thrive

FALL 2017

5 REASONS TO STOP SMOKING NOW

A SERENDIPITOUS SIGN

IS IT AN EMERGENCY?

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THE CARE WE PROVIDE.
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NewYork-Presbyterian
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NewYork-Presbyterian
Brooklyn Methodist Hospital

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THRIVE	FALL 2017
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DON'T LIVE
WITH DRY MOUTH
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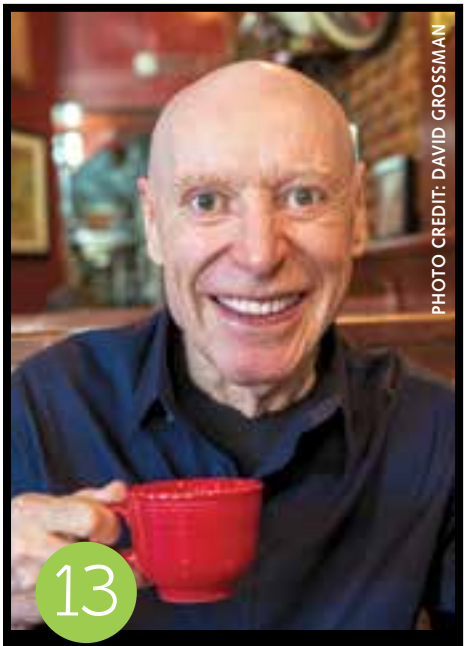

PHOTO CREDIT: DAVID GROSSMAN

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Viewpoint

AS A TEACHING HOSPITAL, NYP BROOKLYN METHODIST IS ABLE TO MAKE AN IMPORTANT CONTRIBUTION TO SOCIETY; THE DOCTORS WE TRAIN WILL BRING THEIR MEDICAL EXPERTISE TO THE NEIGHBORHOODS OF BROOKLYN, THE COMMUNITIES OF NEW YORK, AND TOWNS AND CITIES THROUGHOUT THE NATION.

If you're like me, it doesn't matter how old you get—the fall season always feels like "back to school" time. Although my days of attending classes may be in the past, I'm lucky that, throughout my career, I've been able to stay connected with education through affiliation with academic medical centers.

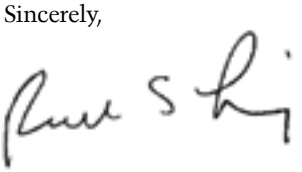
NewYork-Presbyterian Brooklyn Methodist Hospital has been a teaching hospital since its founding over 135 years ago. In fact, the first president of our medical staff, Lewis S. Pilcher, M.D., was a pioneering surgeon of his day and the founding editor of *Annals of Surgery*, still the preeminent journal in its field.

Although this message will reach you in the autumn months, I am writing it in July. A new class of resident physicians—recent medical school graduates—has just joined us. Under the supervision of our attending physicians, they will care for thousands of patients during the next few years, until they graduate from their residency programs and begin careers as highly trained physicians. We are extremely proud of the fact that we currently have over 250 residents, representing nine medical specialties, and about 50 clinical fellows, representing seven advanced subspecialties, who are working with and learning from our attending medical staff.

As a teaching hospital, NYP Brooklyn Methodist is able to make an important contribution to society; the doctors we train will bring their medical expertise to the neighborhoods of Brooklyn, the communities of New York, and towns and cities throughout the nation. Our research and teaching program also provides advantages to us as an institution: the connection with Weill Cornell Medical College has given us the opportunity to add more attending physicians with clinical teaching appointments at the College to our excellent medical staff, and this, in turn, means that we can attract excellent new graduates who are eager to care for patients under their direction.

Most important, though, are the benefits that accrue to our patients. Because of our robust graduate medical education programs, our doctors are able to offer patients the most advanced techniques and treatments—including access to clinical trials. Putting patients first means ensuring that we are able to offer patients the very best options for care—and our status as a teaching hospital makes that possible.

Sincerely,



Richard S. Liebowitz, M.D.
President

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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.

KEEP YOUR **HEAD IN THE GAME**

Autumn is prime time for activities like soccer and hiking, but these sports may increase the likelihood of falls and traumatic brain injuries (TBIs). While a bump on the head may be tempting to shrug off, signs of a concussion, such as persistent headache, nausea or ringing in the ears, warrant a visit to a doctor.

"Prevention is the most effective way to minimize trauma due to sports or activities," says **Bashar Fahoum, M.D.**, director of trauma surgery with NewYork-Presbyterian Brooklyn Methodist Hospital. "I recommend wearing a helmet and using safety equipment at all times when biking or playing contact sports, and using a trekking pole or hiking staff when exploring uneven terrain."

WHAT'S SUGAR **HAVE TO DO WITH IT?**

Sugar is an ingredient in many food products, from breakfast cereal and yogurt to condiments like ketchup and salad dressing. If processed sugars and foods with naturally occurring high carbohydrate counts (such as potatoes, rice, pasta and bread) that break down into simple sugars during digestion comprise a significant part of a daily diet, the risk for obesity and related health conditions—including type 2 diabetes and heart disease—increases.

"The issue isn't that people eat sugars or carbohydrates every day but that they eat large portions of them," says **Todd Simon, M.D.**, chief academic officer and vice chair of medicine at NYP Brooklyn Methodist. "I recommend enjoying sweets only as an occasional treat and limiting carbohydrates to 45 to 65 percent of the calories consumed daily."

For a daily diet of 1,200 calories, Dr. Simon's recommendation is between 135 and 195 grams of carbohydrates per day. For a 1,500 calorie-per-day diet, the doctor suggests 169 to 244 grams of carbohydrates daily, and for a 2,000 calorie-per-day diet, he recommends 225 to 325 grams each day.

A NAIL **BITER**

It may seem like an innocent habit, but nail biting can have health consequences. Nails can harbor microscopic germs, so bringing them into contact with the mouth can contribute to the spread of infection. Biting nails can also lead to pain, misshapen nails or chipped tooth enamel.

Although people of all ages bite their nails, nearly half of adolescents do so.

"In most instances, nail biting during the teen years is a response to anxiety," says **Susan Gottlieb, M.D.**, developmental-behavioral pediatrics doctor at NYP Brooklyn Methodist.

To encourage teenagers to relieve nervous energy in a healthier way, suggest a distraction technique like squeezing a stress ball when they have an urge to bite their nails. Keeping nails trimmed short and coating them with a bitter-tasting nail polish—available at many drugstores—can also help.

BY THE NUMBERS

30%

PERCENTAGE OF **INJURY DEATHS CAUSED** BY **TBI**

82g

APPROXIMATE **GRAMS OF CARBOHYDRATES** FROM **ADDED SUGAR** THAT THE AVERAGE AMERICAN **CONSUMES DAILY**

45%

ESTIMATED PERCENTAGE OF **TEENAGERS WHO BITE THEIR NAILS**

THE HIGHER *the Heels*

High heels were once a footwear trend for men in the 16th century but have since become a staple in women's closets. While the fashion world says the higher the heels the better, the medical world takes a different stance.

"The higher the heel, the more pressure and strain are put on the body," says **Ronald Soave, D.P.M.**, chief of podiatry and director of the podiatry residency program at NewYork-Presbyterian Brooklyn Methodist Hospital. "Women who frequently wear high heels often experience pain or other problems in the feet, ankles, calves and back."

To avoid such complications, Dr. Soave recommends wearing heels infrequently, stretching the calf muscles before putting on heels, and placing an insole cushion inside the shoes so that the ball of the foot touches a soft surface. He also recommends choosing wedges or thicker high heels to promote better balance and avoid falls.

The American Heart Association/American Stroke Association recognizes this hospital for achieving 85% or higher compliance with all Get With The Guidelines®-Stroke Achievement Measures and 75% or higher compliance with five or more Get With The Guidelines®-Stroke Quality Measures for two or more consecutive years and achieving Thrombolytic Therapy ≤ 60 minutes 75% and ≤ 45 minutes 50% or more of applicable acute ischemic stroke patients to improve quality of patient care and outcomes.

GET WITH THE GUIDELINES

"Get With the Guidelines is about patient-centered care throughout the course of the illness, which depending on the situation, may be the duration of the patient's life," says **Steven Silber, D.O.**, chief medical officer and chief quality officer at NYP Brooklyn Methodist. "Prior to discharge from the Hospital, each heart disease and stroke patient is informed about how to prevent future heart attacks or strokes, and the patient's primary care doctors are kept abreast of the patient's care and progress. These and other measures help ensure that patients receive the best ongoing care possible."

NYP Brooklyn Methodist staff members continue to meet and exceed these objectives for patients, earning not only the Stroke Gold Plus Performance Achievement Award but also the Target: Stroke Honor Roll Elite Plus recognition, both signifying the Hospital's commitment to provide the highest standard of stroke care.

Kangaroo Care FOR FULL-TERM BABIES

Skin-to-skin contact between a parent and infant after birth is known as kangaroo care. The diapered baby is held on the parent's bare chest, with a blanket, elastic cloth tube or the parent's clothing covering the child. This practice is commonly used for premature infants, but full-term babies can benefit, too.

"Kangaroo care helps new moms bond with their babies and it can facilitate breastfeeding," says **Roseanne Seminara, C.N.M.**, midwife at NYP Brooklyn Methodist. "The practice also helps newborn infants maintain body temperature. If the mother is unable to participate in kangaroo care at the time of birth, another family member is often asked to hold the baby."

Through kangaroo care, parents can provide their babies with a relaxed and peaceful environment. Some research suggests the practice may also boost brain development and confidence later in life.

Understanding UTIs

A urinary tract infection, also known as a UTI, is a condition that sends more than eight million people to the doctor annually.

DO's and DON'Ts

TO PREVENT A UTI:

DO urinate after sexual intercourse. "Both men and women should take this preventive step," Dr. Yanke says. "Doing so flushes bacteria from the urinary tract."

DON'T neglect hygiene. Wiping front to back may keep bacteria from traveling to the urethra.

TO HELP CURE A UTI:

DO drink lots of water or other fluids. Drinking helps flush toxins and bacteria from your system.

DON'T stop treatment just because symptoms improve. If your doctor prescribes antibiotics for a UTI, it's important to finish the complete dose.

"Antibiotics kill most of the bacteria after a few days, which is why you start to feel better," Dr. Yanke says. "But the remaining bacteria keeps growing, so if treatment stops at this point, the infection could recur."

WHILE THE BLADDER and urethra (canal that carries urine from the bladder out of the body) are the most common sites of a UTI, the kidneys (internal organs that filter urine) and ureters (ducts that funnel urine from the kidneys to the bladder), are also susceptible.

