of positions are represented, with mentors from hospital engineering and finance departments to nursing and administrative roles.

“Each and every one of the students who were selected for the program is college material, and it’s important that someone tells them that,” says R. Louie Gonzalez, chancellor at Ivy Tech Community College. He says he had a teacher who saw potential in him and made sure he applied for college. “That was a life-changer for me.”

St. Catherine Hospital Human Resources Director Dianna Myers says the goal of mentors is ultimately to integrate students into the evolving workplace.

“It’s a great opportunity for the hospital to cultivate talent and get the students excited about careers in healthcare and for the students to find their passion and become ready for the workplace,” she says.

Community Hospital

Like the other Northwest Indiana high schools, Munster High School is ensuring that students complete coursework toward new Graduation Pathways diploma requirements.

“Employability skills and workplace skills are necessary for graduation requirements, so we established some internships for our students,” says Brad Docter, career and technical education coordinator for Munster High School. “Two areas that we have career paths for are engineering and healthcare. For our healthcare students, we work with Education Services at Community Hospital in Munster.”

Every day school is in session, five students from Munster High School go to Community Hospital during two class periods (about 90 minutes). They are scheduled to one area for two weeks at a time, then rotate to a different area of the hospital. Five fields are offered, including nursing (along with a variety of subcategories), lab, radiology, pharmacy and biomed.

“We rotate our high school students and nursing students so they can see how well we all work together,” says Jean Gardner, system director of Education Services, Community Healthcare System. “People feel comfortable here and that’s part of our retention efforts. We are doing everything we can to make this a positive experience. Going from ‘school to scrubs’ may help students figure now if this is what they want to do for their career, so it has personal value as well.”

“Being in a hospital and experiencing the work environment is a great experience for students,” says Community Hospital CEO Lou Molina. “They are getting a firsthand look at what we do; something that they can put on a resume or college application. Hopefully, they will come back someday and be hired by Community Healthcare System.” ■



Healthcare providers meet at the Northwest Indiana Healthcare Consortium. The consortium serves as a forum for schools to hear about the needs of healthcare employers.

Pharmacy technician Andrea L. Smith shows high school intern Sage Sweeney how medications are tracked and monitored in the inpatient pharmacy of Community Hospital.



The Women's Wellness Issue

QUIZ: Women's Health



Put your knowledge about the health of American women to the test by answering these five questions

1 What is the leading cause of death for women?

- a. Cancer
- b. Heart disease
- c. Diabetes
- d. Accidents

2 What's the most common cancer in women besides skin cancer?

- a. Breast
- b. Lung
- c. Ovarian
- d. Colorectal

3 What percentage of people with osteoporosis are women?

- a. 35 percent
- b. 50 percent
- c. 80 percent
- d. 95 percent

4 What proportion of women are obese?

- a. 2 in 10
- b. 3 in 10
- c. 4 in 10
- d. 5 in 10

5 What percentage of women dealt with an anxiety disorder in the past year?

- a. 5 percent
- b. 11 percent
- c. 20 percent
- d. 23 percent

Read on to learn more about how every woman can improve her health →





PHOTO BY MIKE WINDLE/GETTY

WITTY AND WELL

*Julia Louis-Dreyfus
faced breast cancer
with her signature
humor intact—and
then got back to work*

BY **JEANNIE NUSS**

On Sept. 17, 2017, Julia Louis-Dreyfus won the Emmy Award for outstanding lead actress in a comedy series for her role in the HBO political comedy *Veep*.

It was a big deal—marking her sixth consecutive Emmy for playing the sharp-tongued Selina Meyer and setting a record for the most wins by an actor for a single role.

The next day, Louis-Dreyfus got more big news. She found out she had breast cancer. A week and a half later, she went public with her diagnosis: “1 in 8 women get breast cancer,” Louis-Dreyfus wrote in a post shared on social media. “Today, I’m the one.”

7 THINGS YOU (PROBABLY) DIDN'T KNOW ABOUT JULIA LOUIS-DREYFUS

A Common but Serious Diagnosis

Aside from skin cancers, breast cancer is the most common kind of cancer among women in the United States, according to the American Cancer Society.

Survival rates have increased drastically in recent decades, with death rates from female breast cancer dropping 40 percent from 1989 to 2016, thanks in large part to increased awareness and better treatments.

But “it is still a very serious disease,” says Susan Brown, MS, RN, senior director of education and patient support at Susan G. Komen. “There are still more than 41,000 people who will die of breast cancer this year.”

When celebrities like Louis-Dreyfus, who has been a household name for three decades thanks to her role as Elaine Benes in *Seinfeld*, make their diagnoses public, Brown says that not only increases awareness of the disease but also can prompt people to be more proactive.

“I think that most people in the United States are aware of breast cancer, but just because people are aware doesn't mean they will take action,” she says. When a celebrity talks about a breast cancer diagnosis, it “serves as a trigger to encourage people to take action related to their own breast health.”

Louis-Dreyfus' treatment included surgery and three rounds of chemotherapy. She provided fans with a triumphant update on Valentine's Day 2018, when she posted a glamorous photo on Instagram.

“Hoorah! Great doctors, great results, feeling happy and ready to rock after surgery,” she wrote. “Hey cancer, ‘F--- you!’ Here's my first post-op photo.”

A few months later, Louis-Dreyfus returned to the set of *Veep* to film season 7, which aired this year and marked the close of the series.

Read on for some breast cancer basics—and more about Louis-Dreyfus' experience with the disease.



- 1 Her mother, Judith, was a special needs tutor and author, and her father, Gérard (who was known as William), was a billionaire businessman.
- 2 She studied drama at Northwestern University, where she met her husband, Brad Hall.
- 3 She and her husband were members of the *Saturday Night Live* cast in the early 1980s.
- 4 She was part of the famed Second City comedy troupe.
- 5 She appeared in Woody Allen's 1986 film *Hannah and Her Sisters*.
- 6 She was named one of The 50 Most Beautiful People in the World by *People Magazine* in 1998.
- 7 She and her husband have two children, Henry and Charlie.

Sources: IMDb, The New Yorker, People

Cause, Risk Factors and Prevention

Changes or mutations in DNA can cause normal breast cells to become cancer. Some of those DNA changes are passed down from parents and can increase a person's risk of breast cancer. But most DNA changes linked to breast cancer take place in breast cells during a person's life rather than having been inherited, the American Cancer Society says.

There are a number of lifestyle-related risk factors for breast cancer. Here are some of them, plus strategies to lower risk:

► **Alcohol.** Drinking alcohol is linked to an increased risk of breast cancer, according to the American Cancer Society.

“The greater the amount of alcohol you consume, the greater the risk of breast cancer,” says Len Lichtenfeld, MD, American Cancer Society interim chief medical and scientific officer.

Women who have two to three drinks a day have about a 20 percent higher risk of breast cancer compared with women who don't drink alcohol. The American Cancer Society recommends that women who drink have no more than one drink a day.

► **Obesity.** The link between weight and breast cancer risk is complex. But research has found that being overweight or obese after menopause seems to increase breast cancer risk.

That's because before menopause, ovaries make most of the estrogen, but after menopause, when ovaries stop making estrogen, most of the estrogen comes from fat tissue, according to the American Cancer Society. Having more fat tissue after menopause can raise estrogen levels and increase the risk of breast cancer.

Women who are overweight also tend to have higher blood insulin levels, which have been linked with some cancers, including breast cancer.

For these reasons, the American Cancer Society recommends women stay at a healthy weight throughout their lives.

“Maintaining a healthy lifestyle, while evidence has not shown that it will prevent breast cancer, will certainly help reduce the risk,” Brown says.

► **Lack of exercise.** Regular physical activity appears to reduce breast cancer risk, particularly in postmenopausal women.

It’s not clear exactly how that works, but it may have something to do with the effect of exercise on body weight, inflammation, hormones and energy.

The American Cancer Society suggests that adults get at least 150 minutes of moderate-intensity physical activity (brisk walking, leisurely riding a bike, vacuuming) or 75 minutes of vigorous activity (jogging, swimming laps, hiking uphill) each week.

Evolving Treatments

Just as researchers’ understanding of breast cancer has changed, so, too, have treatment options.

Instead of using a one-size-fits-all approach for breast cancer cases, physicians are increasingly tailoring their approaches to each patient.

“I’m not someone who likes looking back. I look forward. That’s how I operate. ...I am just ready for the next thing.”
—Julia Louis-Dreyfus

“What we’re finding out about breast cancer is breast cancer is not one disease,” Lichtenfeld says. “It’s many diseases. And we are now developing the tools to understand each woman’s breast cancer.”

Treatment usually involves some combination of surgery, chemotherapy, radiation, hormone therapy and targeted therapy, according to Susan G. Komen.

Louis-Dreyfus’ treatment included surgery and chemotherapy, which led to difficult side effects, including nausea, diarrhea, neuropathy in her hands and feet, and sores on her face and in her mouth, *The New Yorker* reported.

That derailed the actor’s initial plan to keep working on *Veep* during her treatment. After the star consulted with a doctor, the show went on hiatus, and Louis-Dreyfus took to posting updates on social media, including a December 2017 picture of IV bags at a hospital with the caption, “Getting ready for the holidays with my awesome Xmas cocktail.”

She has used her status to help people in need by raising money for the AiRS (Alliance in Reconstructive Surgery) Foundation, which helps breast cancer patients pay for reconstructive surgery.

“There are plenty of women who decide not to get reconstruction, which is fine,” Louis-Dreyfus told *InStyle*. “But if you want it and can’t afford it, that’s heartbreaking to me.”

Now healthy, Louis-Dreyfus remains optimistic about her post-breast cancer, post-*Veep* life, which is to include at least two films set for release in 2020, a Pixar animated comedy and a family drama co-starring Will Ferrell.

“I’m not someone who likes looking back,” she told *InStyle*. “I look forward. That’s how I operate. We’ll finish an episode, and I am just ready for the next thing.” ■

Screening Time

One in every 8 women will be diagnosed with breast cancer. Regular mammograms are an important tool used in prevention and detection. Staff at the Women’s Diagnostic Centers of Community Healthcare System understand that screening can be an anxious time. The centers, located in East Chicago, Hobart, Munster, St. John and Valparaiso, provide 3D mammography and offer same-day appointments with same-day results.

“Breast tomosynthesis, or 3D mammography, creates a series of images that show ‘slices’ of the breast for easier viewing of finer details,” says Mary Nicholson, MD, regional director of breast imaging services for Community Healthcare System. “This allows the radiologist to better identify and characterize individual structures without the confusion of overlapping tissues.”

The radiologist reviews the scan images while the patient waits, preventing the need for a return visit.

Risk assessments are performed with mammography screening at all sites. Women at higher risk are informed of additional screening and treatment options available based on their assessment results.

“With each screening mammogram, women are empowering themselves by protecting their health,” says Janushi Dalal, MD, fellowship-trained breast radiologist on staff at Community Healthcare System’s Women’s Diagnostic Centers.

APPOINTMENTS



Need a Screening?

3D mammography is available at all of the Women’s Diagnostic Centers of Community Healthcare System. For a screening appointment, including a weeknight or Saturday, call **800-809-9828**.

THE BIG STORY



ILLUSTRATIONS BY EDUARDO FUENTES



What's Going On in **YOUR BODY?**



A woman's body can be mysterious, and health issues can be vexing. Turn the page to learn about dealing with uterine fibroids, coping with miscarriage and surviving menopause **BY LEXI DWYER**

One of these things doesn't belong here.



The Facts About **FIBROIDS**

➔ *If you've received this common diagnosis, there is no need for alarm. Here's what to know about these uterine growths*

Fibroids, also called leiomyomas or myomas, are noncancerous growths in the uterus. Although the word “growth” can be scary, it’s important to know that fibroids often don’t require treatment.

And if your doctor spots a fibroid—they’re typically found on an ultrasound or during a pelvic exam—know that you’ve got company. The National Institutes of Health reports that by age 50, as many as 70 to 80 percent of women will develop fibroids.

“They’re super, super common, and most of the time you can leave them alone,” says Anat Zelmanovich, MD, an OB-GYN and member of the American Board of Obstetrics and Gynecology. Here is what the experts know about fibroids.

