

Healthy

COMMUNITY

Winter 2021

COMHS.org



Dancing with the Stars'

Carrie Ann Inaba

Talks openly
about her struggle
with chronic
autoimmune
disease

THIS ISSUE:
WOMEN'S
HEALTH

Faced with multiple health challenges,

Carrie Ann Carries On

The Emmy-nominated talk show host and choreographer encourages each of us to stay positive and take charge of our health



having. At the same time, I was diagnosed with rheumatoid arthritis and discovered I had the markers for antiphospholipid syndrome, another autoimmune disorder that can lead to blood clots.

Are you living with other medical conditions today?

I have lupus which attacks the body's organs and causes fatigue, sun sensitivity, joint pain and swelling. My most recent diagnosis is fibromyalgia. It's a neurological disorder that causes pain throughout the entire body, along with fatigue and sometimes brain fog.

How have these health challenges impacted your life and your dancing?

Autoimmune diseases affect everyone differently and abide by no one's schedule. What I've learned is to have compassion for myself, which extends, of course, to others. I've learned to accept what is and be kind to myself on those days I need to go slower. This is so different from the work ethic I learned as a dancer which was to push, push, push through the pain. I'm learning how to take better care of myself. After all, if I'm not working at my best, I can't do any good for anyone else.

When did you first realize you were having health issues?

Prior to 2013, I had been struggling with pain, dryness in my eyes and difficulty swallowing. I had also been diagnosed with spinal stenosis in my cervical spine which was causing a lot of pain and stiffness in my neck and shoulders.

It was quite a process to be diagnosed with an autoimmune disease. I had to visit many doctors and many special blood tests were needed to officially diagnose my conditions. Autoimmune diseases can be so confusing and the symptoms can mimic so many other things that it takes a while to be diagnosed. Finally, in 2013, I was diagnosed with Sjogren's syndrome. It's a complicated autoimmune disease that attacks the body's moisture-producing glands which explains the symptoms I was

PERHAPS BEST KNOWN as the positive and encouraging judge on ABC's Emmy Award-winning television show *Dancing with the Stars*, Carrie Ann Inaba is also a choreographer, writer, producer, animal advocate and the Emmy-nominated host of *The Talk*. But this past year, Carrie Ann announced she was taking a leave of absence from the popular daytime television show to focus on her health. *Healthy Community* recently talked with Carrie Ann to discuss the multiple autoimmune conditions and other medical challenges she's been openly and courageously facing for years.



I've learned to accept what is and be kind to myself on those days I need to go slower.



Carrie Ann clockwise from left: Relaxing at home; on set of *Dancing with the Stars* with Len Goodman and Bruno Tonioli; with her dogs Peanut and Buddy.

Flare-ups are a classic condition of autoimmune disorders. What changes have you made to prevent or reduce their frequency?

Because of my lupus, I'm very careful about going into the sun and I always wear proper sunscreen. I also have a whole new wardrobe of SPF (Sun Protection Factor) clothing and hats. I'm working on eliminating foods that don't work for me, staying away from oil, dairy, gluten and eggs. Keeping a food diary has really helped me, too. I have also been going to physical therapy and receiving gentle traction on my neck to help relieve the pressure on the nerves. Yoga and meditation are important and helpful. I've also improved my skills in the kitchen so I can prepare meals that support my wellness.

I used to have flare-ups once every few months, usually after over-exerting myself. Then, in 2020, my pain levels kept rising and I couldn't bring them back down. We tried a lot of different approaches, but nothing really worked. We finally

figured out that my fibromyalgia could be the main culprit. We adjusted my medications and that really made a difference.

What advice would you give people who have an autoimmune disease?

Number one is to stay calm and know that it doesn't have to be a scary life sentence. On my online magazine, *Carrie Ann Conversations*, I share a lot of tips for living with autoimmune diseases. My overall advice is to find what works for you and don't give up until you do. Never give up, trust yourself and know that you know best. Ask a lot of questions and keep asking questions. Remember that you are in charge of your own life and you get to choose what works best for you.

Any final thoughts?

Every change in the world, I believe, occurs and starts with one's self. The more we create harmony within ourselves, the more we take care of ourselves, the more we can create harmony in the world around us. So lead with love, not only for yourself, but for everyone around you. ■

A LIFETIME OF Care

Squeezing in some "me time" for an annual mammogram is easier than ever at the Women's Diagnostic Centers of Community Healthcare System. Our centers provide same day appointments with same day results so you can get in, out and on your way. We offer 3D and ultrasound mammography read by fellowship trained breast radiologists who are available to discuss results and answer questions. Certified breast health navigators specially trained to coordinate the clinical, educational and supportive needs of our patients are available throughout Community Healthcare System. From advanced mammogram services to check for breast cancer and detect disease early, to bone density scans to test for osteoporosis, we invite you to discover all the women's health services available close to home at the hospitals of Community Healthcare System.