UTIs can be caused by fungi or bacteria, but most occur when E. coli bacteria from the digestive tract enters the urinary tract. Sexual intercourse is also a factor, as sex can introduce bacteria into the ureter.

Some health conditions can increase the risk for UTIs. These include constipation, kidney stones, dehydration and diabetes. Women have a greater than 50 percent lifetime chance of developing a UTI, due largely to female anatomy.

"Women do not have a prostate, which acts as a kind of barrier against UTIs in men, and women have a shorter urethra, so it's a quicker pathway for the bacteria to travel," says **Brent Yanke, M.D.**, attending physician in urology at NewYork-Presbyterian Brooklyn Methodist Hospital, "Bacteria can more easily move from a woman's urethra to her bladder to cause an infection."

Symptoms like abdominal pain, a frequent urge to urinate, foul-smelling urine, cloudy or reddish-color urine, and burning or tingling during urination can signal a UTI.

"Untreated bladder infections can lead to kidney infections, which are more serious, so seek treatment if you suspect you have a UTI," Dr. Yanke says. "Your doctor can diagnose the condition through urinalysis and prescribe oral antibiotics that typically clear up the infection within three to 14 days."

SOLUTIONS FOR CHRONIC PAIN

It may seem like the best way to manage chronic pain is through prescription medications. However, prescriptions of opioid-based pain medications, such as hydrocodone, hydromorphone, morphine, fentanyl and codeine blended with acetaminophen, are some of the most common causes of drug addiction.

DUE TO THE RISK of addiction, opioid-based pharmaceuticals are usually not an ideal first line of treatment, except for patients with serious conditions or those who have undergone major surgeries. When an opioid medication is prescribed, it is recommended that the patient take the drug only as directed and talk with the doctor about any dependency concerns.

Opioids become less effective as a patient's body grows accustomed to the dosage. This may cause patients to use more of the medication than is prescribed to achieve the same relief over time—a misstep that further increases the risk of drug addiction or overdose.

"The United States is in the middle of an opioid overdose epidemic," says **Soheila Jafari, M.D.**, chief of the division of pain management at NewYork-Presbyterian Brooklyn Methodist Hospital. "Opioid overdose is the number one cause of accidental death in the U.S."

In fact, opioid overdose in the U.S. caused more than 33,000 deaths in 2015, and nearly half of those deaths involved prescription medication. Such statistics underscore the need to address chronic pain in a different way whenever possible.

WHEN IS PAIN CHRONIC?

"It used to be common practice to consider pain chronic when it lasted for more than three to six months," Dr. Jafari says. "Today, chronic pain is diagnosed more on a case-by-case basis, usually when it lasts longer than a certain amount of time depending on the cause of the pain."

Chronic pain can be caused by an ongoing medical condition like arthritis, multiple sclerosis, spinal stenosis, cancer or diabetes. It can also occur as a result of an injury or a surgery.

Chronic pain can occur in any part of the body, but headaches, joint pain, back pain, cancer pain caused by tumors pressing against nerves, organs or bones, benign (noncancerous) tumor pain and neuropathic pain (associated with the nervous system) are some of the most common complaints. No matter what the origin of chronic pain, people who have it all share the same goal—to find relief.

RELIEF IN MANY FORMS

The cause of chronic pain drives the treatment recommendation.

"For instance, in the case of chronic joint pain, doctors might prescribe drugs that carry no risk for addiction—such as topical medications or anti-inflammatory medications—in conjunction with a non-pharmaceutical recommendation like losing weight," says Dr. Jafari. "For chronic pain due to neurologic conditions like cerebral palsy or multiple sclerosis, doctors might prescribe physical therapy paired with muscle relaxants, which are less likely to be addictive than opioid-based drugs when taken as directed."

THE FOLLOWING PHARMACEUTICAL OPTIONS OUTLINE SOME OF THE MEDICATIONS THAT DOCTORS MAY PRESCRIBE TO ALLEVIATE CHRONIC PAIN.

MUSCLE RELAXANTS

like cyclobenzaprine and methocarbamol operate within the brain and spinal cord to help alleviate the feeling of pain rather than directly affecting the muscle.

TOPICAL MEDICATIONS

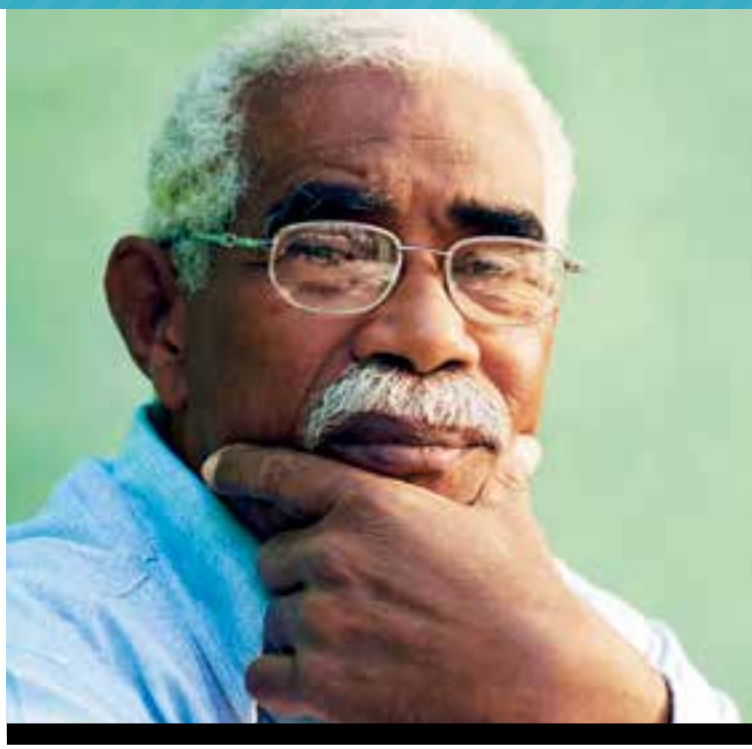
often prescribed as transdermal patches, gels or creams, can be applied on the skin at the source of the pain and may provide an option for people with chronic pain from muscle spasms. The skin absorbs active ingredients like capsaicin, salicylates, lidocaine and diclofenac, which distract nerves from chronic pain intensity.

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)

like ibuprofen and naproxen (over the counter) and celecoxib or indomethacin (prescription) are designed to reduce swelling to relieve pain. These options are often prescribed for rheumatoid arthritis and osteoarthritis.

INJECTIONS

deliver medication directly to a problem area through a small needle. Trigger point injections, for example, target painful knots in muscle tissue while a series of epidural steroid injections is often used to provide temporary relief—up to a year for some patients—in some cases of neck, back or leg pain.



MINIMIZING OPIOID MEDICATION ADDICTION RISKS

When a patient's chronic pain level warrants the prescription of opioid-based medications, doctors generally follow federal and state guidelines like those listed below to minimize the risk of addiction:

- Using the lowest effective dose of immediate-release opioids for the shortest possible time [Centers for Disease Control and Prevention (CDC)]
- Conducting quarterly evaluations of patients to check for dose escalation (CDC)
- Continually moving toward reducing or discontinuing the drug (CDC)
- Using an electronic prescription system that can readily identify when, where and to whom opioid-based prescriptions are written and filled (New York State law).

NON-PHARMACEUTICAL RECOMMENDATIONS TO ALLEVIATE CHRONIC PAIN TYPICALLY INCLUDE THESE OPTIONS:

WEIGHT LOSS

is often one of the most effective non-medication solutions to improve chronic pain.

"While many treatments only manage pain, in certain cases weight loss has the potential to reduce the pain significantly," Dr. Jafari says.

Weight loss reduces the amount of pressure felt in the joints and muscles of the knees and back, which are often sources of chronic pain. It can also reduce the risk of inflammation, which often causes pain due to the effect that swollen tissues have on nerves. Additionally, weight loss is often recommended to help manage type 2 diabetes, which can cause diabetic neuropathy—a type of chronic pain triggered by nerve cell damage resulting from high glucose levels in the body.

FLEXIBILITY EXERCISES

like stretching, yoga and tai chi are also believed to help reduce chronic pain by alleviating stress sometimes associated with recurring headaches and by strengthening muscles that can help better support painful joints.

ELECTROCONVULSIVE THERAPY

uses carefully placed electric shocks to cause neurochemical and neurophysiological effects in the body that help alleviate pain in some patients.

AQUA THERAPY

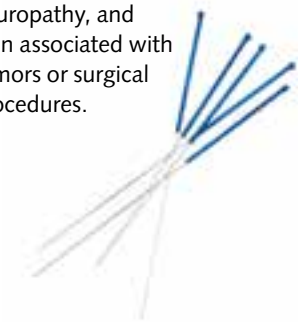
or water exercise can help build muscle strength without impacting painful joints.

TAI CHI

"Tai chi is an excellent example of what we call 'moving medication,'" says Dr. Jafari. "It's recommended by many pain specialists."

ACUPUNCTURE

which works by placing hair-thin needles into the body at prescribed points, is designed to ease chronic pain by affecting neurotransmitters that send pain signals back and forth within the body. This therapy works for some people, helping to alleviate chronic pain caused by headaches, muscle spasms, faulty joints, diabetic neuropathy, and pain associated with tumors or surgical procedures.



PHYSICAL THERAPY (PT)

programs can help patients improve strength and flexibility in muscles and joints associated with post-injury pain, joint pain or surgical pain. Physical therapists can also help teach patients proper body mechanics—how to sit, stand or complete tasks in a way that lessens pain.

SURGERY

When other measures fail, surgery may offer a solution in some instances of chronic pain. For example, decompression surgery may help alleviate nerve pain, while osteotomy (a procedure to repair bone) and arthroscopy (minimally invasive procedure to see inside the joint to diagnose and potentially repair problems) may help chronic joint pain. Surgery to remove a cancerous or benign growth may alleviate pain that is being caused by a tumor pressing against bone or an internal organ. Various surgical spine procedures and joint replacement procedures eliminate chronic pain in some patients.

"I recommend that anyone who lives with chronic pain consult with their doctor to determine the best treatment options for the underlying cause of their pain," says Dr. Jafari. "A treatment plan involving several options can help manage pain in a way that greatly improves quality of life while diminishing the risk of treatment-related drug addiction."