► **The cause isn’t totally clear.** It’s normal for uterine cells to respond to hormonal shifts—these fluctuations cause the lining to

thicken and shed with each menstrual cycle. But the cells that lead to fibroids seem to be extra-responsive to hormones, and it's this overgrowth of muscle cells that causes the benign tumor to form. "They could be caused by an overreaction to scarring, but we aren't 100 percent sure," Zelmanovich says.

► **Fibroids aren't cancerous.**

Leiomyomas are always benign. But in some cases, a leiomyosarcoma, or cancerous tumor, may develop in the uterus. According to the Sarcoma Foundation, leiomyosarcoma is extremely rare, affecting only 6 in 1 million women each year. Simply having fibroids does not increase your risk for it—nor are you more likely to get other gynecological cancers.

► **Symptoms may vary—or not exist at all.** Women with fibroids may experience heavy bleeding with menstruation or bleeding between periods. Excessive bleeding can lead to anemia, which may be one reason for treating fibroids. Other symptoms include constipation or frequent urination (if the fibroid is pressing on the rectum or bladder), painful sex and difficulty getting pregnant. "Symptoms will depend on the size and location of the fibroid," Zelmanovich says.

► **African-American women are affected more severely.** The *Journal of Women's Health* reports that black women are three times more likely than white women to develop fibroids. They're also more likely to get them at a younger age; the reasons why are largely unknown.

► **If you choose treatment, there are many options.** Doctors treat fibroids if they affect a woman's quality of life. Most of the time, the recommendation will be watchful waiting; your doctor can monitor the size of the fibroid at your annual exams, typically with a transvaginal ultrasound. If you do opt for treatment, the method you choose will depend on a variety of factors, like your age, whether you want to have children and the nature of your symptoms.

Treatment options include:

Certain hormones. Taking the hormones progesterin and estrogen orally doesn't shrink fibroids, but it can improve the symptoms by thinning the endometrial lining, which lessens bleeding.

Drugs to suppress hormones. Also known by brand names like Lupron and Synarel, gonadotropin-releasing hormone agonists can shrink fibroids by stopping the production of certain hormones. But it's considered unsafe to take GnRH agonists for longer than nine months, and the fibroids will return once the drug is stopped. For this reason, women typically use these drugs to either shrink tumors before having surgery or solve the issue temporarily if they are close to menopause.

Myomectomy. This type of surgery removes only the fibroids but leaves the uterus and other organs, making it a good option for women who want to get pregnant someday. It can be done through a large incision in the abdomen (sometimes called "open surgery"), laparoscopically using tiny incisions, or through the vagina, using a thin, flexible tube called a hysteroscope.

Embolization. This minimally invasive procedure involves injecting small gel particles to cut off the fibroids' blood supply. Because embolization also might affect the uterus, it is not

recommended for women who wish to have a future pregnancy.

Hysterectomy. This surgery refers to the removal of the uterus and makes future pregnancies impossible; it can also lead to early menopause in younger women. "It's usually only performed when it's the last solution available," Zelmanovich says. ■

Treatment for Fibroids

Uterine fibroids occur when an abnormal growth of a smooth muscle cell in the uterus turns into a benign tumor. OB-GYN Travis Haldeman, DO, says these grow more rapidly during times of increased estrogen, primarily prior to menopause. All women of any age can be affected by fibroids, but African-American women see an increased likelihood in developing this condition.

Symptoms of uterine fibroids can include heavy abnormal bleeding as well as pelvic pressure and pain. While medication and surgery are the most common treatment methods, Haldeman suggests that "a uterine fibroid embolization is another option, mainly for women whose primary complaint is heavy bleeding." A thermal current is used to cauterize fibroids in an attempt to dissolve them. This procedure requires no incision and offers the patient a minimally invasive option with generally positive results and a short recovery time.

While varied treatment options are available depending on a patient's condition and medical history, not all women seek treatment. Haldeman says treatment for uterine fibroids should be considered when symptoms are interfering with a patient's daily life.

APPOINTMENTS



Find a Gynecologist


Visit [COMHS.org](https://www.comhs.org) and click on "Find a Doctor" to search for a Community Healthcare System gynecologist. Then schedule your appointment using the "Make an Appointment" tab.

LOSS

It's normal to feel grief and confusion when a pregnancy ends unexpectedly.



Demystifying **MISCARRIAGE**

 *Early pregnancy loss is common but still heartbreaking. Learn about causes and risks*

Having a miscarriage, meaning the loss of an embryo or fetus before 20 weeks of gestation, is an incredibly common—and often emotionally painful—occurrence. According to the March of Dimes, 10 to 15 percent of known pregnancies end in miscarriage.

“Miscarriages are very, very common, and nature’s reproductive system is not foolproof by any stretch. It’s built into the system that there will be failures,” says Felice Gersh, MD, an OB-GYN and member of the American Board of Obstetrics and Gynecology.

But the fact that miscarriages are common doesn’t make them any less devastating for a woman who has experienced one. Women often feel deep disappointment and grief in addition to the physical and hormonal changes involved in losing a pregnancy.

That said, there is also hopeful news: According to the American Pregnancy

Association, 85 percent of women who've had one miscarriage will go on to have a subsequent successful pregnancy.

Miscarriage Symptoms

Although some women might experience light spotting early in pregnancy, it's important to report any abdominal cramping or bleeding to your doctor immediately.

"Often it turns out to be nothing, but any kind of pain or bleeding in the first trimester needs to be reported and investigated. Don't just wait it out," Gersh says. Some conditions, such as ectopic pregnancy, which is when the fertilized egg attaches itself outside the uterus, can be life-threatening for the mother if left untreated.

Reasons It Happens

Many women wrongly blame themselves when they suffer a miscarriage, thinking it was related to stress, exercise or other typical behavior or activity. These haven't been shown to cause miscarriage. Below are some of the most common causes of miscarriage.

► **Chromosomal problems.** Issues with chromosomes account for about 60 percent of miscarriages. These might include a blighted ovum (an embryo implants but doesn't develop), a molar pregnancy (a tumor forms in the uterine lining) or a translocation (chromosomes become attached or fragments of chromosomes break off and trade places).

A chromosomal issue is not typically identified unless parents receive genetic testing or a sample is analyzed by a lab, which can happen if the patient has a dilation and curettage procedure to remove tissue from the uterus.

But Gersh stresses that even if the cause is genetic, "it's not necessarily the sign of an underlying recurring problem." That means that a miscarriage caused by a chromosomal issue in one pregnancy does not necessarily

mean future pregnancies will be at risk.

► **Anatomical issues.** Some conditions, such as a septate (divided) uterus or cervical insufficiency, can lead to miscarriage but can often be remedied with surgical procedures before trying to conceive again.

► **Infection.** Sexually transmitted diseases and listeriosis, a food-poisoning illness where bacteria can be passed to the developing embryo or fetus, are two examples of infections that could cause miscarriage.

Risk Factors

The following factors can increase the chances of losing a pregnancy.

► **Age.** Women ages 35 and older are more likely to miscarry.

► **Recurrent miscarriages.** Having two or more miscarriages increases the chance of having a future one.

► **Environmental toxins.** These include cigarettes, alcohol, recreational drugs and exposure to chemical solvents (such as paint thinners).

► **Health issues.** Certain diseases, especially when poorly managed, might affect a woman's ability to carry a pregnancy to term. These include autoimmune disorders, such as diabetes,

thyroid disease and antiphospholipid antibody syndrome, which can cause blood clots. Hormonal concerns, like polycystic ovarian syndrome and luteal phase defect, which can lead to low levels of progesterone, an essential pregnancy hormone, can also increase miscarriage risk. ■

Managing a High-Risk Pregnancy

Some women face high-risk or complicated pregnancies. Through a partnership between Community Hospital and The University of Chicago Medicine, specialized maternal-fetal medicine is available closer to home, making it more convenient for families in Northwest Indiana.

Maternal-fetal medicine specialists work with the expectant mother's obstetrician to provide counseling, screening and fetal diagnostic testing.

"Collaborating with maternal-fetal medicine specialists about complex pregnancies is wonderful," says Anthony Gentile, MD, an OB-GYN with Community Care Network. "Patients can now get sophisticated obstetrical ultrasounds locally without having to travel. This translates into better quality of care, more efficient care and greater convenience for the patient and physician. Published studies have proven that high-risk pregnancies managed by a maternal-fetal specialist result in healthier moms and babies."

Patients are referred to the program through their OB-GYN on staff at the other hospitals of Community Healthcare System, which includes St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart. Services include a neonatal transport system that transfers critically ill or premature newborns between hospitals.

WEBSITE



Are You Ready for Baby?

Learn more about the comprehensive services offered by the hospitals of Community Healthcare System to support women and their families during the birthing experience. Visit COMHS.org/baby.

CHANGE

By this point in life, you know how to deal with ups and downs.



Not Mom's **MENOPAUSE**



Thanks to new and established therapies, you don't need to suffer as much through this midlife shift

Anthropologist Margaret Mead once said, “There is no greater power in the world than the zest of a postmenopausal woman.” After all, this is when women might have more time for themselves and can enjoy the benefits of being older and wiser.

But that doesn't mean that menopause, which is defined as not having a period for one year, and perimenopause, the time leading up to it, are easy. This transition can cause discomfort as a woman's body slowly stops producing the hormones estrogen and progesterone.

JoAnn Pinkerton, MD, executive director of the North American Menopause Society (NAMS), explains how women can address common menopause symptoms.

Hot Flashes

Hot flashes and night sweats are some of the most common complaints associated with menopause, though only 25 percent of women who experience them seek treatment.

The most effective remedy is hormone replacement therapy, or HRT, which refers to drugs containing estrogen only or a mix of estrogen and progesterone, or synthetic versions of these hormones.

“HRT is the gold standard because it reduces both the frequency and severity of the hot flashes,” Pinkerton says.

Although not as effective as HRT, low doses of selective serotonin reuptake inhibitor (SSRI) antidepressants, as well as certain anti-seizure and blood pressure medications, also have been shown to help.

Rather than take medication, many women opt for lifestyle changes, such as wearing pajamas made from wicking fabric, using fans, lowering the thermostat (65 to 68 degrees is the ideal range at night) and limiting triggers such as alcohol, spicy food and caffeine.

Because anxiety can also lead to feelings of being too hot, Pinkerton suggests “mind-body approaches” such as meditation, yoga, hypnosis and cognitive behavioral therapy, a form of psychotherapy. Smoking and being overweight also increase the chances of having hot flashes.

Vaginal Dryness

The first step to relief from vaginal dryness? Put aside any discomfort about speaking openly with your doctor.

“Women are embarrassed to talk about painful intercourse and providers are hesitant to ask about it, and we need to stop that, because there are many things that can help,” Pinkerton says.

Along with drugstore lubricants, women can try over-the-counter vaginal moisturizers, which are typically applied two or three times a week. Low-dose prescription vaginal estrogen therapies are also available, often given as creams or tablets. Another option is Intrarosa, a vaginal suppository that mimics the adrenal hormone

DHEA and is also being studied as a treatment for decreased libido.

Finally, the hormone-free oral medication Ospheña is known for its ability to decrease vaginal discomfort.

Pinkerton cautions that those who have had cancer may not be good candidates for any kind of hormone therapy. “Low-dose hormones can be considered on an individual basis, but women should always discuss their safest options with their oncologist,” she says.

Insomnia

The National Sleep Foundation recommends adults get at least seven hours of sleep each night—and some people need more. Getting sleep helps women deal with mood swings, brain fog and other cognitive issues.

“Adequate sleep not only helps with mood and the ability to focus and concentrate, but it may also decrease the dementia risk later in life,” Pinkerton says. Of course, many women dealing with perimenopause or menopause symptoms report sleeping troubles, often related to night sweats and hot flashes.

Besides addressing issues related to temperature and comfort, Pinkerton suggests identifying your ideal bedtime routine, performing it each night and even repeating it if you wake up.

“You can train the brain to find the sleep cycle again,” Pinkerton says.

Some women find over-the-counter melatonin to be helpful, and HRT has, as Pinkerton says, “been shown to improve the amount of sleep women get and increase the time spent in REM [deep sleep] stages.” She urges women to avoid sedatives like Ambien, which may become habit-forming. ■

Lifestyle Changes for Menopause

Women no longer have to suffer through hot flashes, mood swings, insomnia and other symptoms of menopause.

