

thrive

FALL 2016



FENDING OFF FOOD FIGHTS

OVARIAN CANCER:
A SILENT DISEASE

DELVING INTO
DIGESTION

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THE CARE WE PROVIDE.
THE COMMUNITY WE SHARE.

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We Want to Hear from You

Do you want to comment on an article you've read in *Thrive*? See page 31 for our "Community Forum" section, where we feature letters from readers and tell you how to share your opinions with us.



New York Methodist Hospital
506 Sixth Street, Brooklyn, NY 11215
718.780.3000

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THRIVE FALL 2016

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CAROL VARGAS ASSISTANT VICE PRESIDENT

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DEPARTMENT OF
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LISA PRICE SR. MANAGING EDITOR

LEEANN MOORE ACCOUNT MANAGER

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Viewpoint



"I HOPE YOU WILL JOIN
ME IN LOOKING AHEAD
TO AN EXPANDED NYM
THAT WILL BE EVEN
MORE PREPARED TO
OFFER BROOKLYNITES
THE HEALTH CARE
THEY NEED AND
DESERVE."

Many great things are happening at our Hospital. I'm especially excited that we are about to begin excavation for our new outpatient facility, the Center for Community Health. Our new building has been designed to house state-of-the-art equipment and to support our superb medical staff. But, most importantly, it has been planned to enhance the patient experience.

Advances in technology and changes in healthcare delivery are shifting more and more procedures to an outpatient setting. We will consolidate our outpatient services while, at the same time, gain the flexibility needed to reconfigure inpatient services in our existing buildings. The Center for Community Health will enable New York Methodist Hospital to continue providing the highest quality medical care consistent with state-of-the-art healthcare standards.

Construction of our new building is expected to take three years; I hope you will join me in looking ahead to an expanded NYM that will be even more prepared to offer Brooklynites the health care they need and deserve.

In the meantime, we look forward to continuing to provide our community with health information that may help keep you from needing our services. I hope that you learn something new and useful in the following pages and that you enjoy this issue of *Thrive*.

Cordially,

Mark J. Mundy
President and
Chief Executive Officer

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YOUR HEALTH IN A HEARTBEAT

IT'S NOT EASY TO STAY CURRENT WITH HEALTH NEWS AND INFORMATION. HERE'S A QUICK RUNDOWN OF DEVELOPMENTS TO KEEP YOU IN THE KNOW.

SIDE-STEPPING GERMS AT SCHOOL

A recent report revealed just how many germs lurk around schoolchildren. Water fountains were the biggest culprits, averaging 2,700,000 colony-forming units [CFU] per square inch, while cafeteria trays averaged 33,800 CFU per square inch. These were far germier than toilet seats, which averaged 3,200 CFU per square inch.

"During the school year, it's common to see an increased number of children visiting the doctor because of the intimate setting that schools promote," says **George Allen, R.N., Ph.D.**, director of infection prevention and control at New York Methodist Hospital. "Instructing kids about how to improve personal hygiene can go far toward preventing the spread of germs."

Try these tips:

- + **Teach water fountain etiquette.** Tell kids to not use public drinking fountains if they have a cold, to avoid touching the spigot with their mouth or nose, and to run the water for a few seconds before drinking.
- + **Brown-bag it.** If cafeteria germs are a concern, send kids to school with a packed lunch and wash their lunch boxes frequently.
- + **Encourage hand washing and sanitizing.** Coach your children to wash their hands with soap and water after using the restroom, before eating, and after touching classroom pets. Equip their backpacks with a bottle of hand sanitizer to use when soap and water are unavailable.

A NATION OF NEARSIGHTEDNESS

The Environmental Protection Agency (EPA) surveyed just over 9,000 people in the United States and discovered that Americans spend about 87 percent of their time indoors. This excessive time spent inside—much of it using digital screens—has been widely believed to be a contributing factor to a rising number of people worldwide developing myopia (nearsightedness).

However, recent studies have led researchers to suspect that a lack of exposure to outdoor light is the greater culprit.

"Many people think nearsightedness is strictly hereditary," says **Robert Feig, M.D.**, ophthalmologist at NYM. "In reality, it's the result of a mixture of genetic and environmental factors. Simply spending about three hours a day exposed to bright outdoor light can help prevent myopia."



JUST SAY 'NO' TO ED DRUGS BEFORE SURGERY

Anesthesiologists at NYM recommend that men scheduled for a surgical procedure avoid taking erectile dysfunction medications for a full day before their surgery.



"Erectile dysfunction drugs contain nitric oxide to relax the muscles," says **Joseph Schianodicola, M.D.**, chair of anesthesiology at NYM. "Combining nitric oxide with anesthesia and other drugs used during surgery can cause a dangerous drop in the patient's blood pressure. It can also lead to other short- and long-term complications."

If you have taken these or other medications before a surgery, tell your surgeon, nurses and anesthesiologist. Sharing this information will allow your caregivers to prepare the safest and most effective anesthesia plan for you.

22
million

APPROXIMATE NUMBER OF
SCHOOL SICK DAYS
REPORTED ANNUALLY DUE TO
THE COMMON COLD

50%

THE INCREASE IN
NEARSIGHTEDNESS
IN THE U.S. DURING
THE LAST 50 YEARS

24
hours

THE TIME IT TAKES FOR
ERECTILE DYSFUNCTION
DRUGS TO PASS
THROUGH THE BODY



SLEEP MORE, *Weigh Less?*

Sleep deprivation and unhealthy snacking may be linked, according to a recent study.

"A lack of sleep can cause a change in brain chemicals that regulate appetite," says **Jeremy Weingarten, M.D., M.S.**, director of the Center for Sleep Disorders at NYM. "This change has a direct impact on food cravings—study participants who slept four and a half hours or less a night were more likely to eat more food and choose foods that were not healthy for them."

Chronic partial sleep loss, sleep apnea and poor sleep quality can also increase the risk for obesity. To get a good night's sleep, practice good sleep hygiene by going to bed at the same time every day, avoiding caffeine after noon, turning off all electronics before retiring to bed, and sleeping in a cool, dark room. Those who routinely have difficulty going to sleep or staying asleep should consult a doctor or sleep specialist.

Flu Fighter EFFICIENCY

If you have considered requesting the the live attenuated influenza vaccine (LAIV) nasal spray flu vaccine, you should know that the spray will not be an option for 2016–2017 immunizations, and for good reason.

Data gathered from 2013 to 2016 has shown that the LAIV nasal spray was successful only three percent of the time in protecting children ages two to 17 from the flu. In contrast, inactivated (injectable) vaccine (IIV), also known as the flu shot, had a 63 percent efficiency rate during the same time frame.

"The flu shot remains the most effective preventive medicine we have to decrease the risk of influenza in children and adults," says **Natalya Goldshteyn, M.D.**, infectious disease specialist at New York Methodist Hospital. "The discomfort of getting a shot is short lived, and it's nothing compared to the misery of having the flu, which can linger for weeks and be severe enough to endanger lives, especially in children, the elderly and the medically fragile. With rare exceptions, I encourage flu vaccinations for everyone over the age of six months."



'FIRST, DO NO HARM'

Opioids, a class of drugs that includes hydrocodone, oxycodone, morphine and codeine, are effective for controlling chronic pain—so effective that prescriptions for them have quadrupled since 1999. But opioid-based drugs have a dark side: one in four patients taking opioids long-term struggles with addiction to them.

"Right now in the U.S., we have the highest level of opioid addiction than at any other period of time since the 19th century," says **Soheila Jafari-Kermanshahi, M.D.**, chief of pain management at NYM. "What's more, prescription medication overdose is the number-one cause of accidental death in this country."

The problem is so widespread that the Centers for Disease Control and Prevention (CDC) recently released recommendations outlining appropriate opioid pain medication for patients without cancer or a life-limiting illness. Additionally, New York State enacted a law last March that requires doctors to use an electronic prescription system, providing a way to identify when, where and to whom prescriptions are written and filled.

The CDC's guidelines include prescribing the lowest effective dose of immediate-release opioids for the shortest possible time and quarterly evaluations of all patients taking opioid-based medications to check for dose escalation and to continue moving toward the ultimate goal of reducing or discontinuing the drug.

THE RUNDOWN

on Rheumatoid Arthritis

Once a highly debilitating disease, rheumatoid arthritis is now much more manageable if caught early, allowing people with the disease to avoid joint damage.

RHEUMATOID ARTHRITIS (RA) is an autoimmune disease that causes inflammation, pain, stiffness and swelling in and around the joints—most commonly in the ankles, elbows, feet, hands, knees and wrists. Usually hands—or feet—on both sides of the body are affected.

Anyone can develop RA, although it is more prevalent in women. It is typically found in middle-aged and older people, but it also occurs in children and young adults. While the cause of the disease remains unknown, much progress in diagnosing and treating it has occurred during the last 20 years.

"Blood tests, ultrasound and MRIs [magnetic resonance imaging tests] help us make RA diagnoses earlier and more accurately than we used to, but there are still variations in testing that can render false-negative results," says **Petros Efthimiou, M.D.**, associate chief of rheumatology at New York Methodist Hospital. "Because early detection of RA is essential to avoid permanent, painful joint damage, we can't rely solely on these tests."

People with prolonged arthritic complaints—morning stiffness lasting more than an hour after waking, arthritis in multiple joints or extreme fatigue—should see a rheumatologist for an RA evaluation. The earlier a diagnosis is made, the sooner that treatment can begin.

"We now have a better understanding of how the disease progresses," Dr. Efthimiou says. "This has allowed the development of more targeted treatments that are both effective and safe and that stop inflammation before joints are irreversibly damaged."

DO's and DON'Ts of Managing RA

DO eat an anti-inflammatory diet that incorporates antioxidant-rich, fresh vegetables and fruits, and lean protein including fish, nuts and olive oil. Avoid processed foods.

DON'T ignore recurring symptoms like pain, swelling and stiffness in joints that could signal the development of RA. See a doctor for evaluation.

DO participate in low-impact exercise like aerobics and swimming to relieve pain and inflammation.

DON'T rely solely on over-the-counter anti-inflammatory drugs. They may relieve pain, but they cannot prevent damage from RA. Being diagnosed and treated with prescription medications results in the best outcome for patients diagnosed with RA.

DO lead a healthy lifestyle and maintain a positive outlook to improve your resilience and overall well-being.

Treatment options include:

- + **RA-specific medications and disease-modifying anti-rheumatic drugs (DMARDs)** that work to relieve symptoms and alter disease development
- + **Nonsteroidal anti-inflammatory drugs (NSAIDs)** to minimize inflammation and pain
- + **Corticosteroids** to provide quick relief for inflammation and pain
- + **Surgical procedures** like joint replacement surgery to help patients who have sustained permanent joint damage from RA to regain mobility and relieve pain.

"I cannot overemphasize the importance of early diagnosis," Dr. Efthimiou says. "This disease is treatable, and with the right treatment, you can enjoy life without restrictions."