No Wait, No Worry



For information on mammography and same day results offered through the Women's Diagnostic Centers of Community Healthcare System, with locations in Crown Point, East Chicago, Hobart, Munster, St. John and Valparaiso, visit COMHS.org or call 800-809-9828.

WOMEN *and* AUTOIMMUNE DISEASE



WHEN YOU HAVE AN autoimmune disease like Carrie Ann Inaba, your immune system mistakenly attacks the tissues or organs it was designed to protect. Autoimmune diseases are more widespread than most people think. At least 23.5 million Americans suffer from the disorder.

About 75 percent of autoimmune diseases occur in women, leading the National Institute of Health to officially designate it as a major women's health issue. Scientists believe that genetics and hormonal changes are two of the reasons for the prevalence of the disease in women. Having an autoimmune disease increases the risk of having another. That's the reason it's so important for women to become more knowledgeable about this group of illnesses.

There are more than 100 diseases caused by autoimmune responses. Here are four of the most common.

Lupus

Women are up to 10 times more likely than men to have lupus which can attack the joints, skin, kidneys, blood cells, brain, heart and lungs.

Multiple Sclerosis (MS)

With MS, the body's immune system attacks a coating that protects the nerves, causing the communication between the brain and the body to be disrupted.

Rheumatoid Arthritis (RA)

RA is a chronic inflammation of the lining of the joints, usually in the hands and feet, which become painful and swollen. The disease can affect anyone, but it is most prevalent in women over 40. If it goes unchecked, RA can damage cartilage and the bones. Joints can become loose and painful, lose their mobility and become deformed. Joint



damage cannot be reversed, so early diagnosis followed by aggressive treatment is important.

Thyroid Diseases

These include Graves' disease, in which the body produces too much of the thyroid hormone and Hashimoto's thyroiditis, where the body doesn't make enough of the hormone.

Symptoms and Diagnosis

Unfortunately, diagnosing an autoimmune disease can be difficult. The symptoms are often non-specific and can be very similar to other conditions. There is usually no single test that can diagnose an autoimmune disease or one factor that causes it. As a result, several steps may be required to obtain a diagnosis. However, if you know something is wrong, insist that your symptoms be taken seriously, especially if they include:

- Fatigue
- Joint pain and swelling
- Skin problems
- Abdominal pain or digestive issues
- Recurring fever
- Swollen glands

Risk Factors and Prevention

Researchers are not quite sure what causes autoimmune diseases. They do know that certain diseases, such as lupus and multiple sclerosis, have a genetic factor because they tend to run in families. Being overweight raises the risk for developing rheumatoid arthritis and psoriatic arthritis. Smoking has also been linked to several autoimmune diseases, and certain medications can cause drug-induced lupus, which is a milder form of lupus. In addition to losing weight and quitting smoking, there are other ways to reduce your risk, including:

- Eat a nutritious diet and limit processed foods
- Make physical exercise a daily part of your life
- Get enough sleep
- Reduce your stress level
- Keep up-to-date on the latest information about your medications.

Sources: Johns Hopkins Medicine, Intermountain Healthcare, VeryWell Health

Breast Cancer Spotlight

Now is the perfect time to schedule a mammogram

WHY?

Breast cancer is the most common cancer in women. One in eight will be diagnosed.

With early detection treatment is highly successful, with a 98 percent survival rate.

A mammogram is the most effective screening tool for detecting breast cancer early before any symptoms appear.

A mammogram is simply an X-ray picture of your breasts. The American Cancer Society offers the following screening guidelines for women with an average risk for breast cancer.

► Age 40 to 44

Women should have the choice to start screenings if they wish to do so.

► Age 45 to 54

Women should have a mammogram every year.

► Age 55 and older

Women can switch to having a mammogram every two years or continue with a yearly screening. Screening should continue as long as the woman is in good health.

Be Proactive: Know Your Risks

If you have any of the risk factors for breast cancer, be sure to discuss them with your healthcare provider. You may need to have a mammogram at an earlier age and/or more often. Some of these risk factors include:

- **Family History:** If you have a first-degree relative (mother, daughter, sister) who has had breast or ovarian cancer, your risk is doubled.
- **Previous Breast Cancer:** Cancer in one breast results in a three- to four-fold increased risk of cancer in the other breast.
- **Breast Density:** Women with denser breast tissue have a higher risk for breast cancer.