RESTORING BALANCE:

A GUIDE TO MANAGING PCOS

As Kerry put the finishing touches on her makeup, she tried once more to cover a large blemish on her cheek. She sighed in frustration and wondered why, at age 29, her skin was suddenly breaking out.

KERRY, A BUSY SALES PROFESSIONAL, assumed that her acne and increasingly irregular periods were probably due to the stress of meeting sales goals and her hectic travel schedule. But after a visit to her obstetrician/gynecologist, she learned that her symptoms actually stemmed from a medical condition called polycystic ovary syndrome (PCOS).

As many as ten percent of American women have PCOS, a condition that can cause symptoms like acne, weight gain and irregular menstrual cycles. These warning signs may not seem serious, but PCOS can contribute to infertility and can impact a woman's overall health (see "Beyond Reproductive Health").

MYSTERIOUS ORIGINS

The reasons why PCOS occurs are unclear, according to **Michael Lewis, M.D.**, obstetrician/gynecologist and director of minimally invasive gynecologic surgery at NewYork-Presbyterian Brooklyn Methodist Hospital. What doctors do know is that women who develop PCOS have higher-than-normal levels of androgens, often referred to as "male hormones," circulating in their bodies.

These elevated androgen levels are suspected of causing PCOS-related symptoms, which in addition to oily skin, acne and weight gain, can include:

+ Hair growth on areas of the body where women are less likely than men to have hair like the face, chin and chest
+ Male-pattern baldness
+ Menstrual-cycle irregularities, including periods that occur more or less frequently than usual and have a lighter or heavier flow
+ Multiple cysts on one or both ovaries

Of the women who develop the condition, up to 80 percent are also overweight or obese, and many are insulin resistant. PCOS can also have a genetic component. While talking with her mother about her diagnosis, Kerry learned that her mom and aunt also had PCOS.

Women with insulin resistance have higher levels of insulin and glucose circulating in their blood. Elevated insulin levels may trigger the ovaries to produce higher-than-normal amounts of androgens and can also interfere with the way the female body regulates androgens.

THE PCOS DIAGNOSIS

PCOS can develop any time during young adulthood. Many women don't find out they have PCOS until they inquire about symptoms like acne and heavy menstrual cycles or experience fertility issues. Abnormally high levels of androgens coupled with the presence of multiple ovarian cysts can interfere with ovulation, making PCOS the leading cause of female infertility.

To determine whether a woman has PCOS, her doctor may first order tests to rule out other conditions. For example, Kerry's doctor checked the levels of thyroid and thyroid-stimulating hormones in her blood to rule out hypothyroidism, an autoimmune disease that can also cause weight gain, irregular or heavy periods, and infertility. The doctor also performed a physical exam, a blood test to examine the androgen levels in Kerry's blood, and a pelvic exam and ultrasound to check for cysts on her ovaries.

"The exact criteria for a PCOS diagnosis varies," Dr. Lewis says. "In general, however, doctors can make the diagnosis if women have high levels of androgens in their blood, menstrual irregularities and multiple ovarian cysts that are visible on an ultrasound image."

A PERSONAL APPROACH

There is no cure for PCOS, so treatments focus on symptom management. Strategies that doctors may recommend depend largely on the woman's immediate family planning goals and may include taking oral contraceptives to manage menstrual symptoms or fertility drugs like clomiphene to stimulate ovulation. Other medications may be prescribed to manage acne, facial hair growth, scalp hair loss and insulin resistance.

To help regulate blood sugar and insulin levels, doctors may prescribe a medication called metformin, which is commonly used to treat type 2 diabetes. In women with PCOS, metformin also works to improve the likelihood of ovulation, according to Dr. Lewis.

In most cases, weight loss is also recommended. "Even in the 20 percent of women affected by PCOS who are not obese, eating a healthy diet and getting regular exercise is important in managing the condition,"Dr. Lewis says.

Kerry took her doctor's advice and made some lifestyle changes, starting with attending an indoor cycling class three times a week. In addition, she gets up 20 minutes earlier every morning to prepare oatmeal and fruit or a smoothie for breakfast. She also tries to incorporate more fruits and vegetables into each meal. Because she's not ready to start a family, her doctor prescribed birth control pills to help regulate her periods and control her acne.

"The best thing women can do is ask questions when they see their doctor," Dr. Lewis says. "PCOS is more common than most people think, and we can help women manage their symptoms and build their families."

BEYOND REPRODUCTIVE HEALTH

Polycystic ovary syndrome (PCOS) can have health consequences beyond infertility and menstrual-cycle irregularities. It also increases women's risk for:

- Endometrial cancer
- Heart disease
- Pregnancy complications, including preeclampsia and gestational diabetes
- Behavioral health conditions like anxiety and depression
- Sleep apnea
- Type 2 diabetes

"If women have PCOS, they should talk with their doctors about ways to help manage their risk of developing these serious conditions," says Dr. Lewis.

OSTEOMYELITIS:

INFECTION OF THE BONE

Bill had kicked off his shoes to play Frisbee in the park when he stepped on a piece of glass, cutting his foot. Two weeks later, the wound was still painful, not healing well and had begun to ooze a yellowish discharge.

IN ADDITION, BILL developed a fever and chills—common symptoms indicating infection. He called his doctor's office to make an appointment.

The doctor examined the cut on Bill's foot and then ordered a blood test that confirmed an elevated white blood count. Another blood test uncovered inflammation suggestive of osteomyelitis—a bacterial infection in the bone.

Osteomyelitis can occur in one bone or simultaneously in multiple bones. It can result from an infection like a tooth abscess or urinary tract infection that migrates through the bloodstream before settling in the bone. More commonly, it begins near the site of an open wound or compound fracture.

People who smoke and those with chronic illnesses are at higher risk for developing this infection. Disrupted blood flow due to diabetes or peripheral vascular disease can also cause osteomyelitis, usually in the foot. Symptoms vary, depending on how the infection originates, and can include swelling, redness and pain.

FIRST-LINE TREATMENT

After finding inflammation and taking x-rays, Bill's doctor ordered a bone scan and a bone biopsy to confirm the diagnosis and pinpoint the type of bacteria causing the infection.

"Treatments for osteomyelitis include IV [intravenous] or oral antibiotics, depending on the medication and the patient's reaction to it," says **Henry Tischler, M.D.**, chief of orthopedic surgery at NewYork-Presbyterian Brooklyn Methodist Hospital. "In certain cases, the affected area may need to be immobilized to reduce pain and give the wound a better opportunity to heal."

If the wound does not heal following these treatments, hyperbaric oxygen therapy (HBOT) may be used to speed the healing process by increasing the amount of oxygen to the patient's blood and tissues, says **Todd Mundy, M.D.**, wound care specialist and emergency medicine doctor at NYP Brooklyn Methodist.

"Delayed diagnosis and treatment may lead to damaged bone and may necessitate surgery to remove the dead tissue and replace it with bone grafts," Dr. Tischler says. "Delayed treatment may also cause prolonged osteomyelitis, which is often more difficult to treat."

"If you suspect an infection—especially if you have diabetes or peripheral vascular disease—it is important to consult a doctor so that treatment can begin right away," Dr. Tischler says.

Two years ago, an illness with a single, frightening symptom struck Park Slope retiree Thomas Hanks. While the symptom was alarming at the time, it may have been one of the best things that ever happened to him.

A SERENDIPITOUS SIGN

BY JUST ABOUT any measure, 83-year-old Thomas has lived a happy, fulfilling life. A native of Wyoming, he received a master's degree in social work from the University of Chicago. After graduating, Thomas moved to New York where he met his wife, Shelia. The couple, who celebrated their 50th wedding anniversary in 2017, raised a daughter in Brooklyn, where Thomas worked with adult psychiatric patients for nearly 30 years before retiring in 1997.

A sedentary retirement was not in Thomas' plans. He became more involved with his church, started going to a gym, and regularly attended the opera and ballet with Sheila. Life was good, but not without challenges. Thomas had open-heart surgery in 2010, followed by several mini-strokes—or transient ischemic attacks (TIAs)—during which his brain experienced stroke symptoms that resolved on their own without causing brain damage or disability that can be associated with a major stroke.

Doctors prescribed blood thinners to prevent additional TIAs—treatment that played an unexpected role in another health scare when, on a June morning in 2015, Thomas, then 81, woke up vomiting blood.

A COMPOSITE CONDITION

"It was early in the morning when the vomiting started," Thomas says. "Sheila and I were both distressed. She called 911. When the ambulance arrived, the emergency medical services personnel handled everything very well. They administered emergency care, covered me with a blanket and put me on a stretcher."

The ambulance took Thomas to NewYork-Presbyterian Brooklyn Methodist Hospital, where he continued to vomit blood in the emergency department. He was admitted and spent a week in the Hospital while doctors investigated the cause. An endoscopy found a large tumor at the esophagogastric junction, where the esophagus meets the stomach. **Mukul Arya, M.D.**, director of advanced endoscopy at NYP Brooklyn Methodist, took over management of Thomas' case early during his hospital stay.

"Biopsies confirmed that the mass was cancerous," Dr. Arya says. "Esophagogastric cancers are not that common. Typically, we see gastric cancer confined to the stomach or esophageal cancer contained in the esophagus, but esophagogastric cancer is a hybrid. Half of Thomas' tumor was in his stomach and the other half was in his esophagus—which made it tricky to remove."

Thomas was shocked and sobered by the diagnosis, but a computed tomography (CT) scan and an endoscopic ultrasound revealed some positive news: The cancer was still in stage one, and it did not appear to have spread beyond the esophagogastric junction. The blood thinners Thomas had been taking to prevent a stroke had the unintended effect of bringing the cancer to light in its earliest stage.

"One of the symptoms an esophagogastric tumor can cause is upper gastrointestinal bleeding," Dr. Arya says. "The blood thinners Thomas was taking increased the bleeding to the point that he vomited blood. Had he not been on those medications, the cancer might have gone undetected for much longer."

WEIGHING HIS OPTIONS

Thomas needed to have the tumor removed, and he faced a choice between a minimally invasive technique and traditional surgery. The early stage, seemingly well-confined nature of the cancer meant that Dr. Arya could remove it using a highly advanced procedure called endoscopic submucosal dissection (ESD). Dr. Arya would guide an endoscope down Thomas' throat in order to take out the tumor—no incision necessary. The procedure would allow Thomas to go home sooner than is typical with conventional surgery. Additionally, ESD carried little risk of infection, but unlike traditional surgery, this option could not definitively reveal whether the cancer had spread.

Dr. Arya referred Thomas to **Jaime Yun, M.D.**, a thoracic surgeon at NYP Brooklyn Methodist, to learn about the second possibility—conventional surgery.

