

thrive

FALL 2014

NOT DEFINED BY DIABETES

BLUEPRINTS FOR
BETTER SLEEP

TABLETS & TODDLERS



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



an evening of

Spirit

Be healthy, be happy,
be dazzling.

Gather your friends and join
us to celebrate the vibrancy
of good health!

New York Methodist Hospital will host the second annual *Evening of Spirit* event. We invite you to be healthy, be happy and have fun with us this October. The evening will be filled with women's health information, pampering services, door prizes, goody bags, wine tastings and healthy hors d'oeuvres.

Date: Thursday, October 23, 2014

Time: 6:30 p.m.–9 p.m.

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

Web: www.nym.org/spirit

Admission Fee: \$10 Spirit Members, \$15 Non-Members;
attendees must be 21 and over.

To Register (required): Call 855.NYM.WELL (696.9355) or
visit nym.org/spirit. Space is limited; first-come, first-served.
Spirit membership is free at nym.org/spirit. (Event registration
is separate from membership sign-up).

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.



MASTERING
DIABETES

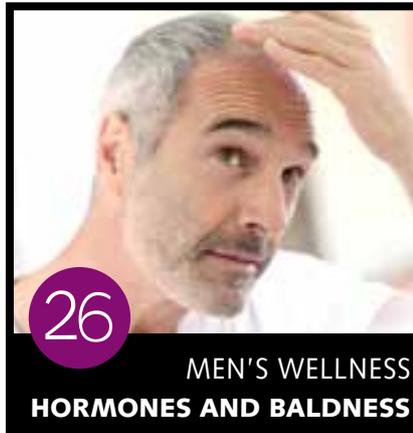
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THRIVE FALL 2014

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Viewpoint

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



AS I WRITE this we are enjoying a beautiful mid-summer day. Lovely weather is especially appreciated after the brutal winter we endured during the past year. I hope that, whether you've spent most of the summer here in Brooklyn or traveled to near or distant places, you've been able to relax and enjoy the slower pace the season brings. By the time you receive this magazine, autumn will have arrived, along with the "back-to-school" mode, even if you don't have children in school. It's easy to get caught up in the swing of this busy season, but as the tempo of your life gets more complicated, please take time to focus on your health.

If the season's fuller schedule of events is starting to get to you, consider the stretching suggestions offered on page 27. The article reminds us that in addition to the physical benefits of stretching, it's a great way to relieve stress. Also take a look at the "Guide to Healthier Cooking" on page 22, which will help you understand how to prepare foods in ways that provide maximum nutritional benefits—not to mention great taste. And, if you are getting a check-up, you will want to review the information on page 12 so that you'll be savvy about the diagnostic tests that your doctor may prescribe.

If you have very young children, you are almost surely faced with the question of "screen time." Electronic tablets may seem like great tools for entertaining and teaching toddlers, but there are potential downsides. Our pediatric experts suggest some guidelines for using these devices with your youngsters.

Be sure that you read about the remarkable recovery that Alexandra Mulvey, a woman in her early 30s, made after having a stroke. It's an inspiring story that will also sensitize you to stroke symptoms—which may someday save your life or that of someone you love.

There are several other articles that I think you'll find interesting in this issue. Feel free to write and let us know which are helpful to you and what other health topics you'd like us to cover.

All of us at New York Methodist Hospital wish you good health and a very happy fall.

Cordially,

Mark J. Mundy
President and
Chief Executive Officer

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



YOUR HEALTH IN A HEARTBEAT

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

ALLERGIES IN A NUTSHELL

Peanuts can be life threatening to people who are allergic to them. New research may pave the way for a cure.

Oral immunotherapy, which involves feeding those with allergies small amounts of peanut protein, shows promise in helping some people overcome peanut sensitivity.

In a small study published earlier this year, 62 percent of participants developed a tolerance for peanuts after receiving regular, increasing doses of peanut protein.

Yalamanchi Rao, M.D., an allergist at New York Methodist Hospital, provides perspective on the study findings.

"Peanut sensitivities differ from patient to patient," Dr. Rao says. "When we are able to detect which peanut component is causing a patient's allergy and which can be used to desensitize, we may be able to use oral immunotherapy. Additional research is needed."



PREDICTING PROSTATE CANCER AGGRESSION



Researchers have identified three genes that may help determine how prostate cancer will develop in men with a low-risk form of the disease.

The research indicates that men who have greater numbers of genes associated with aging and tumor suppression were less likely to see their prostate cancers worsen.

"Such personalized testing would help doctors know which patients to treat for aggressive prostate cancer and which patients are better suited for active surveillance," says **Ivan Grunberger, M.D.**, chief of the Division of Urology at New York Methodist Hospital. "This molecular profiling of prostate cancer is a new concept and a huge step forward."

CATARACTS: COMMON AND CURABLE

When eyes age or become injured, they are susceptible to cataracts, a yellowing or clouding of the eye's lenses. Cataracts can cause obscured and double vision, poor night vision, and light sensitivity.

The good news is that cataracts can be surgically treated by replacing the natural lenses with acrylic ones during a procedure that can correct for nearsightedness or farsightedness, as well as special lenses that can correct astigmatism and presbyopia (difficulty focusing on close objects like the text you are reading in this magazine). However, cataract progression can be slowed by wearing UV-absorbent sunglasses and leading a healthy lifestyle.

"People who eat a balanced, nutrient-rich diet and practice healthier behaviors tend to have slower cataract progression as they age," says **Robert Feig, M.D.**, chief of ophthalmology at New York Methodist Hospital. "The biggest risk factors for earlier cataract development are diabetes and habits such as smoking that may cause oxidative damage."



3
million

ESTIMATED NUMBER
OF AMERICANS
ALLERGIC TO PEANUTS
AND TREE NUTS

1 in 7

PERCENTAGE OF MEN WHO
WILL BE DIAGNOSED
WITH PROSTATE CANCER
DURING THEIR LIFETIMES

98%

SUCCESS RATE OF
CATARACT
SURGERY



SOAP **VS.** GERM GEL

You've heard it a million times: hand washing prevents the spread of diseases like cold and flu, but what is the best method of cleansing? Washing your hands in hot, soapy water is more effective for killing germs than using hand sanitizer alone, according to the Centers for Disease Control and Prevention.

"Both of these hand hygiene methods decrease the number of germs on your hands, which is essential to preventing the spread of infection," says **Kathleen McNamara, R.N.**, director of infection control at New York Methodist Hospital. "Hand sanitizers should contain at least 60 percent alcohol."

Nurses at NYM recommend that you wash your hands whenever they're visibly dirty, before and after preparing food, and after:

- + Coughing, sneezing or blowing your nose
- + Using the restroom or diapering a child
- + Caring for a sick person or treating a wound
- + Caring for pets
- + Taking out the trash



YOU'RE TOO *Sweet!*

Americans ingest too much sugar—most get about 15 percent of their daily calories (about 300 calories) from the sweet stuff. New York Methodist Hospital nutritionists agree with guidelines from the World Health Organization that only five percent of daily calories (or about 100 calories) should come from sugar. Consuming more than that can cause weight gain and negatively affect heart health, so it's wise to read food labels and avoid foods and beverages with added sugar.

"The first way to start eliminating sugar is with beverages," says **Karen Kupinski, M.P.H., R.D.**, director of clinical nutrition services at NYM. "Drink water as much as possible, and try diluting sugary sports drinks and fruit punches with water. If you can't get through the day without a soda, transition to flavored seltzer water to get the carbonation of a soft drink without all the sugar."



Is Your **Home** **Aquarium** Healthy?

Colorful fish bring joy to many aquarium aficionados. However, your fish tank may harbor an unwelcome visitor—*mycobacterium marinum* (*M. marinum*), a bacterium found in saltwater and freshwater aquariums that affects fish and humans. *M. marinum* can cause skin lesions, sometimes referred to as fish tank granuloma, that persist for months.

"Because of the skin inflammation, patients often seek advice from a dermatologist for this disease," says **David Frankel, M.D.**, dermatologist at New York Methodist Hospital. "If left untreated or if your immune system is weakened, the infection can spread throughout the body, leading to bone and joint infections."

"Prevent the spread of this bacterium by keeping your fishes' environment healthy," says **Fernando A. Pujol-Morato, M.D.**, infectious diseases doctor at NYM. "Routinely check your aquarium water quality using a test kit and change the water in the tank. Wear gloves whenever touching aquarium water and always wash your hands afterward."

Irritable bowel syndrome (IBS) can tie your stomach and your emotions into knots, but it doesn't have to rule your life.

In Charge of IBS

"IBS, WHICH PEOPLE sometimes refer to as spastic colon, nervous colon or mucous colitis, is a gastrointestinal [GI] disorder that affects millions of people, the majority of them women," says **Irwin Grosman, M.D.**, associate chief of gastroenterology at New York Methodist Hospital.

IBS symptoms can include abdominal pain, bloating, cramping, nausea, headache, fatigue, depression, anxiety, and alternating diarrhea and constipation.

"IBS may be chronic and debilitating for some people and an occasional nuisance for others," Dr. Grosman says. "It's a highly variable condition."

That variability may be due to the fact that IBS is a disorder believed to result from a number of factors that can occur alone or in combination, including:

- + Communication problems between intestinal nerves and the brain
- + Colon movement that is slower than normal (causing constipation) or faster than normal (causing diarrhea)
- + Colon spasms or excessive bowel contractions, which can result from eating certain foods or experiencing stress
- + Bacterial infections

The mechanisms of IBS are not completely understood, and there is no

one-size-fits-all treatment. Most people can control IBS symptoms through a combination of medications, dietary adjustments and stress management. For severe cases, finding the right mix of therapies and lifestyle changes starts with a personalized treatment plan created by a doctor who understands the complexities of the condition.

"We collaborate with each patient to draft a strategy that addresses individual needs," Dr. Grosman says. "We take into account the physical examination, laboratory and radiographic findings, and life and home situations."

IBS self-monitoring and management are key components of any treatment plan. For example, some IBS patients report that certain foods trigger symptoms. Keeping a food diary can help patients eliminate the worst culprits from their diets. Keeping an open mind can help, too. According to Dr. Grosman, ingesting peppermint oil, probiotics or herbal supplements may reduce symptoms in some people, so be willing to experiment.

"However, people should avoid self-diagnosis of irritable bowel syndrome," Dr. Grosman cautions. "Other conditions—some of them much more serious—can resemble IBS."