Sources: CDC, WebMD, Susan G. Komen, breastcancer.org

Stay Alert: Signs of Breast Cancer

You should see your healthcare provider immediately if you notice any of the following:

- A lump in the breast, in or near the armpit or near the collarbone
- Swelling
- Skin redness or irritation
- Thickening or dimpling of the skin
- Pain in the breast or nipple
- Changes in the nipple, such as it turning inward
- Discharge from the nipple that is not breast milk

Lower Your Risk of Breast Cancer:

- **Limit your alcohol.** The risk of breast cancer is 20 percent higher for women who consume two to three alcoholic drinks per day.
- **Don't smoke.** If you do smoke, quit. It's the single best thing you can do to improve your health.
- **Control your weight.** After menopause, being overweight or obese increases your risk.
- **Stay physically active.** Regular exercise appears to reduce the risk of breast cancer by 10 to 20 percent, especially in postmenopausal women.

High Risk Breast Clinics

Through genetic counseling and testing, the hospitals of Community Healthcare 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 Healthcare System to provide cancer risk assessments, genetic consultations and genetic testing.

Mammography Services



For more information about genetic consultation and testing at Community Healthcare System's High Risk Breast Clinics at the Women's Diagnostic Centers (located in Crown Point, East Chicago, Hobart, Munster, St. John and Valparaiso), visit COMHS.org.





7^{more} Health Issues: What Every Woman Should Know

THIS EDITION OF *HEALTHY COMMUNITY*

is focused on the women's health services available at Community Healthcare System. We've already talked about two of the most pressing health issues for women, breast cancer and autoimmune diseases. In this article, we look at seven more of the most common health issues that impact the lives of women and the steps women can take to make sure they stay healthy!

Heart Disease

Heart disease is the #1 health concern for American women, responsible for about 20 percent of all female deaths in the United States. Although more men die of heart disease than women, females are often under-diagnosed. Women often experience a heart attack or stroke differently than men because their symptoms are often much more subtle and therefore harder to detect. For example, instead of the crushing chest pain associated with heart attacks in men, women may just have a little bit of jaw pain, discomfort in the neck, shoulder and upper back, shortness of breath or nausea. Because these symptoms are less obvious, women may suffer more significant heart damage before they seek medical help.

► **Take Action:** Have your blood pressure checked regularly and talk to your primary health provider or a cardiologist about your risks.

Osteoporosis

Osteoporosis causes bones to become weak and brittle. More than 44 million Americans are at risk for osteoporosis, of which 68 percent are women. Approximately one in two women over age 50 will break a bone due to osteoporosis. Fortunately, it's never too late to keep your bones strong and avoid fractures. Having enough calcium and Vitamin D in your diet and engaging in bone-bearing exercises, such as lifting light weights, are two of the best ways to prevent osteoporosis. In addition to being female, other risk factors for osteoporosis include:

- Growing older
- Small thin-boned frame
- Family history
- Infrequent menstrual cycles and estrogen loss due to menopause
- Sedentary lifestyle
- Smoking
- Excessive alcohol use

► **Take Action:** Have a bone density mineral test at least every two years starting at age 65 or even sooner if you are at risk for osteoporosis.

Depression

Depression affects more women than men. About 12 million women experience a depressive episode each year compared to about six million men. Risk factors for depression include:

- Hormonal changes after pregnancy or during menopause
- A previous episode of depression
- A family history of depression
- Serious chronic illness
- Substance abuse
- A stressful event such as a job loss or death
- Childhood history of abuse
- Taking medicines such as for high blood pressure or seizures that can trigger depression

► **Take Action:** If you are feeling depressed, talk to your healthcare provider or schedule an appointment with a psychiatrist.

Cervical Cancer

Cervical cancer is the most common type of what are called the gynecological cancers (the others are ovarian, uterine, vaginal and vulva). Fortunately, it is also the easiest to detect with a simple Pap test. The main cause of cervical cancer is HPV (Human Papillomavirus). If you are between the ages of 25 and 65, talk to your primary care provider about when you need to have a Pap test and/or an HPV test. For women older than 65, testing should stop if your previous tests have been normal.

► **Take Action:** Talk to your gynecologist or primary care provider about having a pelvic exam and Pap test.

Sources: Johns Hopkins Medicine, CDC, WebMD, Mental Health America, National Osteoporosis Foundation, National Cancer Institute

Lung Diseases

Lung cancer kills more women than any other type of cancer. Although smoking is the leading cause of lung cancer, 20 percent of women who develop the disease have never smoked a cigarette.

COPD (chronic obstructive pulmonary disease) is a common lung disease that makes it difficult to breathe. More than seven million American women suffer from COPD. Many more are undiagnosed or misdiagnosed with asthma. Symptoms include a cough, mucus production and wheezing.

ALERT: New guidelines have recently been announced for lung cancer screening. Anyone between the ages of 50 to 80 who has a 20 pack-year smoking history and currently smokes or has quit within the past 15 years should be screened. A “pack-year” is smoking a pack a day for a year. For example, a 20 pack-year smoking history could be someone who smoked a pack a day for 20 years or two packs a day for 10 years. Talk to your healthcare provider to see if you should be screened.