Get a Head Start on Your Migraine

A sudden, strong
pounding sensation
in your head, blurred
vision, light and noise
sensitivity, and nausea
all at once could signal a
migraine. Millions of
people experience these
symptoms daily, but not
everyone recognizes
them as anything other
than “a bad headache.”

THE PROBLEM WITH not recognizing migraines and acting to curb them is that the longer that they’re left untreated, the more frequently they can occur and the more intense they can become. The first step toward taking control of migraines is knowing how to recognize them.

MIGRAINES AND OTHER HEADACHES: WHAT’S THE DIFFERENCE?

A migraine is differentiated from other types of headache by the intense, intermittent pulsing or throbbing pain, typically localized in one area of the head, but sometimes occurring on both sides.

“Migraines often interfere with the ability to function,” says **Alla Mesh, M.D.**, neurologist at New York Methodist Hospital. “They are also sometimes misdiagnosed as a sinus headache because they can be concentrated in the forehead or sinus areas.”

People who have migraines may also experience auras before the headache. Auras can manifest as visual spots or zigzags of light and/or numbness in the hands, arms or face that may last as long as 60 minutes. Confusion, irritability and euphoria can also be symptoms of migraines.

Some people experience chronic migraines. “If headaches cause you pain more than 15 days a month, that qualifies as chronic,” Dr. Mesh says. “The headaches may not be the same intensity—any head pain that requires medication counts.”

THE KEY TO PREVENTION: AVOIDING TRIGGERS

Some risk factors for migraine—like having a family history of headaches or being a woman—cannot be controlled, which makes it even more important to control the ones that you can. Often, migraines are caused by something that was ingested or something in the environment. Determining an individual’s migraine “triggers” and avoiding them is the best way to prevent this type of headache.

Common migraine triggers or risks that you may be able to control include failure to get enough sleep, drinking alcohol, hunger and consuming certain foods. Foods that cause migraines tend to be more individualized, but some of the most common food triggers for migraines are cheese, caffeinated beverages and nitrate-laden, processed meats.

“I suggest that patients who experience headaches avoid caffeine as much as possible,” says Dr. Mesh. “Although caffeine can provide temporary headache or migraine relief, it can also lead to rebound headaches, daily headaches that are difficult to treat.”



OTHER TYPES OF HEADACHES

"One person can experience multiple types of headaches," Dr. Mesh says. "But if one of those types is a migraine, the other headaches can be treated with the migraine medication."

Tension headache—Tension headaches are the most common type of headache. They are characterized by dull, non-throbbing pain all over the head. They can often be prevented through relaxation techniques and stress avoidance. Tension headaches can typically be treated with over-the-counter pain relievers.

Rebound headache—When pain relievers are used on a near daily or daily basis for any type of headache, they can begin to have the opposite of the desired effect, much like caffeine does if it is frequently consumed. While these substances may reduce pain for a few hours, the headache that returns when the medication wears off can be worse than before. This can become a chronic problem. Typically, rebound headache treatment requires reducing the pain medication, which may mean that headaches will get worse before they get better.

Sinus headache—These headaches occur in the nasal and sinus area, and tend to worsen over the course of the day. They are prompted by allergic reactions or sinus infections. True sinus headaches are rare. Self-diagnosed sinus headaches are almost always migraines or tension headaches. Decongestants or antibiotics, which attack the underlying cause, are often prescribed for the treatment of true sinus headaches.

Cluster headache—Experienced more by men than women, cluster headaches occur in approximately one percent of the population and are often described as the most painful kind of headache. The pain is one-sided, generally located around one eye, and is accompanied by restlessness. While there is no cure for cluster headaches, preventive treatments, medication and oxygen therapy can mitigate the severity and length of these attacks.

TREATMENT TALK

Two different types of medications—known as acute and preventive—are used to treat migraines.

"Acute medication stops pain when a migraine is already in progress, whereas preventive medication is taken on a daily basis to help decrease the number and intensity of migraines," Dr. Mesh says. "A doctor can determine from a patient's medical and headache history which of the two approaches is most appropriate. Acute medications can also be taken by someone who uses a daily preventive medication but still experiences a migraine."

Botulinum toxin is an FDA-approved preventive migraine treatment for patients who experience more than 15 days of migraine pain per month and have tried other preventive medications. It can take up to two weeks to take effect, and patients are observed for three cycles of three months each—270 days total. Many patients experience a significant decrease in the number and intensity of migraines with this treatment.

Some people attempt to function through the pain and physical discomfort of migraines. This puts them at risk for chronic migraine headaches, which can be more difficult to treat. Rather than push through, Dr. Mesh recommends relaxing in a quiet, dark room, avoiding foods that you know trigger migraines, and taking any medications prescribed to reduce migraine frequency or intensity. Avoid physical activity during a migraine as that can increase symptoms.

"Thirty-four million people in the U.S. suffer from migraines, and it often takes up to three years to get a diagnosis," Dr. Mesh says. "If you notice intermittent headaches occurring more frequently, consult your doctor for a diagnosis and treatment. Migraines are a very treatable condition."

“Thirty-four million people in the U.S. suffer from migraines, and it often takes up to three years to get a diagnosis. If you notice intermittent headaches occurring more frequently, consult your doctor for a diagnosis and treatment. Migraines are a very treatable condition.”

—ALLA MESH, M.D.,
NEUROLOGIST AT NYM



A SILENT DISEASE

Ovarian cancer affects as many as one in 70 women each year. Because the disease often masquerades as other conditions, it can be difficult to diagnose. What's more, the fact that ovarian cancer is often not diagnosed until it is in an advanced stage can make it difficult to treat.

A CANCER THAT develops on the ovaries—the organs responsible for producing eggs and the hormones estrogen and progesterone—ovarian cancer is not as common as breast cancer or other cancers of the female reproductive system. But survival rates for ovarian cancer are lower than other reproductive system cancers, so understanding risk factors and recognizing symptoms are critical.

CAN OVARIAN CANCER BE PREVENTED?

Doctors are not exactly sure what causes ovarian cancer, but they know that some women appear to be less susceptible to the disease than others. Women who have given birth, taken birth control pills for at least three to six months and/or breastfed during their lifetime may have a lower likelihood of developing ovarian cancer.

Risk factors for developing ovarian cancer include:

- + **Age**—Ovarian cancer can strike at any age, but postmenopausal women have the greatest risk.

- + **Genetic mutations**—BRCA1, BRCA2 and Lynch syndrome gene abnormalities raise a woman's risk of ovarian cancer. See the sidebar, "Written in the Genes," on page 11 for details about these genetic mutations.

- + **History of breast cancer**—Women who have had breast cancer—even if they do not have a related genetic mutation—have a higher likelihood of developing ovarian cancer. Among the possible reasons for this is that ovarian and breast cancers may share similar risk factors. For example, not having children may raise a woman's risk of both breast and ovarian cancers.

THE GREAT IMITATOR

Ovarian cancer has earned a reputation as a master of mimicry. In its early stages, when the cancer has not yet spread beyond the ovaries, the disease is much more responsive to treatment, but it is

rare for symptoms to appear at this stage. When symptoms do occur, they typically overlap with those of other illnesses and may include bloating, abdominal, back or pelvic pain, changes in bowel and bladder habits, weight loss, and fatigue.

"These nonspecific symptoms of ovarian cancer are what makes diagnosis so difficult," says **Alan Astrow, M.D.**, chief of medical oncology and hematology at New York Methodist Hospital. "Constipation and bloating, for example, are very common. Most women experiencing these symptoms do not have ovarian cancer."

When gastrointestinal symptoms are nonresponsive to medications or cannot be explained by diagnostic screening tests like colonoscopies, it may be time to consider another culprit.

"If bloating persists for three or four weeks, women should see their gynecologist or ask their primary care doctor for an ultrasound referral," says **Katherine Economos, M.D.**, director of gynecologic oncology at NYM. "Women need to be their own advocates in such circumstances."

IN THE ABSENCE OF SCREENING

There are no reliable tests to check for ovarian cancer. Annual pelvic exams can help doctors find abnormalities like ovarian masses. Women with a known genetic mutation may choose to have their ovaries removed once they are finished having children. Transvaginal ultrasound—an imaging test in which a scope is inserted into the vagina to view the uterus, ovaries and fallopian tubes—and CA-125 testing, which evaluates levels of the CA-125 protein in the blood, may also be recommended for women who have a higher-than-average ovarian cancer risk.

"Roughly 70 percent of cancers on the ovarian surface produce CA-125 protein," Dr. Economos says. "But CA-125 levels can be elevated for reasons other than cancer—for example, if a woman has just started her period or has uterine fibroids."

For this reason, CA-125 testing alone is not a recommended screening tool for healthy women who are not experiencing ovarian cancer symptoms, but doctors find it valuable in conjunction with a transvaginal ultrasound and tissue biopsy to diagnose the disease.

A ONE-TWO PUNCH

The cornerstone of ovarian cancer treatment is surgery to remove the affected ovary. Depending on the extent of disease and whether the cancer has spread to other parts of the body or returned after seemingly successful treatment, physicians may remove both ovaries, as well as the uterus and fallopian tubes (also known as a total hysterectomy). Most women also have chemotherapy in addition to surgery.

The average five-year survival rate for ovarian cancer is 45 percent. However, advances in chemotherapeutic treatments are helping women with advanced stages of ovarian cancer live longer. New therapies, including immunotherapies that involve using antibodies to fight cancerous cells, are also on the horizon.

"We have several excellent treatments for ovarian cancer," Dr. Astrow says. "But we would like the percentage of women who are cured to be higher, and investigations are underway to improve treatments and cure rates. There is hope that more reliable screening methods and more universally effective treatments will soon be available."

WHAT ABOUT OVARIAN CYSTS?

Fluid-filled sacs on the ovaries, ovarian cysts can cause localized pelvic pain and symptoms similar to ovarian cancer, including nausea and changes in bowel habits. But cysts are usually nothing more than byproducts of ovulation—the release of eggs from the ovary. Treatment or care beyond a follow-up transvaginal ultrasound to make sure the cyst has not grown or changed is not usually needed.

WRITTEN IN THE GENES

In recent years, celebrities like Angelina Jolie have brought attention to BRCA1 and BRCA2 gene mutations and their potential impact on women's health. These mutations, which run in families, affect the production of tumor suppressor proteins that are thought to help prevent cancer. Such mutations significantly raise a woman's risk of breast and ovarian cancers.

The average woman has an approximately 1.3 percent risk of developing ovarian cancer during her lifetime, but that percentage can jump as high as nearly 45 percent by age 70 in women with a BRCA gene mutation.

Women who have a personal or family history of breast cancer—especially cancers that developed before age 45 to 50—or male breast cancer should consider being tested. Women who have a personal or family history of ovarian cancer at any age should also consider testing. People of Ashkenazi Jewish heritage are more likely to carry BRCA1 or BRCA2 gene mutations and may benefit from testing.

