

thrive

WINTER 2014


THE HARMONY OF THE **HEART**

GENETIC TESTING
DOs and DON'Ts

CONNECTING THE DOTS
Hearing and Dementia

THE INFORMATION YOU NEED.
THE CARE WE PROVIDE.
THE COMMUNITY WE SHARE.

nym
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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

Thrive is published by New York Methodist Hospital. The material in *Thrive* should not be considered specific medical advice, as each individual circumstance is different. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

HIFU TRIAL UPDATE

The Fall 2013 issue of *Thrive* inaccurately reported active recruitment for a high intensity focused ultrasound (HIFU) clinical research trial in conjunction with prostate cancer treatment ("Future Focus," page 26). The trial is closed and no longer accepting applications. Our apologies for any inconvenience caused by the report.

THRIVE WINTER 2014

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THE HARMONY
OF THE HEART

16 SPECIAL
REPORT

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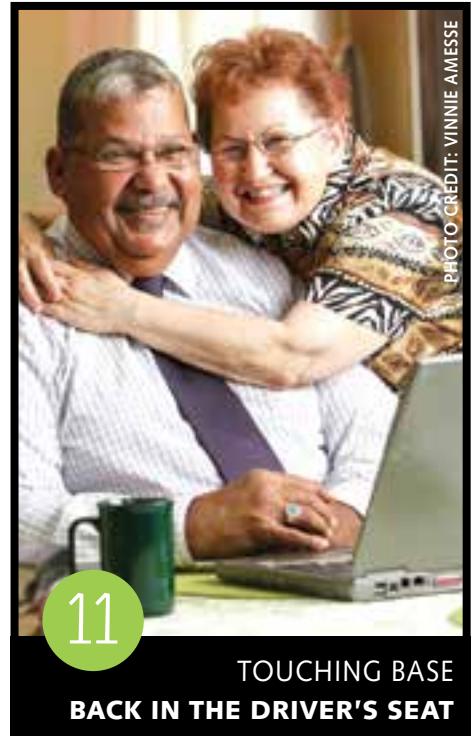
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PHOTO CREDIT: VINNIE AMESSE

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PHYSICIAN REFERRAL//718.499.CARE

Viewpoint

OUR GOAL
IS TO HELP
ALL BROOKLYN
RESIDENTS
BE HEALTHIER,
STRONGER AND
HAPPIER.



A POET ONCE wrote that “April is the cruellest month,” but I suspect that January or February would come in a close second. The festivities of the holidays have tapered off, and the celebratory spirit of the new year has started to wane. But the new year also provides us with an opportunity for rejuvenation. It brings a time for assessment and recalibration of what is and isn’t working in our lives. If you are interested in incorporating more healthy decisions into this coming year, this issue of *Thrive* is a great place to start.

One of my favorite things is playing golf. I love being outside, surrounded by the green. But, golf is not a wintertime sport, and I am often at odds about how to keep active off the golf course. “New Year, Healthier You” on page 5 has some tips on incorporating exercise into a daily routine.

Keeping spirits up during the long haul of winter can sometimes be a challenge. But if you are unable to break out of the “Wintertime Blues,” be aware of the symptoms of Seasonal Affective Disorder (SAD). This issue provides a comprehensive summary of the disorder on page 27—along with steps to take for treatment.

I’m no cook, but I note that this issue’s “Consumption Junction” has some delicious soup recipes on page 22, and offers a handy chart of healthy kitchen substitutions. Try a scoop of yogurt in place of sour cream and see if you can tell the difference!

We continue to be thrilled with the feedback we’ve received about *Thrive*, and encourage you to reach out and share your thoughts at askthrive@nym.org.

I hope that this new year brings you and your loved ones peace, joy and good health.

Cordially,

Mark J. Mundy
President and
Chief Executive Officer

www.nym.org
www.facebook.com/NewYorkMethodistHospital





YOUR HEALTH IN A HEARTBEAT

IT'S DIFFICULT FOR MANY OF US TO KEEP UP WITH THE LATEST NEWS AND INFORMATION CONCERNING HEALTH. HERE'S A QUICK RUNDOWN OF RECENT DEVELOPMENTS TO KEEP YOU IN THE KNOW.

AN UNBREAKABLE BOND

Research shows that physical touch reduces anxiety and stress and is believed to promote trustworthiness, particularly between moms and babies. The reason? Hugging and touching affects the release of a hormone called oxytocin, which promotes feelings of attachment and bonding.

Further proof of these findings is evident in Kangaroo Care—a technique of nurturing newborns with skin-to-skin contact. NICU nurses at New York Methodist Hospital agree with a report published in *Neonatal Network: The Journal of Neonatal Nursing* that says close contact between mom and baby through Kangaroo Care provides warmth, stimulates lactation, promotes better sleep quality, encourages weight gain in premature babies and reduces stress, to name just a few advantages.



THE HIGH COST OF SMOKING



If you think cigarettes, cigars and pipe tobacco cost a lot, you are right. The initial price is minimal, however, when compared to the expense of health issues that can develop from a smoking addiction, including heart disease, chronic obstructive pulmonary disorder (COPD) and lung cancer—the latter being the leading cause of cancer deaths in the U.S., claiming approximately 159,000 lives annually.

If you are a current or former smoker with a smoking history of 30 pack years (equal to smoking a pack daily for 30 years, two packs daily for 15 years, or three packs daily for 10 years) and are age 55 to 74, you are considered at highest risk for developing lung cancer. Talk with your healthcare provider about a lung CT screening to detect lung cancer at its earliest, most treatable stages.

NEW YEAR, HEALTHIER YOU

The first quarter of the new year is the perfect time to adopt healthy habits. Consider these:

- + **BE A SELECTIVE EATER.** Choose regular or sparkling water over sugar-laden beverages to avoid empty calories. Get the recommended four to six servings of fruits and vegetables daily by stirring fruit into your morning oatmeal and adding extra vegetables to favorite recipes.
- + **GO THE EXTRA MILE.** Accumulate 30 to 60 minutes of daily exercise by walking to your destinations, when possible, and opting for an extra lap around the block before going inside if time and the weather allow. Build your fitness level by jogging for one or two minutes after every 10 minutes walked. Elevate your heart rate by taking the stairs for four flights before riding the elevator.



24

NUMBER OF **BEDS** IN NEW YORK METHODIST'S **LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU)** WHERE KANGAROO CARE IS ENCOURAGED TO HELP PARENTS BOND WITH AND STIMULATE THE GROWTH OF PREMATURE AND CRITICALLY ILL NEWBORN BABIES.

BY THE NUMBERS

200,000

ESTIMATED NUMBER OF **AMERICANS DIAGNOSED ANNUALLY WITH LUNG CANCER.** GET SCREENED AT NEW YORK METHODIST HOSPITAL, WHICH OFFERS THE FREE FRED L. MAZZILLI LUNG CANCER SCREENING PROGRAM. CALL 718.780.LUNG TO LEARN MORE.

21

5

PERCENT OF HARRIS POLL SURVEY RESPONDENTS WHO LISTED **WEIGHT LOSS AS A NEW YEAR'S RESOLUTION** IN 2013.

1

New York Methodist Hospital's Department of Volunteer Services believes in the power of books. Volunteers read to children in the Pediatric Clinic waiting room through the Reach Out and Read program, and provide children in the clinic and Hospital with free books. Visit www.nym.org and search for "Reach Out and Read" to learn more.



STORYTELLING 101

Reading to children daily helps them achieve logical thinking and language skills—critical elements of childhood development, according to doctors in New York Methodist Hospital's Department of Pediatrics.

To foster this growth in your child, start a reading ritual

shortly after bringing her home from the hospital. By age five, children should reach these milestones:

- + Speak sentences longer than five words.
- + Properly use future tense.
- + Remember parts of a story.
- + Retell stories.

As your child grows older, reading to him after he changes into pajamas can help establish a bedtime routine. If your child has trouble giving you his full attention, engage him by introducing a new story, modifying your voice for different characters or skipping to his favorite part of the story.

2

ADD SOME SPICE

Doctors at NYM's Institute for Cardiology and Cardiac Surgery recommend consuming less than 1,500 milligrams of salt daily. This doesn't mean, however, that your taste buds should endure a bland existence.

Fresh herbs like rosemary, thyme, basil or cilantro can add zest to practically any dish. Try replacing the salt in your shaker with dried spice blends. You'll never miss the sodium when you sprinkle cayenne and cumin onto popcorn or grind herbs de Provence over a heart-healthy choice like a poached egg.

When it comes to adding flavor to proteins, dry mustard makes an excellent meat rub, and freshly grated horseradish and lemon zest baked on top of fish can transform the ordinary into a signature dish—all sans the salt.

Canker Sore or Fever Blister?

Canker sores are blisters inside the mouth that have burst. They may be triggered by stress, nutritional deficiencies or hormonal changes. They're not infectious, and related pain can usually be treated with a warm saltwater mouth rinse.

In contrast, fever blisters occur in and around the mouth or nose and are caused by the herpes simplex virus—the HSV-1 strain in most cases. HSV spreads through close contact like kissing, sharing eating utensils or toothbrushes, or touching infected areas. Fever blisters come and go, but HSV remains in the body and can be passed to others even if fever blisters aren't present. Over-the-counter ointments can usually help soothe fever blister discomfort.

Both canker sores and fever blisters typically resolve on their own, but if you have persistent pain or issues with either, visit a doctor or dentist for treatment advice.



3

Day *of* Dance®



Get Your Dance On!
Saturday, April 12, 2014

*Across the United States and in your community —
dance, learn simple ways to stay healthy, enjoy music
and participate in health screenings.*



*Exclusively at Your
Spirit of Women Hospital*

Date: April 12, 2014

Time: 10a.m. – 2p.m.

Location: New York Methodist Hospital,
Carrington Pavilion
506 Sixth Street
Brooklyn, NY 11215

Admission Fee: \$10 for Spirit Members;
\$15 for non-members (children 12 and under free);
Sign up for your free Spirit Membership
at www.nym.org/spirit.

For More Info: Please call (855) NYM WELL (855-696-9355)
or visit www.nym.org/dance.

Event Information: Grab your friends and family and join us as we dance our way to health! The day will be filled with adult and children's dance classes and performances guaranteed to get your heart pumping and put a smile on your face. Win great raffle prizes. Light refreshments will be served.

THE PREGNANCY TEST RESULT IS POSITIVE,
AND NOW YOU HAVE LESS THAN NINE MONTHS
TO PREPARE! HERE'S A GUIDE TO HELP YOU
CROSS SOME ITEMS OFF YOUR TO-DO LIST.

BABY PREP, Step-by-Step

month

1

+ **Turn your home into a healthy haven.** Stock your kitchen with healthy foods, including whole grains, fresh and frozen vegetables and fruits, low-fat dairy products, and lean proteins. Replace soft drinks with filtered or bottled water. Clear a space in your living room where you can do prenatal yoga. If you smoked prior to pregnancy, throw out all tobacco products.

+ **Choose the person who will deliver your baby.** Schedule introductory meetings with several obstetricians and/or midwives and ask about their approaches to prenatal care and childbirth.