Colorectal Cancer

Colorectal cancer is the third leading cause of cancer death in the United States. Great progress has been made in recent years in fighting colorectal cancer. A screening test such as a colonoscopy offers the opportunity to remove pre-cancerous growths called polyps, which helps to prevent the cancer from occurring. Unfortunately, about one in three American adults age 50 to 75 are not up to date with their colorectal screening.

► **Take Action:** Screening for colorectal cancer should start at age 45. Most people should have a colonoscopy every 10 years or a flexible sigmoidoscopy every five years. Talk to your healthcare provider about your risk factors to determine your testing frequency.

Skin Cancer

Skin cancer is the most common type of cancer, accounting for nearly half of all cancers in the United States. Melanoma is the most serious type of skin cancer, accounting for more than 75 percent of the skin-cancer deaths that occur each year. Unfortunately, women age 49 and younger have a higher probability of developing melanoma than any other cancer except breast and thyroid cancer.

► **Take Action:** Once a month, perform a self-exam and check for any changes in your skin, especially new or bleeding moles. Contact a dermatologist immediately if you notice any changes. In addition, schedule a thorough head-to-toe exam once a year.

Women's Health Services



To learn more about women's health services at Community Healthcare System visit COMHS.org.

Finding Answers FOR Puzzling Disorders

Rheumatologists are the Sherlock Holmes of physicians

by Elise Sims



CARRIE ANN INABA'S STORY on page 2 illustrates just how frustrating autoimmune diseases can be in that symptoms can be complicated and mimic other disorders.

There are more than 100 different autoimmune disorders. As the name implies "auto" means self and "immune" refers to the immune system. All of these conditions demonstrate how the immune system can attack self. More specifically, the immune system inadvertently mistakes healthy cells as being foreign and attacks these healthy cells. Some autoimmune conditions affect joints, some affect bowel or skin or the kidneys, but some of these affect many different organs or body systems simultaneously. Some of the most common autoimmune conditions rheumatologists treat are rheumatoid arthritis, lupus and psoriatic arthritis.

Rheumatologists on staff at the hospitals of Community Healthcare System are offering hope and answers for autoimmune conditions and musculoskeletal

diseases that can affect the joints, muscles and bones, causing pain, swelling, stiffness and deformity.

"We are seeing an increase in autoimmune conditions across the country," says Natalie Sessions, DO, rheumatologist on staff at Community Hospital, St. Catherine Hospital and St. Mary Medical Center. "These conditions can be difficult to diagnose and treat. Having rheumatologists 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 says. "It is a lot like being a detective."

Rheumatologists can help primary care physicians make a more accurate diagnosis and provide more focused care for autoimmune disease. Any patient suffering from unexplained or unremitting joint system pain, dysfunction or swelling should be evaluated by a rheumatologist.



Above: Natalie Sessions, DO; Tarek Kudaimi, MD

Left: Community Care Network rheumatologists Natalie Sessions, DO, and Tarek Kudaimi, MD, are like detectives who work with primary care providers and therapeutic and diagnostic resources to put the puzzle pieces in place to ‘solve a case’ and find effective treatment for a diagnosis.

“We do a lot of problem-solving,” Sessions says. “It is a lot like being a detective.”

Rheumatology continues to be a dynamic field where we continue to learn how genetics and environment play a role in the immune system and how different medications can help treat these different conditions, says Tarek Kudaimi, MD, Community Care Network rheumatologist on staff at Community Hospital, St. Catherine Hospital and St. Mary Medical Center.

“We do not know what causes autoimmune disorders,” he says. “But to simplify it, we have a certain genetic build. When it comes to autoimmune diseases there is most likely a combination of genes involved as opposed to other genetic diseases involving one single gene. Then we have different types of triggers from outside the body. There is a very wide spectrum of triggers and we possibly know some, but the majority are yet unknown. Examples of possible triggers include smoking, environmental pollution, viruses, bacteria and food among others. Those triggers can ‘turn on’ certain susceptible genes.”

“Unfortunately, there is no one treatment utilized for all autoimmune disorders,” Sessions says.

“Treatment is typically aimed at calming down the immune system to prevent further attacks on ‘self,’” she says. “Specific treatments depend on the diagnosis, the presence of organ damage and other co-existing conditions. Some medications treat multiple autoimmune

conditions. For example, methotrexate can treat rheumatoid arthritis (RA), systemic lupus erythematosus, polymyositis and granulomatosis with polyangiitis, to name just a few. Other medications such as Humira can treat rheumatoid arthritis, psoriatic arthritis, uveitis, ankylosing spondylitis and sarcoidosis.”