"Dr. Arya wanted me to be fully informed about both options when I made my decision," Thomas says. "He gave me the facts, arranged for me to consult with Dr. Yun and allowed me to make a well-informed decision."

Thomas saw Dr. Yun in early July 2015, shortly after his discharge from the Hospital.

"The traditional technique for esophagogastric cancer removal is more invasive than ESD, as it requires an incision and takes wider margins, meaning we remove part of the stomach and part of the lower end of the esophagus," Dr. Yun says. "The advantage of this approach over ESD is that we can also remove some of the lymph nodes and examine them for the spread of cancer."

After considering both options, Thomas opted for ESD, and Dr. Arya scheduled the procedure for August 5, 2015.

SURGERY WITH A SCOPE

When Thomas arrived at the Hospital for his procedure, he felt restless but also reassured.

"I was a little nervous, but I'd been through enough already to know that I was in good hands," he says.

With Thomas under general anesthesia, Dr. Arya and an assistant guided a camera-outfitted endoscope down his throat to the esophagogastric junction, which they could view on a monitor. After injecting a solution to raise the tumor and make it more accessible, Dr. Arya used special surgical instruments to detach it from the surrounding tissue.

"We spent a lot of time controlling bleeding," Dr. Arya says. "It was a small field in which to work, so even the slightest amount of blood could potentially obscure our vision. The tight space and inability to have hands in it added to the challenge, but everything went smoothly."

A little more than three hours after the surgery began, Thomas woke up in a recovery room.

"When Dr. Arya came to see me, he leaned down, put his arm around my shoulders and told me the procedure went fine," Thomas says. "I felt that everything would be okay."

SO FAR, SO GOOD

Thomas spent two days recovering at the Hospital, where he had no trouble keeping his spirits up.

"The nurses were so kind and competent," he says. "They were humorous, upbeat and answered all of my questions."

The final pathology results from Thomas' procedure indicated that the tissue that had surrounded the tumor was free of cancer. This good news and the fact that Thomas' preoperative imaging and exams showed no signs of the cancer spreading made Dr. Arya confident that lymph nodes were not involved. To be certain, he referred Thomas for a post-surgical oncology consultation. The oncologist opted not to offer chemotherapy given the complete resection of the tumor. Diagnosing and removing the cancer at an early stage was the key to being able to move ahead without additional therapy.

An annual positron emission tomography (PET) scan and endoscopic exam help Dr. Arya monitor Thomas for signs of a cancer recurrence. "Surveillance and follow-up is an essential part of this," Dr. Arya says. "Once a patient makes it five years cancer-free, the risk for recurrence is significantly diminished."

Two years into that five-year timeframe, Thomas has not experienced signs of the cancer returning. He has fully recuperated and is back in the gym for regular workouts. He credits his recovery to Dr. Arya, the Hospital staff, and the prayers of his church congregation. Now that he and Sheila have reached their golden anniversary, he is looking forward to more milestones with her.

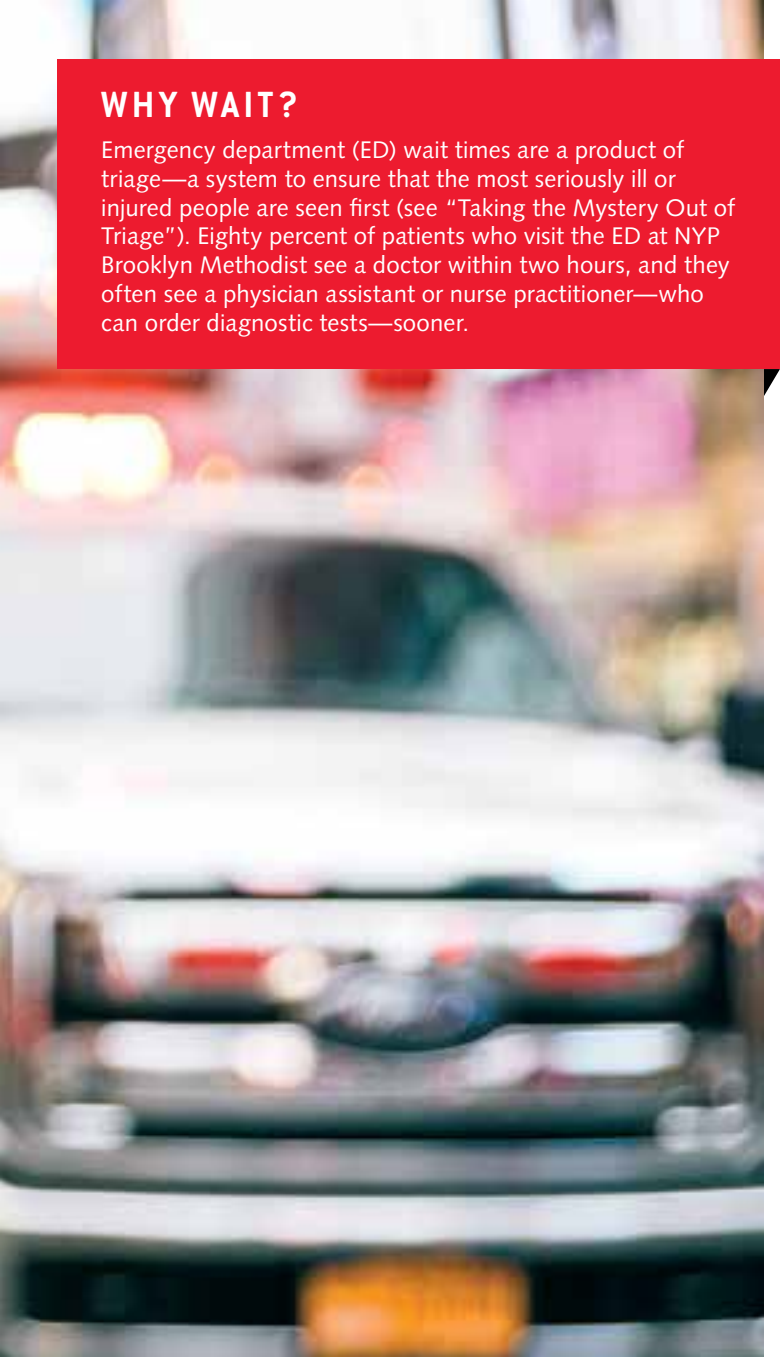
"We're still in love, and we're still negotiating life's twists," Thomas says. "I'm grateful to have that opportunity."

IS IT AN EMERGENCY?

One of the most common healthcare dilemmas people face is whether they should go to the emergency department (ED) for an illness or injury.

WHY WAIT?

Emergency department (ED) wait times are a product of triage—a system to ensure that the most seriously ill or injured people are seen first (see "Taking the Mystery Out of Triage"). Eighty percent of patients who visit the ED at NYP Brooklyn Methodist see a doctor within two hours, and they often see a physician assistant or nurse practitioner—who can order diagnostic tests—sooner.



> "Patients should trust their instincts when deciding whether their condition requires emergent care or not. If someone who is typically healthy begins to experience severe chest or abdominal pain, symptoms of heart attack or stroke, have difficulty breathing or suspect a broken bone, that person should seek care at the ED."
>
> **NICHOLAS VACCARI, M.D.**

PATIENTS KNOW THAT the ED is a place where care is always available, but they may be unaware that treatment in their primary care doctor's office may be faster, more cost-effective and—depending on their illness or injury—better suited to their medical needs.

"Up to a quarter of patients who come to the ED could receive the treatment they need at a doctor's office," says **Lawrence Melniker, M.D.**, an emergency medicine physician and vice chair for quality management at NewYork-Presbyterian Brooklyn Methodist Hospital. "We often see people with colds and relatively minor injuries who don't require an intervention or medication other than what they could obtain over the counter."

Experts recommend that people ask themselves this question when deciding where to go for medical care: Is the condition life-threatening, potentially disabling or extremely painful? If the response is yes, the ED is the right destination. The answer, however, may not always be clear, particularly if there are existing conditions or confusing symptoms.

Consider the following scenarios:

SCENARIO ONE: A TWIST OF FATE

Izzy is an avid runner. The 27-year-old middle school teacher goes for a three-mile jog most days after work and enjoys longer runs on the weekends.

On a recent Friday evening, Izzy was preoccupied with thoughts of the next week's lesson plan and missed the transition from sidewalk to street. Her left ankle buckled and felt sprained. She limped home and followed the strategy that had helped her overcome sprains in the past: She took ibuprofen, rested her ankle by staying off of her feet, applied ice to the ankle in 20-minute intervals, wrapped the ankle in a compression bandage, and elevated her foot by propping it up on a pillow.

By Sunday morning Izzy's ankle had improved, but it was visibly bruised and still uncomfortable when she tried to put weight on it. She worried that she might have torn a ligament. Her doctor's office was closed, so she went to the ED. Did Izzy make the right call?

"If a patient wants to ensure that there is no severe ligament damage, an orthopedic surgeon or primary care doctor can assess the injury," says **Nicholas Vaccari, M.D.**, medical director of the department of emergency medicine at NYP Brooklyn Methodist. "Suspected broken bones and compound fractures—where broken bones puncture the skin—merit a trip to the ED."

SCENARIO TWO: TEMPERATURE CHECK

Hector has lived with type 2 diabetes for more than a decade. Last winter, the then 58-year-old restaurant manager took a day off from work because he was feeling extremely fatigued, and his entire body was achy—symptoms consistent with the flu. The influenza virus is especially dangerous for people with diabetes, whose immune systems may be less able to fight infections. The virus can also cause blood sugar levels to spike or plunge.

DEMYSTIFYING THE "SYSTEM OF TRIAGE"

Emergency departments do not operate according to a first-come, first-served model, and that is by design.

"When people wait in line at a bank or to get through security at an airport, it's unacceptable to cut in front of them," Dr. Melniker says. "But that happens all the time in the ED because of triage—a system that ensures that patients with the most serious conditions are seen first. Understanding the triage process can greatly reduce patient stress in the ED."

Patients who arrive in the ED (or their companions if the patients cannot talk) describe their condition to a nurse, who categorizes the patient on a one-to-five scale based on the severity of illness or injury. Patients in levels one and two are assessed first for life-threatening issues like an inability to breathe or when a heart attack or stroke is suspected. Level-three patients with conditions that are urgent but not life threatening are seen next. Levels four and five may be directed to a different section of the ED for treatment.