"Choose the doctor or midwife who makes you feel most comfortable," says **Anne Gudi**, certified nurse midwife at Park Slope Midwives. "Once you decide what kind of birth experience you want to have, you can make a choice that will help you to align birthing strategies with your preferences."

+ **Start taking prenatal vitamins.** Complement a balanced, healthy diet with prenatal vitamins, available over the counter or by prescription if your doctor thinks you need additional supplements.

2

+ **Create a birth plan.** Do you prefer a natural delivery or would you be open to discussing medical alternatives for safe birth? Do you want to let your labor progress on its own, or would you want your doctor to speed up the process with medication? Who do you want to attend the birth?

"Discuss your birth plan thoroughly with your obstetrician or midwife and family so that there are as few surprises as possible during labor," says **Sanford Lederman, M.D.**, chair of the Department of Obstetrics and Gynecology and a maternal-fetal medicine specialist at New York Methodist Hospital. "Make sure your doctor or midwife understands and agrees with your preferences."

3

+ **Schedule your first prenatal visit.** The first visit should occur around week 11 or 12. During this visit, you may undergo a first trimester screening, which includes a blood test and an ultrasound to test for chromosomal abnormalities such as Down syndrome.

"Many women think a positive screening result means their child has Down syndrome, but that's not necessarily true," says **Natan Haratz, M.D.**, director of women's imaging and prenatal testing at NYM. "It simply means the pregnancy should be watched and further testing may be recommended."

LIFE BEGINS HERE

Life Begins at NYM is a program for women planning to deliver at New York Methodist Hospital. Life Begins gathers all of the Hospital's pregnancy and childbirth services into one streamlined experience for mothers, newborns and their families, including:

- + Prenatal testing through the Advanced Women's Imaging and Prenatal Testing Center.
 - + Childbirth and breastfeeding classes.
 - + Cord blood services.
 - + NICU support.
 - + Private rooms and private dining availability.
- From the first prenatal test to delivery day, staff members guide expectant mothers through a smooth and seamless Hospital birthing experience and beyond. Moms-to-be can sign up by calling 855.LIFE.NYM (855.543.3696).

For obstetrician and midwife referrals, call New York Methodist Hospital's Physician Referral Line at 718.499.CARE (718.499.2273) or visit www.nym.org and click on "Find a Doctor."

4

- + **Start decorating the nursery.** Now that you're in your second trimester, leave the heavy lifting to others. Enlist the help of your partner, parents, siblings, older children and friends. Assembling the crib, painting, hanging wall-paper and decorating can help those closest to you and your baby mentally prepare for the new family member.

7

- + **Get a Tdap booster vaccine.** Protect your newborn from whooping cough by getting a tetanus, diphtheria and pertussis (Tdap) booster vaccine between weeks 27 and 36. Encourage your family and baby's caretakers to do the same.
- + **Be the guest of honor at your baby shower.** Let your friends or family host a baby shower for you. Make gift giving easy for those who want to welcome your new addition by registering at local baby supply stores or with online retailers.

5

- + **Schedule an ultrasound.** At around 20 weeks, your doctor or midwife may refer you to an ultrasound specialist to make sure everything is fine with the pregnancy.

8

- + **Pack your hospital bag.** Place your packed bag beside the door by week 35. Include hospital forms, insurance information, a change of clothes for you and a clean outfit and blanket for the baby, maternity bras, toiletries, and a tablet or reading materials.

6

- + **Get a glucose screening.** Your provider may recommend a glucose test around this time to screen for gestational diabetes.
- + **Register for a childbirth class.** Childbirth classes teach moms-to-be about everything from breathing and pain management techniques to the stages of labor and basic infant care. Prepared Childbirth Courses at NYM are offered at a variety of times to suit many schedules. Registration is available online at classes.nym.org.
- + **Register to tour the hospital.** Familiarize yourself with the location of your delivery so you feel more comfortable on delivery day. Moms who sign up for childbirth classes at NYM are given a complimentary tour of the Hospital's labor and delivery areas, including the Level III neonatal intensive care unit (NICU) for special deliveries and the Mother-Baby Unit.

9

- + **Choose a pediatrician.** Ask your obstetrician, midwife, friends or family members for pediatrician referrals. Check physician credentials and call the office to ask if the doctor is accepting new patients. Visit the office to determine that the location is convenient and that the waiting room is clean.
- + **Select a car seat.** Choose one that meets National Highway Transportation Safety Administrations standards, and install it in advance, if possible. New York City taxi drivers are required to let you install your infant's car seat when you take a cab—a move highly recommended by vehicle safety proponents.

Keep your skin healthy

all winter long

with these suggestions.

ANATOMY INSIDER

10

avoiding Winter Weather SKIN WOES

ITCHY, DRY SKIN is a common complaint during the winter when there is less humidity in the air.

"The wind and cold of a Brooklyn winter can exacerbate dry skin and discomfort, especially if you have eczema or psoriasis [see "Eczema and Psoriasis Explained"]," says **Stephen Danziger, M.D.**, chief of dermatology at New York Methodist Hospital. "The sun can also do damage when the weather is cold, particularly in people who spend time outdoors, so it is important to wear sunscreen year-round."

For more comfortable skin during harsh winter weather, Dr. Danziger also recommends:

- + **Making sure your skin stays moist.** While a hot shower may help to invigorate you on a cold morning, it could also aggravate dry skin and cause even more itching. Dr. Danziger advises taking a brief, lukewarm shower or bath instead, using a mild soap, gently drying skin with a soft towel, and moisturizing after bathing.
- + **Hydrating and humidifying.** Drink water throughout the day. It's good for the body and may even help keep your skin hydrated. Use a humidifier to replenish the moisture that's sapped by indoor heat sources.
- + **Checking the label.** Clothing made of heavy fabrics, such as wool or wool blends, can cause itching. Invest in all-cotton undergarments that allow the skin to breathe, and layer warmer clothing over them.

"Dressing in layers can help you regulate your skin's reaction to temperature shifts," Dr. Danziger says. "Well-intentioned parents often overdress children during the winter, and this can cause heat rash even when the temperature is below zero."

ECZEMA + PSORIASIS EXPLAINED



ECZEMA is characterized by patches of rough, inflamed skin—often with severe itching. It can develop as a response to an irritant, stress or rapid temperature fluctuation.

"Patients with eczema don't retain a normal amount of water in their skin cells, which leads to dryness, cracking and itching and, in some cases, can be incapacitating," says Dr. Danziger. "Patients with eczema should use moisturizers that don't contain vitamins or herbal or vegetable extracts, as these can cause allergic reactions."

PSORIASIS is an auto-immune disease that often appears on the skin as elevated red patches and occurs when the immune system signals the body to overproduce skin cells.

"Psoriasis has a genetic component," Dr. Danziger says. "In severe cases, it can cover large areas of the skin and be extremely uncomfortable as well as embarrassing. Such patients may even need hospitalization."

TREATMENTS

For patients coping with skin inflammation due to eczema or psoriasis, a dermatologist may recommend over-the-counter topical creams, doctor-administered ultraviolet light therapy (not in tanning salons) or prescription medications, depending on the severity of the condition and the patient's medical history.

"Every patient is unique and needs custom-tailored—not cookbook—treatment," Dr. Danziger says. "Patients should not hesitate to ask their dermatologist for advice. That's what we are here for."

BACK IN THE **DRIVER'S** SEAT

TOUCHING BASE

The sound of his wife
screaming woke Domingo DeJesus,
and he was able to quickly
right the car back into the lane.

11



"IF SHE HADN'T screamed, I don't want to think about what would've happened," Domingo says. "We might not be here."

Getting a full night's sleep had been a challenge for Domingo for years, at least as long as he had been carrying extra weight.

"Because of my weight, I had difficulty lying flat on the bed," he says. "So for years, I slept in my recliner, but even then, sleep was fleeting."

He had trouble falling asleep, and once he did doze off, he would wake easily and be unable to go back to sleep again. Domingo says he was chronically exhausted.

Even though he started to lose weight, sleep remained elusive.

"I work in sales, and I am on the road a lot," Domingo says. "When I would get tired, I would pull over to a rest area and nap for an hour or two. Sometimes, though, I

would catch myself nodding off at the wheel. And when I fell asleep with my wife in the car, I knew I needed to see a doctor."

A LIFE-CHANGING DIAGNOSIS

When Domingo's primary care doctor heard his symptoms of excessive daytime sleepiness and difficulty sleeping, he referred Domingo to **Jeremy Weingarten, M.D.**, medical director of New York Methodist Hospital's Center for Sleep Disorders (CSD), for a sleep study (also known as a polysomnogram). The CSD is a cutting-edge facility that uses the latest technology to conduct sleep studies for the diagnosis and treatment of sleep problems. The CSD also has dedicated rooms for pediatric patients and heavier patients who are candidates for weight-loss surgery.

"During an average lifespan, a person will typically spend more than 25 years of his or her life asleep," Dr. Weingarten says. "However, more than 40 million Americans have a chronic sleep disorder, such as insomnia or apnea. Many people think that apnea is another word for snoring. However, sleep apnea is also characterized by regular periods of interrupted breathing—breathing just stops."

This occurs during sleep as the body's muscles—including muscle tissue in the throat of those with apnea—relax, leading to an obstructed airway. When the lungs cannot



PHOTO CREDIT: VINNIE AMESSE



Do you have a good story to share about your time at New York Methodist? Let us know, and we will consider it for publication. Please send an email to mythrivestory@nym.org.

SLEEP QUIZ

IF YOU THINK YOU OR SOMEONE YOU KNOW MIGHT HAVE A
SLEEP-RELATED HEALTH ISSUE, DOWNLOAD AN EDUCATIONAL
QUESTIONNAIRE THAT CAN HELP IDENTIFY SYMPTOMS FROM
WWW.NYM.ORG/UPLOADEDDOCUMENTS/SLEEP_PROBLEMS_QUESTIONNAIRE.PDF
OR SCAN THE QR CODE.



get enough air and breathing is disrupted, the body instinctively wakes up.

For people with sleep apnea, this sleep-obstruction-wake cycle happens dozens of times per hour during sleep. Such erratic sleep patterns take a toll on the body, not only leading to chronic exhaustion, but also to a heightened risk of high blood pressure, heart attack and stroke.

"We began Mr. DeJesus's sleep study at 8:00 p.m., and it ended at 7:00 a.m. the following day," says **John Cunningham**, chief polysomnography technologist at the CSD. "During the study, we monitored his brain waves, eye movements, breathing, leg movements, lung function and other vital functions. We want our physicians and sleep experts to have all the information they need to evaluate a patient's health during sleep. We're not testing for one sleep disorder—we're testing for all of them, in one night."

"I was a bit nervous going in," Domingo remembers. "Sleeping has never been my strong suit, and the idea of a 'sleep laboratory' didn't help, but I was really surprised and relieved by how comfortable it was. Yes, there were some wires attached to me, but otherwise, it felt like I was in a hotel. I was excited to figure out what was going on—I was tired of feeling like I always needed a nap."