There are also some autoimmune conditions where we treat symptoms, but do not utilize medications to suppress or augment the immune system,” Sessions says. “For example, oftentimes Sjogren’s syndrome is aimed at treating symptoms of dryness especially dryness affecting eyes and mouth. Hashimoto’s thyroiditis is treated by monitoring thyroid levels and treating the thyroid without any medication aimed to suppress immune system. Celiac disease, an autoimmune disorder caused by eating gluten, is treated by following a strict gluten-free diet.”

“The most recent advancement in autoimmune diseases are biologic therapies that target and block certain mediators that are crucial to the continuation of the abnormal immune reaction,” Kudaimi says. “In other words, biologics are genetically engineered proteins. Unlike other rheumatoid arthritis medications, for example, that affect the entire immune system, biologics instead zero in on specific parts that control the inflammation process. The action of those therapies result in improvements and at times, slowing down of the disease process.” ■

Looking For Answers?



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.

Wireless Device

helps to mark the spot for early stage breast cancers

Tiny invisible Savi SCOUT®
technology sends the right message
for patient care

by Elise Sims

VALPARAISO RESIDENT Christine Daly says she does not have a history of breast cancer in her family. Nevertheless, in February of 2021 when she went in for her annual mammogram at the Valparaiso Health Center of St. Mary Medical Center, breast radiologists said they saw clusters that were concerning to them.

“I went back and checked my mother and grandmother’s medical history. But, I’m not surprised that something popped up,” Daly says. “After a second mammogram and my COVID vaccines, I had a biopsy done. It wasn’t a lump...it wasn’t a mass...it was just a cluster of cells. The cells came back as precancerous so they did an MRI in both breasts to see if there was anything more that they could find before they recommended surgery.”

“The surgeon described my surgery as a lumpectomy, but there was no lump to remove,” Daly explains. “The surgery was to go in and remove those cells which were marked by the SCOUT.”

Community Healthcare System surgeons and radiologists are using SAVI SCOUT® Wire-Free Radar Localization System to provide greater comfort and an overall better experience for patients undergoing treatment for breast cancer.

“I had wonderful care at the Women’s Diagnostic Center, the outpatient centers and at the hospital,” Daly says. “They are phenomenal...great. I am singing high praises about all of them.”



The SCOUT system uses FDA approved real-time radar technology to provide the surgeon with enhanced guidance during breast procedures including excisional biopsy and lumpectomy. The SCOUT marking device or reflector, about the size of a grain of rice is placed at the tumor site prior to surgery at the patient’s convenience, up to 30 days before the procedure.

“At the Women’s Diagnostic Centers, we understand that breast cancer surgery can be physically and emotionally distressing for patients,” said dedicated fellowship trained breast radiologist Mary Nicholson, MD, Community Healthcare System’s director of Breast Imaging Services. “We are always striving to find ways to create a better experience and treat our patients the way we would treat our own loved ones. SCOUT resolves one of the most



Previous page: The SCOUT system uses FDA approved real-time radar technology to provide the surgeon with enhanced guidance during breast procedures, including excisional biopsy and lumpectomy.

Left: With the SCOUT technique, in contrast to standard localization, the surgeon scans the breast using the console and hand piece guide, which emits infrared light and a radar signal to precisely and efficiently locate the reflector. At St. Mary Medical Center's Women's Diagnostic Center in Hobart (left to right), breast health navigator Beth Slacian, mammography tech Danielle Hilliard and Dr. Janushi Dalal are on hand for the demonstration.

difficult uncomfortable aspects of breast conservation surgery by eliminating the need to place a wire inside the breast tissue to locate a tumor.”

Previously, wire localization was used to mark and direct to breast tumors during surgical procedures. Localization helps guide the surgeon to the site of suspected lesion for surgical removal. This marks the spot for early stage cancers or those findings that cannot be felt on physical exam and is done on the same day as the procedure. The patient would need to come in early in the morning on the day of surgery and have a wire or wires implanted and placed into the breast tissue, part inside and part sticking out. Then there usually would be a wait time until the surgery took place. This would create a much longer day from time of implant to time of surgery. The patient would not be able to have anything to eat or drink. During the procedure itself, the surgeon would then follow the wire and remove the tumor.

“Psychologically, it is distressing to know you have a wire sticking out of your skin even if you cannot see it all the time due to the dressing or bandage,” Nicholson said. “Unlike the wire localization, the SAVI SCOUT device after it is placed in the breast, is not visible at all to the patient or anyone else. Patients are relieved that neither they nor anyone else will see or feel the device. It is designed to be a much more all-around comfortable patient friendly way to localize for surgery.”