BRCA1 and BRCA2 gene mutations are not the only genetic abnormalities linked to ovarian cancer. Lynch syndrome, an inherited condition caused by harmful variations in one of several genes that play a role in DNA repair, also raises a woman's ovarian cancer risk. Up to 12 percent of women with Lynch syndrome develop ovarian cancer.

In addition to ovarian cancer, Lynch syndrome raises a woman's risk of uterine cancer and greatly increases the likelihood that both men and women will develop colorectal cancer. Genetic testing for Lynch syndrome may be recommended for women with a personal and/or family history of uterine cancer and men and women with a personal and/or family history of colorectal cancer that developed before age 50.

"Having a genetic mutation doesn't mean that a woman has or will develop cancer," says **Karen David, M.D.**, chief of the division of genetics at NYM. "But it does mean that she is more susceptible to it. Knowing the family history and having genetic testing done as recommended allows women to make more informed decisions about screening and prevention."

HEALTHY TEETH TO LAST A LIFETIME

The New York Methodist Hospital Department of Dental Medicine's on-site dental clinic treats children and adults of all ages. Services include biannual cleanings, dental implants, implant maintenance and 24-hour care for dental emergencies. Residents training to become general dentists perform these services—often at a greatly reduced cost—under the supervision of board-certified general dentists, periodontists, oral surgeons and other dental healthcare professionals. To schedule a dental appointment, call 718.780.5410.

When Eric, a 20-year-old recreational hockey player, fell on the ice and cracked his tooth during a weekend practice, he had no idea the injury was severe enough to require pulling his tooth.

RESTORING SMILES

SOMETIMES, DENTISTS CAN fix cracked or otherwise damaged teeth with a root canal, crown (a tooth-shaped cap that is cemented over a damaged tooth to hold it together and provide a normal aesthetic) or other treatments. But the crack in Eric's tooth extended below the gum line, so his natural tooth could not be saved. To preserve his smile, Eric's dentist recommended a dental implant.

WHEN TEETH ARE MISSING

Dental implants are the supports for laboratory-fabricated teeth, which can be used to help replace missing teeth. Fabricated teeth can be either screwed or cemented onto the implant. Oral surgeons or periodontists are the specialists who routinely place dental implants.

Cracked teeth rank among the top three reasons that people who have lost permanent teeth need dental implants. Like Eric, people may sustain a sports injury or they may lose a tooth as the result of an accident. Grinding teeth during sleep can also cause cracks severe enough to result in tooth loss. Most commonly, though, people lose teeth due to severe cavities or gum disease.

THE 123s OF IMPLANTATION

The path to dental implants typically involves three steps:

Step 1—A 3-D computed tomography (or CT) scan of the jaw may be performed to make sure that there is enough healthy bone in the jaw to support an implant.

Step 2—An in-office procedure is completed to place the implant, which consists of a small titanium screw inserted into the jaw. Over a recovery period of three to six months, the jawbone grows securely around the implant, a process known as osseointegration.

Step 3—Following the osseointegration phase, patients return to their dentist, at which time the process of creating the permanent artificial tooth that will cover the implant begins.

"People with dental implants can chew normally, and the color of their artificial tooth can be matched closely to the surrounding teeth," says **Michael Zidile, D.D.S.**, board-certified periodontist and an attending dentist at NYM. "I know I've done my job when a patient returns to see me and can't remember which tooth is the implant."

HOW TO CARE FOR IMPLANTS

Unlike natural teeth that have been crowned, artificial implants cannot decay, according to Dr. Zidile. But that doesn't mean regular dental care can be ignored.

In rare cases, the gum can become infected near the implant over time, and if left untreated, this can cause gum and bone loss and jeopardize the stability of the implant. Dr. Zidile recommends that patients see their dentist or periodontist for annual follow-up x-rays to make certain that no complications have developed. Brushing, flossing and regular dental cleanings can also help prevent complications. The overall success rate for dental implants is 92 to 95 percent.



When Robert Espinoza's
life hung in the balance,
fast thinking and a
revolutionary intervention
saved his failing heart.

A 'MIRACLE' MACHINE

— AND THE FIGHT —
FOR ONE MAN'S LIFE



A HEART ATTACK was the furthest thing from Robert's mind on that February day. Young, healthy and active at 39, he'd never had chest pain or any other signs of heart trouble.

"My father had a heart attack when he was young, but I never suspected anything was wrong with my heart," Robert says. "I work out three or four times a week and walk a lot—like most New Yorkers."

That day, Robert was walking to his home in Park Slope after seeing his personal trainer when he collapsed in the street. He remembers falling, but nothing that followed. Later, Robert would find out that his heart had stopped beating, and two off-duty emergency medicine technicians (EMTs) who found him stepped in to try to save his life.

QUICK THINKING

The EMTs called 911 and began performing cardiopulmonary resuscitation (CPR) on Robert, forcing air into his lungs in an attempt to oxygenate the blood traveling to his vital organs. He was transported by ambulance to New York Methodist Hospital where the Emergency Department's (ED's) team began trying to revive him, using an automatic chest compression device to continue CPR.

Robert was unresponsive and began entering cardiogenic shock—his organs

were no longer receiving enough oxygen to survive. Recognizing the signs of serious heart failure and knowing that time was precious, the ED team reached out to a one-of-a-kind group of experts who could give this man a chance to live—the Hospital's extracorporeal membrane oxygenation (ECMO) team.

"ECMO is the last chance for patients like Robert," says **Iosif Gulkarov, M.D.**, lead cardiothoracic surgeon on the ECMO team. "If we intervene quickly, we can bypass the failing heart and the lungs using a heart-lung machine. Blood leaves the body, cycles through the machine, which adds oxygen to it, and then is pumped back into the body so that vital brain tissue and other organs can survive."

IN GOOD HANDS

ECMO is an intensely sophisticated and advanced protocol that must be started as quickly as possible in heart attack patients like Robert. In order for it to work, the rare combination of the right people, equipment and interventional capabilities must be on-site. Balancing the blood flow, administering the right medications to stabilize a patient and responding to changes in heart function require a highly-trained, highly coordinated group of expert medical providers who

know the procedure and can respond at a moment's notice.

Fortunately for Robert, NYM is one of the hospitals with all of these elements in place. The NYM ECMO team includes cardiothoracic surgeons, cardiologists, intensivists, perfusionists, critical care nurses and a team of supporting medical providers who assist with the constant monitoring and adjustments necessary to keep ECMO patients like Robert alive.

The NYM ECMO team has experience and speed on their side. When the call went out to mobilize for Robert's case, they sprang into action, collecting the necessary equipment and medications and moving to his bedside in the ED.

There, Dr. Gulkarov expertly maneuvered a thin tube into place to direct blood away from Robert's body and into the special heart-lung machine where oxygen was added. Another tube went into his blood vessel, carrying freshly oxygenated blood to his brain, organs and the rest of his body.

"ECMO is a game changer," says **Stephen Peterson, M.D.**, chair of the Department of Medicine at NYM. "It lets us pull people back from death's jaws and give them a chance to live again."

The procedure allowed Robert's heart to rest, giving doctors time to determine what caused his heart attack

and assess and implement the best course of treatment.

TIMELY INTERVENTION

Robert was moved from the ED to the cardiac catheterization lab, where **Terrence Sacchi, M.D.**, interventional cardiologist and chief of cardiology at NYM, diagnosed the problem.

In the cath lab, Dr. Sacchi injected a special dye into Robert's veins, and x-rays were used to take pictures of the dye as it wound its way through the vascular structure of Robert's heart.

"The images showed us that Robert's left anterior descending artery was completely blocked," Dr. Sacchi says. "I was able to open the artery, restoring the blood flow with a stent coated in medication to help the artery remain open."

After the artery was cleared, Robert was moved to the cardiac intensive care unit at NYM.

"After his procedures, Robert started to improve," recalls **Nancy**

Rizzuto, C.C.R.N., associate director of cardiovascular nursing. "His heart got stronger, and his neurological function was measured daily. It took him several days to wake up so that we could fully assess his neurological abilities. He did amazingly well."

Not only did Robert survive a massive heart attack, but aside from slight memory loss, he appeared to be 100 percent intact neurologically, meaning he had suffered no brain damage. He responded to doctors' inquiries, asked intelligent questions and was happy to see the steady stream of friends who flocked to the Hospital to visit.

"Without the exceptional care Robert received, first in the street, then in the emergency room and ultimately at the hands of Dr. Gulkarov, the ECMO team and Dr. Sacchi, he wouldn't be here today," Dr. Peterson says. "Rapid intervention made all the difference."

Similarly, Dr. Gulkarov believes the ED's smart decision to activate the ECMO

team and the rapid implementation of ECMO are what saved Robert's life.

MOVING FORWARD

Today, Robert spends time with friends and pursues his favorite hobby, reading. He is rebuilding his strength and venturing out again to eat at nearby restaurants. Robert is moving forward with life, but he'll never forget the care and support he received at NYM.

"When people start throwing around the word 'miracle' to describe what happened to me, I know I experienced something truly amazing at the Hospital," he says. "It's so wonderful to be able to walk through my neighborhood again, visit my favorite bookstore and socialize with friends. As I continue to recover, I see how much I've grown through this process. I owe my life to the team at NYM."

“

ECMO is a
game changer.
It lets us pull
people back
from death's
jaws and give
them a chance
to live again.

”

—STEPHEN PETERSON,
M.D., CHAIR OF THE
DEPARTMENT OF
MEDICINE AT NYM

IS ECMO FOR EVERYONE?

Extracorporeal membrane oxygenation (ECMO) is a highly sophisticated procedure that allows a machine to take over the work of the heart and lungs, keeping patients alive so they can be treated and have a chance at recovery.

This technology is traditionally used to save the lives of infants who have serious health issues, such as pneumonia or heart failure, or to keep patients alive during heart surgery.

Its use to help heart attack patients like Robert Espinoza is a more recent development, and it is one that few hospitals and their staffs have the ability to provide.

Not every patient who comes to an emergency department in cardiac arrest will benefit from ECMO.

ECMO treatment takes several days, and older patients or a patient with other health issues may not tolerate it for that long. Ideally, the cardiac incident should be witnessed and cardiopulmonary resuscitation (CPR) should begin right away because just 10 minutes without blood flow is long enough for the brain to begin to die. ECMO cannot restore damaged brain tissue.

Although Robert's event was not witnessed, he qualified for ECMO due to his young age and apparent overall health. The procedure ultimately saved his life.

“

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”

—ROBERT ESPINOZA,
NYM PATIENT



Fending Off FOOD FIGHTS

Picky eating in children is a problem many parents face. Try these smart strategies to help expand your child's palate, and beware of behaviors that may contribute to the problem.

ENSURING THAT YOUR children are eating healthy meals can be a challenge if they will only eat a few select foods. **Susan Gottlieb, M.D.**, chief of child development and developmental pediatrician at New York Methodist Hospital, offers some simple but effective strategies to employ at mealtime.