"Multiple programs exist here in the ED, including fast track services like our S.M.A.R.T. and Rapid Evaluation Programs" Dr. Melniker says. "The S.M.A.R.T. program, which stands for Simple Medical screening And Rapid Treatment, means that patients' receive medical screenings by a registered nurse or physician's assistant after signing in. This process allows doctors and nurses to assess the severity of patients' emergencies, so treatments can begin sooner. The Rapid Evaluation Unit is only for minor emergencies like ankle sprains or other minor injuries, upper respiratory infections and more emergent symptoms like a cough with a fever, which can indicate pneumonia."

Hector thought a few hours of sleep might help him feel better, but that was not the case. When he took his temperature, he had a fever of 102 degrees. It was time to seek help. He preferred to see his regular doctor, who knew his history with diabetes, but he could not get an appointment until the next day. Hector decided to go to the ED instead. Was it the right decision?

"It is always a good idea for people with chronic conditions, such as diabetes and high blood pressure, to see their primary care doctor when they get sick because he or she knows best how treatment for a short-term illness may affect the management of a long-term disease," says **Anna Donnelly, R.N.**, nurse manager of emergency services at NYP Brooklyn Methodist. "But, if they can't get a quick appointment with their doctor or symptoms are severe, the ED is the right place for these patients."

SCENARIO THREE: A VEIN THING

Sarah, a 72-year-old retiree, has varicose veins. When she last visited her doctor, he told her that the condition placed her at risk for developing venous ulcers—sores on the legs that occur when blood is obstructed from returning to the heart through the veins, causing it to pool in the vessels.

Two months ago, Sarah's right leg began to ache. One morning, while examining the leg before getting in the shower, she noticed a dark, irregularly shaped bruise. She worried that a venous ulcer was forming. She thought about going to the ED, but after further consideration, she called her doctor's office, scheduled an appointment for the next day, and spoke with a nurse about how to care for her leg at home until she saw the doctor. Was it the right thing to do?

Sarah's doctor knew her medical history best, and because her wound was not severe or life threatening—it showed no signs of infection like redness or swelling—she could safely wait to receive treatment at her doctor's office.

SCENARIO FOUR: DINNER, INTERRUPTED

Six months ago, Ethan, a 38-year-old office worker, experienced something he never expected. He was out to dinner with his wife, Bonnie, and two young daughters, when intense pain struck the right side of his abdomen just before his meal arrived. He slumped forward and almost fell out of his chair. Immediately, he thought it might be appendicitis. Bonnie called her sister, Ellen, who lived nearby to come to the restaurant and pick up the children. When Ellen arrived, Bonnie took Ethan to the nearest ED. Did they make the right choice for his symptoms?

"Abdominal pain, especially if it's never occurred before, certainly warrants assessment in the ED," Dr. Vaccari says. "If it turns out to be appendicitis, it could be life-threatening. Symptoms that could indicate a heart attack or stroke like chest pain, light-headedness, facial drooping and one-sided weakness also need emergency care."

In the ED, the medical team uses a process called differential diagnosis to discover the cause of symptoms that could be attributed to multiple diseases.

"Abdominal or chest pain are cues to get to the nearest ED quickly," Ms. Donnelly says. "We have equipment, such as electrocardiograms and computed tomography scanners, that can rule out potential causes one by one."

ED staff members have the skills and equipment to treat time-sensitive, life-threatening conditions like appendicitis, heart attack or stroke and reverse or minimize their effects.

AN ED CARE KIT

When a medical emergency occurs,there is not a lot of time to gather essential items that doctors may need to help diagnose and treat patients. Prepare for the unexpected. Keep a list of current prescriptions, over-the-counter medications and supplements readily accessible. On the same list, include allergies with descriptions of reactions experienced, personal and family health information, emergency contacts and primary care doctor information.

WHEN IN DOUBT, THE CHOICE IS CLEAR

Making a wise medical care destination decision is important, but it is not as critical as getting help when it is needed. The bottom line is that people should not hesitate to go to the ED if they are not sure what to do.

"Patients should trust their instincts when deciding whether or not their condition requires emergency care," says Dr. Vaccari. "If someone who is typically healthy begins to experience severe chest or abdominal pain, symptoms of a heart attack or stroke, has difficulty breathing or suspects a broken bone, that person should seek care at the ED."

"Often, the most important therapy we give in the ED is reassurance, like telling patients that the chest pain they experienced isn't a heart attack," Dr. Melniker says. "We would much rather have patients visit the ED and find out something is not as serious as they thought than fail to seek help for something that turns out to be critical."

TUMMIES RUMBLING, CHILDREN GRUMBLING

When is a child's stomachache just a stomachache, and when is it something more?

IF A CHILD develops a runny nose and is coughing or sneezing, it is safe to assume that a cold or allergies are the cause, even if the child is too young to express discomfort. But the source of tummy trouble is not always easy to define. There are many possible causes for upset stomach, including gas, viruses and bacteria, food allergies, contaminated food, illnesses or disease, and fear or anxiety. Although most childhood stomachaches—particularly in children age five to 12—are not serious, it is important to know what to keep in mind and be concerned about when faced with gastrointestinal issues.

CONSIDER AGE

"Indications of gastrointestinal distress in a two- to four-month-old child may include seeing behavioral changes like stronger crying, being difficult to console, or pulling up the legs and arching the back," says **Yvonne McFarlane-Ferreira, M.D.**, chief of pediatric gastroenterology at NewYork-Presbyterian Brooklyn Methodist Hospital. "With these particular symptoms, it is best to take your child to a pediatrician for diagnosis, just to be on the safe side. The symptoms might indicate something benign like colic, but it's possible that a serious condition could be the cause."

Feeding challenges and classic signs of stomach issues, such as vomiting or diarrhea, also need medical attention because these symptoms can quickly lead to dehydration in an infant.

"If there is any suspicion that your baby is not receiving enough nourishment or has excessive diarrhea, the safest thing to do is see a doctor," Dr. McFarlane-Ferreira says.

As infants grow into toddlers and young children who can point to or talk about the source of their discomfort, parents may have an easier time deciding whether medical attention is needed.

CONSIDER TIMING

Knowing about events that occurred before the child's upset stomach began can provide insight about the cause.

For instance, if the child recently attended day care, school, or any event or venue where germs could be easily shared and the stomachache is also accompanied by a fever, an infection, such as a virus, might be the culprit.

On the other hand, pain or nausea that develops a few hours after eating may indicate a food-related illness like food poisoning, especially when there is also a change in stool. Stomach pain after having specific foods like cow's milk or pizza may suggest an intolerance to lactose (a sugar in dairy products). If there is a pattern of stomachaches following meals, write down any foods the child has eaten and discuss them with his doctor. It is also true that some children develop off-and-on again stomach pain due to celiac disease, a condition in which bodies react to gluten, a protein found in grains like wheat, barley and rye.

Gastrointestinal distress brought on by these causes usually clears up on its own and can be prevented by avoiding the trigger foods, but consult a pediatrician if the child experiences any of the following:

+ Vomiting for more than 12 hours
+ Diarrhea for more than 48 hours
+ Constipation (fewer than three bowel movements a week or hard stool that is difficult to pass) accompanied by fever, vomiting or blood in the stool or constipation without secondary symptoms for two weeks or longer
+ Stomachache with a temperature higher than 100.4 degrees
+ Diminished appetite for more than two days
+ Persistent abdominal pain for 24 hours or longer
+ Intermittent abdominal pain lasting a week or more

CONSIDER ANXIETY LEVELS

Changes in social situations or events that prompt an emotional reaction sometimes make children nervous and tense, which can affect the stomach.

If a child complains of a stomachache that disappears as soon as a decision is made to let him stay home from school or another scheduled function, there is a good chance that the pain may be stress related. Talk to the child about what is happening to cause the anxiety and ways to alleviate it.

CONSIDER INTENSITY

"If your child has pain that seems mild, lasting fewer than 60 minutes a day—especially if the child is barely interrupting his activities or returning to them fairly quickly—less serious causes are more likely," Dr. McFarlane-Ferreira says. "Irregular bowel movements and constipation, which may be affected by dietary changes, are often the source of minor abdominal pain."

However, children who experience sharp, sudden stomach pains, may need immediate medical attention. Specifically, sharp pain in the lower right abdomen can signal appendicitis—inflammation of the appendix.

The appendix, a thin, tube-shaped organ that measures about three-and-a-half inches long, is attached to the large intestine. If an inflamed appendix is not treated, it could burst and cause infection in the abdomen. This condition is serious, and if not treated, it can be fatal. Appendicitis is most common in children over age ten, but it can affect younger children, too.

The most common appendicitis symptoms include pain that begins around the navel and travels to the lower right abdomen, nausea and vomiting that starts after stomach pain begins, and loss of appetite. Abdominal swelling and a low-grade fever may also be experienced.

"Many children do not have all the symptoms or don't really know how to describe them, and in those cases, appendicitis is more challenging to detect," Dr. McFarlane-Ferreira says. "Any child who complains of 'bad pain' in the lower right abdomen or any child with severe pain who appears unwell to the parent should be taken to an emergency department or to see a doctor right away."

Gaining more specific information about the child's pain can help pediatricians recommend the best treatment. Ask yourself or the child these questions:

+ When did the pain start? What was happening when it began?
+ How uncomfortable is the pain?
+ Where is the pain? Is it around the belly button, off to the side or lower to the right?
+ When was the child's last bowel movement and what did it look like?
+ Are there any injuries to the stomach area? Has the child fallen recently?
+ Have there been any recent changes in the child's diet?

"When you're not sure about the source of your child's stomach pain, keep him hydrated, avoid foods like dairy products, caffeinated drinks or medications like aspirin that might upset the stomach more, and watch your child closely," says Dr. McFarlane-Ferreira. "When in doubt, call the doctor."

A GUIDE TO Pasta Alternatives

There is no need to avoid your favorite pasta-based dishes due to high refined-carbohydrate counts.

"TRADITIONAL SEMOLINA WHEAT pasta contains refined carbohydrates and doesn't offer your body much nutritional value," says **Allison Scheinfeld, M.S.**, a registered dietitian at NewYork-Presbyterian Brooklyn Methodist Hospital. "This kind of pasta should be limited when you are trying to manage your weight or blood sugar levels."

As an alternative, swap standard pasta for vegetable-based noodles, legume pastas or noodles made from non-wheat flour.