With the SCOUT technique in contrast, the surgeon scans the breast using the console and hand piece guide, which emits infrared light and a radar signal to precisely and efficiently locate the reflector. The guide provides a real-time distance measurement to detect the location of the reflector to within one millimeter of accuracy. The ability to precisely locate tumors increases the probability of complete cancer removal and reduces the likelihood of any follow-up surgery.

“I personally like the SAVI marker for two reasons,” said Janushi Dalal, MD, Daly’s fellowship trained breast radiologist on staff at Community Healthcare System. “First for convenience sake and second, it provides a little more precise localization.”

“We understand that it can be a more sensitive experience when you make a patient like Christine, feel as normal as possible and empower them to go through the surgery. The fact that we have the ability to do it is a game changer for us. I believe it is going to be the standard of care very soon.”

“We are always striving to find ways to create a better experience and treat our patients the way we would treat our own loved ones.”

“At the hospitals of Community Healthcare System, we are aiming, in terms of new technologies, to always be ahead of the curve,” Dalal said. “That is due in large part to our breast imaging director Dr. Nicholson making sure that we have this device available for our patients; something that is on par with other academic medical centers. I give her credit for seeing that we have locally the latest technologies that are changing and improving women’s care.” ■

Cancer Care Services



For more information about Community Healthcare System’s cancer care services or the Women’s Diagnostic Centers located in Crown Point, East Chicago, Hobart, Munster, St. John and Valparaiso, visit COMHS.org/cancer. To make an appointment for a mammogram screening, call 800-809-9828.

Not your grandmother's

MS

by Vanessa Negrete



Improved diagnosis, treatment options lead to better quality of life for multiple sclerosis patients

NUMBNESS IN HER LEGS. Tingling in her fingers. Bridget Markacek did not know it at the time, but the symptoms that sent her to an Emergency Department are telltale signs of the autoimmune disease multiple sclerosis, commonly known as MS. “I went to the emergency room,” she says. “They said to go see a neurologist.”

Diagnosed with the relapsing remitting form of MS at age 24, the now 37 year-old Dyer mother of two lives a full life and manages her condition with medication.

“I live a normal stable life,” she says. “I have little hiccups here and there.”

Nearly 1 million people in the United States are living with MS, according to the National Multiple Sclerosis

Society. Researchers are still learning about the disease.

“We don’t know the full genetics behind MS,” says Shaila Gupta, DO, a Community Care Network neurologist who cares for Markacek. “We know it is autoimmune, but there are also some environmental factors.”

Sudden onset vision loss that is painless and lasting, unexplained numbness or tingling in a limb, balance trouble, bladder dysfunction and fatigue that is unexplained or getting worse are common MS symptoms, Gupta says.

“Your immune system is a little bit, in layman’s terms, heightened like a lot of autoimmune type conditions,” she says. “Your body wants to protect you by attacking the things that it thinks are not supposed to be there. In the case of MS, your brain and spinal cord are triggered as a

‘thing’ that wants to not be there, so your body is producing these responses to try to fix that.”

While about 10 percent of MS patients have primary progressive MS, most are diagnosed with the relapsing remitting form of the disease, meaning they have symptom flare ups marked by periods of remission.

Initial diagnosis of MS generally ranges from teenagers to those in their 50s. About two-thirds of MS patients are female. Those who live close to the equator are less likely to develop MS, Gupta notes.

To make an MS diagnosis, Gupta looks for clinical signs such as strength changes, sensory changes, visual changes and reflexes. She considers whether patients fall into the MS demographic and she reviews MRI results, specifically whether they show brain lesions or issues with the spinal cord.

Community Healthcare System offers testing and treatment options for MS including advanced diagnostic imaging through a high definition 3 Tesla MRI scanner.

“The 3 Tesla MRI is the most powerful,” Gupta says. “The pictures are beautiful and clear.”

MS treatments have improved over time. Medications work by suppressing the immune system a bit to keep it regulated so it does not want to attack itself, she says.

“An MS diagnosis in the last 10 years versus somebody who was diagnosed 30 years ago is a completely different situation because the medications are so different,” Gupta says. “Between having really great diagnostic techniques that are available and these treatment options, I try to give patients hope that this is not your mother’s or grandmother’s MS.”

Twenty years ago, MS patients had a choice between injections or an IV for treatment. Now options include oral medications and IV infusion treatments once or twice a year, Gupta says.

Sandy Szafranski, a 58 year-old Highland resident and patient of Gupta, was diagnosed with relapsing-remitting MS at age 43 and stays abreast of new medicines. She shifted from injections to oral medication.

“No more needles,” she says with relief.

Szafranski’s story is similar to Markacek’s. When she told her then physician about numbness in her legs and lower back, he suspected MS and sent her for an MRI scan.