DOs AND DON'Ts

DO work to identify foods and habits that trigger IBS episodes.

DON'T expect IBS to be consistent or predictable, or blame yourself for flare-ups.

DO consider adding complementary therapies and home remedies.

DON'T try to diagnose IBS yourself.

DO find the support you need to manage both physical symptoms and emotional effects of IBS.

DON'T discount the emotional and social effects of IBS on quality of life.

GUT FEELINGS

Although IBS is not directly caused by behavioral issues, symptoms may be exacerbated by factors like stress and anxiety, so adopting healthy mental habits may help reduce the effect of daily intestinal discomfort on a patient's life.

Cognitive behavioral therapy may help patients who have severe IBS gain control over how they think about and respond to symptoms. Additionally, stress-reduction methods, including mindfulness-based techniques, are credited with helping to relieve IBS symptoms in some patients. Complementary health practices like acupuncture, reflexology or yoga may offer solutions for stress relief, and in turn, better IBS control.

Six Things You (Probably) Didn't Know about Breast Cancer

LEARN SOME OF THE LESSER-KNOWN FACTS ABOUT BREAST CANCER.



CLINICAL

MOST WOMEN KNOW that regular breast cancer screenings are essential to breast health, but many are not aware of the numerous risk factors or that some doctors recommend additional screenings.

1. The age when you had your first menstrual cycle helps determine your breast cancer risk.

If you had your first period before age 12, you have a slightly higher than average risk of developing breast cancer. Starting menopause after age 55 is also a risk factor for breast cancer, as is never giving birth—also known as nulliparity—or giving birth for the first time after age 30.

2. Both sides of your family tree matter when considering your breast cancer risk.

Did your mother have breast cancer? Did her mother? These are important questions to answer, but also seek information about your father's relatives. Hereditary risks for breast cancer are inherited from both parents, which is why it's important to have a complete family medical history when possible.

3. The first symptom you notice may not be in your breast.

"Breast cancer can present with symptoms anywhere in the chest area," says **Andy Huang, M.D.**, oncologist and hematologist at New York Methodist Hospital. "Some people have symptoms in the skin over the chest, such as itchiness or redness. Another commonly affected area is the armpit, where lymph nodes draining from the breast are located."

4. In Stage I breast cancer, the tumor is smaller than a peanut.

"Early-stage tumors can be as small as two or three millimeters in length," Dr. Huang says. "The majority of breast cancers we treat now are too small to feel during a breast self-exam and don't cause symptoms."

According to Dr. Huang, tumors detected when they are smaller than 1.5 centimeters are often curable with breast-sparing surgery alone. A growing number of breast cancers are detected at this stage. **John Deysine, M.D.**, clinical director of breast services at NYM, attributes detection of these small tumors to growing public awareness about breast cancer and better screening tools.

"We routinely find cancers less than a centimeter in size with the use of mammography and sonography," Dr. Deysine says. "Even larger tumors that are deep within the breast may be difficult to feel, which is why women shouldn't wait until they feel a lump to get an imaging test."

5. A combination of exams is ideal for breast cancer detection.

"Mammography is particularly useful for identifying clusters of calcifications, which can indicate Stage 0 breast cancer," Dr. Deysine says. "However, mammography combined with ultrasound and a proper physical examination will detect 99 percent of breast cancers at any stage."

The best time to schedule your mammogram is one week after your period ends because breasts tend to be less sensitive. Dr. Deysine and radiologists at NYM's Women's Diagnostic Center suggest screening at this time to minimize discomfort. Regardless of when you schedule your mammogram, the key is to schedule one. Dr. Deysine recommends undergoing a baseline mammogram, breast ultrasound and physical examination at age 35, then again at 40 and annually thereafter.

6. Early detection and treatment can lead to a 98 percent survival rate.

According to the National Cancer Institute, 98.5 percent of women will survive at least five years past diagnosis when the breast cancer is detected in its localized stage—before it has spread to regional lymph nodes.

The majority of breast cancers diagnosed at an early stage—which includes stages 0, I and II—are curable through radiation, chemotherapy, hormone therapy, and/or surgery.

IS BRCA TESTING RIGHT FOR YOU?

In 2013, actress Angelina Jolie underwent an elective double mastectomy after learning that she had a BRCA gene mutation.

While Ms. Jolie may be one of the most famous women to make that decision, she's certainly not alone. Up to 65 percent of women who have the BRCA1 or BRCA2 gene mutation develop breast cancer during their lifetimes, and removing both breasts and/or ovaries as a preventive measure against breast and ovarian cancers has become more common among women with a positive test result.

"BRCA mutation testing is very simple, but deciding what to do with the results can be very difficult for patients," Dr. Huang says. "If a patient at high risk for breast or ovarian cancer knows a positive BRCA test will result in her electing to have surgery to remove her breast or ovaries, I would recommend the test. If she is unsure what she will do with the result, I recommend more genetic counseling and frequent cancer screenings—mammograms every six to 12 months and ovarian ultrasounds every six months, beginning at an age that is 10 years younger than the youngest afflicted family member's age at the time of diagnosis."

Women should consider BRCA testing if they have any of the following:

- + A first-degree relative who was diagnosed with breast or ovarian cancer before age 50
- + A family history of male breast cancer
- + Ashkenazi Jewish ancestry with a family history of ovarian cancer

MAKE A DATE

To schedule your next breast cancer screening, call the NYM Women's Diagnostic Center at 718.780.5029.

Hit Me Best Shot

WITH YOUR

Do you remember the seemingly endless series of shots your children received during their infant and toddler years? Vaccines you may never have heard of were required or encouraged for entrance to preschool as well as elementary school. As children get older, it is important to remember that protection from some vaccines begins to wear off. Being aware of the vaccine schedule for preteens and teenagers can give your son or daughter the opportunity to give high school and college their best shot.

For referral to a pediatrician at NYM, call 718.499.CARE or click on "Find a Doctor" at www.nym.org.

VACCINE	RECOMMENDED AGE TO RECEIVE	WHAT IT PROTECTS AGAINST	DID YOU KNOW?
Tdap	11–12	Tetanus, diphtheria, and pertussis (whooping cough)	Protection provided by the Tdap vaccine received during childhood wears off as children get older. Tdap is a booster shot that protects not only your preteen but also those around them, such as babies and the elderly. Tetanus, diphtheria and pertussis are all caused by bacteria and can spread from person to person. Tetanus enters the body through scratches, wounds or cuts.
MCV4	11–12	Meningitis and sepsis (bloodstream infection)	The meningococcal vaccine protects against the bacteria that causes meningitis and sepsis. A booster shot is recommended at age 16 to continue to provide protection. Meningococcal meningitis is an inflammation of the lining around the brain and spinal cord that can cause brain damage, hearing loss, learning disabilities and even death. The bacterium that causes this disease is spread through the exchange of respiratory or throat secretions from coughing or kissing. This vaccine is especially important if your child plans to move into a college dormitory or military barracks.
HPV	Recommended for boys and girls ages 11–12 but can be given anywhere from age 13–26	Human papillomavirus	HPV can be spread through any direct skin-to-skin contact during sexual activity. HPV is the most common sexually transmitted infection in the United States today. The HPV vaccine is administered in three doses over a six-month period. There are two different vaccines that protect against HPV—recombinant human papillomavirus quadrivalent vaccine (Gardasil) and human papillomavirus vaccine bivalent (Cervarix). Both vaccines protect against HPV types that can cause cervical cancer, and both vaccines have been shown to prevent cervical cancer. Both are recommended for young girls, but Gardasil is the only vaccine that can also be given to boys and young men.
Flu	Yearly vaccine for everyone six months or older	Influenza	Influenza, more commonly known as the flu, is caused by a virus that affects the nose, throat and lungs. While most people recover within a few days of contracting symptoms, serious complications such as pneumonia, bronchitis, sinus infections and ear infections can arise from the flu. Children with diabetes and asthma are at a greater risk for complications as a result of the flu. There are two types of vaccines that your child can receive: the flu shot or the nasal-spray flu vaccine. The flu shot is an inactivated, or dead, flu virus that is injected into the arm and provides protection from the flu for healthy individuals ages six months or older and those with chronic medical conditions. The nasal-spray flu vaccine is made with live, weakened flu viruses that will not cause the flu. It is approved for healthy people ages two to 49 who are not pregnant.

Protecting your children from viruses and bacteria may seem like a full-time job but unlike most jobs, this one scores a huge bonus for you and your children—staying healthy. Make sure that you are up to date on your child’s vaccination schedule as well as any boosters that are recommended by the Centers for Disease Control and Prevention.



The Science of DIAGNOSTICS

It is not unusual for a visit to the doctor's office to include blood work or other laboratory tests. Although these screenings may seem minor, they could improve the quality of—or even save—your life.

THIS WAS THE case for Karen, a busy mom and financial services executive. During a recent annual physical, Karen told her doctor that she had been feeling more tired than usual and couldn't stop gaining weight despite daily exercise, good sleep habits and a sensible, healthy diet.

Her doctor ordered lab tests to help identify possible causes of the symptoms. One of those tests was a thyroid stimulating hormone (TSH) for thyroid function screening.

Karen's lab results revealed that she had hypothyroidism, which occurs when the thyroid, a butterfly-shaped gland located at the base of the throat, doesn't create enough hormones to regulate metabolism. Hypothyroidism causes body functions to slow. Karen's doctor prescribed a synthetic thyroid hormone, and Karen soon began noticing improved energy levels.

Laboratory tests like Karen's help doctors diagnose many conditions, including diabetes, heart disease and certain types of cancer. In some cases, laboratory results provide the first indication of a health problem.

"Basic laboratory tests are often ordered to measure a patient's general health, help diagnose patients experiencing unexplained symptoms, or monitor patients who have diseases that are controlled through medication," says **Rabia Mir, M.D.**, chair of pathology and laboratory medicine at New York Methodist Hospital. "In some instances, these tests make doctors and patients aware of existing health conditions early, at a stage when many diseases tend to be easier to control. Early intervention can sometimes slow or prevent more serious disease progression that could require intensive management."

HERE FOR YOU

State-of-the-art robotics and fully automated instruments at NYM's laboratory and pathology medicine department operate 24 hours a day, seven days a week to provide faster lab test turnaround times.