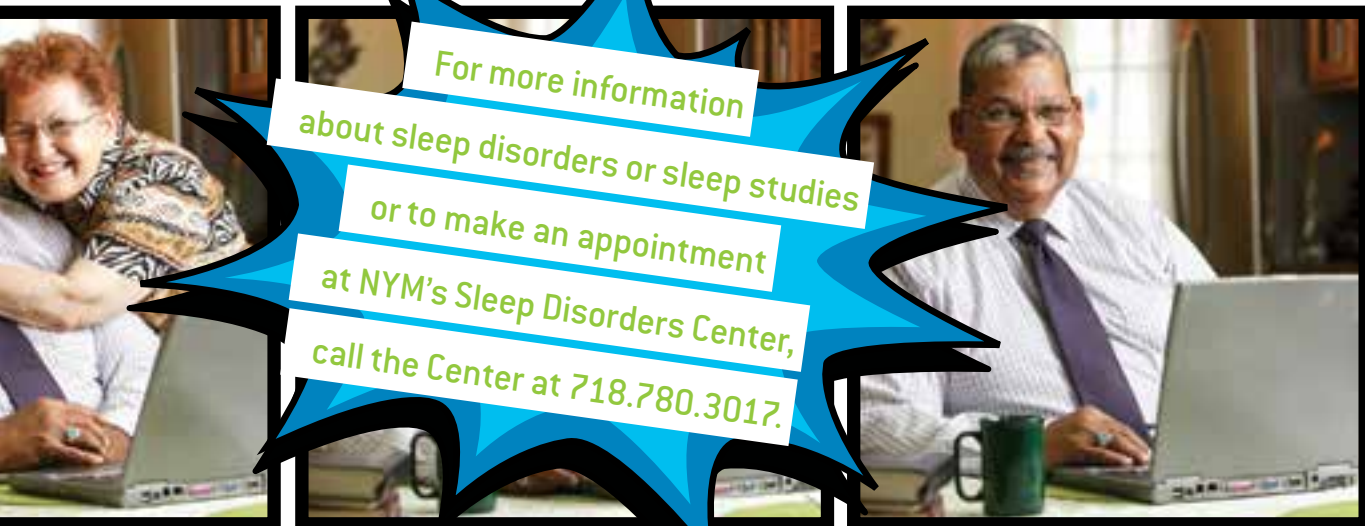
Domingo's sleep test revealed that breathing difficulties disturbed his sleep eight times every hour. In other words, he was waking up 64 times over the course of eight hours of sleep! The diagnosis was clear: he had sleep apnea.

SLEEPING LIKE A JET PILOT

To address the apnea and the negative effect it had on his life, Domingo received a prescription for continuous positive airway pressure (CPAP), which is administered through a small, bedside machine attached to a mask worn during sleep. CPAP uses mild air pressure to keep the air passage open, thus allowing for unobstructed breathing and uninterrupted sleep. And to Domingo's relief—it worked. He slept like he hadn't slept in years.

"I had no idea I was as tired as I was until I experienced what being rested felt like," Domingo says. "CPAP has changed my life. Wearing the mask at night took a little getting used to, but I just pretended I was a jet pilot, and before I knew it, I was waking up in the morning. It has been incredible."

"I continue to work on reducing my weight, and the CPAP has helped me on that front too," Domingo says. "I have energy now. I am able to think more clearly and make better, healthier choices. I didn't expect that a good night's sleep would affect my life in so many ways."



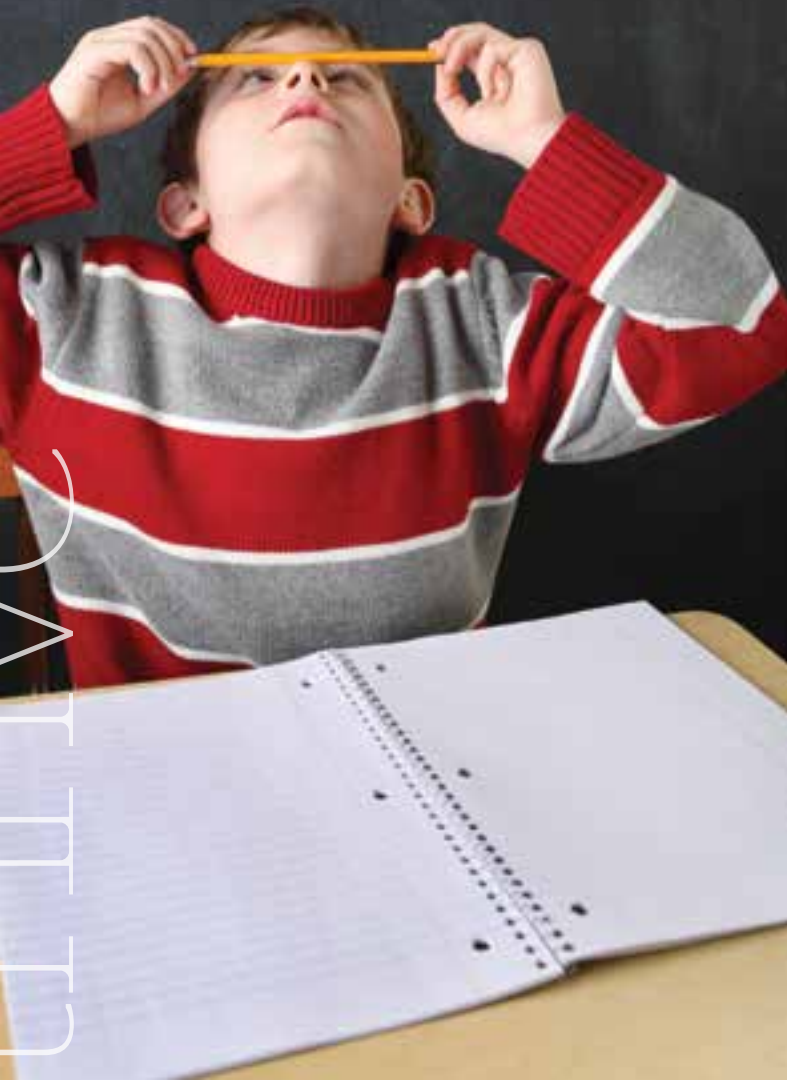
For more information
about sleep disorders or sleep studies
or to make an appointment
at NYM's Sleep Disorders Center,
call the Center at 718.780.3017.

TO MEDICATE OR NOT

That Is the Question

14

KID ZONE



ATTENTION DEFICIT HYPERACTIVITY DISORDER, OR ADHD, CAUSES SYMPTOMS LIKE POOR CONCENTRATION AND BRASH AND/OR HYPERACTIVE BEHAVIOR. WHAT ARE THE FACTS ABOUT TREATMENT OPTIONS FOR ADHD?

TWO EXPERTS WEIGH IN.

THE TREND TOWARD TREATING ADHD with medication followed the 1999 publication of a large study sponsored by the National Institute of Mental Health. The study compared behavioral therapy, medications and a combination of both. It concluded that medications were most effective at reducing symptoms of uncomplicated ADHD and that combined therapy was most effective for kids with ADHD and other issues.

A 2009 follow-up study, however, found that medication might not provide the solution for all children with ADHD, and that treatments should vary based on individual situations.

The study further suggested that, regardless of treatment method, the best outcomes occurred in stable, supportive environments.

SETTING A SERENE SCENE

At home and school, parents of children with ADHD should first focus on reducing distractions that interfere with a child's ability to concentrate. To help a child with ADHD stay on track without medication, parents may try:

- + Finding a quieter place to do homework.
- + Sitting with the child to keep him or her focused on tasks.
- + Establishing routines for bed, bath and play times, meals, and homework.

In addition, it is important for parents to reach out to their child's teachers and provide a clear understanding of the child's condition. Children with ADHD need a knowledgeable teacher who understands symptoms of the disorder and supports distraction-reducing techniques.

BUILDING BETTER BEHAVIOR

Behavioral interventions are another treatment method not dependent on drugs. These are aimed at helping children with ADHD improve social skills and develop study habits that boost classroom performance.

ADHD DEFINED

The clinical definition of attention deficit hyperactivity disorder (ADHD) has evolved over time. Currently, ADHD is divided into three subcategories:

- + Predominantly inattentive ADHD (little or no hyperactivity or impulsivity).
- + Predominantly hyperactive-impulsive ADHD (few or no attention deficits).
- + Combined ADHD (inattention and hyperactivity-impulsivity).

For more about ADHD, including specific symptoms, visit www.nym.org, choose "Health Library" and click "Attention deficit hyperactivity disorder."

IS IT ADHD?

NOT ALL highly active children have ADHD. A high activity level could indicate that a child is overtired, has a language delay, is "acting out" to get a parent's attention or is simply energetic.

NOT ALL children with short attention spans have ADHD. A child who exhibits difficulty focusing could have a learning disability, a conduct disorder, depression, anxiety, or a vision or hearing deficiency.

"It is also important to note that 40 percent of children with ADHD may meet the criteria for a second diagnosis," says Dr. Gottlieb. "It is critical when diagnosing to identify all the possible factors affecting the child's development."



"Cognitive behavioral therapy helps children who have ADHD with practical skills like time management and organization," says **Jeanne Goodman, M.D.**, child psychiatrist at New York Methodist Hospital. "Kids with ADHD may also miss social cues, but cognitive restructuring helps them learn to recognize these indicators and respond appropriately."

"Behavioral therapy for parents can help when ADHD symptoms create difficulty at home, too," Dr. Goodman continues. "Parent management training focuses on changing a child's behaviors using rewards, praise, constructive time together, and also consequences, when appropriate."

LEADING WITH LIFESTYLE FACTORS

Healthy lifestyle practices help children reach their full potential, and kids with ADHD are no exception. Getting the proper amounts of exercise and sleep is key.

"Children with ADHD have the same physical activity needs as any other child [60 minutes per day or more of aerobic activity for kids ages six to 17] to promote general health, but this will not lessen hyperactivity," says **Susan Gottlieb, M.D.**, chief of developmental pediatrics at NYM. "When considering organized activities, keep in mind that children with ADHD generally do best in individual sports like swimming, martial arts, or track and field, where they are competing against their own personal best."

Research has also suggested that getting the appropriate amount of sleep (eight to 12 hours per day for school-age children) can help children function better at school.

"A child with ADHD needs a regular sleep schedule like any child," Dr. Gottlieb says. "Chronically sleep-deprived children can be irritable and prone to tantrums, especially at the end of the day."

WEIGHING THE ROLE OF NUTRITION

Since the 1970s, researchers have studied how sugar or artificial food additives such as dyes, flavorings and preservatives

might contribute to ADHD symptoms, but no clear link has been established. Researchers have also looked into vitamin supplements and cognitive enhancers with similar unproven results.

"There are no well-controlled studies that implicate food or food additives as a cause of ADHD symptoms," Dr. Gottlieb says. "But if parents notice that a specific food creates a problem for their child, they should limit or eliminate it altogether."