Community Care Network gynecologist Kimberly Arthur, MD, says women often can effectively address perimenopause and menopause with lifestyle adjustments such as wearing pajamas made from wicking fabric, using fans, lowering the thermostat and limiting triggers such as alcohol, spicy food, coffee and caffeinated beverages.

“If you wake up dripping wet, try turning the thermostat down to 68 degrees at night,” Arthur suggests. “Set a cool, wet washcloth or glass of ice water on your nightstand.”

Daily physical activity and exercise can help to reduce anxiety, which also leads to feelings of being too hot, Arthur says. She suggests “mind-body” approaches, such as paced, relaxed breathing, yoga and meditation to alleviate stress.

Smoking can increase the chance of hot flashes, so if you haven’t already quit, now is the time.

For vaginal concerns, such as dryness, over-the-counter vaginal moisturizers may provide relief. Oral medication may also help decrease vaginal discomfort.

If you continue to have bothersome menopausal symptoms, the first step to relief is speaking openly with your doctor.

WEBSITE



Don't Sweat It

Turn to Community Healthcare System's caring team of physicians and nurse practitioners to help you navigate through menopause and take charge of your health. To find a doctor to fit your individual needs, call **219-836-3477** or visit **COMHS.org** and click on “Find A Doctor.”

Daughter, Caregiver

The emotional and financial burdens of taking care of loved ones often fall to female children

BY **MONIQUE CURET**



Women traditionally have been at the forefront of family life, so it's not shocking that when elderly parents need care, daughters tend to step in and shoulder the burden more often than sons. And that burden has a financial, emotional and physical price.

Women are more likely to take time off work, decrease their hours or take early retirement to accommodate a caregiving role, according to a study by MetLife that explored caregiving costs. All of these decisions affect not only current finances, but also future financial health.

The emotional hardship is significant, with caregivers struggling to understand, anticipate and meet the needs of their loved ones, some of whom have difficulty communicating. Caregivers often feel stressed, especially when it comes to the medical tasks—such as injections and tube feedings—that they perform with little to no training.

And caregiving can exact a physical price, with nearly a quarter of caregivers reporting that their health had gotten worse as a result of their role, according to a 2015 report by the National Alliance for Caregiving and AARP. Caring for people can be physically demanding, involving transferring them in and out of bed, bathing them and clothing them. Caregivers sometimes forgo their own medical care, including regular checkups, because of the relentless demands of their role.

The average caregiver spends 24 hours a week providing care, and about a quarter of caregivers provide 41 or more hours of care each week. Those hours—the equivalent of part-time and full-time jobs—represent time lost from doing paid work and tending to personal well-being.

“In general, caregivers don't like to ask for help,” says Monica Moreno, senior director of care and support for the Alzheimer's Association. “It's critically important that caregivers focus on taking care of themselves as well, including building a support network, asking for help from friends and family and knowing what resources are available in their communities.”



FINANCIAL IMPACTS

Caregiving doesn't lend itself to work-life balance, and women feel the economic pinch more than men.

"A lot of it is having to juggle between the caregiving role and work," says Christina Irving, a family consultant for the Family Caregiver Alliance. "When mom or dad needs to go to the doctor, who's going to take them there? Is that time off work?"

The typical caregiver is a 49-year-old woman, a demographic that is "still dealing with providing care to their own families," Moreno says.

When these caregivers lose annual income because of reduced hours or quitting a job altogether, Moreno says, "they have to make decisions as far as what they might not be able to spend funds on, because they now might have just one income for their family" if they have a working partner.

For a female caregiver who leaves the workforce, an average of \$324,000 is lost in wages and benefits, compared with \$284,000 for a man, according to a 2017 study on caregiving from Merrill Lynch. The value of all this unpaid care from women is about \$273 billion a year.

The numbers do not include sacrifices that are hard to measure, such as missed opportunities for promotions, business travel and relocation.

"For caregivers, now your retirement is going to be diminished, and if you need care, how's that going to be paid?" says Lauren Locker, a certified financial planner whose business has a division devoted to elder care.

The U.S. is anticipating a care gap, with the number of caregivers expected to decline in the coming decades, a rapidly aging population, and adults who are living longer. Some researchers predict that by 2030, there will be four potential caregivers available for each person age 80 and older, compared with seven caregivers in 2010. While four potential caregivers might sound adequate, in reality, the job often falls to one or two loved ones.

Caregivers who leave the workforce may need to make financial sacrifices.



PHOTOS BY GETTY IMAGES



EMOTIONAL CONCERNS

The cost of caregiving is not only measured in dollars. Taking care of someone is also emotionally demanding and often draining.

Caregivers often cite the mental work as more difficult than the physical work, says Irving of the Family Caregiver Alliance. Caregivers receive little to no training, so they're learning as they go. The role involves a lot of uncertainty, including not knowing what behaviors to expect day to day from their loved ones.

"A lack of training and lack of feeling competent and confident in these caregiving tasks can create a lot of stress," Irving says.

That's particularly true when caring for people with dementia or Alzheimer's, which are progressive diseases that bring more and more dependence on a caregiver over time.

"There's not a booklet caregivers can use to walk them through every warning sign or behavior each person will experience. Caregivers have to be detectives and figure out what strategies will work," says Moreno of the Alzheimer's Association.

Nearly 40 percent of caregivers consider their situation to be emotionally stressful, and for those who provide 21 or more hours of care weekly, that number rises to 46 percent, according to the 2015 report by the National Alliance for Caregiving and AARP.

GETTING HELP WHEN YOU NEED IT

A wealth of resources exists for caregivers, but they often don't know what is available and don't have much free time to research them, says Christina Irving, a family consultant for the Family Caregiver Alliance.

"Often when I ask caregivers how they're doing, they say, 'I don't know, I haven't had time to think about it,'" Irving says. Simple activities like exercising and spending time with friends are hard to accomplish because of the constraints of caregiving.

Irving recommends that caregivers "really take inventory, take stock of how they're doing." That includes:

- ▶ Recognizing what's changed
- ▶ Assessing their mood
- ▶ Analyzing their sleep habits
- ▶ Weighing whether they have things in their lives that they enjoy

Irving says committing to small changes—like getting out of the house for a daily 10-minute walk or sitting in the backyard every day—is sustainable and realistic.

It's key to not wait too long to ask for help or seek out resources, because if caregivers become too worn down, it's harder to recover.

Where do you start if you need help? Irving recommends your local Area Agency on Aging, which is a network of hundreds of organizations nationwide that serve the elderly. Organizations focused on specific conditions—for example, Alzheimer's disease, stroke or Lou Gehrig's disease—also can be helpful, especially for access to support groups.

The Family Caregiver Alliance has a tool called the Care Navigator on its website that offers state-by-state help locating public, nonprofit and private programs and services. The Alzheimer's Association also offers a toll-free hotline—**800-272-3900**—with staff answering calls 24 hours a day, seven days a week.



PAYING THE PHYSICAL PRICE

Because of the extreme demands of their role, caregivers' physical health suffers in several ways:

- ▶ Overall well-being is worse, with higher rates of ailments including acid reflux and headaches
- ▶ Increased risk of heart disease
- ▶ Lower levels of self-care, such as filling prescriptions on time, keeping doctor appointments and maintaining proper nutrition and exercise

The Family Caregiver Alliance notes that “keeping family caregivers healthy and able to provide care is key to maintaining our nation’s long-term care system, and, with the aging of the population, this issue will only grow more important in the coming decades.”

Caregivers have an increased risk of heart disease and other physical ailments.

WEIGHING OPTIONS

Families facing decisions about caregiving need to consider all available options, Locker says. Her practice tries to help families work through the possibilities, including having siblings split up the work or having parents pay for care if they're able, rather than children providing it.

MetLife's report on caregiving costs offers similar advice: "Both male and female family caregivers need to be more aware of the long-term financial implications of leaving work or dropping back to part time in order to care for older relatives."

Locker advises giving caretaking a trial run.

"We try to counsel our clients on taking family leave," she says. "Take a short break from your job, do the caretaking and see how hard it really is."

For people looking to plan ahead for when they might need caregiving or need to provide it, the Merrill Lynch report recommends looking into long-term care insurance and designating savings for healthcare costs in retirement. Experts also recommend having advance conversations with family to discuss wishes and potential strategies in case care is needed.

With some planning, families can have a better shot at a caregiving solution that works best for everybody, so it doesn't simply fall to an overworked daughter. ■



QUALITY CARE FOR ALZHEIMER'S AND DEMENTIA

If caring for a loved one with Alzheimer's and dementia at home is not an option, the professionals at Hartsfield Village's Memory Support Residence are here to help. The residence offers compassionate care for people with memory disorders in a monitored, welcoming environment providing both safety and comfort.

"When searching for the right facility, families are often overwhelmed with all the available options," says Brieonna Woods, LPN, QMCP, Memory Support Residence director. "Our facility offers unique opportunities for residents to thrive with a variety of social, cultural, recreational, wellness and fitness activities that welcome family members to participate in their loved one's care. These activities are also customized to each resident's needs, keeping them engaged and supported during the transition from independence to assisted living."

Families can also rest assured that their loved one has access to licensed nursing staff, needed services and personal assistance 24 hours a day, seven days a week. "Our staff is specially trained to care for our residents' specific needs," Woods says. "They take the time to get to know each resident, to understand their needs and wants, so that person feels right at home."

Other amenities at the Memory Support Residence include private furnished rooms, each with its own private bath, a full array of meals and snacks, daily housekeeping, laundering of linen and personal clothing, individually controlled heating and air conditioning and an outdoor fenced courtyard with walking path.

WEBSITE



Hartsfield Can Help

To learn more about the opportunities available at the Memory Support Residence at Hartsfield Village, call **219-934-0580** or visit **hartsfieldvillage.com**.

Lessons from MOM

*Understanding your mother's
health history can help you make
smarter choices about your health*

BY **LAURA ARENSCHIELD**

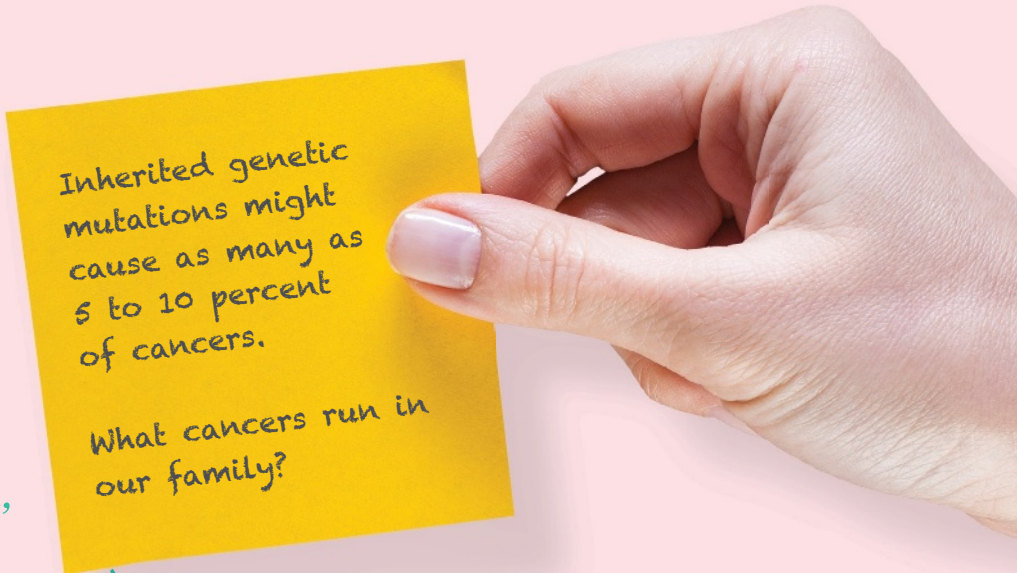
PHOTOS BY GETTY IMAGES

The bond of mothers and daughters can be beautiful or fraught or somewhere in between, but one thing is certain: There is an undeniable link between them—especially when it comes to health.

Knowing certain things about your mother's health, from the age at which she went through menopause to her history of certain cancers and heart disease, can help you and your doctor get a better handle on your own health—and it can help you know what lifestyle changes to make to mitigate your risks.

“You want to look at your mother's health history as a series of potentials for you,” says Christiane Northrup, MD, author of *Mother-Daughter Wisdom: Understanding the Crucial Link Between Mothers, Daughters, and Health*. “What we really want people to know is how to get conscious about the factors involved in how genes express themselves, so that they can change them through the way they live. That's where a daughter's point of power is.”