Age and overall health play sizeable roles in laboratory screening recommendations. Some of the most commonly ordered tests include:

+ **Complete blood count (CBC)** analyzes the components of your blood, including how many red and white blood cells and platelets are present.

"Doctors often order this test as part of a general health screening," Dr. Mir explains. "CBC tests can help diagnose or monitor a variety of conditions, including anemia, infection and leukemia."

+ **Basic metabolic panel (BMP)** offers a glimpse at a patient's overall metabolism, including liver and kidney function. The BMP also includes a blood glucose screening, which tests for diabetes. This test typically requires fasting for eight hours before having blood drawn.

+ **Hepatitis C screening**—In 2014, hospitals, primary care doctors and clinics in New York began offering all patients born between 1945 and 1965 a hepatitis C screening as part of a statewide effort to prevent the spread of this infectious disease. People born within this 20-year window are five times more likely to be diagnosed with hepatitis C, which can go undetected for decades. A blood test can typically reveal whether you have been exposed to the disease.

+ **Lipoprotein panels** measure the amount of cholesterol and triglycerides in your blood, which can help determine your risk for heart and vascular disease. Doctors often order this test if a patient has other cardiovascular risk factors like smoking, being overweight, or having diabetes or a family history of cardiovascular disease. This test requires nine to 12 hours of fasting.

'TOO YOUNG TO HAVE A STROKE'

It started out just like any other day—Alexandra Mulvey got up, went to work at the Cancer Research Institute and came home.



“A lot of factors came together to help me survive my stroke. Receiving expert care only a few blocks away from home at New York Methodist Hospital was definitely a big part of it.”

— ALEXANDRA MULVEY



THAT NIGHT, SHE was in the shower when the right side of her body suddenly went limp and she couldn't speak.

A clot was blocking blood flow to the left side of her brain, and her brain cells were dying. Alexandra was having an ischemic stroke at age 32.

"I didn't know what was happening," Alexandra says. "I thought a stroke was something that occurred in people much older than me. I'd just run a half marathon. I was too young and healthy to have a stroke."

Later, tests revealed that Alexandra had plaque in her aorta and untreated high blood pressure. Those conditions, coupled with oral contraceptives, probably affected the way blood clotted in her arteries, which triggered the stroke.

One of Alexandra's roommates found her in the bathroom and called 911. An emergency response team was quick to the scene, transferring her from her Park Slope apartment to New York Methodist Hospital, where cerebrovascular and endovascular neurosurgeon **Michael Ayad, M.D.**, and NYM Emergency Department staff went to work to save her brain tissue.

A RACE AGAINST TIME

Alexandra considers herself lucky that her roommate came to check on her and that she was close to the medical care she so desperately needed. By the time she reached

the Emergency Department at NYM, 45 minutes had passed since the stroke began. She arrived early enough to receive intravenous tissue plasminogen activator, or tPA, the only medication approved by the U.S. Food and Drug Administration to dissolve clots in stroke patients.

"Unfortunately, Alexandra's condition didn't improve with tPA," Dr. Ayad says. "When I saw that, I knew we were dealing with a serious blockage. About two million neurons were dying every minute that her brain was deprived of blood. There was no time to lose."

Using a computed tomography angiogram, Dr. Ayad captured detailed images of the arteries in Alexandra's brain, revealing a complete blockage of the internal carotid artery and the middle cerebral artery. The test took one minute, but it gave Dr. Ayad the information he needed to move forward with Alexandra's treatment.

"The middle cerebral artery is one of the main arteries delivering blood to the left side of the brain," Dr. Ayad says. "Left untreated, Alexandra's large clot could have damaged nearly the entire left side of the brain. Such a serious stroke can lead to brain swelling, which can be life threatening."

Alexandra was moved to the Hospital's neurointerventional suite and prepared for surgery so that Dr. Ayad could remove the blockage during a procedure called a thrombectomy. He inserted a tiny catheter fitted with a suction device and a retrievable stent

to clear the clot. Using image guidance, he navigated these instruments through the body to the clot.

"I started with the stent in the closed position, and then when it reached the blockage, I opened it and latched onto the clot," Dr. Ayad says. "This allowed me to pull the clot out. The suction device was there to catch stray clot pieces and prevent further damage."

It took two hours and four passes with the suction device-stent duo to remove Alexandra's clot. Thanks to Dr. Ayad's skill and the Hospital's technology, blood flow to Alexandra's brain was completely restored.

THE ROAD TO RECOVERY

"While no surgery can restore injured brain tissue, the type of intervention that Alexandra had can save portions of the brain that are at risk in patients who meet the criteria for the procedure," Dr. Ayad says. "We knew there would be some injury, but postsurgical magnetic resonance imaging scans revealed a much smaller amount of damage than there would probably have been without the procedure."

Dr. Ayad describes Alexandra's recovery as "fascinating." The stroke initially left her unable to speak and completely paralyzed on her right side. Within 48 hours, however, she could lift her right arm, move her right leg and speak one or two words at a time. Every day brought striking improvement. On day seven, she could walk up and



ALEXANDRA MULVEY CYCLES WITH ANTON PLANO IN PROSPECT PARK, ONE YEAR AFTER RECOVERING FROM A MASSIVE STROKE THAT WAS STOPPED IN PROGRESS AT NYM.

down the hallway, hold objects and speak in short sentences. After ten days, she left the hospital, eventually moving to Connecticut to stay with family while she recovered.

"Alexandra is a motivated person, and that helped immensely in recovery," Dr. Ayad says. "Rapid intervention and her drive to improve were key in how quickly she was able to come back from such a devastating event."

A LOOK AHEAD

More than a year after her stroke, Alexandra is back in the city that she loves, working again and staying active. She is on medication to manage her cholesterol and blood pressure. Although she's about 98 percent back to where she was before the stroke, Alexandra is still working to perfect her fine motor skills and continues recovering from stroke-induced damage to the part of her brain that processes language.

"It was hard recovering from a stroke," Alexandra says. "I'm still dealing with it. But my experience at NYM was great. Every nurse was so nice, and so many people came by and showed their support."

In May, Alexandra returned to NYM to check in with Dr. Ayad and catch up with the medical team that cared for her in the days following her stroke. Dr. Ayad notes that Alexandra appears to be nearly fully recovered.

"Now, it's a matter of stabilizing Alexandra's condition and reducing her risk for future events," Dr. Ayad says. "She'll continue to follow up with me and work with a cardiologist, and she should be able to look forward to a long, healthy life."

RIGHT TECHNOLOGY, RIGHT HANDS, RIGHT TIME

Dr. Ayad and his colleagues know all too well the physical and mental devastation that can be caused by a stroke, which is the leading cause of disability and the fourth-leading cause of death in the United States.

But the specialists at NYM have technology on their side—access to the latest, most advanced clot-removal tools like the microcatheter and suction devices that were utilized to safely and carefully remove Alexandra's clot and reverse her stroke. NYM is one of the few hospitals in the nation equipped to stop the ravages of a stroke in progress.

Without this rapid, precise intervention performed by medical professionals using a very specific set of skills and tools, Alexandra would have sustained substantial brain damage. Instead, she received specialized emergency treatment at NYM, and today, she has her life back.

ACT FAST, SAVE LIVES

Early medical intervention from specialists like those at NYM is the key to saving lives and preserving quality of life for stroke patients.

If you think someone is having a stroke, check for the symptoms using the FAST acronym.

Face: Does one side of the face droop when he smiles?

Arms: If she raises both arms, does one drift downward?

Speech: Is his speech slurred when he tries to repeat a short sentence?

Time: If any one of these symptoms is present, note the time that it began and call 911 immediately to tell the operator that you suspect stroke.

TABLETS TODDLERS

You've changed all the parental controls to the safest possible settings and armored your tablet with the latest drop-resistant, drool-proof case. Your iPad is now ready for your toddler, but is your little one ready for it?

CHILD DEVELOPMENT EXPERTS often advocate limiting or forbidding screen time for young children because they believe when children passively absorb whatever is presented on the glowing screen for extended periods of time physical and mental delays may be triggered. But touch screen devices aren't televisions—they're interactive. While that does mean that smartphones and tablets offer opportunities for learning and building skills that television does not, they still may not be appropriate for children younger than age two.

A DEVELOPING SCIENCE

Scientific research about the long-term effects of tablet use on childhood development is underway; meanwhile, findings from some short-term studies may surprise parents.

"One of the first studies on the topic, published in October 2013, shows a dramatic increase in the use of mobile media by young children over the past two years," says **Pramod Narula, M.D.**, chair of the Department of Pediatrics at New York Methodist Hospital. "According to the report, 38 percent of infants and toddlers younger than age two used a mobile device to play games, watch videos, or interact with creative or educational apps in 2013, compared to ten percent in 2011. For two- to four-year-olds, the rate increased from 39 percent to 80 percent in that same time period."

Parents responding to the survey expressed few concerns about the amount of time their toddlers spent using mobile media. Most parents report they primarily use the devices to keep a toddler briefly occupied while performing household tasks, talking with other adults or running errands. The problem is that no one knows what, if any, adverse effects might be taking place during those brief encounters, and even minutes at a time can add up fast.

"We know for sure that the brain is highly sensitive to stimuli from computer and smartphone screens," Dr. Narula says.