Some foods, as part of a balanced, healthy diet, may complement ADHD treatment, according to an article published in *Attention*, the magazine of the national nonprofit organization CHADD (Children and Adults with Attention Deficit Hyperactivity Disorder). These include:

- + **Essential fatty acids** (EFAs), which aid communication between brain cells. EFAs are primarily found in fish.
- + **Complex carbohydrates** from whole grains and fruits, which provide sustained energy throughout the day. Cut back on simple carbohydrates in processed and snack foods, as they can cause energy levels to rise and fall quickly.
- + **Protein**, which offers a long-lasting, steady source of energy throughout the day. Serve lean meat, fish, dairy or soy.

KNOWING WHEN TO USE MEDICATION

If a child with ADHD continues to have difficulty at home and in school after using reduced distraction techniques and behavioral therapy, then medication may be the next step. Dr. Gottlieb introduces ADHD medication on a trial basis with the child under the close supervision of parents and teachers.

"My pledge to families is that we start with the lowest dose possible and titrate the medication slowly and carefully until the child's ability to focus is improved," Dr. Gottlieb says. "Every family has heard of a child who is a 'zombie' on ADHD medication, but that does not occur when medication is used carefully and judiciously."

HARMONY OF THE HEART THE

Your heart is a muscular organ that beats an average of 100,000 times a day, pumping blood throughout your body to deliver nutrients and oxygen and haul away waste products. It relies on two distinct systems—electrical and hydraulic—to maintain this balance.

THE SYSTEMS OF a healthy heart work with an efficiency that any factory foreman would envy. A glitch in either process, however, can throw production dangerously off track. Here's a look at both systems and how they interact.

1 *Lub-DUB, lub-DUB.* There is a comforting familiarity in the sound of a beating heart—a rhythm so routine, we often take it for granted. It's the heart's electrical system that makes this soundtrack of life possible.

GIMME A BEAT

Quite simply, the heart beats because its electrical system prompts it to do so. A group of cells in the heart called the sino-atrial (SA) node controls the heart's rhythm by generating an electrical impulse from the right atrium (right upper chamber) to the left atrium. The signal spreads, causing the atria and then the heart's two lower chambers (ventricles) to contract and send blood speeding through the body's veins and arteries.

"The body has a battery like a car," says **Gioia Turitto, M.D.**, director of electrophysiology services at New York Methodist Hospital. "Even if the engine—the heart muscle—and the wheels—the blood vessels—are in working order, the car won't move if it doesn't receive appropriate electrical stimulation from the battery. So, the heart's electrical system generates a signal that flows through specialized pathways to

the different sections of the heart and allows them to function in sync."

MOVING TO A DIFFERENT RHYTHM

Change can be good, but not necessarily when it involves the heart's electrical system. When the system is disrupted by an adverse reaction to medication or a medical condition—such as high blood pressure, a heart attack or an overactive thyroid—an abnormal heartbeat called arrhythmia can develop.

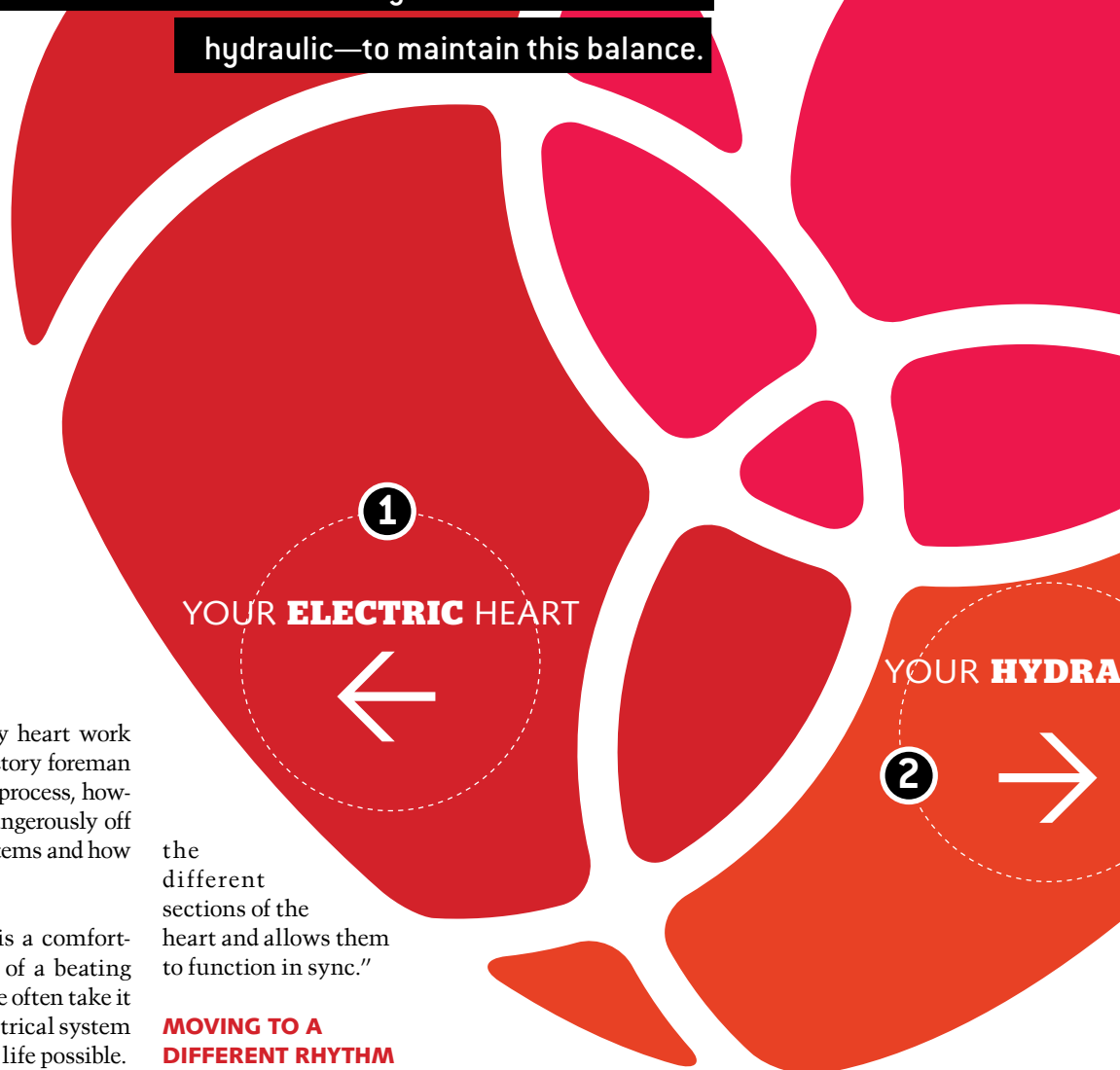
When the heart beats too fast, the arrhythmia is known as a tachycardia. If the heart beats too slowly, it's called a bradycardia. These abnormal heartbeats are often diagnosed using an electrocardiogram—a noninvasive test that measures the speed and rhythm of the heart's contractions—or an electrophysiology study, a minimally invasive procedure in which electrodes are guided to the heart to measure the electrical signal.

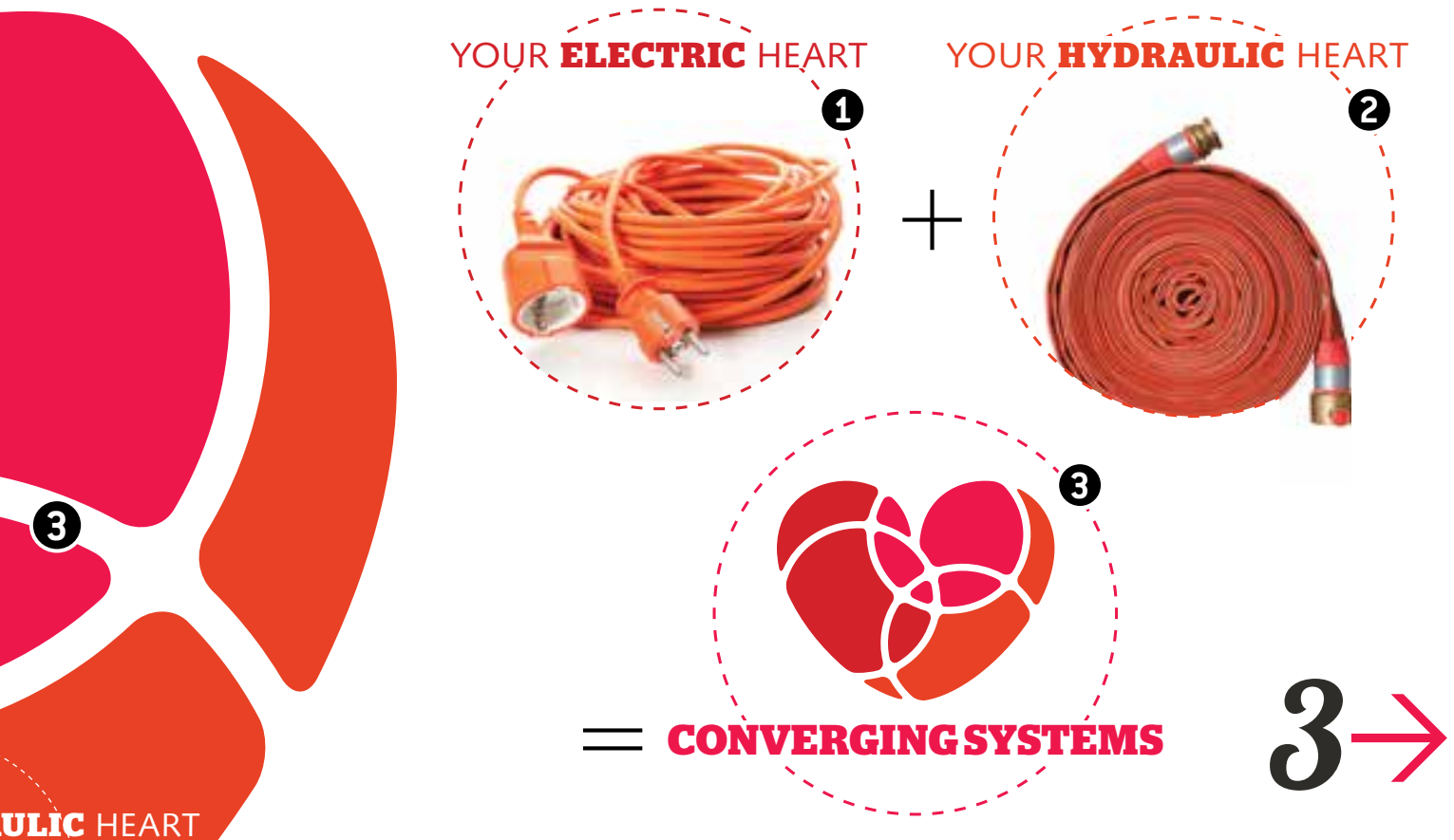
Diseases that cause slow heartbeat become increasingly common with aging, while conditions associated with fast

heartbeat may occur at any age, according to Dr. Turitto. A slow heartbeat might cause dizziness, fatigue or loss of consciousness, and may require treatment with an artificial pacemaker—a surgically implanted battery that works like the natural cardiac electrical system—to control heart rhythm.