“If you don’t fight with your children over their food, they tend to move on from that particular issue, and picky eating resolves itself.”

—SUSAN GOTTLIEB, M.D.

CALL A TRUCE

It’s not unusual for children to have food preferences at some point—especially when a child is a toddler, a developmental stage during which kids begin to make some of their own choices and develop and express likes and dislikes. When grappling with finicky food behavior, Dr. Gottlieb suggests first and foremost that parents avoid arguing with their children over what they’re eating.

“I’ve seen some parents who are very rigid in their expectations about the amount or kinds of foods they believe their children should be eating, so they pressure their children to live up to that during meals,” Dr. Gottlieb says. “Other parents are very tolerant, believing that as long as their children are healthy and growing, it’s okay to let them, for example, eat only red foods for a period of time. If you don’t fight with your children over their food, they tend to move on from that particular issue, and picky eating resolves itself.”

PLAY THE PART

Research shows that children’s food preferences are connected and similar to those of their parents. With this in mind, you as a parent can help foster a more expanded palate with these tips.

- + **Practice patience while your children are trying new foods.** Familiarizing your children with a wide range of foods is key, but it takes time. You may have to offer them a new food item ten to 15 times before they actually try it.
- + **Eat a variety of healthy foods yourself.** You cannot expect your children to eat broccoli if you won’t eat it or your

partner turns up his or her nose at the vegetable. It's important to choose foods that you and your children will both want to eat.

- + **Get your children involved.** If your little ones help you prepare their food, they may be more willing to taste their creation, especially if you make a fuss over the dish. Use cookie cutters to cut new foods into interesting shapes, incorporate some of the foods that you know your children like, and give the activity a fun name.
- + **Coordinate a lunch date.** Invite a child who is not a picky eater over for a meal, and take the opportunity to introduce some new foods that you know the visitor likes. When your children see the other child try the food, they may be more likely to want to try it.

APPROACHES TO AVOID

Just as there are effective strategies for expanding your children's palates, there are also ineffective ones. Keep this list in mind:

- + **Do not allow yourself to become a short-order cook.** While it is important to ensure that each meal includes something your children know and like, making special meals should be avoided.
- + **Do not force them to eat.** This could actually lead to children eating less. A toddler's stomach is about the same size as his clenched fist, so it's unrealistic to expect children that age to eat large amounts. To help stave off between-meal hunger without encouraging all-day grazing, make nutritious foods accessible—for instance, a small serving of grapes, apples, zucchini or kale chips, or a couple of small cheese cubes—at scheduled snack times. As a side to the finger foods, offer vegetable-based dips like hummus, marinara sauce, mashed avocado, or blueberries mixed with plain yogurt.
- + **Do not reward children for eating.** Making deals like "Eat three more bites, and then you can have ice cream," will teach your children to negotiate food for rewards. This could make it increasingly difficult to get them to complete a meal or other tasks—like brushing their teeth or putting on pajamas—without expecting a reward.

"A picky eating phase is normal, and most children outgrow it. If you are concerned that your children's picky eating is extreme or if they are failing to thrive, are sickly or are not growing, talk with your pediatrician to see if medical evaluation and treatment are necessary," Dr. Gottlieb says. "The pediatrician can help you determine what is a reasonable diet for your children."

THE DISH ON (HEALTHY) DESSERT

How much and what kind of dessert is okay for children to consume is a dilemma many parents face. There is no harm in allowing a small treat at the conclusion of dinner, regardless of how little your child may have eaten. This can help them understand that sweets are acceptable in moderation.

One rule of thumb is to routinely serve healthier treats—including applesauce, yogurt or fresh fruit—that can satiate a sweet tooth while providing essential nutrition. Because high-sugar diets are often linked to health concerns like obesity and tooth decay, it is best to reserve foods that contain a lot of added sugar—like candy, ice cream, cake or pudding—as occasional treats.

COMFORT LEVEL

ARE YOUR CHILDREN COMFORTABLE AT THE TABLE? IF THEIR FEET DANGLE FROM THE SEAT YOU'VE PROVIDED FOR THEM OR THEY HAVE TO STRETCH TO REACH THEIR FOOD, IT MAY IMPACT THEIR INTEREST IN EATING.



DELVING INTO **DIGESTION**

Bite. Chew. Swallow. Digest.

THE PROCESS OF TURNING food into energy is crucial to sustaining life, but it's easy to take for granted—until a digestive problem makes it difficult to ignore.

COMPLEX OPERATION

A number of elements characterize digestion: deconstruction, extraction, absorption, elimination and, most of all, movement. The entire process is predicated on motion, beginning the moment food enters the body through the mouth and passes through the hollow organs of the gastrointestinal (GI) tract. These structures, along with two solid digestive organs, the pancreas and the liver, use enzyme-rich digestive juices to break down different components of food as it moves through the system.

The decomposition of food begins in the mouth, where enzymes in saliva begin breaking down starches. With swallowing, digestion enters a kind of autopilot phase. The brain, hormones, nerves and muscles take over the process—no conscious action required. Food passes through the esophagus to the stomach, where acid facilitates protein digestion.

Next, in the small intestine, digestive juices from the pancreas and the liver mix with intestinal fluid to finish breaking down starches and protein, as well as carbohydrates and fats. Now transformed into molecules of manageable size, nutrients absorb through the walls of the small intestine to enter the bloodstream for distribution throughout the body, which uses or stores them according to the body's needs. The large intestine takes the unusable liquid detritus of digestion and turns it into a solid called stool. This waste idles in the rectum before a bowel movement sends it out of the body.

"The digestive process is quite efficient," says **Ofem Ajah, M.D.**, gastroenterologist at New York Methodist Hospital. "The body is able to extract what it needs and reject what it doesn't. This can continue quite effectively, for the most part. It's only when something goes wrong—like when people eat something they shouldn't have—that they notice digestion at all."

Three common conditions that prompt people to pay attention to digestion are heartburn, constipation and diarrhea.

BESTING HEARTBURN

Think of digestion as a one-way street. Heartburn arises when the flow of traffic—in this case, the contents of the stomach—reverses and enters the esophagus in an action called acid reflux. This can cause a painful, searing sensation behind the chest and a feeling that fluid is coming up the throat. For many people, heartburn is an infrequent annoyance, but for some, it's a near-constant problem. Frequent heartburn is known as gastroesophageal reflux disease (GERD).

"Patients with GERD experience frequent heartburn because the esophageal sphincter, the gateway between the esophagus and the stomach, weakens and doesn't close completely," says **Vincent Notar-Francesco, M.D.**, chief of the endoscopy section at NYM. "It's often difficult to pinpoint why the esophageal sphincter malfunctions. What is clear is the effect GERD can have on quality of life. Aside from the burning feeling that many patients experience, they may find it difficult to exercise or sleep lying down, as these activities can trigger reflux."

Unfortunately, many people with GERD resign themselves to living with it, perhaps unaware that just addressing the factors that exacerbate reflux can often control the condition. At the top of the list of reflux triggers is diet. People with GERD should avoid fried, oily or spicy foods or enjoy them only in moderation. Choosing nutritious items like whole grains, vegetables and non-acidic fruits, can have a two-fold preventive impact: These foods are unlikely to trigger reflux themselves, and they are essential ingredients in maintaining a healthy weight. Excessive weight has been linked with GERD. Quitting smoking and avoiding eating at least two hours before sleep and exercise can also reduce instances of reflux.

If lifestyle modifications are not enough to rein in reflux, other options are available.

"Heartburn occurs on a spectrum ranging from mild to severe," says **Irwin**

REASONS NOT TO LET REFLUX LINGER

Persistent gastroesophageal reflux disease (GERD) can have more serious consequences than unpleasant symptoms and lifestyle disruption. If stomach contents frequently leak into the esophagus, ulcers or scarring may develop there, and swallowing may become difficult. The lining of the esophagus can also undergo a cellular change, which causes its tissue to resemble that of the intestine. This condition is called Barrett's esophagus, and it is a red flag for gastroenterologists.

People with Barrett's esophagus have a slightly higher risk of esophageal cancer. Those who fit the risk profile for Barrett's esophagus—typically, middle-aged or older men, Caucasians, and people who use tobacco or have long-standing GERD—should see a gastroenterologist for evaluation.

"We can use an endoscope to look at and biopsy the lining of the esophagus to detect any change in the tissue," says **Irwin Grosman, M.D.**, associate chief of gastroenterology at NYM. "If we do this early enough, we can diagnose Barrett's esophagus before it turns cancerous and monitor it for any alterations."

For some patients, a class of medications known as proton pump inhibitors, which reduce the stomach's acid output, are sufficient to treat Barrett's esophagus. Others may need radiofrequency ablation, a procedure during which the doctor destroys the diseased esophageal tissue with energy from an electrode-tipped catheter or endoscope. Over time, the esophagus regenerates new, normal tissue.

WHEN TO BE CONCERNED ABOUT CONSTIPATION

Constipation is not typically a cause for alarm. Occasionally, however, certain symptoms may occur in conjunction with constipation that could indicate a serious, underlying problem. For example, visible rectal bleeding and invisible blood in the stool detected by a fecal occult blood test are symptoms of colorectal cancer.

Other troubling symptoms that may be associated with constipation include:

- Distended stomach
- Abdominal pain
- Sudden, unexplained weight loss

"New-onset constipation that doesn't have an easily identifiable cause, such as a shift in diet, can be a reason for concern, especially in the elderly," says Dr. Ajah. "If, for example, a patient has had relatively infrequent bowel movements for much of his life and is otherwise symptom-free, he's fine. If he's never been constipated, or has constipation that's worsening—perhaps he used to move his bowels multiple times a week but now does so only once every week or two—that may call for further investigation."

Grosman, M.D., associate chief of gastroenterology at NYM. "Over-the-counter [OTC] antacids containing magnesium hydroxide and aluminum hydroxide are often enough to provide swift relief in mild to moderate instances of reflux. Other OTC drugs may reduce reflux by limiting the stomach's acid production. Patients with moderate to severe cases of GERD may also need prescription drugs or a minimally invasive laparoscopic procedure called fundoplication."

During fundoplication, the surgeon creates a stronger valve between the esophagus and stomach by wrapping the top part of the stomach around the base of the esophagus. If a hiatal hernia—a piece of the stomach that bulges into the chest through an opening in the diaphragm—is present, the surgeon will also repair it, as this condition can also cause reflux.

CONSTIPATION CONSTERNATION

Constipation is an extremely common condition—more than 40 million Americans experience it annually—but it means different things to different people. Defining constipation comes down to two things: the frequency and nature of bowel movements.

"The simplest way to describe constipation is having less than three bowel movements a week, but that's not always what it means," Dr. Ajah says. "Constipation can also mean having very hard or lumpy stools that are painful and require straining to pass, so the definition is quite variable. In terms of frequency, some people naturally have infrequent bowel movements, and that's normal."