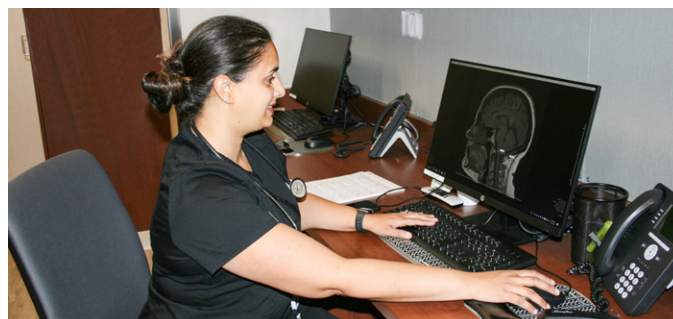
“I asked, ‘What is MS? I’ve never heard of that,’” she recalls.

The MRI showed lesions on Szafranski’s brain. Like Markacek, Szafranski lives a full life. She is a mother of two and works full time as a medical assistant.

“I don’t have too many down days,” she says. “I’m pretty spunky. I do well.”

Markacek and Szafranski are both good examples of how an MS diagnosis does not define a person, Gupta says.

“If you are having symptoms, do not fear,” Gupta says. “The key to preventing progression is to get a diagnosis early and get treatment early. It does not mean your life is over.” ■



Above top: Community Care Network neurologist Shaila Gupta, DO, (center), stands with two of her patients who have multiple sclerosis. Sandy Szafranski (left) and Bridget Markacek (right) live full lives, thanks to modern treatment options.

Lower: To help make an MS diagnosis, Gupta, in part, reviews MRI results, specifically whether they show brain lesions or issues with the spinal cord.

Who Should I See?

To find a primary care physician or neurologist with Community Healthcare System, call 866-836-3477 or visit comhs.org/find-a-doctor.



HO, HO, *hum*...

Understanding the holiday blues

by Karin Saltanovitz

IT IS SUPPOSED TO BE THE happiest time of the year. But for some, the season of merriment becomes a season of misery with a dizzying array of demands, anxiety triggers and depression: a catalyst for the holiday blues.

It is important to be cognizant of your physical and mental well-being and there are things you can do to help minimize the stress that comes with the holidays.

“For anyone struggling this time of year, I would normally suggest things like using coping techniques, self-care and reaching out for support,” says

Chandra Lyles, manager of Psychiatric Social Services, Community Healthcare System Behavioral Health Services. “Being mindful of your thoughts, emotions and actions are important to ensure you are taking care of yourself.”

Lyles shares advice for managing your mental health through holidays:

Make a connection. Healthy relationships with friends and family members increase the happiness and excitement of the holidays. If you are feeling the urge to isolate and withdraw from everyone, instead reach out to someone by phone, video chat or email. Look for support from a trusted source whether a friend, family member, clergy or through a support group. People with a mental health condition such as anxiety or depression, may feel holiday stress more intensely than others do. With mental health conditions in mind, seasonal affective disorder, a type of depression, may exacerbate feelings of sadness this time of year.



Chandra Lyles,
manager of Psychiatric Social Services

Limit alcohol. Do not fall into the trap of alcohol or substance misuse. Increasing alcohol/substance intake not only increases the possibility of problematic behavior, it impairs your ability to handle stress in a healthy manner. The more often you utilize something like alcohol as a coping skill, the more you are putting yourself at risk of developing a habit, addiction or dependence.

Be smart with your money. Many people are struggling financially and still trying to recover from the global pandemic. Do not feel badly if you cannot spend large amounts of

money on gifts or activities for the holidays. This type of guilt causes a significant number of Americans to go into debt each year. The excitement of expensive gifts lasts a few moments, but the accompanying bills can last significantly longer.

Start new traditions. Sometimes we have an idealistic image of what the holidays should be and it does not always work out that way. Be open to new experiences especially with coronavirus still active, causing ongoing concern about travel and gathering. Some events may be missing, but love is not. Have a baking competition between friends or relatives and even though you may not all be in the same home to enjoy your creations, post pictures and videos to show off your work. Have a holiday decorating contest and see who can make the best decorations out of nonconventional items. Build snowmen and see who can make the most elaborate, funny or lifelike.

Volunteer. If you find yourself with extra time and/or money, look for ways to bring cheer to others who are less fortunate. By trying to focus on ways to show love and have fun with the people we care about rather than allowing ourselves to focus on things or people who are missing, we teach our brain to look at things from a healthier perspective.

Set aside differences. No matter anyone’s political views, there has been an increase in strain and tension due to the climate in our country. Heightened emotions can unfortunately fuel family conflict.

Remember, this too shall pass.

The worst periods we go through do not last. They stand out in our mind because we have strong emotions tied to them; however, in reality once we get through that time, we can look back and see that it did not truly last as long as it felt.