"Tachycardias, on the other hand, start and stop suddenly like rainstorms," Dr. Turitto says. "They are associated with palpitations, fainting and, often, shortness of breath."

Most arrhythmias can be treated with ablation—radiofrequency energy delivered through a catheter to destroy the cells that are causing abnormal electrical impulses in the heart. Some patients, however, require a defibrillator implant to regulate their heart muscle so it beats in an orderly and efficient manner.





VESSELS VEXED

A variety of factors contribute to circulatory system problems, including many that are controllable—like eating a diet high in fat, sodium and sugar; smoking tobacco; getting too little exercise; and being overweight. Some circulatory conditions include:

+ **Coronary artery disease (CAD)**—The most common cause of death in the United States, CAD occurs when plaque accumulates in arteries leading to the heart. Blood or imaging tests can be used to diagnose the disease. Lifestyle changes and medications are often prescribed for mild or moderate CAD.

If hardening or narrowing of the arteries is advanced, a cardiologist may recommend angioplasty with optional stenting—a procedure in which plaque is compressed against the artery walls to restore blood flow—and if the arterial wall needs support, a mesh stent is inserted to hold the artery open. If the artery is too damaged for angioplasty, bypass grafting may be recommended to reroute blood around the blockage through a different artery. Cardiac magnetic resonance imaging helps cardiologists at NYM determine whether one of these procedures is appropriate.

+ **Peripheral artery disease (PAD)**—This disease is characterized by plaque build-up in the arteries of the extremities, particularly the legs.

“PAD can cause numbness in or ulcers on your feet because plaque in the arteries cuts off circulation,” says **Maureen Wang, M.D.**, a cardiologist affiliated with NYM’s Institute for Cardiology and Cardiac Surgery, home to the largest interventional cardiology program in Brooklyn. Many of the same techniques used to diagnose and treat CAD can also be used for PAD.

+ **Valvular heart disease**—Four valves in the heart keep blood flowing in the right direction. If a valve malfunctions due to a heart attack, aging, plaque, high blood pressure or an infection, your cardiologist may recommend repairing or replacing it. Transcatheter aortic valve replacement, an innovative treatment now offered at NYM, involves exchanging the damaged valve for a prosthetic one using minimally invasive techniques.

+ **Congestive heart failure**—This typically chronic condition is often caused by CAD and erodes the heart’s ability to pump effectively. Heart failure patients typically take medications to help the heart function. Bypass surgery or angioplasty may be recommended for certain individuals.

In the second system—the mechanical cardiovascular system—the heart muscle pumps blood that’s freshly oxygenated after visiting the lungs through the arteries, to all parts of the body. Arteries eventually give way to smaller vessels called arterioles and capillaries, where the blood delivers its payload of oxygen and nutrients to cells. Loaded with carbon dioxide waste, the blood then flows against the pull of gravity, thanks to muscle contractions and a series of valves, through the veins, back to the heart to begin the journey again.

“Circulation is a complex, beautiful process, but like any hydraulics system, if the flow in any direction is altered or impaired, it could impact the function of the organs,” says **Terrence Sacchi, M.D.**, chief of the Division of Cardiology at NYM. “When someone has a heart attack, for example, it’s because a blockage in an artery restricts blood flow to the heart. The most common type of stroke [ischemic] occurs when an artery that delivers blood to the brain is obstructed. These are blood vessel diseases, but they significantly impact other areas of the body.”

CONVERGING SYSTEMS



3

The electrical and cardiovascular systems perform vastly different functions, but do not let their dissimilar duties fool you into thinking either network could survive without the other.

"The electrical system is responsible for getting the heart to pump in a timely fashion—if it fails, that could affect the delivery of blood to the heart and the rest of the body," Dr. Wang says. "On the other hand, the electrical system depends on a reliable blood supply for needed nutrients. An arterial blockage restricting blood flow to the heart could cause it to malfunction."

In other words, your electrical and cardiovascular systems are interdependent, and you need both of them to keep the beat going.

NYM's Institute for Cardiology and Cardiac Surgery provides comprehensive prevention, diagnosis and treatment for your dual heart systems. For a referral to an Institute-affiliated physician, call 1.866.84.HEART (866.844.3278).

TAKE CARE OF YOUR TICKER



LET NYM HELP YOU MAKE A NEW START FOR YOUR HEART DURING AMERICAN HEART MONTH IN FEBRUARY. GET TIPS FOR LIVING A HEART-HEALTHY LIFE THROUGHOUT THE MONTH BY VISITING THE NYM FACEBOOK PAGE. VISIT [FACEBOOK.COM/NEWYORKMETHODISTHOSPITAL](https://www.facebook.com/newyorkmethodisthospital) OR SCAN THE ACCOMPANYING QR CODE USING YOUR MOBILE DEVICE.



What Does It Feel Like?

A stack of folded blankets piled onto your chest, a spicy meal coming back to haunt you, the world swimming around you—symptoms of a heart attack can mimic any of these sensations.

Signs of a heart attack vary depending on factors like age and presence of other diseases. Chest pain is the closest thing to a ubiquitous symptom—many men and women experience it during a heart attack, but in a variety of ways. Pain can be slight, significant, persistent or intermittent.

What an individual feels during a heart attack may also be related to gender. Women are more likely to experience additional symptoms of breathlessness, nausea, vomiting, and pain in the back or jaw. An unexplainable, sustained sense of fatigue is another warning sign, particularly for women. Both men and women may develop a cold sweat or dizziness.

Some people have heart attacks without even realizing it. These so-called “silent” heart attacks may cause mild symptoms, such as arm pain or fatigue.

When a heart attack occurs, swift treatment is essential to restore blood flow to the heart so that the muscle sustains as little damage as possible. That’s why it’s important not to let fear of embarrassment keep you from having unusual symptoms evaluated. Call 911 immediately after noticing symptoms, and tell the operator that you think you may be having a heart attack. If it turns out to be indigestion or a pulled muscle, you and your family can feel relieved knowing that it wasn’t something more serious.

1 Get a complete physical.

When you are 21, you should get your first complete physical, including blood work that checks your cholesterol, sugar, thyroid function, liver and kidney function, and vitamin B12 and D levels. Get one every five years until you reach the age of 40. Getting these tests will ensure that you can detect any issues as early as possible.

2 **Pap test.** A Pap test is the best way to detect the earliest signs of cervical cancer. It's best to start getting this test in your early 20s when you have the highest chance of exposure to the human papillomavirus (HPV).

3 **Get tested for STDs.** Of all the STDs that are transmitted each year, nearly half affect 18–24-year-olds. Some STDs don't have any symptoms but can lead to complications, such as infertility later in life. Be sure to get checked.

4 **Check your skin.** Melanoma is one of the leading causes of cancer deaths in women ages 25–29. Be sure to check your skin for new or oddly shaped moles. If you think something isn't right, don't hesitate. Tell your physician as soon as possible.

IN YOUR
20s

EVERYBODY IS BUSY. Sometimes we are even so busy that we ignore our health. Sometimes the number of tests that we think we may need to stay healthy can seem daunting. But there may not be as many as you think. In every decade there are top tests to save your life. Keep yourself healthy by getting these lifesaving tests.

IN YOUR
30s

1 HPV test.

It's important to continue to be tested for HPV because our immune systems become less robust as we age. Get tested for HPV every three years.

2 **Blood sugar test.** Go in for your first test at age 30, and get one every year until age 50. As we age, the risk of developing diabetes increases.

Top tests that can save your life

1

Cholesterol test.

You should begin to get physicals, including a cholesterol test *annually*, in your 40s. If you smoke, have high blood pressure, diabetes, or a family history of heart disease, it is especially important to receive this test.

2 Consider a mammo-

gram. The National Cancer Institute recommends getting screened for breast cancer every two years beginning at age 40, especially if you are at a high risk.

IN YOUR
40s

1 Mammograms.

Depending on your personal risk, getting a mammogram every year or every two years becomes extremely important when you hit age 50.

2 **Colonoscopy.** At age 50, you should have your first colonoscopy. This test should be repeated every ten years thereafter to check for colorectal cancer—the second-leading killer of both men and women in the United States. People who are tested every ten years have better outcomes if they are diagnosed with the disease.

3 **Bone density test.** Getting a bone density test in your 50s is a good idea if you are considering hormone replacement therapy or if you are at high risk for osteoporosis.

4 **Get a hearing test.** Hearing loss affects one in ten Americans. Protect yourself and be sure to get tested.

IN YOUR
50s

1 Every year you should receive an annual gynecological exam with a breast and blood pressure check.

2 Receive a Pap test every three years.

3 Get an eye exam every five to ten years.

4 Check your skin yearly for any abnormalities.

5 Get a yearly physical with cholesterol and blood sugar testing.

DON'T
FORGET

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GENETIC TESTING + BEYOND

THE CONCEPT OF genetic testing is simple—examine a person's deoxyribonucleic acid (DNA) for variations that may indicate the possibility of disease. The implications of finding an abnormality, however, are more complicated.

"Having an altered gene doesn't always mean someone will definitely develop a disease, but it does mean that the risk is higher," says **Karen L. David, M.D.**, chief of genetics at New York Methodist Hospital. "Think of genetic testing as part of a diagnostic and management process rather than a definitive conclusion."

Counseling before and after genetic testing is a vital component of the practice.

"Pre-test counseling helps people understand how genes relate to disease," says **Erin Carney, M.S.**, certified genetic counselor at NYM. "Post-test counseling helps people interpret both positive or negative results and develop plans to prevent or treat disease."

WHO BENEFITS?

For example, individuals with breast, ovarian or colon cancer or with a close relative diagnosed with these cancers may want to consider a genetic cancer risk assessment. The outcome of testing, which is available at NYM, can help inform decisions about preventive and early detection measures.

People thinking of conceiving a baby who want to calculate the odds that a child could inherit a genetic disorder may opt for preconception carrier screening, also available at NYM. If both parents carry the same genetic variant for certain conditions, their child has a 25 percent chance of developing the associated disorder.

Preconception carrier screening focuses on genetic disorders that more often occur in people from certain ethnic groups, including those of:

- + African-American and Mediterranean descent, with tests for sickle cell anemia and thalassemia; Southeast Asians for thalassemia.
- + Eastern European (Ashkenazi) Jewish heritage, with tests for a number of genetic disorders, including Tay-Sachs disease, Gaucher disease, Canavan disease, familial dysautonomia and cystic fibrosis.
- + Non-Hispanic Caucasian lineage, with tests for cystic fibrosis.



WHEN MAKING GENETIC TESTING DECISIONS, REMEMBER THE FOLLOWING:

DO expect results to provide insight into the risk of developing some inherited diseases.

DON'T expect results to always predict which individuals will develop a genetic disease or the severity of a disease.

DO prepare for genetic counseling by gathering detailed information on personal and family disease history.

DON'T hesitate to bring a friend or loved one to your counseling appointment for support and to help you take notes.

DO ask in-depth questions, educate yourself on your options and take advantage of support groups.

DON'T expect Internet research to yield complete answers to genetic testing concerns.