When compared to traditional pasta, a number of noodle alternatives provide more nutrients and fiber, which can help keep your appetite satiated and your digestion system regulated. The next time you crave a pasta dish, consider these options:

- **Spaghetti squash** is a common noodle substitution that contains fiber as well as folate—a B vitamin that is crucial for brain function. You can bake this squash and render it into strands by scraping out the inside with a fork. (See "Southwestern Spaghetti Squash" for directions.)
- **Zucchini squash** cut into noodle shapes can provide an immunity boost with approximately 20 milligrams of vitamin C per cup.

  To substitute zucchini for lasagna noodles, leave the peel intact but remove the ends of the squash and use a mandolin or knife to cut quarter-inch thick slices cut lengthwise. Pat the slices dry before layering them into your favorite baked lasagna recipe. If you prefer spaghetti-style noodles, cut off the zucchini ends and use a spiralizer to produce long noodle-shaped strands. Leave the zucchini noodles raw or lightly steam them before adding them to your dish.
- **Legume-based pastas like lentil, black bean and chickpea noodles** also offer a tasty, nutritious substitute for traditional wheat pasta. Lentil pasta

SOUTHWESTERN SPAGHETTI SQUASH

Ingredients

- 1 spaghetti squash, halved
- 1 tablespoon olive oil
- ½ pound of lean ground turkey
- 1 red onion, peeled and chopped
- 1 teaspoon cumin
- 1 teaspoon chili powder
- 1 teaspoon garlic powder
- ½ cup cooked black beans, no-salt added
- 1 cup crushed tomatoes
- ½ cup white corn kernels – fresh or frozen
- ¼ cup freshly chopped cilantro
- ¼ cup of plain Greek yogurt

Directions

1. Cut squash in half lengthwise and scoop out the seeds. Coat a baking pan with a drizzle of olive oil. Bake the squash, with cut side down, in a 375-degree oven for about 40 minutes or until tender.
2. While the squash is baking, add the remaining olive oil to a skillet and heat to medium. Add the ground turkey, onion, cumin, chili powder and garlic powder. Leave on the heat, stirring occasionally, until meat is thoroughly cooked. Add beans, tomatoes and corn to the skillet and simmer for ten minutes.
3. Allow the cooked squash to cool enough to handle it, then use a fork to scrape out the noodle-shaped strands.
4. Plate the squash into four portions and top with the turkey mixture.
5. Garnish with fresh cilantro and a dollop of yogurt.

Nutrition Facts

Servings: 4	Carbohydrates: 29.07g	Dietary fiber: 6.7g
Calories: 256	Sugars: 8.56g	Sodium: 206mg
Total fat: 9.72g	Protein: 17.24g	Potassium: 696mg
Cholesterol: 43g		

contributes magnesium to your diet, which is important for both heart and bone health.

"If your iron is low, and you're seeking more vegetarian-based meals, try black bean noodles," says Ms. Scheinfeld. "Or, for a gluten-free option with a high fiber content, enjoy chickpea noodles."

+ **Soba noodles**, made from buckwheat flour, are often featured in Asian cooking. When shopping for soba noodles, select brands containing 100 percent buckwheat flour instead of a blend containing wheat flour.

"Buckwheat pastas are believed to help regulate blood glucose," Ms. Scheinfeld says. "This is in direct contrast to the effect of traditional wheat pastas, which cause a spike in blood sugar that can lead to abnormal glucose metabolism and possible weight gain."

MAKE THE SWITCH

Try a gradual approach to incorporate a healthier pasta option into your lunch or dinner routine once a week. Mix and match different noodles with tried-and-true recipes to see which pairings you most enjoy and try them in new dishes, too. Get started with the two recipes listed here.

SHRIMP & PEAS WITH BUCKWHEAT NOODLES

Ingredients

+ ½ pound medium shrimp, peeled and deveined
+ 2 cups buckwheat noodles
+ 2 tablespoons canola oil
+ 1 teaspoon sesame oil (or hot chili oil if you prefer a spicy dish)
+ ½ cup rice vinegar
+ 3 tablespoons freshly grated ginger
+ 2 tablespoons honey
+ 2 tablespoons low-sodium soy sauce
+ 2 cups fresh snow peas
+ 1 red bell pepper, seeded and chopped
+ 2 grated radishes
+ 1 grated carrot
+ 4 thinly sliced green onions
+ ¼ cup chopped fresh cilantro

Directions

1. Boil the shrimp in a medium pot for four minutes, then drain, rinse with cool water and set aside.
2. Prepare buckwheat noodles according to the package directions, then rinse and set aside.
3. Mix half of each type of oil with the rice vinegar, ginger, honey and soy sauce in a bowl, and set aside. Mix the remaining half of the oils together in a large skillet and set to medium heat.
4. Add snow peas and red pepper to the oil and sauté the mixture for five to six minutes until vegetables are tender. Reduce heat to low and pour the vinegar and soy sauce mixture into the skillet then add the shrimp. Cook and stir the mixture for an additional three to four minutes.
5. Pour cooked mixture over the noodles and stir in raw radishes, carrots, green onions and cilantro.

Nutrition Facts

Servings: 4	Sugars: 13.2g
Calories: 244.3	Protein: 16.8g
Total fat: 5.2g	Dietary fiber: 4.1g
Cholesterol: 86.1mg	Sodium: 404.9mg
Carbohydrates: 33.2g	Potassium: 379.2mg

This recipe has been approved by the Department of Food and Nutrition Services at NewYork-Presbyterian Brooklyn Methodist Hospital.

DON'T LIVE WITH Dry Mouth

Dry mouth is often associated with aging, but it doesn't have to be.

PRESCRIPTION MEDICATION IS the leading cause of xerostomia—or chronic dry mouth—marked by significantly reduced amounts of saliva in the mouth. Dry mouth affects 30 percent of people older than 65 and up to 40 percent of people older than 80, but seniors can take steps to prevent or alleviate it.

"There are over 500 prescription medications that cause xerostomia," says **Emil Baccash, M.D.**, attending physician in internal and geriatric medicine at NewYork-Presbyterian Brooklyn Methodist Hospital. "It is more likely to occur in patients who take more than four daily medications, and a high percentage of older people are in this category."

Medications that may cause xerostomia include diuretics like metolazone or ethacrynate as well as calcium channel blockers, such as amlodipine or nicardipine, which are used to lower blood pressure.

Other causes of xerostomia include chronic health conditions like diabetes or Alzheimer's disease. Some cancer treatments, such as chemotherapy drugs and radiation for cancers of the head and neck, can thicken saliva or damage salivary glands, both of which contribute to dry mouth.

Smoking tobacco and drinking alcoholic or sugary or caffeinated beverages—such as soda, juice, tea or coffee—can also contribute to the condition.

SYMPTOMS AND HEALTH CONCERNS

Signs of xerostomia may include mouth discomfort, thirst, bad breath, hoarseness and cracked lips. Dry mouth can cause difficulty tasting, chewing and swallowing, as well as oral health issues.

"When the mouth lacks essential moisture, a fissured tongue—shallow or deep grooves on the surface of the tongue—and oral mucositis—painful ulcers or sores in the mouth—are possible," says **James Sconzo, D.M.D.**, chief of the Division of Dental Medicine at NYP Brooklyn Methodist. "One of the more damaging effects of dry mouth is that it contributes to greater amounts of bacteria-trapping plaque that stick to the teeth and gums because there's little or no saliva to help rinse the plaque away."

Plaque and bacteria on the teeth ultimately cause cavities. In addition, plaque calcifies into tartar, which irritates the gums, making them swell and become tender while producing a tissue-damaging immune system response. Inflammation of the gums, also known as gingivitis, is the first phase of periodontitis, or periodontal disease.

"If left untreated, periodontal disease eventually causes the gums to recede so much that teeth become loose or susceptible to root cavities under the gumline, and they may need to be removed," says Dr. Sconzo. "Deep dental cleanings, bone grafts and gum surgery can help stabilize teeth if periodontal disease becomes advanced. When teeth are lost, partial or full dentures may be needed."

People who wear dentures also need to be informed about xerostomia symptoms because dry mouth can prevent dentures from fitting properly and they then become painful to wear. Dry mouth can also put denture wearers at a greater risk of developing oropharyngeal candidiasis. This fungal infection, commonly referred to as oral thrush, is caused by the development of yeast, which shows as white patches on the tongue or other areas of the mouth.

DRY MOUTH PREVENTION AND SOLUTIONS

"If people suspect that their medications may be contributing to dry mouth, they should speak with their prescribing doctor about lowering their dose or switching medications," says Dr. Baccash. "This may help clear up the symptoms."

If medication cannot be changed or when health conditions are the cause of dry mouth, using saliva substitutes, chewing sugar-free gum and drinking water throughout the day can alleviate symptoms.

INTERTWINED: DENTAL AND GENERAL HEALTH

As people continue to live longer, it has become increasingly important to recognize how general wellness and oral health tie together.

In some cases, oral health conditions can signal a medical health issue. For instance, when teeth become weak and brittle, this can be a sign that osteoporosis may be present in the body. "Dental healthcare professionals are on the front lines when it comes to identifying osteoporosis in its earliest stages in older adults," says Dr. Baccash.

Sometimes, having a medical condition signals a need to be more diligent about oral health. For instance, people with diabetes should pay extra attention to their oral health because higher glucose levels in the body make it easier for bacteria to flourish in the mouth. That increased bacteria, known as plaque, can lead to inflammation and infection of the gumline, which is called gingivitis. If gingivitis is not treated, it advances to periodontal disease, which causes inflammation and infection to spread under the gumline and lead to tooth and bone loss. Conversely, periodontal disease can also affect blood sugar levels, causing them to spike higher in people with diabetes, making the condition harder to control.

Periodontal disease should also be monitored closely due to increasing evidence in a number of studies that link it to heart disease. The studies show that if bacteria enters the body through the gums, the bacteria can then enter the bloodstream and cause inflammation. That inflammation within the bloodstream is often present in heart disease.

"I always emphasize how important oral health is in the big picture of wellness and vice versa," Dr. Sconzo says. "As people age, it becomes more important than ever that they check in with their doctors and their dentists for regular checkups."

"In addition, people with dry mouth should see their dentist more frequently for cleanings, maybe even more often than twice a year," Dr. Sconzo says. "Regular dental cleanings help prevent tooth decay, gingivitis and periodontal disease."

Brushing teeth at least twice a day, followed by flossing and rinsing the mouth with a fluoridated mouthwash that does not contain alcohol can also help minimize the plaque and tartar deposits that dry mouth promotes.