That is to say: Your mom's health history is relevant, but it's not your destiny. Here's what you should know about it and what you should share with your daughter to protect her, too.



Inherited genetic mutations might cause as many as 5 to 10 percent of cancers.

What cancers run in our family?

Your Mom's Experience with Cancer

Almost every pre-appointment screening questionnaire asks about your family's risk of cancer, and for good reason. Certain genetic mutations lead to a direct increase in your risk for certain cancers—specifically breast, uterine and colon cancers, says JoAnn Pinkerton, MD, executive director of the North American Menopause Society. If your mother carries one of those genes, you are more likely to also carry it.

“The two major risks for women are the breast cancer gene, BRCA, which is more common in certain ethnic groups, and Lynch syndrome, which we used to think of as rare and only associated with colon polyps and colon cancer, but we now know is also associated with uterine cancer,” Pinkerton says. “That's why your doctor asks you if your mother or your maternal grandmother had breast or ovarian cancers”—and why you should ask your mother if you don't know.

But it's important to remember that just because your mom or grandma had cancer does not mean you will get it, too, Pinkerton says.

“Regardless of what someone's genetic risk is, there are lifestyle choices that women can make to decrease their chances of getting the disease,” Pinkerton says.

Many of them you already know: Maintain a healthy weight. Exercise regularly. Eat nutritious food. Don't smoke. Limit alcohol.

But there's more to it, Pinkerton adds: “That's all true, but you also need to get enough sleep, and you need to think about stress reduction. All of those things are really important for women, regardless of whether they have family risks.”

For women who do have a family history of certain cancers, a genetic counselor can help you assess your risk and identify steps to protect yourself.

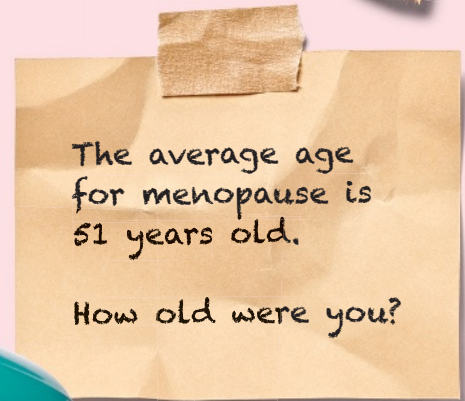
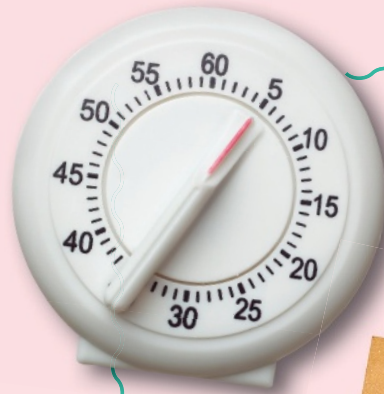
That Time of the Month and That Time of Her Life

Something you're likely to inherit from Mom? How her menstrual cycle played out over the course of her life, Northrup says.

"The age at which your mother got her first period and the age at which she went through menopause—and if it was a natural menopause—those tend to be consistent from mothers to daughters," Northrup says.

If your mother had a premature or early menopause—premature menopause begins before age 40; early menopause begins between ages 40 and 45—you might also be at risk to begin menopause before the typical time, which affects your fertility. Knowing when your mother began menopause helps you plan for children if you want them. Women who undergo premature or early menopause are also at higher risk for heart disease and osteoporosis because of the reduced amount of time their bodies produce estrogen, according to the U.S. Department of Health & Human Services' Office on Women's Health.

That doesn't mean you *will* get either of those conditions, Northrup says, but it does mean you might want to take some steps to mitigate them.



Sources for notes: National Cancer Institute, American College of Obstetricians and Gynecologists, Anxiety and Depression Association of America, U.S. Department of Health & Human Services

PHOTOS BY GETTY IMAGES

The Brain Connection

Most of us know that if we have family members with mental health issues, we are at higher risk for those issues as well.

“We get a lot from our parents—intelligence, resilience and humor, and also anxiety and depression,” Pinkerton says.

Understanding the mental health conditions your mother has had throughout her life will help you better understand the conditions you might encounter and give you a leg up on treating them if they arise.

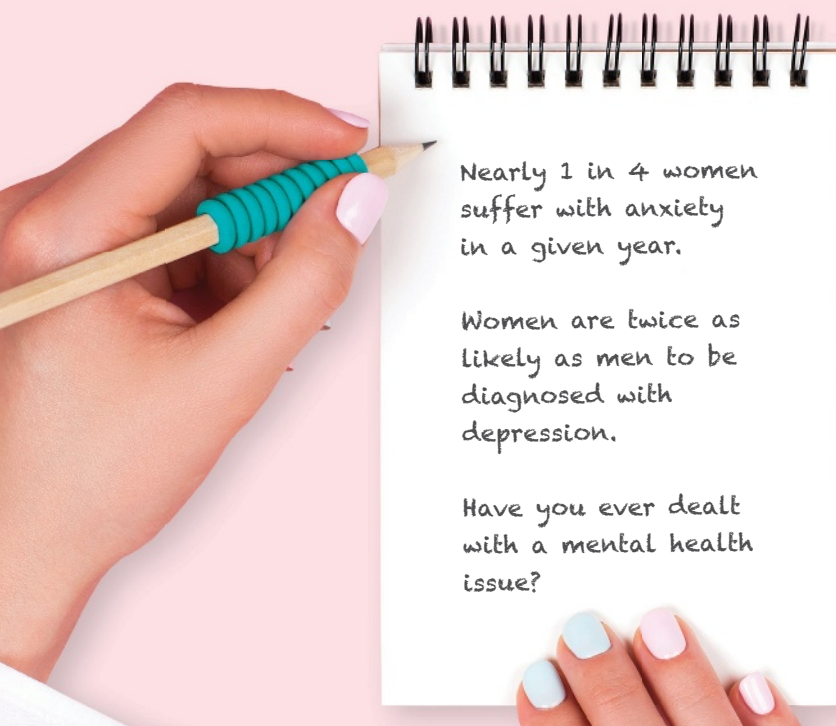
For example, if you discover your mom went through frequent periods of low mood and crying during your childhood but didn’t seek help, you might be quicker to spot signs of depression in yourself and get help early.

It also matters if your mom ends up with a neurological disorder, such as Alzheimer’s disease or dementia.

“You might not care about those things when you’re young, but there are some patterns of heritability for Alzheimer’s and certain types of dementia,” Pinkerton says. “And, again, this means there are lifestyle changes you can make to decrease your risk.”

Those lifestyle changes are the same ones mentioned for preventing cancer: Maintain a healthy weight, eat healthy foods, manage stress, limit alcohol and quit smoking.

With the combination of knowledge of your mom’s health history and commitment to good habits, you—and your daughters—can live your healthiest lives. ■



Nearly 1 in 4 women
suffer with anxiety
in a given year.

Women are twice as
likely as men to be
diagnosed with
depression.

Have you ever dealt
with a mental health
issue?

Genetic Testing May Offer Answers

Through genetic counseling and testing, the hospitals of CommunityHealthcare System can help those at increased risk for breast, thyroid or other types of cancer find out about their options and gain peace of mind.

The Cancer Genetics Risk program works with the Women’s Diagnostic Centers of Community Hospital, St. Catherine Hospital and St. Mary Medical Center to provide cancer risk assessments, genetic consultations and genetic testing.

“Genetic testing may help some individuals learn whether or not they have an increased likelihood of developing a certain type of cancer or whether inherited factors have contributed to their cancer,” says Janice Zurich, MD, medical geneticist on staff.

For many people, cancer risk assessment can be provided through genetic counseling alone without the use of genetic tests. However, in some cases, testing may help the patient and his or her physician make important decisions about medical care.

If you answer yes to any of the following questions, genetic counseling may be useful for you:

- ▶ Have you or a close relative been diagnosed with cancer before age 50?
- ▶ Do you have more than one blood relative with the same type of cancer? If yes, is the same type of cancer found in more than one generation?
- ▶ Has anyone in your family had more than one type of cancer, not including basal cell or squamous cell skin cancers?
- ▶ Has anyone in your family had cancer on both sides of the body: breasts, kidneys, eyes?
- ▶ Are you related to someone known to have an inherited mutation that can cause cancer?

WEBSITE



Know Your Risk

For more about genetic consultation and testing at CommunityHealthcare System’s High Risk Breast Clinics at the Women’s Diagnostic Centers (located in East Chicago, Hobart, Munster and Valparaiso), visit COMHS.org or call **219-934-8856**.

10 WAYS EVERY WOMAN CAN IMPROVE HER HEALTH

1 Talk to your doctor about your breast cancer risk and the best screening schedule for you.

5 Remember that you don't have to suffer through menopause. Treatments are available, and your doctor can help.



Get at least 150 minutes of moderate-intensity physical activity each week—brisk walking is a great way to do it.



2 Ease up on the booze. It increases cancer risk.

8 Know that miscarriages are common and are not a woman's fault.

3 Ask your mom about her history of cancer and mental health problems.



6 Try meditation to relieve pain and anxiety.

9 If you're a caregiver, make sure to ask for help. Take time off if you can.

4 Don't panic about uterine fibroids, which often don't require treatment. But do see a doctor if they bother you.

10 Remind yourself that genetics are not destiny. Your lifestyle choices make a major difference in your health.



➔ **WANT MORE HEALTHY IDEAS?** Check out our Winter issue, all about keeping the whole family healthy.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



RED MEAT'S LINK TO HEART DISEASE

Doctors understand more about how frequently eating hamburgers and steaks could increase heart attack risk.

Healthy people who ate a lot of red meat had much higher levels of a gut chemical associated with increased risk of heart problems and strokes, according to study results backed by the National Institutes of Health.

The chemical is called trimethylamine N-oxide, or TMAO, and it results in part from nutrients abundant in red meat, which has high saturated fat levels that contribute to heart disease.

Conversely, those who got a large portion of their protein from white meat or vegetables had lower levels of TMAO, the study in the *European Heart Journal* says.

When participants stopped eating red meat, their chemical levels dropped within four weeks.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

CIGARETTE SMOKING HITS RECORD LOW

U.S. cigarette smoking dropped to an all-time low of 14 percent in 2017.

That's down from 15.5 percent in 2016 and a plummet from 40 percent in 1965 when the federal government began tracking smoking, the Centers for Disease Control and Prevention says.

Still, about 1 in 5 adults used a tobacco product in 2017, including smokeless tobacco and e-cigarettes.

Disparities persist. Tobacco use was highest among people with GEDs (43 percent), those with serious psychological distress (41 percent) and the uninsured (31 percent).

Eliminating smoking would prevent a third of U.S. cancer deaths.



APP



Quit Smoking

Get help anytime with an app that uses your smoking patterns, moods and quitting goals. On smokefree.gov, click "Tools & Tips" and "Smokefree Apps."

COFFEE VS. TEA

Is one caffeinated drink supreme?

Popular research topics, these favorite drinks to start the morning both have benefits. A sampling:

▶ People who drink more than one cup of black or green tea a day have slower buildup of calcium in arteries, reducing risk of cardiovascular problems.

▶ Drinking coffee might help people with colon cancer survive the disease.

▶ Black and green tea's antioxidants fight inflammation, the sometimes-painful swelling response when the body's normal functions are disrupted.

▶ Coffee drinkers who average three to five cups a day—caffeinated or not—might be less likely to die prematurely from heart and neurological diseases, type 2 diabetes and suicide.

Sounds great, right? There are some cons, and each person can decide whether potential benefits outweigh them.

Both coffee and tea can stain teeth, and caffeine can disrupt sleep if you overdo it or you're more sensitive to the stimulant. Caffeine is also a diuretic, which could flush water through your body more quickly than you like. Also, because coffee and some teas are acidic, they cause upset stomach for some people.

In the end, if one bothers you, cut back or give it up.

The verdict: Coffee and tea are tied. Both typically can be consumed without worry, and your health might benefit.

One caution: Be sparing if you add cream and sugar. A cup that's more dessert than drink will negate positives.