A host of factors can cause constipation. Some people simply have a colon that works inordinately slowly, which delays the movement of stool to the rectum. Others may have a type of irritable bowel syndrome that causes concurrent constipation. Diabetes can affect the nervous system of the large intestine and lead to constipation. Pelvic surgery, pregnancy and the hormonal changes of perimenopause can prompt constipation in women. Many medications, including antacids, calcium channel blockers, and certain drugs to treat pain and depression, can interfere with a normal bowel movement schedule.

"Often, constipation is due to changes in patients' daily routines," Dr. Notar-Francesco says. "If people begin eating less fiber than normal or exercising less than they used to, or they spend a long time sitting in a car or a plane on a trip, their bowel movements may be disrupted."

Occasional constipation does not necessarily warrant a trip to see the doctor. Treating it may be as simple as increasing fiber, fruit, vegetable and water intake, and making a point of moving more frequently throughout the day. If those changes do not help, a doctor can recommend an over-the-counter laxative or prescribe another medication. Chronic constipation—defined as having fewer than three bowel movements weekly for two or more weeks at a time—or constipation that occurs out of the blue when a patient has not experienced a medical or lifestyle change is worth a visit to a gastroenterologist. Rarely, constipation can cause hemorrhoids or rectal prolapse due to excessive straining, or it can be a sign of a more serious condition like a malignant tumor. (See "When to Be Concerned about Constipation" for more information.)

DIAGNOSING DIARRHEA

Diarrhea is on the opposite end of the spectrum of bowel movement-related disorders. Frequency of bowel movements is less a factor in defining diarrhea than in defining constipation. With diarrhea, stool consistency is the surest measure. Loose, watery stool is the classic sign. However, bowel movements might occur more often than is normal, and patients may experience abdominal cramps.

"Most episodes of diarrhea are acute, meaning they run their course within a week or two," Dr. Notar-Francesco says. "The vast majority of these cases are due to bacteria like salmonella or listeria that may infect people from contaminated food or water, particularly during travel to certain parts of the world, or viruses, such as norovirus and rotavirus. People can acquire these viruses from food or contact with infected people or objects."

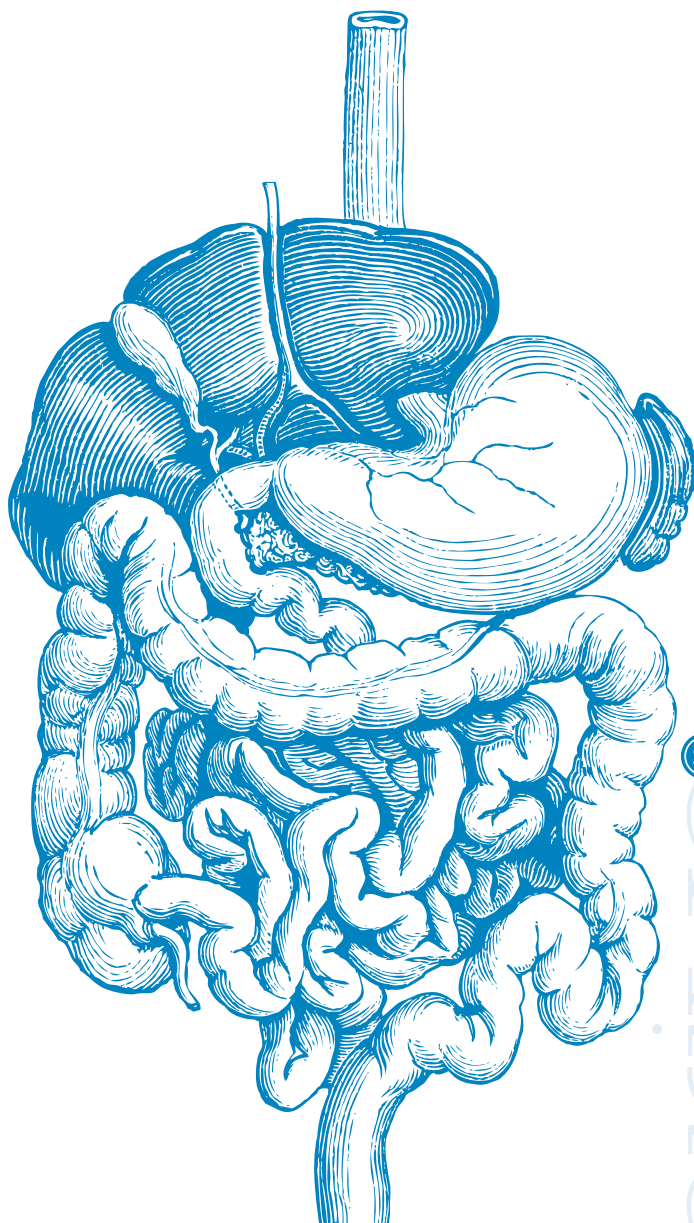
Preventing dehydration should be the number-one goal for patients with acute diarrhea. Drinking plenty of water is important, but patients also need to drink beverages that are rich in salt, potassium and chloride like fruit juices and sports drinks to maintain chemical and electrolyte equilibrium. Staying hydrated, along with taking over-the-counter anti-diarrheal medication and eating a bland diet, is usually the best way to cope with diarrhea until the underlying infection passes.

However, individuals who have a fever or bloody or black stools should not take anti-diarrheal drugs, as these symptoms could mean that a higher level of treatment is needed. Anti-diarrheal drugs may interact with a variety of medications, including antibiotics, antivirals, blood thinners and prescription painkillers. Patients who take OTC or prescription drugs should ask their doctor before taking an anti-diarrhea medication.

Consult a doctor before giving anti-diarrheal drugs to children. In some cases, diarrhea warrants swift medical attention.

"Acute diarrhea accompanied by severe abdominal pain, fever or bloody stool is concerning, as is diarrhea that could be considered chronic [lasting longer than two weeks]," Dr. Grosman says. "These symptoms don't necessarily mean something dangerous is going on, but they could indicate inflammatory bowel disease, ulcerative colitis, Crohn's disease or celiac disease. In any case, a gastroenterologist should investigate."

Preventing dehydration should be the number-one goal for patients with acute diarrhea.



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A Sound MIND

The MIND diet and regular exercise can help people can lose pounds, protect their heart, and decrease their risk for ischemic stroke.



THE MIND (Mediterranean-DASH Intervention for Neurodegenerative Delay) diet relies on a combination of principles borrowed from two popular eating plans. These include the Mediterranean diet—focusing on daily consumption of nutrient-rich, fresh plant-based foods and fish—and the DASH (Dietary Approaches to Stop Hypertension) diet—limiting sugar and foods high in saturated fats and sodium, and encouraging consumption of fresh vegetables and lean proteins.

While the MIND diet promotes many of the same nutritious foods as the Mediterranean and DASH diets, it also features foods believed to promote brain health. In addition, the diet's recommendation of ten healthy food categories to embrace and five unhealthy food categories to avoid provides guidance for an array of meal-planning combinations. Some dieters find it easier to follow than the Mediterranean diet, which requires the daily consumption of fish and seven to ten servings of vegetables and fruit, or the DASH diet, which requires six to 12 servings of grains, four to six servings of fruit, and four to six servings of vegetables daily.

EMBRACE THESE FOODS

The ten foods encouraged by the MIND diet include:

1. **Leafy green vegetables** (such as kale, spinach and other dark, leafy salad greens) – one salad daily
2. **Other fresh vegetables** – one serving daily
3. **Berries** – at least two servings weekly
4. **Whole grains (brown rice, oatmeal, quinoa, whole-grain bread, etc.)** – three servings daily
5. **Nuts** – five to seven servings per week
6. **Beans and other legumes** (including chickpeas and lentils) – one serving every other day
7. **Poultry** – at least two servings per week
8. **Fish** – at least one serving per week
9. **Olive oil** – use for sautéing or whenever a recipe calls for oil
10. **Red wine** – one four- to five-ounce serving daily

AVOID THESE FOODS

The five foods discouraged by the MIND diet include:

1. **Red meats** (infrequently—no more than four servings weekly)
2. **Butter or stick margarine** (less than a tablespoon daily)
3. **Cheese and other dairy** (less than one serving per week)
4. **Fried or fast foods** (less than one serving per week)
5. **Pastries and sweets** (less than five servings per week)

PROTECTING VITAL ORGANS

The success of the MIND diet relies on staying within the framework of the ten healthy food categories, providing participants with healthy food choices that fuel the body with nutrient-dense, fresh foods that are believed to help protect vital organs, including the heart and brain.





"Many of the risk factors for heart disease, particularly coronary artery disease, are reduced for those who follow a balanced and appropriate diet," says **Terrence Sacchi, M.D.**, cardiologist and chief of cardiology at New York Methodist Hospital. "With a diet centered around healthy food staples, people can avoid being overweight or obese—factors that can lead to hypertension and diminished vascular health, which can compromise the heart and brain."

"Generally speaking, eating a diet high in fat, sodium and sugar can lead to increased blood pressure and cholesterol, which puts people at risk for more chronic diseases like diabetes and obstructive sleep apnea—and all of these things increase the risk for stroke in the long run," says **Jeffrey Benjamin, M.D.**, director of stroke services at NYM. "What you choose to eat can greatly affect blood pressure and cholesterol levels, which are two controllable risk factors for stroke, so it is important to reduce your salt and sugar intake, avoid fast food and pastries, and eat more vegetables and less animal protein."

“**Having a diet strategy in place helps you avoid unhealthy, impulse eating. Practice moderation, eat smart and use the freshest resources available to you.**”

—TERRENCE SACCHI, M.D.

THE BOTTOM LINE

Both the heart and brain can benefit from modifying eating habits to consume mostly healthy ingredients like plant-based foods, whole grains and the occasional lean protein. Here are some ideas to help incorporate healthy foods into any meal.

- + **Kale—Breakfast:** Add a handful of kale to a blended fruit smoothie. **Lunch:** Toss bite-size pieces of kale leaves cut from one bunch in a 1/2 teaspoon of olive oil, bake in a single layer on a cookie sheet at 300 degrees Fahrenheit for 12 to 15 minutes (until edges are slightly brown), let cool for two to three minutes, and eat as a side dish with a favorite sandwich. **Dinner:** Sauté kale in a drizzle of olive oil along with chopped garlic and freshly squeezed lemon juice and serve it as a side dish.
- + **Quinoa—Breakfast:** Mix 1/4 cup of rinsed quinoa with a 1/4 cup of steel cut oats and two cups of water in a saucepan. Add in a 1/2 cup of fresh berries or 1/8 cup of dried berries and 1/4 teaspoon of ground cinnamon. Bring to a boil, reduce heat and simmer for 20 to 25 minutes or until quinoa and oats are tender. Top with an 1/8 cup of pumpkin seeds or walnuts. **Lunch:** Add a spoonful or two of cooked quinoa to a green salad. **Dinner:** Sauté or grill favorite vegetables, chop them into bite-size pieces, and add them to cooked quinoa to serve as a side or main dish.
- + **Berries—Breakfast:** Add fresh or frozen berries to yogurt or cereal. **Lunch:** Toss fresh, frozen or dehydrated berries onto a favorite salad. **Dinner:** Spoon frozen berries into a glass, top with a small dollop of low-fat whipped cream, and garnish with a sprig of mint for a quick and easy dessert.