"When test results indicate high risk for disease, we encourage patients to develop individualized plans with their physicians," Dr. David says. "We also encourage patients and their families to periodically check back for updates. The science of genetics is evolving rapidly, leading to a better understanding of its role in health, as well as improved testing and treatment techniques."

IT'S THE LAW

THE GENETIC INFORMATION NONDISCRIMINATION ACT (GINA) OF 2008 PROHIBITS HEALTH INSURERS AND EMPLOYERS FROM DISCRIMINATING AGAINST INDIVIDUALS ON THE BASIS OF GENETIC TEST RESULTS. NEW YORK STATE PROVIDES ADDITIONAL PROTECTIONS CONCERNING CONSENT, CONFIDENTIALITY AND THE USE OF TEST RESULTS.

SOUP'S ON

IS THERE ANYTHING MORE

INVITING THAN A CUP OF HOT,

DELICIOUS SOUP WHEN THE WEATHER

IS DREARY OR YOU HAVE

A COLD OR FLU?



MANY PEOPLE TURN to soup when they feel ill, and although claims of its curative powers have raised a few skeptical eyebrows, soup does have an undeniable way of warming you from the inside out.

If your grandmother's chicken soup recipe is the first thing you reach for when you get the sniffles, you can take additional comfort in a study from University of Nebraska Medical Center researchers that suggests chicken soup offers more than a placebo effect.

According to the UNMC study, chicken soup may inhibit a process of respiratory symptom development seen in the common cold and flu. Although poultry claims the starring role in chicken soup, the accompanying vegetables also deserve fanfare. The study suggests that compounds from vegetables often used in chicken soup contain anti-inflammatory properties, which could explain how this age-old concoction works to soothe swollen throats and nasal passages that contribute to the misery of colds and influenza.

RESEARCHERS FROM UNMC CONDUCTED A STUDY WITH RESULTS THAT SUGGEST CHICKEN SOUP MAY HELP RELIEVE COLD AND INFLUENZA SYMPTOMS (SEE "SOUP'S ON"). ENJOY THIS RECIPE FOR CHICKEN SOUP, APPROVED BY NEW YORK METHODIST HOSPITAL'S DEPARTMENT OF FOOD AND NUTRITION SERVICES.

[12 servings]

NANA'S CHICKEN SOUP

Ingredients

- + 1 tablespoon olive oil
- + 2 cups fresh onion, chopped
- + 1 cup fresh celery, chopped
- + 2 pounds boneless, skinless chicken breast, chopped
- + ½ tablespoon salt
- + ½ tablespoon pepper
- + 2 cups fresh sweet potatoes, chopped
- + 3 cups fresh carrots, diced
- + 1 cup fresh parsnips, chopped
- + ½ cup fresh turnips, chopped
- + 10 cups water
- + 1 cup fresh parsley, chopped
- + 1 cup egg noodles

Directions

- 1 Heat oil in a large, heavy stockpot.
- 2 Cook onion and celery in the hot oil until translucent.
- 3 Season chicken with salt and pepper, and brown it in the pot with onion and celery for about 5 minutes.
- 4 Add carrots, parsnips, turnips and water.
- 5 Bring mixture to a boil, then cover and reduce temperature to low.
- 6 Let the soup simmer for 1½ hours.
- 7 Stir in parsley and egg noodles, and cook for another 30 minutes.

Nutrition Facts (per serving)

Serving Size:	1½ cups
Calories:	216
Total Fat:	4.4g
Cholesterol:	69mg
Sodium:	424mg
Total Carbohydrates:	18.1
Dietary Fiber:	3.5g
Sugars:	3.4g
Protein:	26.2g



What's more, eating soup provides the body with hydration, which is important for fighting infection. In addition, inflamed throats and congested noses may feel temporary relief due to being in close proximity with steam rising from a hot bowl of soup of any variety.

THE RIGHT STUFF

The vegetables in the tested soups that may help combat inflammation commonly seen with cold and flu include onions, sweet potatoes, parsnips, turnips, celery and parsley. Carrots, another ingredient from the tested soups, should receive extra credit. They provide high levels of vitamin A, which is believed to help strengthen white blood cells and fight off infection.



CUT IT OUT

If your favorite soup recipe calls for calorically dense or unhealthy ingredients, consider this list of nutritious and tasty substitutes.

WHEN THE RECIPE CALLS FOR...	SUBSTITUTE...	AND CUT...
1 cup heavy cream	1 cup nonfat evaporated milk	214 calories and 40 grams of fat
1 cup sour cream	1 cup plain, low-fat yogurt	307 calories and 45 grams of fat
1 tablespoon butter	1 tablespoon canola oil	5 grams of cholesterol-raising saturated fat
4 ounces ground beef	4 ounces ground turkey	137 calories and 11 grams of fat
3 ounces ham	3 ounces skinless turkey thigh meat	80 calories and 10 grams of fat
1 cup of chicken stock	1 cup of low-sodium chicken stock	As much as 330 mg of sodium

You can also reduce sodium intake by using fresh produce, when possible, or opting for low- or no-sodium frozen and canned varieties. See “Add Some Spice” on page 6 for additional ideas to cut salt from your diet.

THIS LIGHT VERSION OF A CREAMY TOMATO SOUP CUTS CALORIES AND FAT BY SUBSTITUTING NONFAT EVAPORATED MILK FOR HEAVY CREAM. FOR MORE WAYS TO LIGHTEN UP YOUR FAVORITE SOUP RECIPES, SEE “CUT IT OUT.”

[8 servings]

CREAMY TOMATO SOUP

Ingredients

- + 2 tablespoons olive oil
- + 1½ cups fresh red onions, chopped
- + 2 fresh carrots, chopped
- + 1 tablespoon fresh garlic, crushed
- + 4 pounds fresh tomatoes, chopped
- + 1 tablespoon low-sodium tomato paste
- + ¼ cup chopped fresh basil leaves
- + 2 cups low-sodium chicken stock
- + 1 cup water
- + ½ teaspoon salt
- + 2 teaspoons black pepper
- + 1 cup nonfat evaporated milk

Directions

- 1 Heat olive oil in a large stockpot over medium-low heat.
- 2 Add onions and carrots and cook until tender—about 10 minutes.
- 3 Add garlic and let cook for three minutes.
- 4 Add the remaining ingredients except for the milk into the pot and stir.
- 5 Bring to a boil, and then reduce heat to low. Simmer uncovered for 35 minutes.
- 6 Add the milk to the soup, press mixture through a food mill and discard pulp.
- 7 Reheat the soup over low heat, and serve.

Nutrition Facts (per serving): Serving Size: 1 1/2 cups / Calories: 118 / Total Fat: 4g / Cholesterol: 1mg / Sodium: 387mg / Total Carbohydrates: 17g / Dietary Fiber: 3.9g / Sugars: 11.4g / Protein: 5g

Approved by the Department of Food and Nutrition Services at New York Methodist Hospital.

Now hear this

A RECENT STUDY FINDS HEARING LOSS
MAY HASTEN MENTAL DECLINE.



HEARING AIDS OVER THE YEARS

"Today's digital hearing aids are small, light and powerful," says **Ann Wallin**, audiologist at NYM. "They are either worn behind the ear with clear plastic tubing that fits into the ear canal or worn inside the ear canal and are hardly noticeable."

But it wasn't always this way.

1800s

The first devices meant to improve hearing were acoustic aids called **EAR TRUMPETS**. These large, cartoonish gizmos amplified sound waves by "catching" them and funneling them straight into the ear canal.

1876

Alexander Graham Bell's 1876 invention of the **TELEPHONE** was a precursor to electronic hearing aids. Some people found the telephone amplified voice transmissions.

IS IT HEARING LOSS?

IF TWO OR MORE OF THE FOLLOWING STATEMENTS APPLY TO YOU, CONSIDER HAVING YOUR HEARING CHECKED.

- + Family or friends mention that the volume of your TV or radio is loud.
- + People say they have to shout to get your attention.
- + You catch only bits and pieces of the conversation in social situations.
- + You have difficulty hearing people on the telephone.
- + You often ask people to repeat themselves.
- + Friends or family have become concerned or annoyed because you misunderstood what they said or responded illogically to a question.
- + You have a particularly challenging time understanding high-pitched noises or voices.

S**SHERYL WATCHES HER** grandson wield a hockey stick across the ice on a Saturday afternoon. It's an exciting match-up: the Bantams vs. the Edge. Her son, sitting on the bleachers beside her, turns and says something, but she can't understand him. Everyone around her is talking and cheering the kids on, but all that she can hear is a muffled wall of sounds. She asks her son to repeat himself several times before she finally catches his words—"I said, Ryan looks great out there!"

As she nods in agreement, she starts to wonder—could she have hearing loss?

IN ONE EAR...

If Sheryl does have a hearing problem, it wouldn't be unusual. By age 65, one in three people in the United States experiences some degree of hearing loss. It comes as no surprise, then, that hearing impairment is often dismissed as a normal part of aging. Letting it go untreated, however, could lead to additional health consequences.

In fact, a recent study of nearly 2,000 70- to 80-year-old participants found that hearing loss was proportional to rates of cognitive decline. Study participants with hearing loss had a 24 percent higher risk for cognitive impairment when compared to those with normal hearing.

"Our mental faculties rely heavily on our sensory faculties, especially hearing," explains **Mohsen Habib, M.D.**, chief of otolaryngology at New York Methodist Hospital. "Mishearing or misinterpreting words can prevent people from engaging in meaningful conversations, which can affect their cognitive abilities, as well."

OUT OF EARSHOT, OUT OF TOUCH

The link between hearing loss and degenerative cognitive disease is still largely undefined. What is clear, according to

Dr. Habib, is that hearing loss can make you feel self-conscious and less willing to be in situations where ambient noise levels make it even more difficult to hear. Over time, the desire for social interaction can spiral downward.

"Hearing loss can make people feel isolated from their families, friends and communities," Dr. Habib says. "That's one reason why it's important to be able to recognize a hearing problem in yourself or a loved one."

Screening for hearing loss is especially critical if family members suspect a loved one is beginning to experience dementia, according to **Matthew Hanson, M.D.**, otologist and neurotologist at NYM.

"Sometimes you have an older person who isn't answering questions in a logical manner and is saying things completely unrelated to the conversation, which makes their adult children begin to fear that they're developing Alzheimer's," Dr. Hanson says. "Often, the reality is they just can't hear well. Once they have a hearing aid, they return to the same alert person that they always were."

GETTING HELP

Scheduling an appointment with a specialist is the first step in addressing hearing loss. Otolaryngologists diagnose if there is

a medical cause for hearing loss, and audiologists determine hearing impairment type and degree. The audiogram—consisting of tonal [frequency and loudness], speech thresholds, and speech discrimination/recognition testing—helps direct the physician's course of treatment. Such screenings help the physician determine the severity and type of hearing impairment, which is key for the clinician to prescribe the most appropriate treatment.

For instance, conductive hearing loss is caused by a blockage or infection in the ear, and it can often be treated with medication or surgery. Sensorineural hearing loss is caused by damage to the inner ear. It has multiple causes, some of which can also be treated medically. However, when sensorineural hearing loss is due to one of the most common causes—exposure to extreme or long-term loud noise—hearing aids or cochlear implants provide the most effective treatment options.