PHOTOS BY GETTY IMAGES

More Adults Get Cancer Protection from HPV Vaccine

The HPV vaccine given to young people is reducing rates of cervical cancer and other diseases. After a recent federally approved expansion, adults ages 27 to 45 can get the same protection against human papillomavirus.

The most common sexually transmitted infection, HPV can also cause genital warts and cancers of the vulva, vagina, penis, anus and throat. The vaccine can prevent 90 percent of related cancers, federal officials say.

While the vaccine does not protect against HPV strains adults were exposed to earlier, it works against remaining strains—there are nine in total—for people who might encounter the virus.



▶ TRUE OR FALSE

Morning sickness is more common with girl babies.

TRUE: But we're not talking about queasiness with an average pregnancy. Various studies have found that women with severe morning sickness called hyperemesis gravidarum in the first trimester are more likely to have girls. (And, of course, "morning sickness" is a misnomer; pregnancy nausea and vomiting can happen any time of day.)

For example, 2,100 women hospitalized in the first trimester with hyperemesis gravidarum were 50 percent more likely to have girls than 9,800 women without the condition, according to a study in *BJOG: An International Journal of Obstetrics and Gynaecology*.

Women hospitalized for three or more days because of severe morning sickness had 80 percent increased odds of having a girl.

STATS: TYPE 2 DIABETES



1 in 10

Number of Americans with diabetes, the vast majority with type 2—more of a risk if you're overweight or inactive

15

Number of pounds a 200-pound person who is prediabetic needs to lose to halve diabetes risk, along with exercising

74%

Portion of people with type 2 diabetes who have high blood pressure

5%

Rate of annual increases in type 2 diagnoses in youths, a warning sign about the need for early healthy habits

Sources: CDC, American Diabetes Association, National Institutes of Health

Peanut Allergy Remedy Shows Promise

A peanut allergy treatment under study addresses a big fear of allergic children and their parents: a life-threatening reaction from accidentally eating peanut traces.

With peanut allergies increasing among U.S. children, the treatment helped two-thirds of allergic kids tolerate about two peanuts a day.

In a clinical trial, children took increasing doses over six months of a new drug made of peanut flour, followed by six months of maintaining small daily intake of peanut protein, according to the study in *The New England Journal of Medicine*. The trial could lead to federal drug approval.

This is not something to try at home. The peanut flour doses were carefully measured, and each child's health was closely monitored. Even then, a portion of children withdrew from the study because of adverse reactions, with many remaining participants needing treatment for less severe problems.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

Bringing Convenient Care Close to Home

The newest addition to the hospitals of Community Healthcare System opens this fall. The Community Stroke and Rehabilitation Center in Crown Point is a 129,000-square-foot multispecialty facility featuring inpatient rehabilitation treatment along with physician practices, outpatient services and immediate care for family health and wellness. The 40-bed inpatient rehabilitation unit helps patients recovering from stroke, neurological issues and other conditions requiring intensive rehabilitative care.

The facility houses urgent care, diagnostic imaging, laboratory services and outpatient therapy services including physical therapy, occupational therapy and speech therapy, family medicine practitioners and specialists in cardiology, obstetrics and gynecology, urology and orthopedics. In addition, the Women's Diagnostic Center provides mammography and bone density scans. Completing the facility is a healing garden, set outside the café.

WEBSITE



Learn More

The Community Stroke and Rehabilitation Center is located at 10215 Broadway Ave. in Crown Point. For more information on services at the specialty hospital, visit COMHS.org.



First you go really hard, and then you rest—briefly.

WORKOUTS THAT WORK: INTERVAL TRAINING

Interval training means you mix bursts of high-intensity activity with short periods of rest or less intense exercise. Interval-training methods have varied names, such as HIIT (high-intensity interval training), Tabata and fartlek.

The length of the intense parts versus recovery periods varies widely. A workout might consist of 20 seconds “on” and then 10 seconds of rest, for example, or three minutes “on” and an equal period of rest.

Interval training works for a wide variety of exercises, including running, walking, biking, lunges, jumping jacks and pushups.

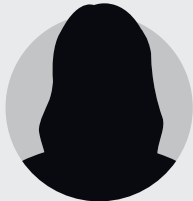
S spurts of maximum effort rev up calorie burn during workouts and for hours after. In short: Your body burns more calories in less time.

PHOTOS BY GETTY IMAGES



WHAT ARE THE ODDS

of having a stroke?



1 in 5
FOR WOMEN



1 in 6
FOR MEN

Working on blood pressure, weight and exercise habits gives you some control over risk factors for stroke—when a blood vessel to the brain is blocked or bursts, possibly damaging brain cells cut off from oxygen. Quitting smoking and treating irregular heartbeat and diabetes also help.

STUDY: Probiotic Didn't Help Preschoolers Fight Stomach Bugs

Children younger than 4 with stomach bugs did not recover faster with probiotics, which are good-for-you bacteria like those found in yogurt, new research found.

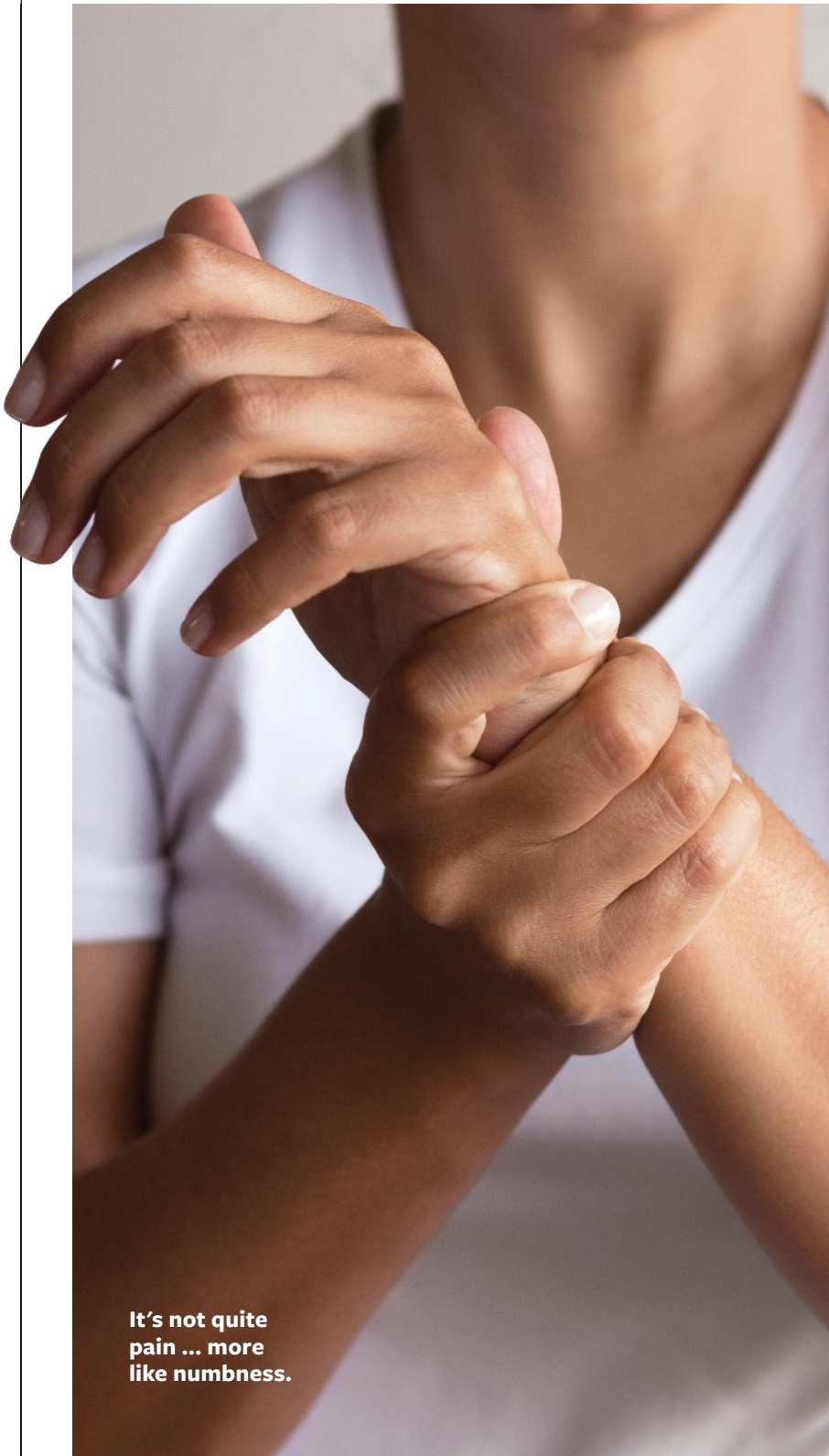
Among 943 children who completed the trial after seeking treatment for gastroenteritis in an emergency department, the ones prescribed five days of a probiotic did not get over diarrhea any faster than children who didn't take the supplement, the study in *The New England Journal of Medicine* says.

Still, most of the thousands of studies published on probiotics show them as effective in treating diarrhea, and scientists continue to examine which strains work best.



JARGON WATCH

NSAID: Nonsteroidal anti-inflammatory drugs, including prescriptions and over-the-counter aspirin and ibuprofen, block body chemicals that cause inflammation. The medicines used for arthritis, back pain and toothaches ease muscle soreness, reduce swelling, lower fevers and prevent blood clots.



**It's not quite
pain ... more
like numbness.**

THE TRUTH ABOUT **CARPAL TUNNEL SYNDROME**

Taking action early is your best defense against this often misunderstood wrist condition



If you've ever rubbed your sore wrist after a day of typing, you might have wondered whether it could be carpal tunnel syndrome. Most of us think we know what that is, but in reality, the condition is frequently confused with other ailments.

Here's a quick definition to get us on the right track: Carpal tunnel syndrome (CTS) occurs when the median nerve—which runs from the forearm to the palm of the hand—gets pinched or squeezed at the wrist. CTS affects around 3 percent of adults and becomes more prevalent (and more severe) as we age, and women are three times as likely to be diagnosed with it.

"Middle-aged females are the most common population to be diagnosed with carpal tunnel syndrome, typically between the ages of 35 and 50," says Taizoon Baxamusa, MD, a spokesman for the American Academy of Orthopaedic Surgeons.

And because CTS tends to worsen over time, understanding what it is can help you get an accurate diagnosis and treatment early on—and lead to a better outcome.

TRUE OR FALSE:

If you're experiencing pain in your wrist or hand, it's probably carpal tunnel syndrome.

→ **FALSE.** "That's one of the biggest misconceptions about carpal tunnel syndrome," Baxamusa says. Rather than pain, "the hallmarks are numbness and tingling—especially at night."

In fact, painful conditions that occur in the hand, such as trigger thumb and arthritis, are commonly confused with CTS. So is de Quervain's tenosynovitis, a type of tendinitis of the wrist that's common in pregnant women and mothers of newborns, Baxamusa says.

An electromyogram (EMG) test with a nerve conduction study can confirm CTS. The EMG measures the electrical activity in the muscles, and the nerve study helps providers spot any damage and assess its severity.

TRUE OR FALSE:

Working on a keyboard all day causes carpal tunnel syndrome.

→ **FALSE.** While CTS is commonly linked with computer work, a combination of factors can cause it, including heredity or an underlying medical condition like diabetes, rheumatoid arthritis or thyroid imbalance. Awkward or improper posture and activities on the job can also play a role (hence the keyboard connection).

"But it's not that working on a computer all day causes it," Baxamusa says. "Poor ergonomics is the cause."

According to the National Institutes of Health, assembly-line workers are actually at greater risk for CTS: They're three times more likely to develop it than someone who performs data entry.

A HAND IN SUPPORT

While surgery may not be preventable for all patients with carpal tunnel syndrome, there are some things that can help alleviate symptoms and provide relief.

"It's best for patients to be evaluated first by an orthopedic hand specialist to determine severity of their symptoms," says Holly Gutierrez, a certified hand therapist at Community Healthcare System's Neuroscience and Sports Medicine Center in Schererville. "If symptoms are mild to moderate, therapy can be quite an effective treatment."

Patients may be fitted with a custom splint or brace to reduce compression of the nerve.

"Certified hand therapists are uniquely qualified to make these devices, which are more effective and supportive than anything you can buy over the counter," Gutierrez says.

Whatever treatment is right for you, Community Healthcare System's specially trained orthopedic hand surgeons and therapists provide early diagnosis, treatment and preventive education.