"It's especially important that people with dry mouth take care of their teeth or dentures and keep them clean," Dr. Baccash says. "They should also avoid caffeine and sugar because these substances can increase dryness and invite more tooth- and gum-damaging bacteria to flourish in the mouth."

5 Reasons to STOP SMOKING NOW

While cigarette smoking continues to decrease among most American adults, almost 17 percent of men still light up every day.

IT IS WIDELY KNOWN that smoking is detrimental to overall health and a risk factor for developing heart disease and high blood pressure, but it also contributes heavily to other health conditions. Here are five additional reasons why men who smoke should start their smoking cessation journey today.

1 LUNG CANCER

"Cigarettes are one of the few things known to cause lung cancer," says **Rameen Miarrostami, M.D.**, pulmonologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "The toxins in tobacco smoke are poison to the lungs."

Smoking is connected to approximately 90 percent of lung cancer deaths in men, making cessation a clear and critical prevention step.

2 INFERTILITY

Smoking decreases sperm count by up to 23 percent.

"We advise against smoking, period, but it is especially important for men trying to start a family to quit," says **Ivan Grunberger, M.D.**, chief of urology at NYP Brooklyn Methodist. "It has been documented that smokers take longer than nonsmokers to achieve conception."

3 ERECTILE DYSFUNCTION

Because smoking affects small blood vessels, it is no surprise that it is a significant risk factor for erectile dysfunction.

"There should be a warning on the cigarette package that smoking is hazardous to an erection," Dr. Grunberger says. "Obviously, other effects are more serious, health-wise, but that's usually one of the risk factors I discuss with men."

4 BLADDER CANCER

"I tell patients that the top 20 causes of bladder cancer are all smoking," says Dr. Grunberger. "Most people aren't aware of that relationship. It's also one of the most expensive cancers to treat, and it's almost entirely preventable by not smoking."

5 ABDOMINAL AORTIC ANEURYSM (AAA)

AAA occurs when the section of the aorta in the mid-abdomen becomes enlarged or balloons, weakening the artery wall. Smoking contributes to this weakness, and if the aorta ruptures, it can be life threatening.

"Men who are 65 or older and have been smokers should be checked for this condition," says Dr. Miarrostami. "The test is a simple abdominal sonogram that specifically detects the presence of AAA."

A PAIN IN THE WALLET $

Smoking doesn't just affect physical health. It also has a marked impact on the smoker's bottom line.

One pack of cigarettes can cost between $10.50 and $13. With that, smokers could purchase:

- Coffee for themselves and a friend
- An on-the-go lunch
- Monthly video streaming subscription

Smoking one pack daily can cost upward of $4,800 a year. With that, smokers could:

- Take a relaxing vacation
- Pay off a chunk of debt
- Save for retirement

Soothing Sounds

Music can provide an energizing soundtrack for your workouts, invite concentration and focus, and soothe your frazzled nerves after a long day. It is part of your environment—but can it impact overall health?

RESEARCH SUGGESTS THAT music can influence your mood and, in turn, impact your physical health.

"There is a very strong connection between mood and music," says **Paul Carroll, Ph.D.**, clinical psychologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "I sometimes think music is pure emotion. The soundtrack of a movie, for example, helps to create the emotional state viewers experience as they watch the story unfold."

Research into how music may affect the mind and body is ongoing. Some studies indicate that music may reduce stress, lower heart and respiration rates during potentially stressful situations, and ease symptoms of depression.

This has implications beyond an individual's mental health. Consistently high stress levels may contribute to physical health problems, too, ranging from conditions like headaches and insomnia to high blood pressure, ulcers and heart disease.

EXPLORING THE MUSIC-MOOD LINK

The way your brain responds to music may help explain why listening to music may affect your mood. For example, music that you find especially powerful may activate the same reward centers in your brain as a delicious meal. Beyond that, music can provide a distraction from everyday stressors and help you connect with others.

"The pleasure of listening to soothing music may relieve the stressful burden of loud noises and stimulation that you might encounter during the day," Dr. Carroll says. "I also think that sharing the experience of listening to or playing music can help a person connect with other people on a deeper emotional level."

Dr. Carroll, who plays the violin, viola and guitar, has seen the effects of music firsthand in his practice. He keeps spare instruments in his office because playing music helps him connect with others.

"It creates a special bond when patients and I play music together," Dr. Carroll says. "Dementia patients who lose their ability to speak often retain the ability to play an instrument, and the opportunity to play music together motivates them to continue their therapy sessions and gives them a sense of usefulness and self-esteem."

MUSIC MAKES A DIFFERENCE

The types of music you may find energizing, joyful, soothing or powerful are subjective. Generally speaking, music with slower tempos tends to help induce relaxation, while faster beats can be stimulating. Following this line of thinking, listening to classical music may help you fall asleep each night, while pop, rock or other upbeat genres may help you power through your workout.

DID YOU KNOW?

Developing new skills during adulthood, like learning to play a musical instrument, may help improve your memory. If you have always wanted to learn how to play a musical instrument, it is not too late to start—no matter what your age.

Q&A

Where Cardiology Meets Community Service

TERRENCE SACCHI, M.D.

THROUGH HIS PRACTICE OF MEDICINE, TERRENCE SACCHI, M.D., CHIEF OF CARDIOLOGY AT NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL, GIVES BACK TO THE COMMUNITY WHERE HE WAS RAISED.

Q *What motivated you to become a doctor?*

A When I was growing up, I developed an interest in science, and the schools that I attended emphasized the importance of service. Medicine utilizes the intricacies of science to serve, which seemed like the perfect mix to me.

Q *Why did cardiology appeal to you?*

A Choosing a specialty was challenging, but I was drawn to the expanse and depth of knowledge in cardiology and had great admiration for my mentors in that field. I wondered if I would be able to master the practice, and that is what challenged and intrigued me.

Q *What area of cardiology appeals to you the most?*

A I enjoy understanding, diagnosing and treating coronary artery disease (CAD). The specialty involves a whole expanse of prevention, medical therapy and lifestyle modification. Procedures such as stenting, cardiac catheterization and cardiac bypass surgery may be required as well. CAD is one problem, but every patient experiences the condition differently. That is the art of this very scientific practice.

Q *What is the most rewarding aspect of working at NYP Brooklyn Methodist?*

A I am from Brooklyn. I grew up here, and my mom, Gloria, still lives in the house where I was raised. When I finished my medical training, I knew that I wanted to help deliver the highest quality of care to the 2.8 million people who live in this borough. Our team is committed to developing relationships in this community, which is exceedingly rewarding.

Q *What do you enjoy most about Brooklyn?*

A You can find almost anything here—every ethnicity and religion, all types of food and cultures. As a cardiologist, I am interested in seeing how certain conditions present themselves in those different cultures, and in tailoring care to meet the needs and expectations of families from different backgrounds.

Q *What do you enjoy when you're not working?*

A I like to watch sports, and this is a great environment for that. You can find professional, college and amateur teams playing throughout the area. There is also a large focus on music and theater here.

Q *What is one thing that you would change about yourself?*

A I would like to take some things less seriously. I also try to better appreciate what I do every day. My work is very fulfilling and so much fun.

Q *What is one thing you would not want to change about yourself?*

A I enjoy becoming immersed in my work and try to lead by example. If you start to slow down, getting back up again can be difficult.

TAVR Provides Relief for Hearts

When the aortic valve in the heart narrows—a condition called aortic valve stenosis—it causes the heart to work harder to pump blood through the body. Open-heart surgery is usually recommended to treat the condition, but some patients are not candidates for this procedure. A minimally invasive but highly advanced procedure that very few hospitals are equipped to provide, known as transcatheter aortic valve replacement (TAVR), can be used to address the problem when open-heart surgery is not an option. Take this quiz to gauge how much you know about TAVR and gain insight on the topic from **Terrence Sacchi, M.D.**, chief of cardiology at NewYork-Presbyterian Brooklyn Methodist Hospital.

1

What are some of the causes of aortic valve stenosis?

a. Calcium buildup on the aortic valve
b. Congenital heart defect
c. Rheumatic fever
d. All of the above

Answer: d. All of these conditions have the capacity to narrow the aortic valve and interfere with the heart's ability to pump blood.

2

What symptoms indicate severe aortic valve stenosis that a cardiologist might manage through TAVR?

a. Chest pain
b. Fainting
c. Shortness of breath
d. All of the above

Answer: d. As the aortic valve narrows, individuals living with severe aortic valve stenosis may experience a variety of symptoms, including those listed above, as well as heart palpitations and fatigue.

"When those symptoms begin to emerge, a patient's quality of life begins to decrease because of recurring chest pains, shortness of breath, fainting spells or even heart failure, but TAVR can help offer relief," Dr. Sacchi says.

3

Which patients should consider TAVR?

a. Someone with mild aortic valve stenosis
b. An individual with moderate valve stenosis
c. A person with severe aortic stenosis who is not a candidate for open-heart surgery
d. All of the above

Answer: c. "Many patients, particularly those growing older and living with conditions like lung disease or diabetes, are not typically offered surgical aortic valve replacement," says Dr. Sacchi. "TAVR is a noninvasive way to replace the valve in such patients and manage severe aortic stenosis."

4

The TAVR procedure involves _____ replacement of the dysfunctional aortic valve (fill in the blank).

a. Complete
b. Partial

Answer: a. "TAVR is a minimally invasive procedure that allows us to completely replace the damaged valve," Dr. Sacchi says. "A new valve implanted on a balloon catheter is passed through an artery in the leg and is placed within the old valve. The balloon is inflated, and the new valve is implanted. Much of the work to develop and utilize this procedure was done by physicians in the NewYork-Presbyterian system."

5

True or false: A cardiac surgeon performs the TAVR procedure.

Answer: True. An entire team, including interventional cardiologists, cardiologists and staffs from the cardiac catheterization lab and intensive care unit, all collaborate with a cardiac surgeon to perform this procedure.

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.

CHRONIC PAIN

The risk of drug addiction has encouraged physicians to be more cautious when they prescribe opioid-based pain medications.

While opioids are appropriate in certain situations, there are other ways to manage chronic pain that can be safer and more effective for the patient.

Muscle relaxants, topical treatments that are applied to the skin, like patches, gels or creams, nonsteroidal anti-inflammatory drugs (NSAIDs), or injections can be used to manage chronic pain instead of opioids.

Losing weight, engaging in flexibility exercises, acupuncture, physical therapy and electroconvulsive therapy are alternative methods used to manage chronic pain.

Find out more on page 8.

MANAGING PCOS

At least ten percent of American women have polycystic ovary syndrome (PCOS), a condition that can cause weight gain, acne and irregular menstrual cycles.