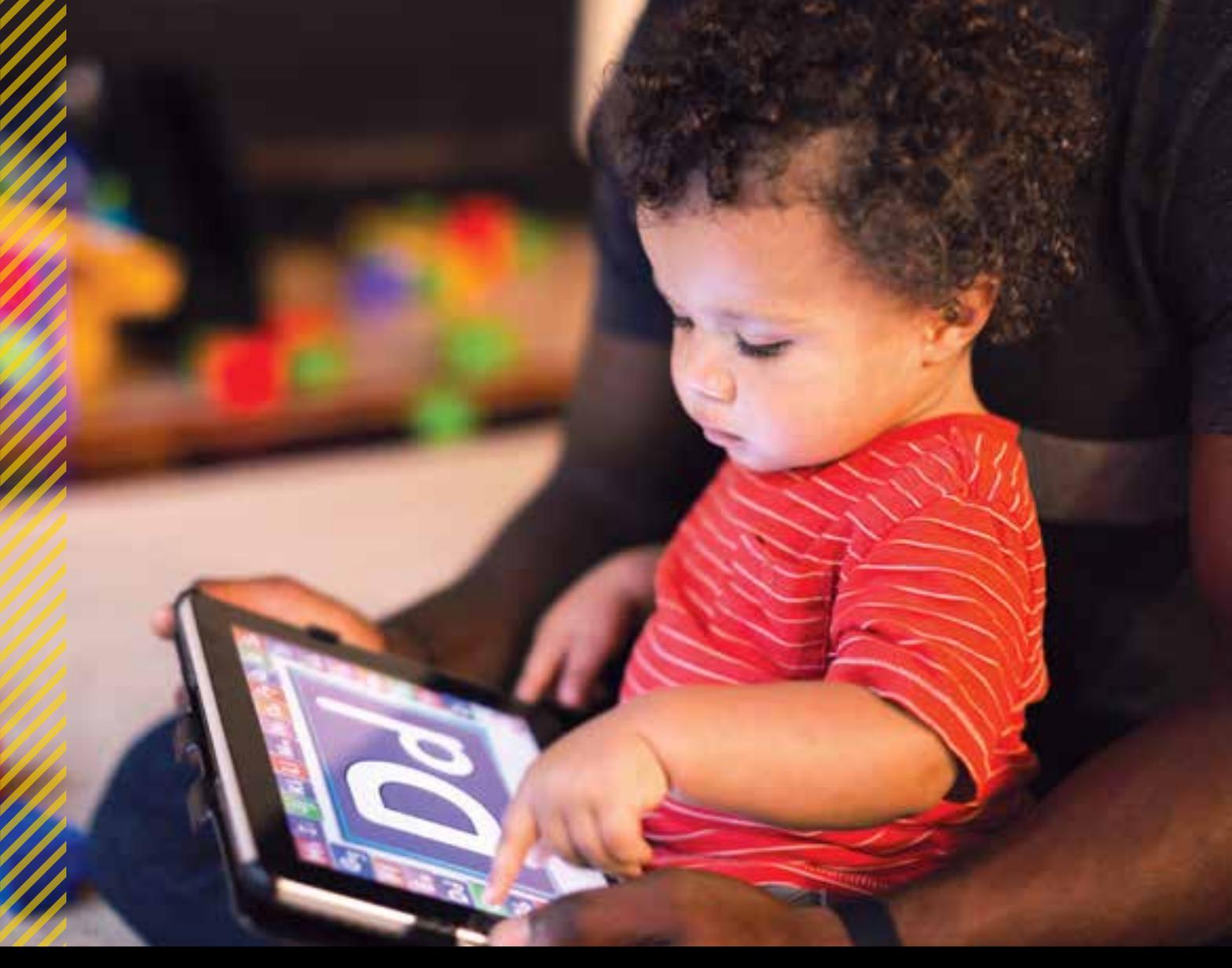
"Anecdotal evidence, related studies and recommendations by the American Academy of Pediatrics [AAP] suggest that until we understand more, it may be better for children to avoid mobile devices during their formative years. It is especially important that parents refrain from using the devices for indefinite periods of time as a 'pacifier.'"

SCARY RISKS OF SCREEN OVERLOAD

According to Dr. Narula, studies support the theory that too much screen time among older children increases the risk of type 2 diabetes, especially when electronic device use takes the place of physical activity. Nonstop electronic device usage may also hinder a child's social development and increase the chances of behavioral issues and emotional problems.

In addition, Dr. Narula cites examples of children whose manual dexterity—a skill bolstered by more traditional activities associated with childhood, such as holding small objects like crayons—has been hindered by overuse of touch screen devices. Because of the potential for these and other health and developmental risks, the AAP recently renewed its recommendation that children and teens should engage with entertainment media of any form for no more than two hours per day and that exposure for children younger than age two should be kept to a minimum.

"'Everything in moderation' is a good guideline, says **Jeanne Goodman, M.D.**, adult and child psychiatrist at NYM. "Establishing routines and limits is even more important than whether or not the child uses electronics. Early in development, parents should set a predictable schedule for screen time that remains consistent. This is also useful as the child ages because it minimizes discussions about when to put the device away or how long to interact with it."



BEST FOR BABY BRAINS

According to Dr. Goodman, a potential negative outcome of excessive use of electronics is that it minimizes the time spent exploring the world and interacting with others, both of which are extremely important to a child's social and cognitive development during the first three years of life.

Imaginative play with nonelectronic toys and free-form play with other children enhances cognitive and emotional development, including creativity, communication, self-regulation and problem solving. Running, climbing, jumping and other forms of physical activity are also vital to overall good health and normal development, including sensory learning, motor skills, vision and hearing. Perhaps most important of all is face-to-face family time. Reading to and talking with your child builds vocabulary as well as listening, thinking and social skills, and these activities strengthen the parent-child bond in a way that electronic interactions can never replace.

"This special time between parents and children is fundamental to developing a strong and healthy relationship, which sets the foundation for the future," Dr. Goodman says. "If a strong interpersonal parent-child relationship exists in adolescence when the child begins to assert independence, there will be a better chance of getting along and of the child adhering to limits and house rules."

TOUCH AND GO

The bottom line? If you haven't introduced your toddler to mobile media yet, there is no harm in waiting until after your little one turns three. In the meantime, emphasize play with nonelectronic educational toys and activities and encourage interaction with the environment and other people. If you do decide to hand your smartphone or tablet over to your toddler on occasion, keep each session short, and set consistent limits that make guiding your child's electronic use easier later on.

SCREEN TIME DEFINED

SCREEN TIME ENCOMPASSES TIME SPENT USING ANY DEVICE WITH A SCREEN, INCLUDING CELL PHONES, TABLETS—SUCH AS IPADS—TELEVISIONS, COMPUTERS AND VIDEO GAMING SYSTEMS.



CLINICAL

Mastering DIABETES

A blood test at your primary care doctor's office has just revealed that you have diabetes, and "Where do I start?" is the first thought on your mind and the first words out of your mouth.

IT'S THE QUESTION many patients want answered after receiving a diabetes diagnosis. The disease is complex, it requires strict management, and no cure exists.

Diabetes may be a part of your life, but it doesn't have to be the defining part. Controlling the disease will take commitment, but if you put in the effort, you can live a full, happy life in which diabetes is nothing more than a footnote.

First things first: treatment and management of diabetes depends on the type you have. There are two common types of diabetes—type 1 and type 2.

Type 1 diabetes occurs when the immune system attacks cells in the pancreas that produce the hormone insulin. The body needs insulin to convert glucose (sugar) from food into energy. In type 1 diabetes, glucose floods the blood because there is not enough insulin to help it enter the body's cells. To compensate for insufficient insulin production, people with type 1 diabetes self-administer daily insulin injections or receive it continuously via a programmable insulin pump.

Researchers are still trying to pinpoint the causes and risk factors of type 1 diabetes, but genetics are thought to play a role. One thing is certain: the disease cannot be prevented. Previously referred to as juvenile

diabetes, type 1 diabetes is often associated with diagnosis at a young age, but an equal number of children and adults in the United States are diagnosed each year.

Type 2 diabetes accounts for approximately 95 percent of diabetes cases. With type 2 diabetes, the problem is the body's inability to correctly use insulin, leading to an oversupply of glucose in the blood. Type 2 diabetes is a chronic condition, but the good news is that it is preventable. Family history and genetics contribute to the disease's development, but most risk factors—including excess body weight, poor nutrition and an inactive lifestyle—can be controlled. Lifestyle changes can also help you manage the condition to a level where medication is unnecessary.

"Classic diabetes symptoms include frequent urination—especially having to get up and use the bathroom more often at night—and blurred vision," says **Edmund Giegerich, M.D.**, chief of endocrinology and vice chair of medicine at New York Methodist Hospital. "A vaginal yeast infection without other signs can be an indicator for women."

Dr. Giegerich explains that many people develop diabetes without symptoms.

"That's why those who are obese, have a family history of the disease, or gave birth to large babies or had diabetes in pregnancy

should be screened," he says. "I often see patients who are already having diabetes-related complications but didn't know they had the disease because of an absence of symptoms."

SIGNS OF THE TIMES

What does diabetes treatment involve in 2014?

"Technology and education have come a long way," Dr. Giegerich says. "We have many interventions to use, from teaching patients to manage their diabetes at home to prescribing insulin pumps for people with type 1 diabetes or any of numerous medications for those with type 2. We have more tools in our toolbox today, particularly medications. And bariatric surgery can also be quite helpful in diabetes management."

Recent studies have revealed that patients are gaining better control of diabetes, in part because of more treatment options and improved results. In the past two decades, rates of major diabetes complications like heart attack, stroke and lower extremity amputation have decreased significantly, according to Dr. Giegerich. That is good news, but huge challenges remain.

For instance, nearly two million Americans will be diagnosed with diabetes this year, and obesity is a risk factor

IS TYPE 2 THE NEW TYPE 1?

Historically, diabetes diagnoses among children have been dominated by type 1 diabetes, and that remains true—more than 15,600 children and teenagers are diagnosed with type 1 diabetes each year, whereas type 2 diabetes accounts for only about 3,600 diagnoses among children and teenagers annually. Nevertheless, type 2 diabetes is increasingly diagnosed in the pediatric population.

"This past May, study results published in *The Journal of the American Medical Association* revealed that type 1 diabetes rose 21 percent among children age one month to 19 years old between 2001 and 2009, but type 2 increased nearly 31 percent among ten- to 19-year-olds during that period," says **Levon Agdere, M.D.**, pediatric endocrinologist at New York Methodist Hospital. "We don't know what's behind the rise in type 1, but obesity caused by poor diets and inactivity is certainly fueling type 2's prevalence. This phenomenon is distressing because type 2 diabetes raises children's risk of health problems later in life."

If your child suddenly needs to urinate more often, always complains of being thirsty or seems consistently lethargic, he should be evaluated for diabetes. For a child, managing diabetes includes the same steps adult patients must take—exercise, a healthful diet, insulin or other medications, and regular blood glucose checks. Members of the pediatric endocrinology team at NYM can help you and your child navigate the ins and outs of growing up with diabetes, including dealing with challenges unique to pediatric patients.

"Juggling schoolwork, extracurricular activities, and time with family and friends is difficult enough without having to pause to check blood glucose, take medication or study a restaurant menu," Dr. Agdere says. "Children may become frustrated because they feel like diabetes hinders their efforts to fit in with their peers or have a normal childhood. The best thing a parent can do is be the child's advocate. Emphasize everything he *can* do, which is practically anything. Model patience and commitment for your child, and hopefully, he will adopt the same attitude toward managing diabetes."

that most of them share. It is estimated that one-third of American adults could have the disease by 2050.