Seek professional help. One thing to take into consideration regarding professional help is to what extent stress or depression is affecting you. If you find yourself unable to handle multiple aspects of daily life such as work, childcare, relationships and hygiene, it becomes a concern that you may be experiencing more than “holiday blues.” Other signs to watch for include a significant change in mood, change in sleeping pattern, change in appetite and increase in substance use. If you are having thoughts of suicide or self-harm, professional help is incredibly important. ■



Being mindful of your thoughts, emotions and actions are important to ensure you are taking care of yourself.

For More Guidance



Community Healthcare System’s Behavioral Health Services team helps people connect with valuable resources to strike a better balance at home and in the community. To learn more, call 219-392-7466.

INSIDE THIS ISSUE



Carrie Ann Inaba



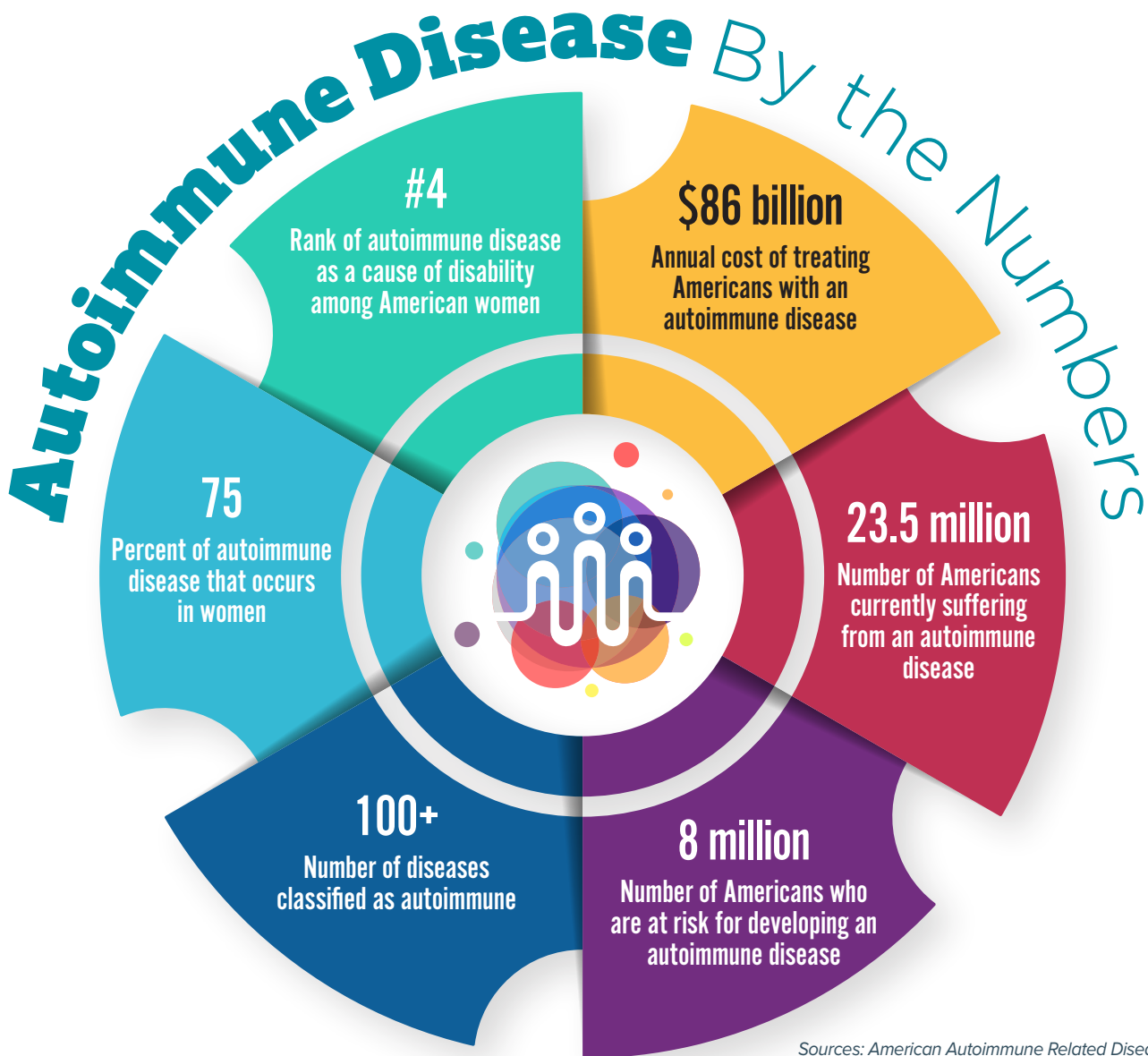
Autoimmune Disease



Breast Cancer Awareness



7 More Health Issues



Sources: American Autoimmune Related Diseases Association, National Institutes of Health