WEBSITE



Need Therapy?

Community Healthcare System offers outpatient hand, wrist and upper extremity therapy. Visit [COMHS.org/services/therapy-services/out-patient-therapy-services/hand-therapy](https://www.comhs.org/services/therapy-services/out-patient-therapy-services/hand-therapy).

TRUE OR FALSE:

Recovery from CTS surgery can take a while.

→ **TRUE.** Surgery typically involves cutting a ligament that forms the "roof" of the carpal tunnel to reduce pressure on the median nerve. Known as carpal tunnel release, it can have a high success rate—up to 90 percent—but recovery takes time. The tingling usually goes away within weeks after surgery. In severe cases, where the nerve has been under pressure for a long time, it can take a while for the nerve to regenerate, and thus the numbness can take much longer to go away. The rate of nerve regeneration generally occurs at a millimeter a day or an inch per month, Baxamusa says.

"So, if you consider that the carpal tunnel is compressed at the wrist and you measure from there to the tip of the middle finger, it's about 6 inches, which means it's roughly six months for that nerve to regenerate."

TRUE OR FALSE:

CTS can be reversible.

→ **TRUE.** With early diagnosis and proper treatment, the damage can be reversible—to a point. With severe CTS, where the muscle around the base of the thumb is starting to become disconnected from the nerve, it may be irreversible. But surgery can still make sense to halt the progression, Baxamusa says.

"Beyond numbness and tingling, there's also a muscular component. The motor branch of the median nerve [the CT nerve] controls the thumb, which gives us opposable thumbs," he says. "If left untreated, that could be lost in severe cases, so it's important to seek a diagnosis and treatment early." ■

HOW TO FLY WITH A BABY

Keep yourself and your little one tear-free with this expert advice



Flying with a baby—the mere phrase can evoke hives in the most patient of parents. The stressful scenarios are almost too many to count: What if my baby is the baby who screams throughout the flight? What if the other passengers aren't understanding? How will we keep our kid entertained when the “fasten seat belt” sign seems destined to stay on forever? And, oh my goodness, all those germs.

There is no reason to panic. We talked with Shelly Vaziri Flais, MD, a spokeswoman for the American Academy of Pediatrics—and a mom of four—who shared her best tips for flying with children younger than 2. The keys, she says, are to be prepared and to recognize that everything takes longer with a child, travel included.



Oh good, she's asleep—for now.

PHOTO BY GETTY IMAGES

TIP 1: Give yourself time.

“Life with infants and toddlers is mostly that you have to prepare for the unexpected—whether it’s spit-up or a blown-out diaper or just all those little things that come up with young children,” Flais says. “You have to allow more time than you think you’re going to need.”

That includes time at the airport to navigate security, but it also includes travel time to the airport itself. Allowing an extra 30 minutes or an hour to account for traffic and security might seem excessive, but it will go a long way to preserving your peace of mind—and to keeping your baby calm, too, Flais says.

TIP 2: Use your baby gear to your advantage.

Most airlines allow children 2 and younger to fly for free as a “lap baby.” That means they don’t have a designated seat of their own, and that you are potentially seated between two strangers holding a squirming toddler. If possible, the American Academy of Pediatrics recommends paying for another seat so children have a space of their own to sit, in a car seat.

It’s safer, too; if there’s turbulence or a rough landing, a car seat can protect your child. The Federal Aviation Administration’s website, faa.gov/travelers/fly_children, has information about children’s safety seats that are approved for flying.

Also, strollers can be checked at the gate—and don’t count toward your bag limit for most airlines—so consider bringing yours to the airport to make getting around easier in the terminal and at your destination.

Navigating Life with a New Baby

Being a new parent is an exhilarating time, but it comes with many questions. The hospitals of CommunityHealthcare System offer a variety of childbirth education classes to help guide you through pregnancy and the first few months after baby’s birth.

“Information is empowering, but we want to stress the importance of getting information from a reliable source,” says Barbara Pennington, a registered nurse and childbirth educator at Community Hospital. “Knowing what to expect reduces stress and creates a more positive experience. Our classes give expectant moms an opportunity to benefit from in-person discussions and ask questions.”

Classes range from preparing for delivery to providing information about infant massage, breastfeeding, baby care, safe sleep and infant development. There is also a free lactation clinic, as well as classes to prepare siblings for the new arrival and update grandparents on infant care.

TIP 3: Prep, prep, prep.

Airports can be overwhelming for everyone, but especially for children experiencing them for the first time, Flais says. Talk to your child about what they can expect at airport security, when boarding the plane, during takeoff and landing and in flight. Even children as young as 1 can understand basic explanations, she says—things like “we’ll show our tickets,” and “we’ll put our bags on a conveyor belt.”

And prepare for as many possible scenarios as you can. That means extra diapers, extra clothes, extra snacks and extra toys.

TIP 4: Avoid germs and check on vaccinations.

“Wash your hands frequently, bring tons of extra hand sanitizer and wipes—especially for a toddler, who is going to be getting into more things,” Flais says. “And bring extra medication if your child needs it.”

Depending on travel plans, some vaccines can be given earlier than recommended—six-week vaccines, for example, can be given at a baby’s 1-month birthday with a doctor’s permission.

CALL



Ready for Baby?

The hospitals of CommunityHealthcare System offer free childbirth education classes for expectant mothers and their families. Register early; class sizes are limited. Call **219-703-2020**.

Talk with your pediatrician as soon as you start planning the trip so he or she can help you figure out what steps to take.

TIP 5: Protect against popping ears.

Popping ears on takeoff and landing are annoying for adults but can be terrifying and painful for infants and young children. If your child is nursing or taking a bottle, try to feed during takeoff and landing—swallowing will help clear the pressure, and feeding could also provide comfort.

If your child is no longer nursing, a water bottle or snacks could help alleviate ear pain. ■

FREAK OUT OR CHILL OUT?

Breathing problems can be scary. Here are some clues that can help you figure out what might be going on



Breathing usually comes naturally. But those times when it doesn't—when you're gasping for breath or coughing uncontrollably—can be cause for panic. Juanita Mora, MD, a national volunteer medical spokeswoman for the American Lung Association, helped us determine when to breathe easy and when to proceed with caution.

Q Your grade schooler likes to run and play sports as much as the next kid, but every time he does—without fail—he complains that his chest is tight and he coughs a lot. Is it exercise-induced asthma or seasonal allergies?

Exercise-induced asthma.

"If it's happening regardless of the season, that would be a sign it might be asthma—either full or exercise-induced," Mora says. With exercise-induced asthma, the small airways in the lungs narrow during strenuous exercise. Symptoms begin during exercise and include coughing, wheezing, shortness of breath and chest tightness or pain.

Seasonal allergies can mimic exercise-induced asthma, especially if kids are exercising in spring or fall, such as running cross-country or playing baseball. Kids who are suffering from seasonal allergies, though, typically have a family history of allergies and might have other symptoms such as eczema, runny nose and post-nasal drip.

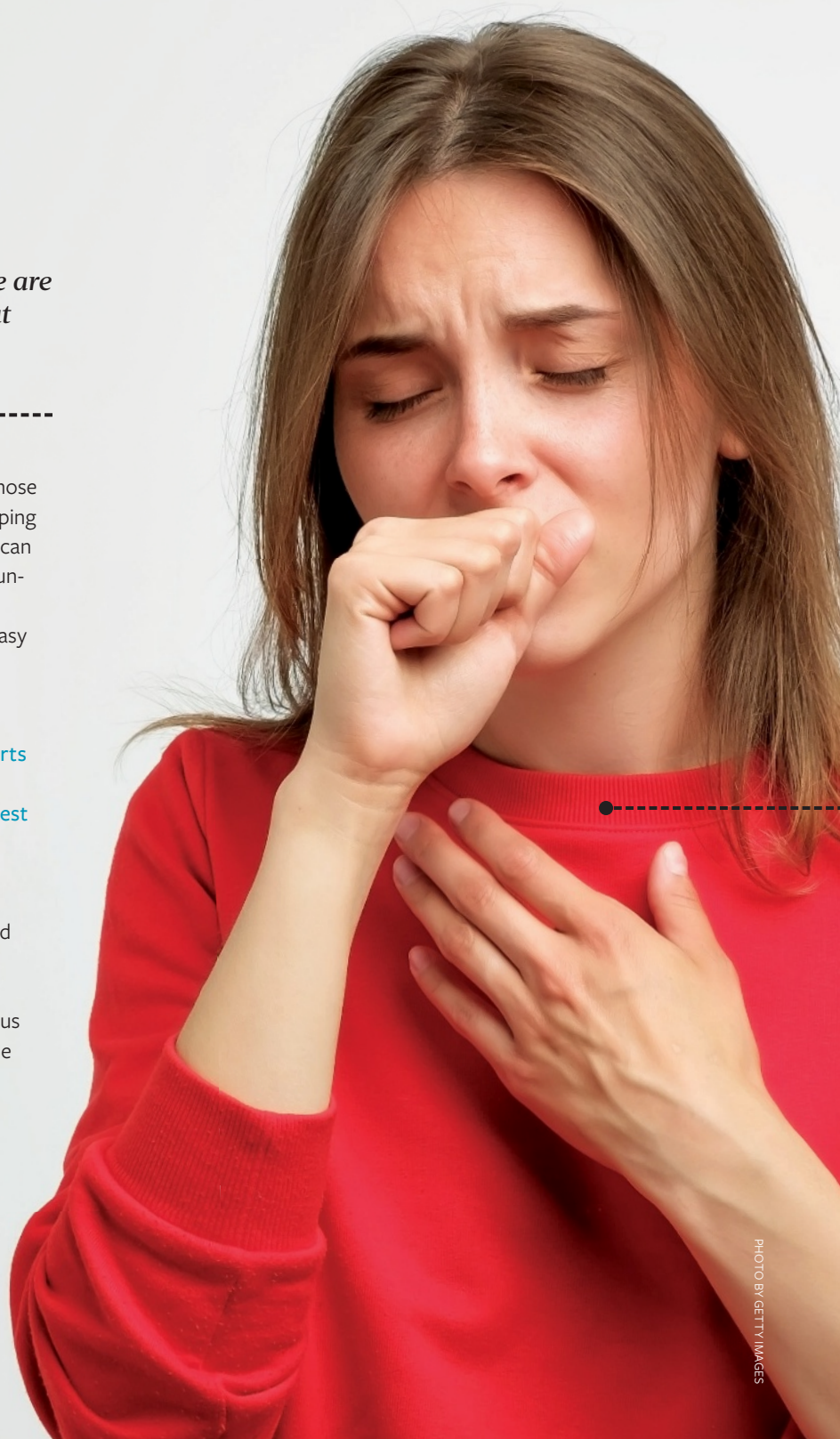


PHOTO BY GETTY IMAGES

Q You're a little concerned about the wheezing noise you make when you breathe, and your office mates are grossed out by the hacking cough you've had for the past week. But you're too fatigued to care much. Is it bronchitis or emphysema?

Bronchitis.

Bronchitis, which is an inflammation of the lining of the tubes that carry air to and from your lungs, lasts for a short time—10 to 14 days. If it's the first episode of coughing and you're not experiencing a recurring cough every few months, it's probably not a chronic problem. Factors to pay attention to include the duration of the cough and whether there is any history of smoking, which can lead to emphysema, a condition that occurs when the air sacs in the lungs are damaged.

Q You're finally rebounding from the cold you've had trouble shaking when all of a sudden you can't catch your breath and spike a fever. Is it pneumonia or possibly lung cancer?

Let your doctor decide.

Doctors can often hear signs of pneumonia by listening to a patient's lungs, where mucus and bacteria consolidate in bronchial tubes. A chest X-ray also would help diagnose pneumonia, an infection that causes lung inflammation.

"If there's a strong history of smoking or secondhand smoke exposure, then it might merit a CT scan of the chest, which is one of the big campaigns of the American Lung Association—'Saved by the Scan,'" Mora says. The campaign is intended to catch lung cancer in the early stages, so it can be effectively treated. Lung cancer is typically detected very late, causing survival rates to be low. Some of the early symptoms include a cough that does not go away or gets worse; shortness of breath; and chest pain that is often worse with deep breathing, coughing or laughing, though these are also symptoms of several benign conditions.