"The sheer number of people being diagnosed with diabetes illustrates how badly we need to come to grips with this disease," Dr. Giegerich says. "Brooklyn is quite multicultural—many years ago, the main ethnic groups I saw with diabetes were Hispanics and African-Americans. I still treat many patients from those lineages, but I'm also seeing more people of Asian descent with diabetes.

"The high-fat, salt- and sugar-laden Western diet has gone global. Our challenge in combating obesity and type 2 diabetes is to think of diet as part of medical care and ensure that people understand which foods are good for them and which aren't."

THE SHORT AND LONG OF IT

Helping people understand how food choices impact this disease is where NYM's Diabetes and Education Resource Center comes in. Endocrinologists and diabetes educators at the Center work with patients to tailor diabetes management strategies, separate myth from fact and cut through the informational clutter.

Self-management, for example, can seem daunting, but **Lynn Polmanteer, R.D., C.D.E.**, diabetes educator at NYM explains that it's helpful to think about management as separate and distinct tasks.

"People with diabetes need to do four things on a daily basis: they need to take their medications as prescribed, check their blood sugar via finger stick and record the results, exercise, and follow the Plate Method by filling half their plates with vegetables, one-quarter of their plates with lean protein, and one-quarter of their plates with carbohydrates," Ms. Polmanteer says. "So many people with diabetes think they have to follow a special diet—that's not the case. We want them to eat a healthy diet, just as people without diabetes should."

Many patients find incorporating exercise into their daily routine very challenging, but NYM diabetes educator **Mark Doublet, R.D., C.D.E.**, encourages patients not to think of exercise in narrow or gym-centric terms.

"Just take time each day to do something you enjoy that gets your body moving," Mr. Doublet says. "If you like taking walks, do that. If your mobility is limited—maybe you have hip or knee pain—focus on your upper body. Muscles store the majority of glucose, so any time you can work them, your body will be more efficient in using that energy source and keeping blood glucose levels down."

Daily management pays off in the long run.

"Diabetes doesn't automatically result in complications, as many people assume," Ms. Polmanteer says. "*Uncontrolled* diabetes leads to complications. Proper management, especially keeping blood glucose within personal target ranges, prevents long-term problems."

Mr. Doublet agrees—a person's quality of life is largely in the patient's own hands. That doesn't mean the patient has to face diabetes alone.

"In addition to one-on-one education sessions with diabetes educators, NYM offers a monthly diabetes support group, a diabetes management class, a carbohydrate counting how-to class and an insulin pump support group," Mr. Doublet says. "Diabetes is a team-supported disease. We are here to make life easier for patients and help them view the future with hope and excitement, not anxiety."

GESTATIONAL DIABETES FACTS

In approximately 18 percent of pregnancies, hormones interfere with insulin function in the mother's body, causing elevated blood glucose levels—a condition known as gestational diabetes. Blood glucose levels usually return to normal after delivery, but having gestational diabetes significantly raises a woman's risk of developing type 2 diabetes later in life, and it may increase her children's risk, too.

For an appointment with NYM's Diabetes Education and Resource Center, call 718.246.8600 or 718.246.8603.

BEYOND THE BIG TWO

The most common types of diabetes—types 1 and 2—aren't the only forms the disease can take. Rarer types exist, including those caused by:

- + Disease- or trauma-induced damage to the pancreas
- + Genetic conditions like Down syndrome
- + Cellular defects
- + Certain infections, including mumps
- + Oversupply of certain hormones that hinder insulin function—cortisol in Cushing's syndrome, for instance

One particular type of diabetes—latent autoimmune diabetes in adults (LADA), also known as type 1.5 diabetes—may be on the rise. Think of LADA as a hybrid of type 1 and type 2 diabetes. After diagnosis, most people continue producing insulin and manage the disease like typical type 2 diabetes. Eventually, however, the immune system may thwart insulin production by beta cells in the pancreas—just like in type 1 diabetes—and patients require insulin injections.

LADA may be present in up to ten percent of people with type 2 diabetes.

"We have been diagnosing LADA a bit more frequently," Dr. Giegerich says. "Patients develop LADA later in life than type 1 diabetes usually occurs—typically after age 30. A red flag for LADA is poor response to medication management in patients with type 2 diabetes. That scenario is not uncommon, which is why it's important for people to see an endocrinologist if normal diabetes management isn't effective."



A Guide to

Healthier Cooking

It is common knowledge that a diet of lean proteins, vegetables, fruits and whole grains can help you stay healthy, but that is not the end of the story. How you prepare nutrient-rich food matters, too.

“COOKING CAN EITHER maximize the nutritional value of healthy ingredients or diminish it,” says **Maria Pari-Keener, R.D.**, clinical dietitian at New York Methodist Hospital. “The key is to eat an array of healthy, colorful foods prepared in a variety of ways.”

While it may come as no surprise that one of the ways to get the most nutrition from vegetables and fruits is to wash, slice and enjoy them raw, studies show that cooking certain vegetables can increase their nutrient value.

“For example, cooking tomatoes using high heat methods may raise the level of the antioxidant lycopene by as much as 35 percent,” says Ms. Pari-Keener. “Additionally, cooking vegetables, including broccoli, carrots, mushrooms, asparagus, cabbage, mushrooms, peppers and spinach, releases nutrients that the body can easily absorb.”

To help your body get the most nutrition from your diet, explore the following cooking methods and “Test Kitchen” ideas approved by the Department of Food and Nutrition Services at NYM.

Microwaving in microwave-safe dishware is one of the healthiest ways to prepare food because it doesn’t typically require the addition of fat. What’s more, microwaves can be used to steam vegetables in a small amount of liquid, a technique that preserves nutrients.

TEST KITCHEN IDEA: Fold back the husks on fresh corn to wash it. Don’t worry about removing the silk at this point. Reposition the husks over the corn, wrap the cobs in a moist paper towel, and microwave for one and a half minutes per ear of corn. Let corn cool, covered, for five minutes, then shuck and enjoy.

Boiling in hot water or broth over high heat can boost the nutrient power of some foods, including broccoli, carrots and zucchini. It is essential to know, however, that while boiling optimizes the nutrition of some foods, it diminishes the antioxidant power of others, including cauliflower and peas.

TEST KITCHEN IDEA: Boil broccoli, spinach, carrots and zucchini in low-sodium chicken broth until tender. Drain half of the liquid

“It is important to eat fruits and vegetables daily, whether raw or cooked, fresh or frozen. Lightly sautéing them in a teaspoon of olive oil works well for a variety of veggies. Aim for five servings of fruits and vegetables each day.”

—MARIA PARI-KEENER, R.D., CLINICAL DIETITIAN AT NYM

from the vegetables then place the contents of the pot into a blender, toss in a handful of parsley and puree into a soup. Top the soup with raw cauliflower bits and a few roasted, shelled sunflower seeds. Season with your favorite spice blend.

Poaching or cooking food in a small amount of liquid at just below the boiling point, offers a healthy way to introduce a lot of flavor to a main course without infusing it with empty calories. Pair your choice of protein (meat, seafood or eggs) with a poaching liquid (chicken, beef or vegetable stock or water) with an acid (vinegar, lemon juice or wine) and fresh vegetables or fruits, herbs and spices.

TEST KITCHEN IDEA: Poach a chicken breast in a mixture of half chicken broth and half balsamic vinegar. Add fresh peach slices, a quartered onion and rosemary to the poaching liquid, and cook the chicken to an internal temperature of 165° Fahrenheit by spooning the poaching liquid over the chicken while cooking.

Steaming food by suspending it above boiling liquid allows you to cook food quickly, which helps retain vitamins and nutrients and provides you with a way to infuse flavor into your dish.

TEST KITCHEN IDEA: Try steaming your favorite white fish and asparagus over boiling water seasoned with lemon juice (use the juice of one lemon per cup of water), a teaspoon or two of lemon zest, and tarragon.

Sautéing, which involves cooking foods in a small amount of fat, provides a healthier alternative to frying, particularly when you use a plant-based fat like olive, canola or sunflower oil.

“Sautéing in canola or olive oil is a great way to prepare many foods,” says **Alfred Ba Tun Leong, M.D.**, director of the Comprehensive Weight Management Program at NYM. “These fats—whether monounsaturated or polyunsaturated—are good for your health because they can help lower cholesterol levels in the bloodstream. However, the oils are as calorically dense as any fat, so you should use them sparingly.”

TEST KITCHEN IDEA: Coat kale and onions in a teaspoon of olive oil and mix with freshly ground pepper and chopped garlic. Sauté in a nonstick skillet, stirring frequently. If you enjoy spicy foods, add a few dashes of vinegar and hot sauce to the dish.

Broiling—cooking food in the oven under a direct heat source—allows fat in foods to drain away from meat when you choose a pan with a top rack. This method can be used for vegetables, too.

“When broiling vegetables, coat them lightly with olive oil to prevent sticking,” Ms. Pari-Keener recommends.

TEST KITCHEN IDEA: Marinate lean chicken or turkey breast in a mixture that includes the juice from two oranges, two minced garlic cloves, and a pinch of red pepper flakes. Then broil the meat alongside wedges of onion, red pepper, mushrooms and Brussels sprouts for a delicious, one-dish meal that is easy to prepare.

Grilling or cooking food over an open fire or flame, is another method that drains fat away from meat while adding flavor to the food. Food should be grilled to

proper temperatures, but overcooking should be avoided, according to Dr. Leong.

“A watchful eye is necessary when grilling meat,” the doctor notes. “Charred [burned] meat cooked on the grill is a suspected cancer-causing agent.”

TEST KITCHEN IDEA: Think beyond the butcher counter when considering what to grill. Choose large Portobello mushrooms, flatbreads topped with favorite healthy ingredients, vegetables, fresh fruit—the sky’s the limit. Lightly spray or brush the grill top with olive or safflower oil before putting food on the grill, and use aluminum foil or wooden skewers to cook vegetables without the worry of dropping them through the grill grate.