The majority of hearing loss among older adults results from presbycusis, a disorder that typically develops from changes in the inner ear due to aging.

"Patients with presbycusis have trouble differentiating between high frequencies, such as 's' and 'f' sounds," Dr. Hanson says. "These patients often benefit most from hearing aids."

1907

The **VACUUM TUBE** hearing aid was invented in 1907, and large-scale production of these aids began in 1920 in New York City. Early models were as large as filing cabinets, but in 1938 the first wearable vacuum tube hearing aid was developed.

1953

The **ZENITH "ROYAL T,"** introduced in 1953, was the first hearing aid to use transistors. Resembling a modern-day mp3 player, the Royal T featured an on/off switch and was volume-adjustable.

1960s

The first contemporary hearing aids worn on the ear **WITHOUT WIRES** were made available in the 1960s. While much more convenient than the older models, they were still fairly conspicuous.

1990s

The 1990s saw the first **FULLY DIGITAL HEARING AID**, which provided an unprecedented sound quality.

NOW

"Computer technology makes today's digital hearing aids better than ever," Ms. Wallin says. "Features include digital noise reduction, automatic volume control and **BLUETOOTH CAPABILITY.**"

You've seen news coverage of performance-enhancing drugs undoing the careers of professional athletes, and perhaps you know someone who's fallen under the spell of these substances, but what makes their use a health concern?

PERFORMANCE ENHANCERS *facts*

BY
PRESCRIPTION
ONLY

TWO OF THE most commonly abused performance-enhancing drugs are anabolic steroid—a synthetic testosterone, the hormone responsible for male sexual traits—and human growth hormone (HGH)—necessary for skeletal, muscle and organ growth.

"While there are valid medical reasons for taking these drugs [see "By Prescription Only"], abuse of them is dangerous," says **Edmund Giegerich, M.D.**, chief of endocrinology and vice chair of medicine at New York Methodist Hospital. "Anabolic steroid abuse can cause the testicles to malfunction and lead to infertility. Other side effects in men include increased prostate cancer risk, breast development, baldness, acne, water retention, and aggressive or violent mood swings. Abuse of HGH can lead to diabetes, cardiac issues, osteoarthritis and more."

Users also run an increased risk for infectious diseases, including HIV, if they inject performance-enhancing drugs using shared needles.

"It's extremely risky behavior that's prevalent in our society," Dr. Giegerich says. "Many athletes and bodybuilders start using these substances at a young age before understanding the repercussions."

Dr. Giegerich has helped former anabolic steroid abusers regain their health and reverse steroid-induced infertility. "Anabolic steroid abuse isn't a new problem, but it's a persistent one," Dr. Giegerich says. "We need to spread the word, especially to young people, that training safely and eating a balanced diet are the only recommended ways to improve athletic performance. If you want to progress in a sport, work with a certified trainer to build your skills and a licensed nutritionist to ensure that you're providing your body with the proper fuel, and keep expectations realistic. Using anabolic steroids and HGH to enhance athletic performance or build muscle can be detrimental to both short- and long-term health."

Anabolic steroids are typically prescribed for men who have testicular failure or who have had both testicles removed due to cancer. They may also be prescribed to osteoporosis patients experiencing hypogonadism. This type of steroid varies greatly from corticosteroids—frequently prescribed to reduce inflammation and suppress overstimulated immune systems.

Synthetic human growth hormone (HGH) is used in the treatment of genetic growth disorders like Turner's and Prader-Willi syndromes, short bowel syndrome, HGH deficiencies, and HIV patients with deteriorating muscle tone.

ALSO @ RISK

Performance-enhancing drugs aren't limited to abuse by men. Women who use anabolic steroids and human growth hormone run the risk of medical complications, too, including diabetes, cardiac problems, osteoarthritis, increased facial hair, voice changes, male-pattern baldness, an enlarged clitoris, and altered or discontinued menstrual cycles.

more than the Winter Blues

If cold weather and depression tend to coincide in your life, you may be one of the 10 million Americans who live with winter-onset seasonal affective disorder (SAD).

MOST MAJOR DEPRESSIVE disorders can cause symptoms year-round, but winter-onset SAD typically flares as a result of fewer daylight hours. It's more common in women than in men and tends to strike people who live in northern climates where winters are harsher.

SAD symptoms include:

- + fatigue
- + feelings of despair, anxiousness and guilt
- + loss of interest in social events or normally enjoyable activities
- + change in appetite, including cravings for sugary or starchy foods
- + changes in sleeping patterns, including oversleeping or difficulty sleeping
- + thoughts of death or suicide

"SAD involves severe mood changes that prevent normal function over a significant period of time," says **Jessy Colah, M.D.**, chief of psychiatry at New York Methodist Hospital. "Winter-onset SAD can be difficult to identify because of other stressors of the season like the holidays, but symptoms typically recur about the same time each year."

Symptoms recurring over three consecutive winters (December to March) and ending abruptly with the arrival of spring distinguish SAD from major depression.

LIGHT IN THE DARKNESS

Those with SAD have multiple treatment options available, including psychotherapy, antidepressants and light therapy.

"Light therapy uses a special wearable light visor or lamp called a light box that imitates high-intensity sunlight," says Dr. Colah. "Exposure to this type of light for 30 minutes a day during the fall and winter can help prevent a SAD episode. It can also relieve active symptoms for a majority of patients."

Spending more time outdoors or sitting in direct sunlight may improve minor mood changes that occur in the winter, but people with SAD typically need more intensive light therapy than the wintertime sun can provide. It's important to note, however, that light box therapy may be inappropriate for those with certain other health conditions like bipolar disorder.

"Light therapy in people with bipolar disorder can actually trigger a manic episode," Dr. Colah says. "Always speak with your physician before beginning any kind of therapy."

summertime sadness

While the majority of people with seasonal affective disorder experience symptoms in the winter months, about 10 percent have summer-onset SAD. Researchers believe summer-onset SAD is triggered by a reaction to the increased sunlight or heat during the summer. Symptoms of summer-onset SAD include agitation, loss of appetite, fatigue and feelings of hopelessness. Staying cool and avoiding sunlight are typically effective treatments.

Q&A

A Passion for Orthopedics



DR. TISCHLER

MEET HENRY TISCHLER, M.D., CHIEF OF ORTHOPEDIC SURGERY AT NEW YORK METHODIST HOSPITAL—A DOCTOR WHO'S WHOLEHEARTEDLY DEDICATED TO HELPING PATIENTS GET BACK ON THEIR FEET.

- | | |
|---|--|
| <p>Q When did you know you wanted to be a physician, and ultimately, an orthopedic specialist?</p> <p>A Although my father was an obstetrician/gynecologist in Brooklyn, I wanted to be a dentist. Then I began taking special athletic training courses when I was a teenager. I worked with the late Dr. John Marshall [M.D., a trailblazer in the field of sports medicine] during my summers, and that led me to explore a career in orthopedics.</p> | <p>Q What is life like outside of your career?</p> <p>A Work takes up much of my time, including making hospital rounds on Sundays, but when I'm not working, I enjoy watching football and baseball and reading <i>The New York Times</i>. I also like watching <i>NCIS</i>, and when I get a chance, James Bond films—the older ones are more intriguing.</p> |
| <p>Q How has the field of orthopedics changed since you began practicing?</p> <p>A There's a lot of technology in medicine now, which has led to changes that we have all seen or experienced. Of course, the new technology makes us more efficient in treating patients and performing surgical procedures, but it's still in its infancy. I expect technology to continue to drive innovations, and from a biologic perspective, propel us to repair and restore cartilage and bone in even more efficient ways.</p> | <p>Q What do you admire most about Brooklyn?</p> <p>A My wife, Frances, and I were both born and raised in Brooklyn. In the past, people who lived in Brooklyn were born in Brooklyn. Now people from all over the world choose to live and work here. In my practice, I see patients who are from around the globe—from China to Yemen. There's so much to experience in Brooklyn—from the people to the food to the entertainment. This borough is a world of its own. It's amazing.</p> |
| <p>Q What are some of the more rewarding experiences you've had as a physician and as chief of orthopedics?</p> <p>A As a doctor, it's when patients come to my office unable to walk or in pain, and then after treatment, they are able to do all the things they want to do and are pain-free. As chief, it's knowing that at NYM, we really take time with our patients, and we can care for complex orthopedic issues.</p> | <p>Q What's something about yourself you wouldn't change, and what would you change?</p> <p>A I wouldn't change that I'm honest and straightforward, and I'm dedicated to my patients. If I could change something, I would love to spend more time with my wife, children and friends.</p> |

Pop Quiz: ? Orthopedics

CAN YOU STAND ON YOUR OWN TWO FEET WHEN IT COMES TO ORTHOPEDICS? TEST YOUR KNOWLEDGE WITH THIS QUICK QUIZ.

1

Orthopedic medicine and surgery refers to preventing or correcting disorders and injuries to bones, joints, cartilage, ligaments and associated muscles. When was the term coined?

- a. 1500 b. 1741 c. 1845 d. 1960

ANSWER: b. "Orthopaedics" was first used in 1741 by Nicholas Andry, a French pediatrician. Dr. Andry combined the Greek words "ortho" (straight) and "paedia" (child) to describe the subject matter in his book, *Orthopaedia: or, the Art of Correcting and Preventing Deformities in Children*. "Orthopaedics" with an "a" is listed as a variant spelling in many contemporary U.S. dictionaries, but it's the standard in Great Britain.

2

Arthritis—a common condition that typically causes inflammation and stiffness in the joints and surrounding tissue—may eventually require orthopedic surgery to relieve symptoms and restore function. Which gender is more likely to experience this debilitating disease?

- a. Men b. Women c. Both are equally likely d. Neither

ANSWER: b. For reasons that are not fully understood, women develop arthritis more often than men. The Arthritis Foundation estimates that approximately 25.9 million women and 16.8 million men have arthritis.

3

Where was the first orthopedic institute founded?

- a. Switzerland b. Italy c. United States d. France

ANSWER: a. Surgeon Jean-Andre Venel established the first orthopedic institute in Orbe, Switzerland, in 1780. Dr. Venel focused specifically on helping children with skeletal problems. Many of the techniques he developed are still practiced by orthopedic specialists worldwide.

4

Osteoarthritis is a chronic form of arthritis that can cause people to experience pain or stiffness in their hips, knees, fingers, ankles and back. What factors increase your risk of experiencing this condition?

- a. Age b. Overweight c. Genetics d. All of the above

ANSWER: d. How old you are, carrying extra weight and your family history can all play roles in whether or not you develop this condition. Talk with your primary care physician or specialist about how you can reduce pain and stiffness by staying active, losing weight, or going to physical therapy to help increase strength or range of motion.

5

Total knee replacement is a common surgical procedure for people experiencing chronic knee pain or stiffness when medication, physical therapy and weight loss do not alleviate the problem. How many Americans undergo this procedure on an annual basis?