Q On vacation, your family goes for a hike in the mountains. As you reach an elevation of 8,000 feet, you feel short of breath and dizzy. Is it altitude sickness or are you having a panic attack?

Altitude sickness.

"With panic attacks, it's usually repeated, not just at a level of altitude," Mora says. Also, panic attacks last between 10 and 30 minutes, and breathing exercises tend to help.

With mild altitude sickness, symptoms should resolve upon descent and headache can typically be managed with an over-the-counter pain reliever. For severe altitude sickness, interventions such as breathing treatments or medications are needed to keep oxygen levels up.

Q You go for a jog on a crisp fall day, but for a few days afterward, you're congested, wheezing and your eyes are watering. Is it allergies or a cold?

Allergies.

Allergies cause symptoms such as runny nose, sneezing, watery eyes and feeling as if your ears are full of fluid. Typically, using an antihistamine can alleviate the discomfort. A cold causes more full-body symptoms, including body aches, low energy level and chills, and it's not relieved by antihistamines.

Colds also tend to resolve themselves in a week or two, whereas allergies persist as long as you're exposed to the allergen; for some people, the congestion lasts all fall. ■

TOOL



Understand Your Sniffles

The American Academy of Allergy, Asthma & Immunology offers an online tool to help learn about your symptoms. Visit aaaai.org/conditions-and-treatments/virtual-allergist.

THE GERMIEST STUFF YOU OWN

How worried should we be about the germs in our environment—and what can we do about them?

Every so often there's a news story that reveals the "shocking details" about the germs living on our stuff. But how worried should we really be about germs like bacteria and the risks they may pose? James A. Ellzy, MD, a family physician and spokesman for the American Academy of Family Physicians, puts things in perspective.

"We need to remember that all bacteria are not bad. There are bacteria on our skin that help boost our immunity and in our gut that help us digest food," he says. "A germ-free world doesn't make sense. We just want to keep a healthy balance."

Of course, too much bacteria can be unhealthy and cause infections like strep throat and pneumonia.

Viruses are another type of germ we need to be vigilant about, especially as flu season bears down. Protect yourself with frequent hand-washing (and using a hand sanitizer with at least 60 percent alcohol when you can't find soap and water), sneezing into your elbow versus your hand, swapping out your cleaning sponges frequently (even the antimicrobial ones!) and getting a flu shot.

"While there's something to be said for not living in a bubble and cleaning all the time, we need to do what we can to decrease the amount of germs that we're passing from one person to another," Ellzy says.

With that in mind, here's a look at some of the germiest stuff we own—think of it as a sensible reminder and not an emergency alert.



IN YOUR KITCHEN

It's actually germier than your bathroom, according to research. The germiest items and surfaces include:

- Sinks
- Countertops
- Cutting boards
- Dishrags and sponges
- Coffee maker reservoirs
- **Towels:** One study found about 49 percent of kitchen towels used for a month contained bacteria normally found in or on humans—including E. coli and staph





IN YOUR BATHROOM

Your bathroom isn't off the hook. Don't forget to clean and wash:

- Towels
- Faucet handles
- **Your toothbrush holder:** 27 percent were found to contain coliform, a bacteria family that includes salmonella and E. coli and indicates possible fecal contamination



OTHER HIGH-CONTACT ITEMS

Keep an eye—and some disinfectant—on these spots:

- Remote controls and game controllers
- Pet toys and bowls
- **Your phone:** In case you hadn't heard, it has 10 times more bacteria than a toilet seat



TOOL



Check Your Symptoms

Think you might be coming down with something? Check out a helpful cold and flu symptom checker at familydoctor.org/symptom/cold-and-flu.

THREE WAYS TO COOK **MUSHROOMS**

Earthy and elegant, fungi are praised by chefs for their ability to glam up any meal and by dietitians for their distinctive mix of nutrients



Don't let those neutral tones fool you: Though they might not have the vibrant color of, say, beets or carrots, mushrooms are certainly rich in nutrients. They have just 15 calories per cup and contain many vitamins, minerals and anti-inflammatory chemicals.

"Mushrooms have been found to be part of a diet that helps prevent cancer, heart disease and diabetes, because inflammation is the chronic thread between these illnesses," says Sonya Angelone, MS, RDN, a spokeswoman for the Academy of Nutrition and Dietetics.

Mushrooms contain the mineral selenium, which helps improve immune response, as well as choline, a B-vitamin-like substance that helps prevent disease by protecting cell membranes. Another interesting nutrient is a specific type of fiber called beta glucan, which is also found in oats and barley.

"Beta glucan can help our health by lowering cholesterol and blood pressure, and it's not found in a lot of foods," Angelone says. Given their unique flavor profile, "mushrooms can make us feel like we've had something special and not just another whatever tossed on the stove."

Try these three ways to prepare them.

1 MIX THEM WITH MEAT

Make your favorite ground beef recipe—think burgers or taco filling—but trade half the meat for coarsely chopped mushrooms. Basic white buttons work well, and roasting them first to enhance the flavor is optional. "This is ideal for anyone trying to decrease their saturated fat intake," Angelone says.

2 ROAST THEM

Toss mushrooms, garlic cloves and fresh herbs in olive oil. Roast them in a 400-degree oven for about 30 minutes, stirring occasionally. This preparation is a great way to spotlight more unusual mushroom varieties such as chanterelles or oysters.

3 USE THEM AS A CRUST FOR TOFU

Put dried porcini mushrooms in the blender and pulse until you end up with a chunky powder. You can also include herbs or breadcrumbs as additional seasoning. Dredge slices of tofu in the mixture and cook them in olive oil over medium heat until golden, flipping once.



PHOTO BY GETTY IMAGES



You can always count on mushrooms to add flavor and depth.

BEYOND THE BUTTON

Here are some mushrooms to know about:

- ▶ **Chanterelle** These beloved, trumpet-shaped wild mushrooms have a vibrant golden color. Their strong, rich flavor pairs well with onions and hearty stews made with chicken, beef or pork.
- ▶ **Crimini** These popular mushrooms are dark brown and have a mild flavor; a **portobello** is a larger, sturdier crimini.
- ▶ **Maitake** Also called hen of the woods, these ruffled specimens can grow to the size of a cauliflower.
- ▶ **Oyster** Fun fact about these ridged, pleasant-tasting mushrooms: They can be yellow, pink or blue.
- ▶ **Porcini** A star ingredient of Italian cuisine, the porcini mushroom (also called cèpes) has a distinctive flavor that's almost meaty.
- ▶ **Shiitake** These brownish-black Japanese mushrooms resemble umbrellas and have a smoky taste.

APP



Dinner Decisions Made Easy

Plagued with indecision about what to cook? For instant inspiration, download the **Allrecipes Dinner Spinner**, available on Apple's app store or Google Play. Choose up to three categories: dish type, main ingredient and preparation time. Give your phone a shake, and the app will suggest matches from its 50,000-recipe database.

WOMEN AND HEART DISEASE



90%

of women have at least one risk factor for heart disease.

72

is the average age when women have a first heart attack. That's more than six years later than men.



4 in 5

women don't recognize that heart disease is the greatest threat to their health.

<30%

of patients in clinical trials for heart failure and coronary disease are women; that means heart disease in women is less understood.



ALMOST 2/3

of women who die suddenly of coronary heart disease did not have previous symptoms.

44 million

women in the U.S. are affected by cardiovascular disease.

Sources: American Heart Association, Centers for Disease Control and Prevention, NYU Langone Health

'Simple Seven' to Prevent Heart Disease

"The first step to prevent heart disease is to know your risk," says Sarah Alexander, MD, cardiologist with Community Healthcare System's Community Care Network of physicians. "Talk to your family and find out their history of cardiovascular disease. The younger their age when the event occurred, the earlier you should begin screening."

While genetics play a role in the risk of heart disease, there are several lifestyle changes women can make to reduce their risk.

"Get your numbers checked—cholesterol, blood pressure, weight, blood sugars," says Alexander. "These indicators will help determine where to focus your efforts,

whether it be a change in diet or an increase in physical activity."

She also recommends following the American Heart Association's initiative "Life's Simple 7," which focuses on seven factors in heart disease prevention, including controlling weight, cholesterol, blood sugar and blood pressure, eating healthy, exercising and quitting smoking.

When something doesn't feel right, Alexander says to trust your instincts. "Women tend to ignore symptoms because they feel too busy or fear they are 'over-reacting.' It's better to get checked than ignore a potentially dangerous situation."

WEBSITE



For Your Heart Health

Take charge of your heart health and evaluate your risk today. Need a doctor? To find a Community Care Network cardiologist near you, visit

COMHS.org/physicians or call our physician referral line at **219-836-3477** or **866-836-3477**.

Punching Back at Parkinson's

Rock Steady Boxing program can help reduce symptoms of condition

BY **CHRIS SHEID**

Engineer Daniel Cox, 47, of St. John, was diagnosed with Parkinson's disease more than two years ago. The rapid onset of symptoms had Cox "going downhill fast." Then he discovered Rock Steady Boxing.

Parkinson's is marked by tremors, loss of balance and the progressive deterioration of motor skills. The condition is most commonly diagnosed in seniors, but it can also appear in younger patients.

The Rock Steady Boxing fitness program for Parkinson's patients is offered at Community Hospital Fitness Pointe® in Munster and at St. Mary Medical Center's Physical Therapy Clinic, located in the Valparaiso Family YMCA.

A nationally licensed program, Rock Steady Boxing incorporates training



Daniel Cox's Parkinson's symptoms have improved with the Rock Steady Boxing program.

activities from boxing into a robust fitness routine that has been shown to reduce the severity of tremors, improve balance and delay the progression of other symptoms.

"I feel incredibly different," says Cox, who works out at Fitness Pointe. "I came into this program in May of last year. I've lost weight and gained muscle. I actually feel like I've reversed my symptoms."

Those symptoms included poor balance, an unsteady gait, muscle stiffness and anxiety issues. All of these have improved with his training, Cox says. After being away from his job for

18 months, Cox has begun doing consulting work and is also helping out at his proprietary brewery.

Rock Steady Boxing coaches combine friendly encouragement with a touch of competitive intensity, guiding their boxers through a variety of drills and exercises to improve strength, balance and flexibility. Four class levels are available depending on a participant's symptoms.

"The main thing everyone enjoys is the boxing," says Melissa Whalley, an athletic trainer and Fitness Pointe coach. "They like being able to hit something and take out their frustrations." ■

CALL



Get Fit

To learn about Rock Steady Boxing in Munster or Valparaiso, contact Fitness Pointe at **219-924-5348** or ask about physical therapy at the Valparaiso Family YMCA at **219-286-3890**.



OB-GYN Douglas Dedelow, DO, and certified nurse midwife Colleen Sahy perform a minimally invasive gynecologic surgery at St. Mary Medical Center.

EXCELLENCE *in Women's Care*

St. Mary Medical Center provides patients with technologically advanced, minimally invasive gynecologic surgical care



Lake Station resident Alisa Keefe has a family history of uterine cancer.

Her mother passed away from cancer, so she knew that she was at an increased risk and one day may need to fight the disease.

When Keefe was diagnosed with endometrial hyperplasia—the presence of abnormal uterine cells that can become cancerous—she was recommended for

minimally invasive gynecologic surgery. The total laparoscopic hysterectomy and bilateral salpingo-oophorectomy (BSO) procedure would completely remove her uterus, her cervix, her ovaries and her fallopian tubes.

The da Vinci System

Keefe had the procedures performed at St. Mary Medical Center, which is designated as a Center of Excellence in

Minimally Invasive Gynecology by the Surgical Review Corporation (SRC). OB-GYN Douglas Dedelow, DO, performed the procedures laparoscopically using the da Vinci® Robotic Surgical System.

Surgeons at St. Mary Medical Center have performed more than 1,400 da Vinci procedures. The hospital also has been designated by the SRC as a Center of Excellence in Robotic Surgery.

For Keefe, this meant that her surgeries would be performed by a very experienced surgeon and clinical staff using highly standardized processes and the most advanced technology available for minimally invasive techniques.

“Procedures with da Vinci result in less hospital time, less risk of infection and less pain for the patient,” Dedelow says. “Many times patients can go back to work more quickly.”

A Quick Recovery

Keefe, who works at St. Mary Medical Center, says she returned to work after only eight days, as compared to the usual six- to eight-week hiatus for traditional “open” total hysterectomies. She only spent one night in the hospital, not three to five days as was common for an open surgery.