EVALUATE YOUR PLATE

To ensure your daily diet is a healthy one, Dr. Leong recommends the following:

- + Use an eight- or nine-inch plate to help limit the amount of calories you eat at one meal.
- + Fill 25 percent of your plate with a lean protein (think white meat poultry, extra lean red meat, seafood) and 25 percent with starches, including corn, potatoes or whole grains like rice or whole wheat bread. Fill the other 50 percent of your plate with non-starchy vegetables (foods like greens, peppers, celery, cabbage, green beans, tomatoes, cucumber, eggplant, mushrooms, sugar snap peas, onions and carrots).
- + Have fresh fruit for dessert. If desired, slice the fruit and dip the pieces into a few crushed nuts. If you indulge in sweet treats, limit them to one serving once per week for dessert.

“I recommend eating one apple a day,” Dr. Leong says. “While it may be a cliché, it’s certainly one with benefits—the fiber and phytochemicals [biological compounds found in plants] in the apple reduce the risk of chronic illnesses like diabetes, high blood pressure and colon cancer.”

Keep It Chilly

KEEP FRESH FOOD STORED IN A COLD ENVIRONMENT OF 40° FAHRENHEIT TO RETAIN MORE NUTRIENTS. KEEP FROZEN FOOD STORED AT 0° FAHRENHEIT OR BELOW TO AVOID THE FORMATION OF BACTERIA.



Blueprints for Better Sleep

Your body and your brain change as you get older, and those changes affect the way you sleep.

SLEEPLESS OR DEPRESSED?

"Sleep issues, particularly insomnia, are very clearly linked with mood disorders, depression and anxiety," says **Jeremy Weingarten, M.D.**, medical director of the Center for Sleep Disorders at New York Methodist Hospital. "We often diagnose what's called comorbid insomnia, which means a patient has insomnia and a mood disorder but it isn't clear which one caused which."

Your nightly tossing and turning may be more than just a sleep problem if you also notice signs of depression like:

- Sudden changes in appetite or weight
- Lack of interest in things you used to enjoy
- Feeling hopeless or helpless
- Feeling sapped of energy, but not necessarily sleepiness



KATHY TURNS OFF the light and slides under the covers. She shifts until she finds a comfortable position. Then she waits. Ten minutes pass, then another ten, and another. As she watches the clock tick away on her nightstand, she thinks: When did falling asleep get to be so hard?

NOT WHAT IT USED TO BE

For millions of older Americans, Kathy's story is a familiar one. When she was younger, she could fall asleep easily. Now it takes up to an hour or longer, and she often wakes randomly throughout the night.

What Kathy may not realize is that aging changes what's known as our sleep architecture, leading to more sleep disturbances and sleepiness during the day. Sleep architecture refers to the structure of our sleep according to different stages of brain activity. There are two basic types of sleep: rapid eye movement (REM) sleep and non-rapid eye movement (NREM) sleep. NREM sleep accounts for approximately 80 percent of a night's sleep and includes three stages or levels of depth. Quality sleep is associated with longer periods of deep sleep, which includes stage-3 NREM sleep.

"What we experience as restorative sleep—often termed deep or slow-wave sleep—decreases significantly as we age," Dr. Weingarten says. "Sometimes slow-wave sleep disappears completely with age, especially in men."

A NEW RHYTHM

Sleep architecture isn't the only thing that changes with age. Circadian rhythm—the internal clock that tells us when to feel sleepy and when to wake up—can shift over the years. These changes are a normal part of aging and aren't considered causes of sleep problems in and of themselves. According to **Louis Mudannayake, M.D.**, chief of geriatrics at NYM, problems with sleep occur when we fail to account for these changes.

"Abnormal sleep patterns are often the result of abnormal sleep hygiene,"

Dr. Muddanayake says. "The habits people have throughout the day don't lend themselves to quality sleep."

RESPECT YOUR SLEEP

Having poor sleep hygiene, which includes habits when preparing to sleep and the environment in which one sleeps, exacerbates the symptoms of aging-related sleep problems. Since sleep architecture becomes more delicate as people grow older, practicing good sleep hygiene is even more important.

"Even though sleep changes with age, you still need to make sure you're respecting and protecting your sleep," Dr. Weingarten says. "You're already at a disadvantage when it comes to getting refreshing, quality sleep. Having poor sleep hygiene makes it worse."

Unfortunately, many of us turn to medication rather than changing sleep habits.

"Before I prescribe a new medication, I always encourage my older patients to look at their sleep hygiene," Dr. Mudannayake says. "Most drugs for sleeplessness or anxiety diminish productivity during the day and increase the risk of falls. They may not correct distortions in sleep architecture, either."

The sleep experts at NYM recommend the following habits to improve sleep hygiene and minimize the effects of age-related sleep problems:

- + Exercise daily at some point in the day but do so at least three hours before bedtime.
- + Don't drink alcohol or caffeine after 7 p.m.
- + Regulate your circadian rhythm so you can achieve more predictable sleep at night.

Move your bedtime back an hour if you find yourself struggling to stay awake but if you're still wide awake at bedtime, try staying up for an extra hour.

- Wake up at a set time. Even if you go to bed a little later than usual, wake up at your customary time.
- + Don't nap during the day.
- + Make your bedroom cool, dark and quiet.
- + Reserve your bed for sleep and sex. Don't read, watch television or check your smartphone.
- + Find the amount of sleep that works for you.

"The guideline for adults is to sleep seven to nine hours, but there's no one-size-fits-all recommendation," Dr. Weingarten says. "It's all based on how functional you are during the daytime in relation to how much sleep you get. If you only sleep five hours but function completely normally, that's fine. But if you sleep seven hours and are tired the next day, you might need to sleep more."

FOR KIDS

Sleep Help

Do you know a child or have a grandchild experiencing sleep difficulties? The new Pediatric Insomnia Program at NYM helps children who have trouble going to bed or who wake up frequently during the night. Behavioral sleep medicine specialists work one-on-one with children and their families to develop strategies that they can use at home to encourage better, less disruptive sleep.

"Most parents, myself included, would say their children have difficulties with bedtime," Dr. Weingarten says. "We're excited to offer a program that addresses sleep problems specifically in our pediatric population."

To schedule an appointment with the Pediatric Insomnia Program, call 718.780.5941.

'CLOCK YOUR SLEEP'

Earlier this year, radio station WNYC, New York City's National Public Radio affiliate, led a citywide survey on sleep habits. Dubbed the *Clock Your Sleep Project*, the study garnered responses from more than 2,600 New Yorkers. The results—available now at project.wnyc.org/sleep—offer insight about sleep demographics and habits that can affect sleep. Here's a snapshot of the study participants' average bedtimes and wake times by age.

AGE RANGE	AVERAGE BEDTIME	AVERAGE WAKE TIME
15–24	12:28 a.m.	7:59 a.m.
25–34	12:06 a.m.	7:32 a.m.
35–44	11:50 p.m.	7:00 a.m.
45–54	11:48 p.m.	6:45 a.m.
55–64	11:53 p.m.	6:44 a.m.
65+	12:03 a.m.	7:02 a.m.

If you need help with sleep problems, call NYM's Center for Sleep Disorders at 718.780.3017.

HORMONES AND MALE PATTERN BALDNESS

You eat a healthy diet and stay active. But all your good intentions haven't managed to stop your hair from thinning.

"ABOUT 85 PERCENT of men experience hair loss by the time they turn 50," says **Stephen Danziger, M.D.**, chief of dermatology at New York Methodist Hospital. "There are many possible reasons for hair loss, but androgenic alopecia is the most common. It has two causes—an inherited predisposition to thinning hair linked to the androgen receptor gene and certain levels of male hormones called androgens that affect the hair follicle."

This combination of genetic and hormonal tendencies causes hair follicles on the top of the head to shrink. Shrunken follicles produce thinner hair that takes longer to grow and, eventually, they may become dormant and stop producing hair. The result is varying patterns of hair loss, including a receding hairline accompanied by thinning on the top or generalized thinning on the crown.

MORE THAN SKIN DEEP

"Hair loss is not unusual and, on its own, is harmless but can have devastating psychological effects," Dr. Danziger says. "When a patient consults me about hair loss, I take a detailed history, examine the scalp and perform tests to rule out any underlying medical conditions that could be causing hair loss, including infection, lupus, thyroid disease, anemia, and certain drugs, such as those used for chemotherapy."

Dr. Danziger adds that for most patients, thinning hair is part of the normal aging process, but knowing this still does not change the fact that given a choice, most balding men would prefer to have a full head of hair.

"Many men don't really care about baldness," he says. "For those who do, sometimes just discussing the problem can help bring it into proper perspective. We can provide treatment options if men who want to attempt to regrow or replace hair."

For those seeking treatment, medications like minoxidil lotion or finasteride pills may reduce the impact of androgen hormones on the scalp. In some men, these drugs stop hair loss and may also help retain the hair that is present. Hair transplant surgery to move unaffected fringe hair to the thinning area is another option.

BARBERSHOP STOP

Styling options are plentiful, even if you're working with less hair than you used to have.

Some styles to consider include a close-cropped or shaved look, sported by celebrities like Bruce Willis and Jason Statham, long and flowing locks as seen on Bee Gees crooner Barry Gibb, or a balanced approach like that worn by 007 super spy Sean Connery, who pairs well-trimmed side fringe with a nicely groomed beard and moustache.

Stretching for Health

Searching for an exercise that will benefit your body and mind? Stretching has you covered.

“STRETCHING LENGTHENS YOUR muscle fibers, leaving your muscles more flexible and less prone to injuries from pulling or straining,” says **Mona Elkomos-Botros, M.D.**, chief of rehabilitation medicine at New York Methodist Hospital. “If you don’t stretch prior to exercise, your risk of injury and postexercise soreness is much greater.”

Stretching also helps minimize joint damage than can be caused by weight-bearing exercises, such as running and walking, and it can alleviate painful arthritis.

“Routine stretching helps keeps the muscles around your joints healthy and strong,” Dr. Elkomos-Botros says. “These muscles can then better support the weight on your joints and prevent your joints from rubbing together during exercise.”

One more added bonus? Relaxing your muscles through stretching lowers stress levels.