"Having a diet strategy in place helps you avoid unhealthy, impulse eating. Practice moderation, eat smart and use the freshest resources available to you," Dr. Sacchi says.

CHICKPEA-STUFFED PEPPERS

This stuffed pepper recipe takes advantage of the nutrient-dense garbanzo bean and other MIND diet elements, including kale and brown rice.

Ingredients

- + 1 cup cooked brown rice
- + 2 medium bell peppers
- + 7.5 ounces of unsalted, cooked garbanzo beans
- + 1 cup chopped kale
- + 1/4 cup walnuts (chopped)
- + 1/8 teaspoon salt
- + 1/8 teaspoon pepper
- + zest and juice from one lemon



Directions

- 1 Preheat the oven to 375 degrees. It is okay to substitute quinoa or another whole grain for brown rice if you prefer it.
- 2 Slice peppers in half. Remove the seeds and ribs and place the peppers in a baking dish, cut side up.
- 3 Mash half of the chickpeas using a potato masher. Add the rest of the chickpeas into the mash along with the remaining ingredients except the lemon and stir.
- 4 Fill the halved peppers with the mixed ingredients, cover with foil and bake for 35 minutes.
- 5 Uncover the peppers and cook for an additional five minutes.



Nutrition Facts (per serving):

Servings: 4	Dietary fiber: 13.3g
Calories: 445	Sugars: 8.6g
Total fat: 9.3g	Protein: 16.9g
Saturated fat: .9g	Vitamin A: 90% daily value
Trans fat: 0g	Vitamin C: 177% daily value
Cholesterol: 0mg	Calcium: 11% daily value
Sodium: 98mg	Iron: 28% daily value
Potassium: 862mg	
Total carbohydrates: 75.9g	

This recipe has been approved by the Department of Food and Nutrition Services at New York Methodist Hospital.

Attacking ALLERGIES *in Seniors*

**Do allergies have you in agony? Arm yourself
against attacks with a little knowledge and
some simple steps that can help.**

BREEZES HAVE COOLED, and leaves are changing color. But coughs and sneezes are back full throttle, making life a little less comfortable for those who are living with seasonal allergies.

Because other chronic conditions that many seniors manage on a daily basis can seem more serious or urgent, allergies may be considered minor annoyances to be endured. But later in life, seniors may be susceptible to a condition known as oral allergy syndrome (OAS) or pollen-food syndrome, which can be more dangerous than the typical congestion and coughs.

This condition develops as a result of cross-reactivity between pollen and fruits or vegetables to which the pollen is botanically related. When eating certain fresh fruits and vegetables, people with oral allergy syndrome may experience symptoms that can include itching of the mouth, lips or throat, hives (red patches or welts on the skin) swelling of the lips or tongue, nausea, and vomiting.

Allergy shots may help minimize symptoms caused by OAS. Avoiding raw fruits and vegetables may reduce cross-reactions that cause the allergy symptoms to flare. Peeling, microwaving or baking the produce may also reduce the likelihood of allergic reactions.

"Older adults may ignore these symptoms because they have no history of food allergies," says **Cascya Charlot, M.D.**, a specialist in allergy and immunology at New York Methodist Hospital. "They fail to realize that new food allergies may develop later in life and may be easily and effectively managed."

OTHER ALLERGY OFFENDERS

In addition to food allergies, seniors may also have allergic reactions to medications that they are taking, which can be dangerous and, in some cases, fatal.

"Allergies in seniors cover a wide spectrum, negatively impacting quality of life and sometimes even causing life-threatening complications," says **Krishnamurthi Sundaram, M.D.**, attending surgeon and otolaryngologist at NYM. "I frequently encounter older patients who develop angioedema—an allergic reaction causing swelling under the skin—from angiotensin-converting-enzyme inhibitors, which are medications used to treat congestive heart failure and hypertension."

To ensure that seniors stay as healthy and safe as possible when taking these medications, they should be watchful for symptoms like throat closing or tightness and difficulty breathing after taking antihypertensive medications. If any warning signs of an allergic reaction occur, a visit to the emergency room may be necessary.

Of course, seniors are also susceptible to the same seasonal and environmental allergens that can cause miserable symptoms for people of all ages. In the fall, when ragweed makes an appearance, allergy symptoms can include congestion, headache, itchy eyes, runny nose, scratchy throat and sneezing. In the winter, dust, mold and pollen from indoor sources like forced air heaters and indoor plants may cause similar symptoms for seniors who spend the majority of their time inside.

FINDING ANSWERS, TAKING ACTION

While self-diagnosing seemingly mild or moderate allergy symptoms—like itchy, watery eyes and coughing—and treating them with over-the-counter medications may seem as if it's the most convenient option, talking with a doctor first may save time and discomfort. What may seem like an allergy on the surface could turn out to be a different problem.

"Many people attribute respiratory problems to allergies, but this is a dangerous assumption, especially for an elderly person," says **Emil Baccash, M.D.**, attending physician in geriatric and internal medicine at NYM. "For example, an elderly person with watery, itchy eyes could have an undiagnosed ocular disease like glaucoma, and a senior who has started wheezing may have developed congestive heart failure, so talking with a doctor early on is critical."

Doctors take a medical history and perform blood and skin allergy tests to help determine whether allergies are responsible for their patients' discomfort. They may also implement environmental control measures to determine how each individual responds when certain allergens are removed from the equation. Once the allergens have been identified, an allergist may recommend avoiding them, if possible, and/or treatments, which might include:

- + Antihistamines to combat hives, runny noses and watery eyes
- + Decongestant medications to ease nasal congestion and pressure
- + Eye drops containing corticosteroids to treat itchy, red eyes
- + Immunotherapy given through a series of injections or tablets that dissolve under the tongue

Talk with your doctor about all of these treatment options. He or she can prescribe medications that will offer the safest, most effective relief.

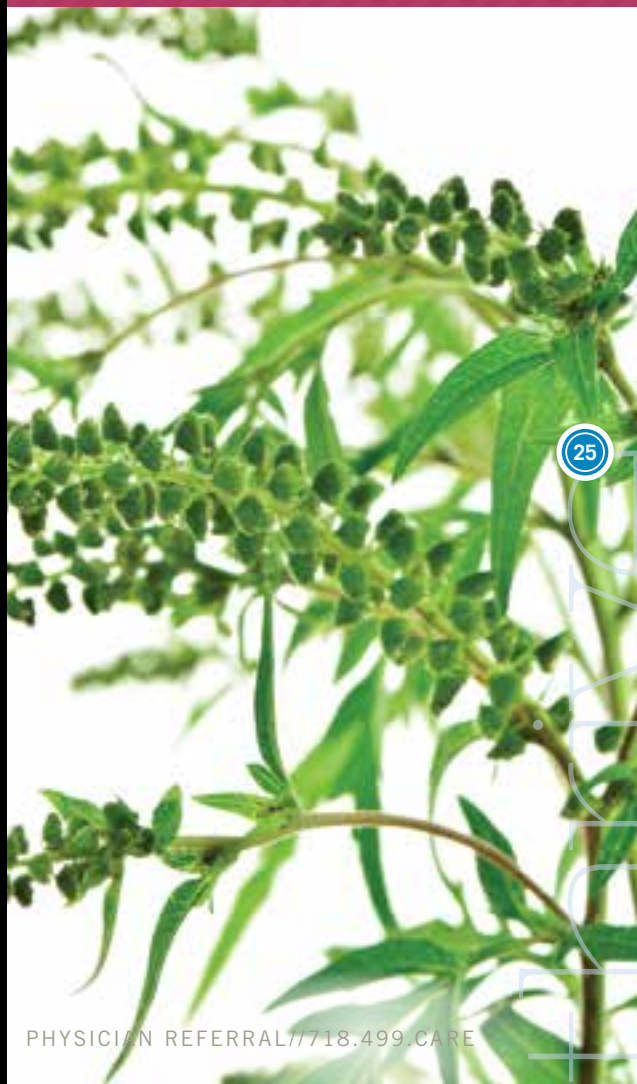
"Certain medications can cause seniors to become weak or confused," Dr. Baccash says. "For example, something that seems harmless, like diphenhydramine, an antihistamine found in many popular, over-the-counter allergy and sleep aid medications, may cause memory loss in older adults because it has anticholinergic effects—meaning it can block neurotransmitters and stop or slow nerve impulses in the brain. For older adults, I may recommend the antihistamine loratadine, which can also be found in many over-the-counter medications."



RINSE, REPEAT

In addition to other treatments, some people with allergies regularly use saline rinses to irrigate and flush the nasal passages.

"If you think of your nose as a little vacuum cleaner that sucks up dust in your environment, which then sticks to the lining of your nose, you can clearly visualize what causes allergic reactions," Dr. Baccash says. "Mucus from a runny nose helps flush those allergens, but mucus can be thicker and harder to expel as we get older. By washing out your nose with a saline spray, you may be able to dislodge the allergy-inducing debris."





THE 'Suave '60s' EFFECT

From 007's classic cocktail to Don Draper's ever-present tumbler, men are bombarded with the cultural message that drinking alcohol is cool, expected and just part of being a man.

FOR THE 10.8 MILLION MEN with alcohol abuse disorders, drinking is not manly. It can lead to destructive behavior and life-altering health concerns.

"While alcoholism isn't strictly a male issue, it is significantly more prevalent in men," says **Smruti Mohanty, M.D.**, chief of gastroenterology and hepatobiliary disease at New York Methodist Hospital. "Almost twice as many men abuse alcohol as women."

Short-term effects of drinking alcohol include slurred speech, poor decision-making, blurred vision, reduced coordination, upset stomach and trouble breathing. The more men drink, the more serious those short-term side effects can become.

The liver can only process a finite amount of alcohol at a time. When that threshold is reached, the remaining enzymes are left to poison the system. This can lead to memory lapses, cancer, and damage to vital internal organs like the liver, heart, digestive tract and brain stem—any one of which can result in loss of life.

THE LONG VIEW

In his practice, Dr. Mohanty diagnoses, stages and treats liver disease. The most frequent cause of the disease is alcohol abuse, and most of his patients are male.

"Serious physical changes from alcoholism don't occur overnight," Dr. Mohanty says. "If we catch abuse early and intervene, it's possible for the liver to repair itself and for these men to live normal, healthy lives."

The first stage of liver disease caused by alcohol is called fatty liver disease. During this phase, fats and triglycerides build up in liver cells. If men continue drinking, fatty liver disease can progress to alcoholic hepatitis or cirrhosis. Cirrhosis and serious cases of alcoholic hepatitis cannot be reversed, but abstaining from alcohol may help with symptoms and prevent further damage.