- a. 10,000 b. 50,000 c. 600,000 d. 1,000,000

ANSWER: c. Approximately 600,000 people annually have total knee replacement, according to the Agency for Health Research and Quality.

After the procedure and rehabilitation are complete, many people are able to return to normal activities without pain.



NO TIME TO READ ALL OF *thrive*? ENJOY THESE FIVE DIGEST VERSIONS OF FEATURED ARTICLES WITH KEY TAKEAWAYS FROM THIS ISSUE.



1

DEFINING YOUR DNA

Genetic testing examines DNA to determine the possibility of developing certain diseases. Through screenings, you can learn if you or your children have higher risks for health problems.

Such testing is designed to raise awareness of health threats, encourage disease prevention and diagnose diseases in earlier, more treatable stages.

Discover the benefits of and learn more about genetic testing on page 7.

2

BABY PREP

There's a lot to do when you're expecting a baby. It's key to know when to schedule your first prenatal visit (week 11 or 12 of pregnancy), when to take a birthing class and tour the hospital (month 6), when to pick a pediatrician (month 8) and when to select a car seat (by month 9).

See page 8 for a month-by-month guide to getting these and other pregnancy-related tasks completed by your due date.

3

DUAL-SYSTEM HEART

The steady rhythm of a beating heart requires two systems—the electrical and mechanical—working together for the heart to work properly. The electrical function of the heart starts the process by passing an electrical signal between the heart's four chambers and kicks the mechanical process into action. The mechanical system pumps blood through the body's arteries and veins to pick up oxygen from the lungs and circulate it to every cell in the body.

Turn to page 18 for details about the heart's synchronicity and health concerns of each system.

4

CHICKEN SOUP FOR A COLD?

Study findings suggest chicken soup may be beneficial in relieving cold and flu symptoms. Some researchers think these benefits could be due to nutrients found in the soup as well as steam from the hot dish alleviating the pain of swollen nasal passages.

Learn more about the study, get soup recipes, and discover substitutes for unhealthy ingredients commonly found in soup starting on page 22.

5

NOW HEAR THIS

Here's a reason not to let a suspected hearing problem go unchecked—hearing loss has been linked to mental decline in senior populations. What's more, unresolved hearing issues can leave you feeling antisocial and isolated.

Find out more on the study, types and causes of hearing loss, treatment possibilities, and ways to identify a hearing problem beginning on page 24.

COMMUNITY FORUM

Do YOU wish to comment on an article you've read in *thrive*? We welcome your input. Email AskThrive@nym.org, and let us know if we have permission to print your submission.

HEALTHCARE PROXY

The recent article "A Loving Choice" [*Thrive*, Fall 2013, page 11] was right on target! I want to comment on how important it is to have a healthcare proxy form on file with the hospital. When my aunt was sick two years ago, my family and I did not know what choices to make until we met Joanne Lagnese [R.N., patient relations director at New York Methodist Hospital].

MS. LAGNESE AND THE WHOLE HOSPITAL WERE SO CARING. WE ARE FROM GRAVESEND AND WILL ONLY COME TO NYM. THANKS AGAIN. REGARDS, FRANK AND ERIC

Thank you for your letter and sharing your experience on this important topic. Interested readers can find the referenced article online by visiting www.nym.org/thrive and downloading the Fall 2013 issue.

IT'S 'PHYSICIAN ASSISTANT'

I READ *THRIVE* TODAY AND ENJOYED THE INFORMATION IT PROVIDES.

As a PA, I noted your SMART program [in "Get Smart," *Thrive*, Fall 2013, page 15] referring to a physician assistant as "physician's assistant." Much time and expense went into changing from the possessive ["physician's assistant"] to "physician assistant," also known as P.A. It gives more confidence to patients, [and] the P.A. does not belong to or need the M.D.'s constant supervision.

Thanks again for the wonderful and informative newsletter.
Yosef B., P.A.-C

Thanks for your comment, Yosef. We hope that by sharing your letter here, we help spread the message about the name change.

ALCOHOL AND BABY'S HEALTH

I ENJOY AN OCCASIONAL DRINK, LIKE HAVING A GLASS OF WINE WITH DINNER. HOWEVER, I RECENTLY LEARNED I'M PREGNANT. HAVING READ THE *THRIVE* ARTICLE ABOUT AN UNBORN BABY'S HEALTH ["HEALTH QUIZ," SPRING 2013, PAGE 29] I'M WONDERING, WHAT IF I CONSUMED ALCOHOL AFTER CONCEIVING BUT STOPPED WHEN I LEARNED ABOUT THE PREGNANCY? I DON'T DRINK AT ALL NOW, BUT I'M WORRIED I MIGHT HAVE ALREADY HARMED MY BABY.

"During the first month of pregnancy, an embryo feeds from the egg yolk—not from food and drink ingested by the mother—because the placenta has not yet formed," says **Sanford Lederman, M.D.**, obstetrics and gynecology chair at NYM. "This means the risk of alcohol harming the fetus in early pregnancy is minimal. When considering pregnancy, I would recommend that you stop drinking completely. However, at four to six weeks gestation, the placenta begins delivering nutrients to the fetus through the mother's blood supply, and by 12 weeks the placenta is fully functional as a means of feeding and eliminating waste. Because you discontinued alcohol use immediately after discovering your pregnancy, you and your baby are probably fine. Talk with your obstetrician about any lingering concerns you have."

Learn more from Dr. Lederman in our "Baby Prep" article on page 8.

New York Methodist Hospital Community Events

January, February, March and April 2014

NYM
NEW YORK METHODIST HOSPITAL

506 Sixth Street / Brooklyn, NY / 11215-3609

SUPPORT GROUPS ON THE NYM CAMPUS

Breastfeeding

Led by a certified lactation consultant, this group is for mothers and their babies from birth to three months old.

Tues., 2:30–3:30 p.m.

Wesley House 3K-C,
501 Sixth Street
Call 718.780.5078 for more information.

Bereavement

Wed., Jan. 8, March 5,
6:30–7:45 p.m.

NYM Buckley Conference
Room 820, 506 Sixth Street
Call 718.788.4991 for
more information and to
register.

Perinatal Bereavement

Wed., Jan. 8, March 5,
8–9:15 p.m.

NYM Buckley Conference
Room 820, 506 Sixth Street
Call 718.788.4991 for
more information and to
register.

Look Good...Feel Better®

Helping women with cancer
feel beautiful inside and out.

Thurs., Jan. 16 and March 2,
2–4 p.m.

Wesley House 6A,
501 Sixth Street
Call 718.780.3593 to register
(required).

Parkinson's Disease

Join NYM's PD care
coordinator in monthly
meetings for those with
Parkinson's disease.

Thurs., Jan. 9, Feb. 13, March
13, April 10, 2–3 p.m., 6–7 p.m.
Call 646.704.1792 for
location and to register
(required).

Parkinson's Caregivers

The group is led by NYM's
Parkinson's disease care
coordinator and open to
individuals caring for loved
ones with Parkinson's
disease.

Thurs., Jan. 23, Feb. 27,
March 27, April 24, 2–3 p.m.
Call 646.704.1792 for
location and to register
(required).

Parkinson's Wellness and Exercise Classes

Thurs., Jan. 2 @ 16,
Feb. 6 @ 20, March 6 @ 20,
April 3 @ 17, 3–4 p.m.
Call 646.704.1792 for
location and to register
(required).

Hepatitis C

The group will be directed
by a physician specializing
in liver disorders.

Wed., Jan. 15, Feb. 19,
March 19, April 16, 6–7:30 p.m.
506 Sixth Street
Call 718.780.3125 for more
information and location.

Diabetes

Led by a certified diabetes
educator, this group is for
people with diabetes and
prediabetes.

Thurs., Jan. 30, Feb. 27,
March 27, April 24, 5–6 p.m.
Executive Dining Room,
506 Sixth Street
Call 718.246.8603 for
additional information
and to register.

SUPPORT GROUPS

Pulmonary Hypertension

Learn more about the
disease, and meet others
dealing with Pulmonary
Hypertension.

Meets bi-monthly on Mondays
Mon., Feb. 3, April 7, 5–7 p.m.
Wesley House 7A,
501 Sixth Street
Call 718.780.5614 to register
(required).

Brain Aneurysm

Sat., Feb. 8, April 12, 9–11 a.m.
Executive Dining Room,
506 Sixth Street
Call 718.246.8610 for
additional information.

Cancer

Led by a physician and a
chaplain, this group is for
individuals diagnosed with
cancer and those dealing
with a loved one's cancer.

Thurs., March 6, April 3,
3–4:30 p.m.
Wesley House 6A,
501 Sixth Street
To register (required):
718.780.3593

Surgical Weight Reduction Seminar/Support Group

A surgeon will conduct
a 30-minute information
session for individuals
considering the procedure,
followed by a 90-minute
support group open to pre-
and post-operative patients.

Wed., Jan. 8, Feb. 12, March 12,
April 9, 6–8 p.m.;
Buckley 8 Conference Room
Thurs., Jan. 23, Feb. 27, March
27, April 24, 5:30–7:30 p.m.;
Executive Dining Room
506 Sixth Street
Call 718.780.3288 for more
information.

DAY OF DANCE

Featuring dance lessons and perfor-
mances, free heart health screenings,
light refreshments and raffle prizes.

SAT., APRIL 12, 10 A.M.–2 P.M.
Carrington Pavilion,
506 Sixth Street

Call (855) NYM WELL (855-696-9355)
or visit www.nym.org/dance for more
information.

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

SPECIAL EVENTS

Give Kids a Smile Day!

Free dental exams for
children including
sealant placement, child
prophys, x-rays and more.

Children ages 1–16
welcome!

Fri., Feb. 7,
9 a.m.–3 p.m.

NYM Kirkwood
Pavilion, 506 Sixth
Street

Call 718.780.5410 for
more information.

Go Red for Women Day

NYM will wear red
and host a health fair,
featuring free heart
healthy screenings,
educational information
and giveaways.

Fri., Feb. 7,
10:30 a.m.–1:30 p.m.

Carrington Pavilion
Atrium, 506 Sixth Street

Call 718.780.5367 for
more information.

Eat Right

To mark National Nutrition
Month and Registered
Dietitian's Day, NYM's
nutritionists will answer
your questions about
popular diet myths, heart
health issues, weight
management, diabetes
and more.

Wed., March 12,
9:30 a.m.–2:30 p.m.

Carrington Pavilion
Atrium, 506 Sixth Street

Call 718.780.5367 for more
information.

Diabetes Alert! Day

NYM will offer free
blood pressure, glucose,
podiatry and dental
screenings. A pharmacist,
nutritionist and diabetes
educator will also be
available to hand out
information and answer
questions.

Wed., March 26,
10:30 a.m.–1:30 p.m.

Carrington Pavilion
Atrium, 506 Sixth Street

Call 718.780.5367 for
more information.

Senior Health Seminars

Join NYM's physicians as
they lecture about various
health topics affecting the
senior population.

Jan. 29, Feb. 19,
March 19, April 23,
2:30–3:30 p.m.

Brooklyn College Student
Center, East 27th Street
and Campus Road

Call 718.780.5368 to
register (required).