REAPING STRETCHING’S REWARDS

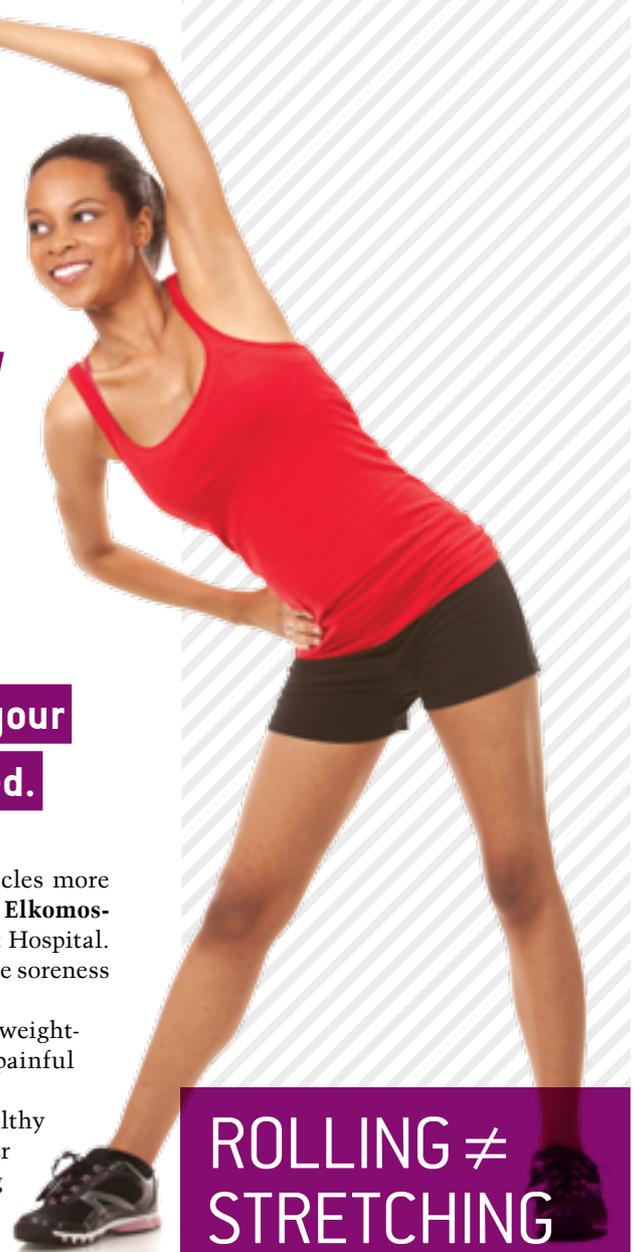
There are many enjoyable and easy ways to incorporate stretching into your daily schedule—from attending an evening yoga class to setting aside five minutes during your workday to perform a few muscle-relaxing stretches at your desk.

According to Dr. Elkomos-Botros, one of the simplest and most important ways to improve flexibility is to perform stretches that target all of your major muscle groups, including your hamstrings, quadriceps, triceps, shoulders and back muscles, at the beginning and end of each workout. In addition, pay extra attention to your calf muscles to prevent Achilles tendon pain and stiffness.

“Your Achilles tendon is used during walking and running and serves as the connection between your heel and calf,” say **Ronald Soave, D.P.M.**, chief of podiatry at New York Methodist Hospital. “Tight calf muscles greatly increase your likelihood of developing pain and stiffness in your heel and tendon. Before running or playing a sport like basketball that involves lots of jumping, perform wall push-ups and other calf stretches.”

For optimal benefits when moving through your sequence of stretches, hold each stretch for at least 30 seconds.

“Your muscle fibers take 30 seconds to lengthen and loosen during stretching,” Dr. Elkomos-Botros explains. “Once you finish stretching, perform a five minute warm-up to get your blood flowing before starting vigorous exercise. End your workout with additional stretches to ease postexercise muscle pain.”

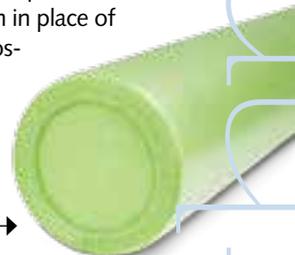


ROLLING ≠ STRETCHING

You may have seen people at your gym or exercise class rolling their legs, arms or back across colorful logs of dense foam after exercising and assumed this was a stretching activity.

According to Dr. Elkomos-Botros, foam rollers act as local massagers, loosening muscles and enhancing blood flow, but using them will not prolong and strengthen muscle fibers, which are the primary benefits of stretching.

“Foam rollers can be helpful, but you shouldn’t use them in place of stretching,” Dr. Elkomos-Botros says. “For best results, supplement stretching with rolling.”



WHEN KIDS *Get*

GERD

Gastroesophageal reflux disease (GERD) can develop at any age, even at the beginning of life.

GERD first appears in the form of gastroesophageal reflux (GER), which causes the stomach contents to briefly pass back through the esophagus.

MANY BABIES EXPERIENCE GER during the first four to six months of life.

"Fifty percent of infants will exhibit signs of GER, manifesting as spit-up," says **Yvonne McFarlane-Ferreira, M.D.**, pediatric gastroenterologist at New York Methodist Hospital. "With age, episodes of GER tend to decrease, and the condition typically resolves in most children around 12 to 14 months in age."

While it's normal for infants to sometimes spit up after feedings, additional symptoms could point to GERD—a complication that occurs when stomach contents remain long enough to damage the esophagus or local structures. Those symptoms

include poor weight gain, breathing issues and hoarse crying. A pediatric gastroenterologist can help identify causes and provide an individualized treatment plan to reduce symptoms.

It is important to understand that children may experience the same symptoms of GERD as adults, including heartburn, chest pain, burping and stomachache. In some cases, medication is needed to control symptoms, but for many children, diet modification can reduce flare-ups and discomfort.

Dr. McFarlane-Ferreira recommends that older children with GERD eat smaller meals, avoid eating just before bedtime, and

avoid acidic foods like tomatoes. Other foods to eliminate from your child's diet when coping with GERD include citrus fruits and juices, carbonated drinks, and fatty or fried foods. Losing excess weight can also help to alleviate symptoms in older children.

With treatment, a young child's GERD symptoms should clear up over a few months.

"Young children often respond to GERD treatment in about three months," Dr. McFarlane-Ferreira says. "Older children or adolescents may continue to cope with GERD symptoms despite diagnosis and treatment, especially if they are obese."

Q&A

A Doctor from the Start



DR. MCFARLANE-FERREIRA

YVONNE MCFARLANE-FERREIRA, M.D., PEDIATRIC GASTROENTEROLOGIST AT NEW YORK METHODIST HOSPITAL, SHARES WHAT LED HER TO A CAREER OF HELPING TO SOLVE STOMACH PROBLEMS FOR BROOKLYN'S SMALLEST PATIENTS.

GET ANSWERS

Q

When did you decide that you wanted to pursue a medical career?

A

When I was ten years old in primary school in England, the headmistress asked me what I wanted to be. I told her I wanted to be a doctor. When she asked me what my second choice was, I told her that I only wanted to be a doctor. I had no other plans.

Q

What appealed to you about medicine, and more specifically, pediatric gastroenterology?

A

I loved the sciences, and medicine incorporates them all. To feel fulfilled, I needed to know that I could perform a useful and important function in the world, and I could do that as a doctor. I especially love working with children and their families. Children represent new life, innocence, growth, inquisitiveness and resilience—they keep me feeling and thinking young—and being able to care for them from birth to adolescence is truly a pleasure.

I enjoy gastroenterology because it is a branch of medicine with the capacity to make a drastic difference in patients' lives in a relatively short period of time. Few things make me happier than seeing sick children get better.

Q

How do you put patients and their parents at ease?

A

When parents come in, they are often very concerned, especially if the child's problem has been going on for some time. So it's my job to listen and let them talk. When patients are nonverbal, I try to interact with them immediately. I find this puts everyone at ease.

Q

What do you like best about working at NYM?

A

The most rewarding part of being at New York Methodist is interacting with my co-workers and the atmosphere of camaraderie. They make me look forward to coming to work. It feels like being part of an extended family.

Q

What do you enjoy most about Brooklyn?

A

The diversity! I see people from many cultures and ethnicities in my office. Through my interactions, I've found that people are far more similar than they are different.

Q

What do you like to do outside of work?

A

I love to listen to audiobooks on subjects ranging from the human condition—like psychology and sociology—to science fiction and fantasy.

Q

What's one thing you would change about yourself?

A

I would try not to sweat the small stuff or worry about trying to do things perfectly.

Q

What's something you wouldn't change about yourself?

A

The empathy and compassion I feel toward my patients and their families.

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



1

1

OVERLOOKED BREAST CANCER FACTS

Many women are unaware of certain risk factors for breast cancer. The age at which you begin menstruating and when you reach menopause affects your risk level, as does when or if you give birth. Doctors advise that paying attention to your family history of breast cancer and having a combination of exams—mammography, ultrasound and clinical breast exams—can help to detect cancer at its earliest stages.

Turn to page 8 for additional information about breast cancer.



2

2

TABLETS AND YOUR TODDLER

Smartphones and tablets offer more interactive learning opportunities for children than television but still may not be appropriate for those under age two. Research has not yet determined the effects that tablets and smart phones might have on a toddler's developing brain, but experts caution parents to avoid using the devices as "pacifiers." The better option? For toddlers, emphasize play with nonelectronic educational toys and interaction with their environment, and keep smartphone and tablet sessions short. *See page 16 for more information regarding toddlers and mobile devices.*



4



3

3

DIABETES: TAKING CONTROL

Even as diabetes rates climb in the U.S. (estimates indicate that one-third of the population will be affected by 2050), major complications have decreased because many patients are managing diabetes better. Those who are mastering this disease take medication as prescribed, routinely check blood glucose, exercise for at least half an hour daily, and maintain a balanced diet that's high in fiber, low in sodium and processed sugar, and rich in fruits and vegetables. *Learn more about diabetes and how to manage it on pages 18–21.*

4

HEALTHFUL COOKING

Cooking methods can add flavor to foods but also maximize or diminish the nutrients in healthy ingredients. For instance, sautéing fresh fish in olive oil instead of breading it and pan-frying it in butter helps lower the cholesterol content of the dish while cutting back on empty calories. Another example? Poaching vegetables in water or chicken broth provides an opportunity to *quickly* cook the produce, which is key in retaining nutrients in many vegetables. When you add flavor by infusing the poaching liquid with lemon juice or thyme, you bring extra vitamin C to the dish. *Turn to page 22 for more healthy cooking tips and ideas.*



5

5

BETTER SLEEP

As you age, restorative sleep can decrease significantly and sometimes disappear completely, particularly in men. Your circadian rhythm—the body's method of telling you when to sleep and wake up—can also shift. These changes alone don't cause sleep problems but failing to recognize and account for them can. To make the most of your sleep, reserve your bedroom for sleeping, keep the room cool and dark, avoid caffeine and alcohol after 7 p.m., avoid daytime napping, and exercise daily at least three hours before bedtime. *Find more tips on making the most of your sleep 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.