PCOS can also cause infertility and increase the risk of heart disease, type 2 diabetes, endometrial cancer and sleep apnea.

Higher-than-normal levels of androgens, or "male hormones," are suspected to cause PCOS-related symptoms.

Though there is no cure, PCOS can be managed through oral contraceptives, fertility drugs and weight loss. Other medications help reduce facial hair growth, scalp hair loss and insulin resistance.

Read the entire article on page 10.

TO ED OR NOT TO ED

Deciding whether to visit the Emergency Department (ED) of a hospital can cause a dilemma. When in doubt, ask yourself three questions: Does the condition threaten my life? Is the condition potentially disabling? Is the condition extremely painful?

If the answer to any of these questions is yes, a trip to the ED is the right choice. Do not hesitate to visit the ED if you're still unsure about what to do. It is better to be safe than sorry.

A pre-written list of current prescriptions, over-the-counter medications and supplements, as well as allergies, emergency contacts, and facts about personal and family history can be handy in an emergency situation.

Learn about the ED on page 16.

TUMMY TROUBLES

Stomachaches can be difficult to diagnose in children, and may stem from several different causes.

A child two to four months old may become more difficult to console and pull up her legs and arch her back, which is a sign that she may have colic.

With an older child, stomach pain may be a result of a virus.

Pain or nausea after eating can be a sign of food poisoning.

If specific items like cow's milk, cheese or ice cream cause stomachaches, this can mean a child is lactose intolerant (lactose is a sugar in dairy products).

Sharp, sudden pain that follows a loss of appetite, nausea and vomiting may be a sign of appendicitis.

Get information about signs and symptoms of children's stomach disorders on page 20.

DITCH DRY MOUTH

Medications, certain health conditions or cancer treatments, smoking, and drinking sugary or caffeinated beverages can cause xerostomia, better known as chronic dry mouth.

Dry mouth can cause problems with tasting, chewing and swallowing. It can also pose more serious oral health concerns like cavities, periodontal disease and oral thrush.

When medications are the culprit, talking to the prescribing doctor about using an alternative prescriptions or lower doses may help.

Drinking water, using saliva substitutes and chewing sugar-free gum are other good ways to keep dry mouth at bay.

Discover more about dry mouth on page 24.

COMMUNITY FORUM

Do you have a comment about an article you read in *thrive*? We welcome your feedback! Email AskThrive@nym.org and let us know if we can print your name and submission.

BACK PAIN

I READ AN ARTICLE ABOUT A PATIENT WHO HAD A SPINE TUMOR IN THE SUMMER 2017 ISSUE OF *THRIVE* ["SAVING THE SPINE," PAGE 13]. SHE HAD BEEN EXPERIENCING BACK PAIN FOR QUITE SOME TIME. I ALSO HAVE BACK PAIN, BUT IT ISN'T CONSTANT. SHOULD I TALK TO A DOCTOR ABOUT IT?

WENDY

That's a good question, Wendy. Typically, you should see a doctor about back pain if you experience any numbness, tingling, weakness, fever, unexpected weight loss or difficulty urinating. Additionally, you should contact your doctor if you have pain after a specific injury or if you have back pain that isn't going away after six weeks. If your doctor confirms that the back pain is not a cause for serious concern, maintaining a healthy weight and performing regular exercise can help alleviate your symptoms.

—Vincent Miccio, M.D.
Rehabilitation Medicine
Interventional Spine Specialist at
NewYork-Presbyterian
Brooklyn Methodist Hospital

HEART DISEASE IN WOMEN

I WAS SURPRISED BY YOUR ARTICLE IN THE SUMMER 2017 ISSUE OF *THRIVE* ABOUT HEART DISEASE AND MENOPAUSE IN WOMEN ["HEART OF MENOPAUSE," PAGE 10]. I HAD NO IDEA THAT HEART DISEASE WAS A BIGGER RISK FOR ME THAN BREAST CANCER. I ALSO DIDN'T REALIZE THAT HEART ATTACKS COULD HAPPEN WITHOUT CHEST PAIN.

AS SOMEONE WHO IS ABOUT TO ENTER HER 50S, I APPRECIATE KNOWING THAT I SHOULD BE KEEPING A CLOSER EYE ON MY CHOLESTEROL, BLOOD PRESSURE AND OVERALL HEART HEALTH. I ALREADY EXERCISE REGULARLY AND DO MY BEST TO EAT A HEALTHY DIET, BUT I'LL INCREASE MY EFFORTS MOVING FORWARD.

DEBRA M.

BLUE LIGHT, GOODNIGHT

OVER THE YEARS, I HAVE MADE IT A HABIT TO CHECK MY WORK EMAIL RIGHT BEFORE BED. AFTERWARD, I GIVE MYSELF AN ADDITIONAL 20 MINUTES TO AN HOUR TO CHECK SOCIAL MEDIA OR SEARCH THE WEB, JUST SO I CAN HAVE SOME "R & R" TIME. IT WAS EYE-OPENING TO READ IN *THRIVE* THAT THE LIGHT FROM MY PHONE COULD PREVENT ME FROM FALLING ASLEEP LONG AFTER I PUT DOWN MY PHONE ["BALANCING BEDTIME," SUMMER 2017].

AFTER READING THIS, I STARTED TO PUT MY PHONE AWAY A COUPLE OF HOURS BEFORE BEDTIME, AND I FOUND MYSELF FALLING ASLEEP SOONER AND FEELING MUCH MORE ALERT DURING THE DAY. I'M MORE PRODUCTIVE NOW THAN WHEN I WAS GLUED TO MY PHONE AT NIGHT. THANK YOU FOR THE TIP.

RHEAMA C.

NewYork-Presbyterian Brooklyn Methodist Hospital

Community Engagement

October, November, December 2017

NewYork-Presbyterian
Brooklyn Methodist Hospital
506 Sixth Street / Brooklyn, NY / 11215-3609

SUPPORT GROUPS ON THE NYPBMH CAMPUS

Alzheimer's Disease Wellness Support Group*
For patients with cognitive deficits/memory loss and their caregivers.
For times, dates, location and to register (required), call 718.246.8590.

Alzheimer's Disease Care 4 Caretakers*
For caretakers of patients experiencing cognitive deficits/memory loss.
For times, dates, location and 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 those who have lost an adult loved one during the past year.
Fri., 1:15 p.m.–2:30 p.m.
Eight sessions beginning Oct. 20.
For more information, location and to preregister (required), call 718.780.3396.

Brain Aneurysm Support Group
For individuals and their family members who want to gain awareness about brain aneurysms.
Sat., Oct. 7, Dec. 2, 9 a.m.–11 a.m.
For location and 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
Walk-ins welcome. No appointment necessary.
For more information, call 718.780.5078.

Caregivers Support Group
For family members and friends caring for an older adult.
Wed., Oct. 11, Oct. 25, Nov. 8, 3 p.m.–4:30 p.m.
Wesley House Room 6A, 501 Sixth Street
To register, call 718.596.8789.

Diabetes Support Group
For people with diabetes and prediabetes.
Thurs., Oct. 26, Nov. 30, 5 p.m.–6 p.m.
Buckley Pavilion Room 820, 506 Sixth Street
For additional information and to register, call 718.246.8603.

It Takes a Village: Postpartum Mood and Anxiety Support Group
For new and expectant parents who want to develop coping skills to deal with the stress and transition to parenthood.
Wed., Oct. 12, Nov. 9, Dec. 14, 1 p.m.–2 p.m.
Wesley House Room 3K-C, 501 Sixth Street
Walk-ins welcome. No appointment necessary.
For more information and to register, call 718.780.3771.

Look Good … Feel Better®
For women with cancer who want to feel beautiful inside and out.
Thurs., Nov. 16 2 p.m.–4 p.m.
Wesley House Room 6A, 501 Sixth Street
To register (required), call 718.780.3593.

MS Support Group
For individuals with Multiple Sclerosis.
Thurs., Oct. 12, Nov. 9, Dec. 14, 5 p.m.–6 p.m.
Buckley Pavilion Room 820, 506 Sixth Street
For additional information and to register, call 800.344.4867.

Parkinson's Disease Support Group
For those with Parkinson's disease. For times, dates, 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.
For times, dates, location and to register (required), call 646.704.1792.

Pulmonary Hypertension Support Group
For individuals with pulmonary hypertension.
Mon., Nov. 13, 5 p.m.–7 p.m.
Wesley House Room 7A, 501 Sixth Street
To register (required), call 718.780.5614.

Stroke Support Group
Share your experience, meet other survivors and hear from different stroke specialists at NYP Brooklyn Methodist Hospital.
Wed., Oct. 11, Nov. 8, Dec. 13, 2 p.m.–3 p.m.
Buckley Pavilion Room 820, 506 Sixth Street
For more information, call 718.780.3777.

Surgical Weight Reduction Seminar/ Support Group
A surgeon will lead this group. Open to pre- and post-operative patients.
Thurs., Oct. 26, Dec. 28, 6 p.m.–7:30 p.m.
East Pavilion Auditorium, 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.

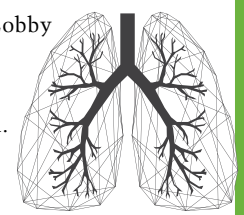
FRED. L. MAZZILLI LUNG CANCER SCREENING AWARENESS DAY

Free blood pressure and spirometry screenings, giveaways, celebrity appearances and educational lecture. Current or former heavy smokers can take a questionnaire to pre-qualify for a low-dose CT scan. Light refreshments will be served.

Thurs., Nov. 9, 11 a.m.–2:30 p.m.

Carrington Atrium Lobby
506 Sixth Street

Call 718.780.5367 for more information.



COMMUNITY EVENTS

Senior Health Seminars
Join the Hospital's doctors as they lecture about health topics that are important to older adults.
Wed., Oct. 18, Nov. 15, Dec. 20, Jan. 24 2:30 p.m.–3:30 p.m.
Brooklyn College Student Center
East 27th and Campus Road
Call 718.501.6092 to register (required).

World Stroke Day
Free blood pressure screenings. Specialists from the Department of Neurosciences will be available to answer questions. Educational materials and prizes will be given away.
Wed., Oct. 25, 11 a.m.–2 p.m.
Carrington Atrium Lobby
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 dieticians will be available to answer questions.
Wed., Nov. 15 11 a.m.–2 p.m.
Carrington Atrium Lobby
506 Sixth Street
Call 718.780.5367 for more information.