TURNING THINGS AROUND

"Alcohol abuse and mental health are closely linked," Dr. Mohanty says. "So, the first step I take with men who have liver disease due to alcohol abuse is to find out why the abuse occurs in the first place."

Working with behavioral health experts, men receive counseling and rehabilitation services to encourage them to stop drinking. Abstaining from alcohol allows the liver to try to heal, prevents further damage and is the only way men with advanced liver disease will be able to qualify for liver transplants.

"If we can get to the root of the problem and help men stop the cycle of alcohol abuse, there is a real chance to save lives," Dr. Mohanty says.

HOW MUCH IS TOO MUCH?

Men who consume five or more alcoholic beverages a day or 15 or more in a week are considered excessive drinkers. For women, more than four drinks a day or eight a week is considered excessive.

One drink is equivalent to:

- 12 fluid ounces of beer
- 8 ounces of malt liquor
- 5 ounces of wine
- 1.5 ounces of 80-proof spirits



EXERCISING FOR TWO

Regular aerobic exercise throughout pregnancy provides a boost for both mom and baby.

EVEN THE MOST active of pregnant women may find that motivation to exercise can be lacking. However, prenatal exercise has been linked to prevention of gestational diabetes in mothers, as well as prevention of excessively high birth weight in babies.

"For the average expectant mother, we recommend about 150 minutes of exercise, spread out over a week—something like 20 to 30 minutes a day, five to seven days weekly," says **Josine Veca, D.O.**, obstetrician-gynecologist at New York Methodist Hospital. "For women who are new to exercise, we recommend building gradually from 15 minutes a day. Walking is a terrific option for those just starting out."

Dr. Veca cautions all expectant moms—particularly those who have cardiac or lung conditions—to speak with their doctors before beginning an exercise regimen.

MORE BENEFITS FOR MOM

Advantages of exercising during pregnancy include:

- + **More energy**—This is particularly beneficial if pregnancy has left the expectant mom feeling drained or lethargic, a common occurrence in the first trimester.
- + **Improved circulation**—Better blood flow may help prevent a host of problems for some moms, including varicose veins, ankle swelling, constipation and hemorrhoids.
- + **Better sleep**—Getting exercise throughout the day will help promote a good night's rest.
- + **Reduced mood swings**—Endorphins produced during exercise help expectant moms feel better overall and

provide a sense of control in a time when things are changing quickly.

WORKOUTS FOR MOTHERS-TO-BE

Both swimming and water aerobics are excellent options for prenatal exercise, particularly for women who are experiencing trouble with their joints, as water exercise can ease aches and pains. "Ligaments relax during pregnancy due to hormonal changes, putting women at risk for joint problems and injury," Dr. Veca says. "Swimming is a nonweight-bearing exercise, which reduces impact on the joints."

While some expectant mothers may find the seats a bit uncomfortable, for many women, spin classes or other indoor cycling options are a great way to get their heart rates up. Find a class with a good instructor and an upbeat soundtrack, and the workout will be over in no time.

"Aerobic activity during pregnancy promotes overall health and can motivate women to undertake a healthier lifestyle in general," Dr. Veca says. "In addition to aerobic activities, pregnant women may also consider light strength training. Of course, women should consult with their doctors before starting."

While yoga is an appealing option for many, it comes with its own challenges.

"Certain yoga poses can cause a drop in blood pressure," Dr. Veca says. "While it is certainly beneficial, expectant mothers should ensure that their class is a *prenatal* yoga class, with the positions modified for their benefit."



Q&A

A Passion for Problem Solving



SEBRON HARRISON, M.D.

SEBRON HARRISON, M.D., CHIEF OF THORACIC SURGERY AT NEW YORK METHODIST HOSPITAL, IS PASSIONATE ABOUT DIAGNOSING HIS PATIENTS' HEALTH ISSUES AND HEALING THEM.

- | | | | |
|---|---|---|--|
| Q | What motivated you to become a doctor? | A | I enjoy the opportunity to talk with patients about treatment options. Following each patient from initial consultation to the operating room, if necessary, to postoperative recovery is the best part of the job. |
| A | Medicine was not always on my radar. I thought I wanted to be an engineer, so I majored in biomedical engineering at Mississippi State University. But I found that I was more interested in the biology component of my studies and applying engineering formulas to the human body. After receiving my undergraduate degree, I pursued medicine and surgery, which present problem-solving challenges similar to those you encounter as an engineer. | Q | What do you enjoy most about Brooklyn? |
| Q | Why did thoracic surgery appeal to you? | A | I like the salt-of-the-earth type of people I encounter in Brooklyn—very good and decent people who wear their hearts on their sleeves. |
| A | During general surgery training, we get to concentrate on different subspecialties. I did a rotation with an exceptionally talented, world-famous thoracic surgeon. And I had the whole epiphany, road-to-Damascus type of experience. I witnessed surgery performed on patients with deadly diseases, but if certain conditions were found early enough, outcomes could be positive. I was immediately drawn to the field and intrigued by the wide variety of procedures to manage diseases in the chest. | Q | What do you like doing when you're not working? |
| Q | What area of thoracic surgery interests you most? | A | I enjoy spending time outside and exploring the city. The NYC bug has bitten me. I think it's the greatest city in the world. I love going to all of the athletic events, museums and restaurants. |
| A | I was always interested in cancer, and thoracic surgeons treat a wide range of cancers, so I am always encountering something new. But we also treat noncancerous conditions like acid reflux and hiatal hernias. I like the variety. | Q | What is one thing that you would change about yourself? |
| Q | What is the most rewarding aspect of working at NYM? | A | Sometimes I get too emotionally invested. Every medical professional working with cancer has to find that balance of caring about their patients while also not dying a little on the inside when an outcome you are hoping for doesn't occur. |
| | | Q | What is something that you do not want to change about yourself? |
| | | A | I would never want to see my patients strictly as patients. They are human beings facing medical challenges. They have families, friends and workplaces that rely on them. |

Lung Cancer: Are You At Risk?

AS A THORACIC SURGEON, SEBRON HARRISON, M.D., WORKS WITH A MULTIDISCIPLINARY TEAM TO IDENTIFY AND TREAT LUNG CANCER DURING ITS EARLIEST STAGES. TEST YOUR KNOWLEDGE ABOUT THIS CRITICAL CONDITION.

1

Which of the following symptoms are warning signs of lung cancer?

- a. Coughing up blood
- b. Hoarseness
- c. Chest pain
- d. All of the above

Answer: d. Lung cancer typically causes symptoms during later stages, but individuals with early stages of the disease may notice warning signs. To screen for cancer at an early stage, when treatment may lead to better outcomes, talk with your doctor about your risk factors and screening options.

“Because lung cancer is so deadly, patients should never wait for warning signs. Instead, at-risk individuals should be thinking about lung health at every stage of the game,” Dr. Harrison says. “Unfortunately, about 40 percent of patients are not diagnosed until the cancer is already stage IV, and at that late stage, fewer treatment options will be effective.”

2

What is the leading cause of lung cancer?

- a. Asbestos exposure
- b. Family history
- c. Secondhand smoke
- d. Smoking

Answer: d. According to the American Lung Association, active smoking causes nearly 90 percent of lung cancers. But the likelihood of the disease may also be increased by factors like family history and exposure to harmful chemicals in the air.

3

What is usually the first treatment for early lung cancer?

- a. Chemotherapy
- b. Radiation
- c. Surgery
- d. All of the above

Answer: c. Surgical resection is typically the first line of defense against early lung cancer. Once the disease has progressed, doctors may recommend chemotherapy, radiation and additional surgery.

4

Fact or fiction: If you have a clear chest x-ray, you don't need to be concerned about lung cancer.

Answer: Fiction. Other tests may be needed to identify lung cancer during various stages of the disease.

“Multiple studies have shown that a chest x-ray is not an appropriate screening method,” Dr. Harrison says. “A high-risk person should also have a computed tomography scan of the chest.”

5

True or false: If you've never smoked, there's no chance that you will develop lung cancer.

Answer: False. “Roughly 15 percent of all patients diagnosed with lung cancer have never smoked and have no other identifiable risk factors,” Dr. Harrison says. “If you experience symptoms, it is never too early to see a doctor and discuss risks and options for diagnosis.”

New York Methodist Hospital offers free lung cancer screenings through the Fred L. Mazzeilli Lung Cancer Screening Program. The Program is designed for people between the ages of 55 and 74 who smoke or have smoked in the past and have a history of 30 pack years. This is equivalent to smoking one pack daily for 30 years, two packs a day for 15 years, three packs a day for ten years, etc. These people are at the highest risk for developing lung cancer. Call **718.780.LUNG** to learn more about the Program.

ON THE GO WITH LITTLE TIME TO SPARE? TAKE FIVE MINUTES TO ABSORB THESE FIVE DIGEST VERSIONS OF *thrive's* FEATURED ARTICLES FROM THIS ISSUE.



1

1

OVARIAN CANCER

Ovarian cancer, which occurs in about one in 70 women, is often without symptoms until the later stages of the disease. Even when symptoms appear, they may mimic those of gastrointestinal issues or menopause.

The cause of ovarian cancer is unknown, but risk factors include being post-menopausal, genetic mutations, and a family or personal history of breast or ovarian cancer.

Transvaginal ultrasound and CA-125 testing are recommended screenings for women who have a high risk for the disease.

Removal of the ovaries and chemotherapy are used to treat ovarian cancer. *Learn more on page 10.*



2

2

EXTRAORDINARY MEASURES

When patient Robert Espinoza—a man in his 30s—experienced a sudden, major heart attack and didn't respond to CPR, his heart began to fail. He was taken to New York Methodist Hospital, where his life was saved by an advanced protocol called extracorporeal membrane oxygenation (ECMO). ECMO pumps blood out of the patient's body into a sophisticated machine that adds oxygen to the blood before pumping it back into the patient to support brain tissue and other vital organs until the cause of the cardiac arrest can be identified and treated.

Recent advances have enabled hospitals with highly trained ECMO medical teams to use ECMO to save patients like Robert who have experienced a massive heart attack. *Read Robert's story on page 13.*



3

3

PARENTING PICKY EATERS

Picky eating is common among children—especially toddlers, who are at a stage where they are beginning to develop and express opinions. Parents can help expand their children's palates by being patient, eating a wide variety of healthy foods themselves, letting their children help with meal preparation and exposing their children to other kids who are not picky eaters.

Avoid making special meals for picky eaters, forcing children to eat or giving rewards for eating.

Opt for fruit-based desserts without added sugar and serve small portions to help children understand that desserts are okay in moderation. *Discover more positive ways to influence a picky eater on page 16.*



5

5

DIGESTIVE DISTRESS

Three common conditions that cause digestive discomfort are heartburn, constipation and diarrhea.