“There are a lot of single moms who really can’t take off the six weeks that you previously needed for recovery,” Keefe says. “So this method is really nice and convenient for them.”

Best of all, Keefe says, she experienced almost no post-operative pain.

“I had what sort of felt like a mild menstrual cramp and maybe a little bit of pressure,” she recalls. “But there was no pain significant enough to take any medications. In fact, I didn’t take any kind of pain medication after surgery because I didn’t feel like I needed any. I was functioning normally. It was amazing.”

Keefe says she has five small scars from the procedure, each one a quarter-inch long or less, none visible.


Douglas Dedelow, DO, chats with Alisa Keefe during a follow-up visit after her procedure.

Centers of Excellence

Positive patient experiences and outcomes are the primary reason that St. Mary Medical Center and its Community Healthcare System sister hospitals, Community Hospital in Munster and St. Catherine Hospital in East Chicago, utilize the da Vinci for minimally invasive procedures including gynecology, general surgery, urology and thoracic surgeries.

The complementary Center of Excellence designations for minimally invasive gynecology and robotic surgery attest that the gynecologists and clinical teams at St. Mary Medical Center bring the highest levels of knowledge, expertise and professionalism to the practice of women’s healthcare.

“A Center of Excellence represents a standardized method of approaching patient care,” says Dedelow, a Community Care Network, Inc. practitioner at St. Mary Medical Center. “The reviewers come in and look at our practices and help guide us on

WEBSITE 

Less Invasive Procedures

For more information on minimally invasive surgeries at the hospitals of Community Healthcare System with the da Vinci Surgical System, visit COMHS.org/services/surgery/robotics.

standardizing every part of the patient experience. This makes it more efficient, safer for the patient, and continuously improves outcomes.”

As a St. Mary Medical Center employee, Keefe says she shares her da Vinci experience with other patients who may be having their own minimally invasive procedures.

“I like being able to talk to patients and tell them what I went through,” she says. “It makes them feel better. That’s probably the best part of it for me.” ■





Brainard Artis was treated for a brain hemorrhage and recovered in time to celebrate Christmas at home with his family, thanks to the quality and timely care provided by Community Hospital.

Complex STROKE CARE

Community Hospital joins an elite group of hospitals nationwide that have earned Comprehensive Stroke Center designation



A day of Christmas shopping took a traumatizing turn for 62-year-old Brainard Artis.

“I was in the store and getting really confused,” Artis says. “I loaded up my packages and by the time I got home, I knew there was something terribly wrong.”

Artis recounts how his speech became slurred and he was increasingly confused. His girlfriend noticed his behavior and said she was taking him to the hospital immediately.

“I remember telling her ‘yes, and step on it!’ but I couldn’t really talk so I guess I was just thinking it,” he says.

Artis arrived at St. Catherine Hospital in East Chicago, where he was quickly diagnosed with a severe and continuing-to-evolve stroke. The staff there administered tPA (tissue plasminogen activator), then contacted the advanced stroke team at Community Hospital so that Artis could undergo immediate lifesaving treatment for his condition.

“Brainard had a large clot in his left middle cerebral artery,” says Jill Conner, RN, MS, CNS, administrative director of Neuroscience, Cerebrovascular and Structural Heart Services at Community Hospital. “Strokes occurring in this artery are the most debilitating and have the highest mortality. His life was on the line and every minute counted.”

Stroke Center Designation

Recently, Community Hospital joined an elite group of hospitals in the country to be certified as Comprehensive Stroke Centers by The Joint Commission and the American Heart Association/American Stroke Association. The certification recognizes hospitals for their demonstrated expertise in offering higher quality standards in the treatment of patients who have suffered the most severe types of stroke.

Less than 3 percent of the more than 6,200 hospitals across the U.S. have achieved this highly sought-after certification.

“This designation is the nation’s highest level of stroke accreditation, reserved for leading healthcare providers who are focused on state-of-the-art



Community Hospital has earned Comprehensive Stroke Center status from The Joint Commission, the American Heart Association and the American Stroke Association.

comprehensive stroke care,” says Lou Molina, hospital CEO. “This higher level of care and management allows Community Hospital to serve as the destination center for complex

stroke patients, including those arriving at primary stroke centers across northern Indiana.”

The Brain Attack Coalition defines a comprehensive stroke center as a facility with the necessary personnel, technology, clinical training and programs to diagnose and treat complex stroke patients who require an elevated level of medical and surgical care, specialized tests or interventional therapies.

This elevated level of care is demonstrated by the center’s ability to deliver advanced, high-quality treatment for patients including:

- 24/7 access to minimally invasive catheter procedures to treat stroke
- a dedicated neuroscience intensive care unit
- on-site neurosurgical availability 24/7 with the ability to perform complex neuroendovascular procedures
- treatment for large ischemic, hemorrhagic and other complex strokes

“Community Healthcare System teams understand the importance and continue to strive for excellence in the treatment and recovery of every stroke patient who comes through our doors,” says Don Fesko, president and CEO of Community Foundation of Northwest Indiana. “Community Hospital’s certification as a Comprehensive Stroke Center

further reinforces our commitment and expertise in delivering stroke treatments promptly and safely, and shows that we are making a difference in the lives of the patients we serve.”

A Quick Response

The difference in Artis’ life was unmistakable.

On December 8, the ambulance delivered Artis at Community Hospital. Within 12 minutes he was in the hospital’s specialized hybrid operating room, where a neuroendovascular surgeon began performing a cerebral thrombectomy procedure.

Thirty-three minutes later, the clot was successfully removed and blood flow was restored to his brain.

By December 21, Artis had recovered and advanced enough through rehabilitation to return home.

On December 25, he celebrated Christmas by watching family members open the presents he bought on the day of his stroke.

“I believe that God’s plan was for me to end up at Community Hospital that day,” Artis says. “And Community Hospital was ready for me.” ■

WEBSITE

Quality Care for Strokes

For more information on quality stroke care provided by the hospitals of Community Healthcare System and Community Hospital’s Comprehensive Stroke Center designation, visit COMHS.org/stroke.

PROBLEM PAIN

Rheumatology services bring welcome relief for patients and families



After 12 years of fighting the debilitating side effects of medications a long line of physicians had prescribed to treat her rheumatoid arthritis, Linda Mcguire made the painful decision to leave her beloved job.

“I couldn’t take my medicine and function at work, so I wasn’t taking it,” says Mcguire, the food service supervisor at St. Catherine Hospital. “My joints became so inflamed, it felt like my whole body was at war with myself.”

Mcguire was on the verge of applying for family medical leave. At the same time, rheumatologist Natalie Sessions, DO, had just been hired by the Community Care Network to offer a specialized service line to treat and manage ongoing pain caused by musculo-skeletal disease and autoimmune conditions. These conditions can affect the joints, muscles and bones, causing pain, swelling, stiffness and deformity. The director of Food Services got word of Sessions’ hiring and passed the information along to Mcguire.

A Ray of Hope

“When I found Dr. Sessions, I was at a real low point in my life,” Mcguire says. “I couldn’t hold a cup. I had to get help to get out of bed. It

— SOLVING

was like a guessing game on where the pain was going to flare up. One day it was in my hip, the next in my knee. I'd been praying to find the right doctor and the right medicine so I could manage the pain and continue to work, and here she was a short walk away."

Four months later, Mcguire says simple tasks no longer feel Herculean.

Sessions gained Mcguire's confidence as soon as she asked her to "gown up" for a diagnostic exam, had a heart-to-heart chat and prescribed a course of treatment that included anti-inflammatory medication to keep nausea at bay and help her sleep at night.

"I love her," Mcguire says. "She connects with her patients right away."

A Path Home

Mcguire's path to remission is one that tells Sessions she made the right decision to return to Northwest Indiana to practice. "It's been very rewarding to be able to help and serve people I grew up around," says the Morton High School and Indiana University Northwest graduate.

"We are proud to offer a specialized service line that can manage and treat ongoing pain caused by autoimmune disorders," says Leo Correa, CEO. "Our board-certified rheumatologist brings her education and experience in diagnosing and treating arthritis and other chronic conditions affecting the joints,

soft tissues and connective tissues in the body to St. Catherine Hospital for the benefit of our community."

A graduate of West Virginia School of Osteopathic Medicine, Sessions completed her residency at Northside Hospital in St. Petersburg, Florida, and her fellowship in rheumatology at Largo Medical Center in Largo, Florida. While in residency, Sessions was intrigued by the challenge of helping patients with diseases such as gout, systemic lupus, polymyositis, psoriatic and rheumatoid arthritis, soft tissue rheumatism, tendinitis and vasculitis achieve a better quality of life.

A Rise in Autoimmune Conditions

"We are seeing an increase in autoimmune conditions across the country," Sessions explains. "These conditions can be difficult to diagnose and treat. Having

a rheumatologist on staff is significant because these diseases are multisystemic. Close access to other medical providers and therapeutic and diagnostic resources helps us work together as a team to put the puzzle pieces in place to solve a case."

"We do a lot of problem-solving," Sessions adds. "It's a lot like being a detective."

Rheumatologists can help primary care physicians make a more accurate diagnosis and provide more focused care. Any patient suffering from unexplained or unremitting joint symptoms—joint pain, dysfunction or swelling—should be evaluated by a rheumatologist. People with non-specific musculoskeletal complaints or "suggestive" blood tests may also be referred by their primary care doctor (or orthopedic specialist) when he or she suspects the patient suffers from a rheumatic condition. ■

WEBSITE



Team Up Against Arthritis

If you suffer from unexplained or worsening joint pain, swelling or dysfunction, talk to your primary care physician or orthopedic specialist about a referral. For a physician on staff at the hospitals of Community Healthcare System, visit **COMHS.org** and click on "Find A Doctor."



PUTTING THE FREEZE ON AFIB

Electrophysiologist Pratik Patel, MD, a Community Care Network physician, discusses atrial fibrillation (AFib) and treatment options available at Community Hospital in Munster

Q What is atrial fibrillation?
AFib is an irregular heartbeat that causes poor blood flow in the upper two chambers of the heart.

With AFib, blood is not completely pumped out, which can cause the remaining blood to pool or clot, leading to stroke, heart failure or other heart-related complications. While AFib is not considered to be a life-threatening condition, those with AFib are five to seven times more likely to form blood clots and suffer a stroke.

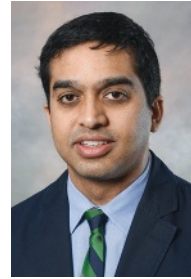
Q How is AFib treated?
Once accurately diagnosed, AFib often can be treated with medications. If medication fails to control the heart rhythm, catheter ablation is a minimally invasive procedure that prevents unwanted electrical currents traveling to the upper chambers of the heart.

Pulmonary vein isolation through ablation is the standard approach. During catheter ablations, small areas of heart tissue that are causing the irregular heartbeats are destroyed. The resulting lesions help restore the heart's regular rhythm.

Q What ablation techniques are available at Community Hospital?

There are two main techniques used to isolate the pulmonary veins: radiofrequency (RF) ablation and cryoablation. In RF ablation, heat is applied to damage the tissue, whereas in cryoablation, the tissue is destroyed by freezing it with extreme cold. Community Hospital's Cardiac Care Center is the first in Northwest Indiana to offer cryoablation as another tool available toward successful treatment of AFib in patients.

**Electrophysiologist
Pratik Patel, MD**



Q What is the difference between RF ablation and cryoablation?

Both types of ablation result in the formation of a lesion or scar tissue around the pulmonary veins. Traditionally, RF ablation uses a single pinpoint tip like a pen to ablate the circumference of the area one pinpoint at a time to ensure that the whole area is encompassed and there are not any gaps. Although every patient is different, potentially this can take longer. With cryoablation, a balloon is inflated in the vein so that it makes contact with all sides of the vein wall. Then the balloon gets very cold and ablates the entire circumference of the vein with one application. Both procedures offer patients effective treatment options for AFib. ■

APPOINTMENTS



Are You Struggling with AFib?

Electrophysiologist Pratik Patel, MD, is affiliated with Community Hospital in Munster and St. Catherine Hospital in East Chicago. To make an appointment at his office, 801 MacArthur Blvd., Suite 204, Munster, call **219-836-7605**.



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