GOOD PEOPLE!

LIKE MOST OF THE READERS OF YOUR WONDERFUL MAGAZINE, I HAVE BEEN OUT OF SCHOOL AND AWAY FROM MATHEMATICAL CALCULATIONS FOR MANY DECADES. MY SUGGESTION IS THAT WHEN YOU PRINT A FORMULA THAT YOU GIVE AN EXAMPLE OF IT IN USE.

FOR EXAMPLE ON PAGE 9 OF THE CURRENT ISSUE [SUMMER 2014, "BODY MASS MATH"] YOU HAD A FORMULA FOR CALCULATING THE BODY MASS INDEX (BMI). BUT NO EXAMPLE OF HOW TO USE THAT FORMULA WAS GIVEN.

I HAPPEN TO BE 5'9" [69"], AND I WEIGH 135, SO I CALCULATED A BMI OF 19.38, BUT I AM NOT SURE THAT I DID THE CALCULATION CORRECTLY.

THANKS,
LOUIS H. BLUMENGARTEN

Thank you for your feedback, Louis. Your calculation was close, but when we plugged your weight and height (in inches) into the formula, we found a slightly higher number. The good news is your BMI falls within the normal range (between 18.5 and 24.9), so kudos to you! Here's how the BMI equation looks for someone of your build.

$$\begin{aligned} 135 / [69 \times 69] &= 4,761 \\ 135 / 4,761 &= .028355388 \\ .028355388 \times 703 &= 19.93 \text{ BMI} \end{aligned}$$

RE: IN PLAIN SIGHT [THRIVE, SUMMER 2014]

WHAT A GREAT PUBLIC SERVICE YOU HAVE DONE IN ALERTING PARENTS AND TEACHERS TO THE PROBLEM OF UNDIAGNOSED VISION PROBLEMS. AS A PERSON WHOSE VISION PROBLEM WASN'T DIAGNOSED UNTIL I WAS 47, I CAN ATTEST TO THE ACADEMIC, SOCIAL, BUSINESS AND FINANCIAL COSTS OF NOT KNOWING THAT THE DIFFICULTIES THAT I WAS EXPERIENCING WITH READING COMPREHENSION AND SPORTS WERE NOT BECAUSE I WAS STUPID OR CLUMSY. I JUST COULDN'T GET BOTH OF MY EYES TO FOCUS. UNFORTUNATELY I HAD NO WAY OF KNOWING THAT OTHER PEOPLE WEREN'T SEEING THE WORLD THE WAY I WAS.

MY ONLY CRITIQUE OF THE ARTICLE IS THAT IT DID NOT MENTION THE WONDERFUL WORK BEING DONE BY DEVELOPMENTAL OPTOMETRISTS WHO CAN DETECT AND TREAT THE LESSER KNOWN VISION PROBLEMS THAT ARE OFTEN MISSED DURING A "REGULAR" VISION EXAM.

THREE CHEERS FOR *THRIVE*, NEW YORK METHODIST AND ALL OF THE EYE CARE PROFESSIONALS WHO CAN MAKE SUCH A DIFFERENCE IN THE LIFE OF A CHILD OR AN ADULT.

Laurie Spear

I WAS EXCITED TO SEE THE ARTICLE ABOUT ENDOMETRIOSIS IN THE SUMMER ISSUE OF *THRIVE* ["AN END TO ENDOMETRIOSIS" ON PAGE 13]. SEVERAL WOMEN IN MY FAMILY, INCLUDING ME, HAVE ENDOMETRIOSIS. HOWEVER, THE PATH TO DIAGNOSIS WAS NOT EASY FOR ANY OF US—I SAW MULTIPLE SPECIALISTS, SOME OF WHOM SUGGESTED THAT MY PAIN WAS ALL IN MY HEAD. I WAS GLAD TO SEE THAT DOCTORS AT NYM ARE WILLING AND ABLE TO TREAT WOMEN WITH THIS EXCRUCIATING AND DEBILITATING DISEASE.

REGARDS,
ANNE C.

THANK YOU

New York Methodist Hospital Community Events

September, October, November, December 2014 & January 2015

SUPPORT GROUPS ON THE NYM CAMPUS

Bereavement Support

Wed., Nov. 5, Jan. 7,
6:30 p.m.–7:45 p.m.
NYM Buckley Conference
Room 820,
506 Sixth Street
Call 718.788.4991
for more information
and to register.

Brain Aneurysm Support

Sat., Oct. 11, Dec. 13
9 a.m.–11 a.m.
Executive Dining Room,
506 Sixth Street
Call 718.246.8610 for
additional information.

Breastfeeding Support

Led by a certified lactation
consultant, this group
is for mothers and their
babies from birth to three
months old.
Every Tuesday,
2:30 p.m.–3:30 p.m.
Wesley House 3K-C,
501 Sixth Street
Call 718.780.5078
for more information.

Cancer Support

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., Oct. 2, Nov. 6, Dec. 4,
3 p.m.–4:30 p.m.
Wesley House 6B,
501 Sixth Street
To register (required):
718.780.3593

Diabetes Support

Led by a certified diabetes
educator, this group is for
people with diabetes and
prediabetes.
Thurs., Sept. 25, Oct. 30,

Nov. 20, 5 p.m.–6 p.m.
Buckley 8 Conference
Room, 506 Sixth Street
Call 718.246.8603 for
additional information
and to register.

Hepatitis C Support

The group will be directed
by a clinician specializing
in liver disorders.
Wed., Oct. 15, Dec. 17,
Jan. 21, 6 p.m.–7:30 p.m.
506 Sixth Street
Call 718.780.3125 for more
information and location.

Look Good...Feel Better®

Helping women with
cancer feel beautiful
inside and out.
Thurs., Nov. 20, Jan. 15,
2 p.m.–4 p.m.
Wesley House 6A,
501 Sixth Street
Call 718.780.3593
to register (required).

Parkinson's Caregivers Support

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., Oct. 9, Nov. 13,
Dec. 11, Jan. 8, 6 p.m.–7 p.m.
Call 646.704.1792 for
location and to register
(required).

Parkinson's Disease Support

Join NYM's PD care
coordinator in monthly
meetings for those with
Parkinson's disease.
Thurs., Oct. 2, Nov. 6,
Dec. 4, 2 p.m.–3 p.m.
Call 646.704.1792 for location
and to register (required).

SUPPORT GROUPS

Parkinson's Wellness and Exercise Classes

Thurs., Sept. 25, Oct. 9 & 23,
Nov. 13, Dec. 11, Jan. 8,
2 p.m.–3 p.m.
748 Union Street
Please call 646.704.1792
to register (required).

Perinatal Bereavement Support

Wed., Nov. 5, Jan. 7,
8 p.m.–9:15 p.m.
NYM Buckley Conference
Room 820,
506 Sixth Street
Call 718.788.4991
for more information
and to register.

Pulmonary Hypertension Support

Learn more about the
disease, and meet others
dealing with pulmonary
hypertension.
Mondays, Oct. 6, Dec. 1,
5 p.m.–7 p.m.
Wesley House 7A,
501 Sixth Street
Call 718.780.5614
to register (required).

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.
Thurs., Sept. 25, Oct. 23,
Nov. 20, Dec. 18, 6 p.m.–8 p.m.
Executive Dining Room
506 Sixth Street
Call 718.780.3288 for
more information.

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

EVENING OF SPIRIT

A night filled with women's health informa-
tion, pampering, door prizes, goody bags,
wine tasting and healthy hors d'oeuvres.
Attendees must be 21 years of age or older.

Thurs., Oct. 23, 6:30 p.m.–9 p.m.
NYM Cafeteria, 506 Sixth Street
Call 855.NYM.WELL (696.9355) or visit
nym.org/spirit to register (required). Space
is limited; first-come, first-served.

Registration: \$10 for Spirit of Women members,
\$15 for non-members. Sign up for Spirit
membership (free) at nym.org/spirit. (Event
registration is separate from membership.)

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SPECIAL EVENTS

Dance Your Heart Healthy

Join fitness instructors and health experts at free,
weekly heart-pumping exercise/dance classes
sponsored by New York Methodist Hospital and
the Greater Brooklyn Health Coalition.
Every Wednesday through October, 6:30 p.m.–7:30 p.m.
Bed Stuy Multi-Service Center
1958 Fulton Street
Call 718.780.5367 for more information.

Sickle Cell Awareness Day

Wed., Sept. 24, 10:30 a.m.–3:30 p.m.
NYM Carrington Atrium Lobby
506 Sixth Street
Call 718.780.5367 for more information.

Senior Health Seminars

Join NYM's physicians as they lecture about
health topics of interest to senior citizens.
Wednesdays, Oct. 22, Nov. 19, Dec. 17, Jan. 20,
2:30 p.m.–3:30 p.m.
Brooklyn College Student Center
East 27th and Campus Road
Call 718.780.5368 to register (required).

Fred L. Mazzioli Lung Cancer Screening Awareness Day

Free blood pressure and spirometry screenings,
giveaways, celebrity appearances and educational
lecture. Light refreshments will be served.
Thurs., Nov. 6, 11 a.m.–3 p.m.
Carrington Pavilion Atrium
Call 718.780.5367 for more information
and to register (required).

World Diabetes Day

Free blood pressure, dental and podiatry
screenings. Diabetes educators, pharmacists and
registered dietitians available to answer questions.
Fri., Nov. 14, 11 a.m.–2 p.m.
Carrington Pavilion Atrium
Call 718.780.5367 for more information.

Red Stocking Soirée

"Taste of Brooklyn" fundraising event featur-
ing culinary delights from Park Slope's best
restaurants, fine wines and beverages, and a
culinary-inspired raffle and silent auction.
Wed., Nov. 19, 7 p.m.–9 p.m.
Carrington Pavilion Lobby
For more information and to purchase tickets,
visit www.nym.org/redstocking or call the
Department of Development at 718.780.5343.