Heartburn occurs when stomach acid moves back into the esophagus. Extreme heartburn, or GERD [gastroesophageal reflux], can be treated with medication or a minimally invasive surgery if drugs are ineffective.

Constipation can be caused or made worse by other factors, including diabetes or changes in daily routine. It can often be relieved by eating more foods that are rich in fiber.

Diarrhea is often experienced due to an infection. Symptoms typically resolve on their own within a week. For diarrhea lasting longer than two weeks, it's important to consult a doctor to screen for more serious problems that may benefit from treatment. *Read more on page 18.*

SENIORS & ALLERGIES

Seniors are susceptible to oral allergy syndrome (OAS), or pollen-food syndrome, a condition resulting from a cross-reaction between pollen and fruits and vegetables.

Symptoms include hives, nausea, and an itchy or swollen mouth, throat, tongue or lips.

OAS can be managed with allergy shots or medicine, and by avoiding the food allergens.

Other allergic reactions in seniors can be triggered by environmental and seasonal allergens, as well as medications.

Over-the-counter allergy drugs can provide relief, but it is vital to discuss options with a doctor, as some treatments have adverse effects like memory loss, weakness or confusion. *Turn to page 24 for more.*

COMMUNITY FORUM

Do you have a comment or question about an article you read in *thrive*? Send us an email at AskThrive@nym.org, and let us know if we can print your name and submission.

SKIPPING PERIODS

IN THE ARTICLE "CONTRACEPTION: A GUIDE TO THE LATEST OPTIONS," IN THE SPRING/SUMMER 2016 EDITION OF *THRIVE*, YOU DISCUSS MANY DIFFERENT TYPES OF CONTRACEPTION. I HAVE FRIENDS WHO USE THEIR BIRTH CONTROL PILL CONTINUOUSLY SO THEY DO NOT MENSTRUATE AT ALL. IS THIS SAFE? IT SEEMS UNNATURAL TO SKIP YOUR PERIOD EVERY MONTH, BUT I LOVE THE IDEA OF NOT HAVING A PERIOD.

TAYLOR L.

Thanks for writing, Taylor. It is safe to go for months or even years without a period while using birth control. The idea that the uterus needs to be cleaned out monthly is a myth. The only reason you would need to have a period is if you were planning on getting pregnant, as a period is part of the way the body prepares for pregnancy. If you would prefer to skip your periods altogether, talk with your doctor about any changes you need to make in your medication.

To skip your period on the pill, you need to take the medication continuously—instead of taking placebo pills and having a period, you go straight to the first pill in a new pack. Some pills are marketed specifically for skipping periods, but any monophasic birth control method can be used to skip periods. Monophasic pills and rings use the same mix of active hormones each week while multiphasic methods use different hormones from week to week. Be sure to discuss it with your doctor before changing the way you take your birth control.

—**Sanford Lederman, M.D.**,
Chairman of Obstetrics/Gynecology
at New York Methodist Hospital

A WOMAN'S HEART

THANK YOU FOR INCLUDING INFORMATION IN THE SPRING/SUMMER 2016 ISSUE OF *THRIVE* ABOUT WOMEN'S HEART ATTACK SYMPTOMS ["ABOUT ANGINA," PAGE 12]. I HAD A HEART ATTACK AT AGE 65 AND HAD NO CHEST PAIN. I FELT SICK AND EXHAUSTED, ALMOST LIKE I HAD THE FLU, AND MY JAW WAS STIFF AND ACHY. I ALSO HAD TROUBLE CATCHING MY BREATH. WHEN I CALLED A FRIEND TO CANCEL PLANS BECAUSE OF HOW I WAS FEELING, I WAS SHOCKED WHEN SHE TOLD ME I SHOULD CALL 911.

THANKS TO HER KNOWLEDGE, I GOT HELP AND TREATMENT QUICKLY FOR MY HEART ATTACK. EVERY WOMAN SHOULD KNOW THE WIDE RANGE OF SYMPTOMS THAT CAN OCCUR AND NEVER IGNORE ANY PROBLEM THAT COULD BE A HEART ATTACK.

JUNE H.

MAKING SAFE CHANGES

IN THE SPRING/SUMMER 2016 ISSUE OF *THRIVE*, THERE WAS A HELPFUL ARTICLE ABOUT CREATING A FALL-SAFE SPACE AT HOME ["MAINTAINING BALANCE," PAGE 24]. THANK YOU FOR INCLUDING THESE TIPS. MY 80-YEAR-OLD MOTHER, WHO HAS LIVED ALONE SINCE MY FATHER PASSED AWAY, HAS HAD A COUPLE OF FALLS THAT COULD HAVE ENDED BADLY. THE CHECKLIST INCLUDED IN THE ARTICLE WAS A GREAT STARTING POINT TO HELP HER ADAPT TO HER ENVIRONMENT, INCLUDING ADDING NIGHT-LIGHTS AND MAKING SURE SHE WEARS SHOES AROUND THE HOUSE.

ANDI R.

New York Methodist Hospital Community Engagement

August, September, October, November 2016

NEW YORK
METHODIST HOSPITAL
NYM

506 Sixth Street / Brooklyn, NY / 11215-3609

SUPPORT GROUPS ON THE NYM CAMPUS

Alzheimer's Disease Wellness Support Group*

For patients with cognitive deficits/memory loss and their caregivers.

*Fri., Aug. 26, Sept. 30, Oct. 28,
Nov. 18, 1 p.m.–3 p.m.*
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
To register (required),
call 718.246.8590.

Alzheimer's Disease Care 4 Caretakers*

For caretakers of patients experiencing cognitive deficits/memory loss.

*Mon., Sept. 12, Oct. 10, Nov. 14,
5 p.m.–7 p.m.*
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
To register (required),
call 718.246.8590.

*Sponsored by the *The Carolyne
E. Czap and Eugene A. Czap
Alzheimer's Program.*

Bereavement Support Group

For individuals who have lost a spouse or other close adult loved one within the past year. Led by a non-sectarian chaplain.

Wednesdays, 6:15 p.m.–7:30 p.m.
8 sessions beginning October 19
For more information and
to preregister (required),
call 718.780.3396.

Brain Aneurysm Support Group

For individuals and families who wish to gain awareness about brain aneurysms. Led by a neurosurgeon.

Sat., Oct. 1, 9 a.m.–11 a.m.
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
For additional information,
call 718.246.8610.

Breastfeeding Support Group

For mothers and their babies from birth to three months old.

Every Tuesday, 2:30 p.m.–3:30 p.m.
Wesley House Room 3K-C,
501 Sixth Street
For more information,
call 718.780.5078.

Caregivers Support Group

For family members and friends caring for an older adult. Led by a licensed social worker.

*Wed., Sept. 14, Oct. 26, Nov. 9
3 p.m.–5 p.m.*
Wesley House Room 6A/6B,
501 Sixth Street
To register, call 718.780.5367.

Diabetes Support Group

For individuals who are living with diabetes. Led by a diabetes educator.

*Meets the last Thursday of every
month, 5 p.m.–6 p.m.*
Buckley Pavilion Room 820,
506 Sixth Street
For additional information
and to register, call
718.246.8603.

Look Good ... Feel Better®

For women with cancer. These sessions will help women to feel beautiful inside and out.

*Thurs., Sept. 15, Nov. 17
2 p.m.–4 p.m.*
Wesley House Room 6A,
501 Sixth Street
To register (required),
call 718.780.3593.

Mind/Body Methods for Managing MS Stress

For anyone with an MS diagnosis.

*Sept. 13, Oct. 11, Nov. 8
7 p.m.–8:30 p.m.*
Buckley Pavilion Room 820,
506 Sixth Street
To register (required), call
1.800.344.4867 or visit
msnyc.org.

SUPPORT GROUPS

Parkinson's Disease Support Group

For individuals with Parkinson's disease. Led by NYM's Parkinson's disease coordinator.

*Wed., Aug. 17; Thurs., Sept. 29;
Wednesday, Oct. 19; Thurs.,
Nov. 17, 3 p.m.–5 p.m.*
For location and to
register (required), call
646.704.1792.

Parkinson's Disease Caregivers Support Group

For people caring for loved ones with Parkinson's disease. Group meets monthly.

For more information,
location and to register
(required), call 646.704.1792.

Parkinson's Disease Wellness and Exercise Classes

For individuals with Parkinson's disease.

*Dance: Meets twice monthly
Yoga: Meets twice monthly*
Wesley House Room 6B,
501 Sixth Street
For location, dates, times
and to register (required),
call 646.704.1792.

Pulmonary Hypertension Support Group

For those who wish to learn about the disease and meet others managing it.

Mon., Sept. 12, Nov. 7, 5 p.m.–7 p.m.
Wesley House Room 7A,
501 Sixth Street
To register (required),
call 718.780.5614.

Surgical Weight Reduction Seminar/Support Group

For pre- and post-operative patients. Led by a bariatric surgeon.

*Thurs., Aug. 25, Sept. 22, Oct. 27,
Nov. 17, 6 p.m.–8 p.m.*
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
For more information, call
718.780.3288.

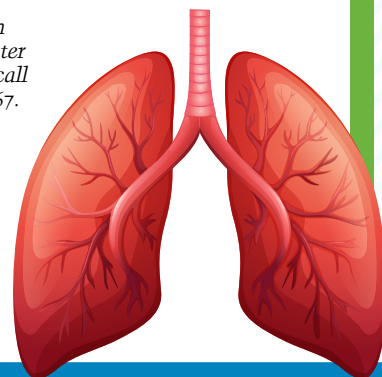
Please call the Department
of Public Affairs at
718.780.5367 for updates
to this calendar.

FRED L. MAZZILLI LUNG CANCER SCREENING AWARENESS DAY

*Free blood pressure and spirometry
screenings, giveaways, celebrity
appearances, and educational lecture.
Light refreshments will be served.*

Thurs., Nov. 3, 11 a.m.–2:30 p.m.
Carrington Pavilion Atrium
506 Sixth Street

For more
information
and to register
(required), call
718.780.5367.



COMMUNITY EVENTS

Senior Health Seminars

Join NYM's physicians as they lecture about topics of interest to older adults.
*Wed., Sept. 21, Oct. 26, Nov. 16
2:30 p.m.–3:30 p.m.*
Brooklyn College Student Center
East 27th and Campus Road
Call 718.501.6092 to register (required).

Bone Marrow Donor Registration Day

Be the match! Sign-up to become a bone marrow donor at NYM's marrow donor registry drive sponsored by the New York Blood Center.
Tues., Sept. 27, 11 a.m.–3 p.m.
Carrington Pavilion Atrium
506 Sixth Street
Call 718.780.5367 for more information.

World Diabetes Day

Free blood pressure, dental and podiatry screenings. Diabetes educators, pharmacists and registered dietitians will be available to answer questions.
Tues., Nov. 15, 11 a.m.–2 p.m.
Carrington Pavilion Atrium
506 Sixth Street
Call 718.780.5367 for more information.

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