

# thrive

WINTER 2015

**MENOPAUSE  
SYMPTOM RELIEF**

**CAREGIVERS,  
WHO'S CARING  
FOR YOU?**

## **LATEST ADVANCES IN MENDING HEARTS**

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

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## We Want to Hear from You

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



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THRIVE WINTER 2015

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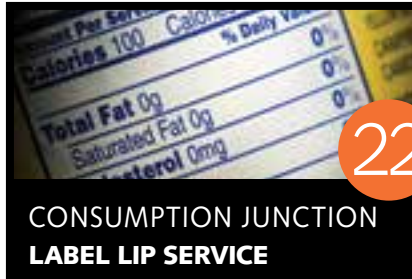


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IN MENDING HEARTS

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PHYSICIAN REFERRAL//



# Viewpoint

“SUDDENLY, WINTER  
IS HERE ... STAY WARM,  
GET YOUR FLU SHOT,  
BE CAREFUL WHEN  
THERE IS SNOW  
OR ICE ON THE GROUND,  
AND THINK SPRING!  
IT REALLY WILL BE HERE  
BEFORE TOO LONG.”



**I AM WRITING** this in early December. Thanksgiving has just passed, and we are moving, full speed ahead, toward the holidays and the new year. Suddenly, winter is here. By the time you receive this magazine, the celebrations will be over, but there will be several more cold months to come. Many people find these months the most difficult of the year. The hours of daylight are reduced and every trip outside requires us to bundle up against the freezing weather. This is a time when it's especially important to be conscious of physical and mental health and to care for ourselves and our loved ones.

Children and the elderly are especially vulnerable. If you are a caregiver, this season brings extra challenges. I hope that the article on how caregivers can—and must—take care of themselves (page 24) will be helpful to you. If you are a parent of young children, you are almost surely familiar with pediatric ear infections. Since they often come along with winter colds, this seemed like the right time to run an article on how parents can detect and help their children through this common illness (page 16).

Much more time is spent indoors during the winter. The temptation to curl up with our electronic devices at the expense of live interaction with friends and family may be strong; tips in our “Social Media Intervention” article will help you maintain a good balance.

For me, the most intriguing article in this issue is the one on the *Abrus precatorius* seed, which grows in the tropics, but is used in many items that can be found in a typical Brooklyn household. I had never heard of this seed before and was shocked to learn how deadly it can be. I'm very proud that the expertise and quick responses of NYM emergency room and pediatric intensive care physicians saved the life of a young child who could easily have been lost as a result of ingesting this poisonous substance.

Our busy hospital is at its busiest at this time—the cold weather invariably brings more patients to our Emergency Room with winter illnesses and injuries. I am not a doctor but I can give you some “common sense medical advice”—you have certainly heard this before but perhaps it bears repeating: Stay warm, get your flu shot, and be careful when there is snow or ice on the ground.

And think spring! It really will be here before too long.

Cordially,

Mark J. Mundy  
President and  
Chief Executive Officer

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## 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.

### WINTER ASTHMA MANAGEMENT

Asthma is a chronic lung disease that causes inflammation in the body's airways and makes breathing difficult. It can be aggravated by a number of triggers—winter weather included.

"This time of year, common asthma triggers include indoor allergens like dust, respiratory infections such as cold and flu, and cold outdoor temperatures," says **Anthony Saleh, M.D.**, pulmonologist at NYM. "To reduce the risk of an asthma flare-up, I advise patients to cover their noses and mouth with a scarf when outdoors, to use a humidifier to moisten the air at home and work, to avoid respiratory infections by washing or sanitizing their hands frequently, and to receive flu and pneumonia vaccines."



### AN ASPIRIN A DAY MAY KEEP DIGESTIVE CANCERS AWAY



Known to ease headaches and, in some cases, lower the risk of heart attack and stroke, aspirin may also be the key to reducing the risk of developing bowel, esophageal and stomach cancers.

"A recent study concluded that if men and women between the ages of 50 and 65 take between 75 and 100 milligrams of aspirin daily for five to ten years, their risk of bowel cancer is cut by 35 percent while risk for esophageal and stomach cancer drops by 30 percent," says **Irwin M. Grosman, M.D.**, associate chief, division of gastroenterology at New York Methodist Hospital. "More research needs to be conducted, but these findings are promising."

### MEASLES MAKES A COMEBACK

Measles may seem like an extinct disease in modern America, but unvaccinated people can still contract the disease, which causes fever, rash, and in some cases, death. In fact, between January and August 2014, there were 592 confirmed measles cases in the United States, according to the Centers for Disease Control and Prevention (CDC). This is the highest number of measles cases on record since 1996. That was four years prior to a declaration of measles elimination in the U.S., which occurred when fewer than 90 cases of the disease were confirmed in 2000.

"An anti-vaccine movement, fueled by discredited research and misinformation, is the reason we are having such a terrible measles outbreak in the U.S.," says **Ilya Bialik, M.D.**, chief of pediatric inpatient services at New York Methodist Hospital. "We encourage parents to talk with their children's doctors and ask for evidence-based resources before making a decision to let their kids go unvaccinated."



25  
million

APPROXIMATE NUMBER  
OF PEOPLE IN THE U.S.  
LIVING WITH ASTHMA

177,220

ESTIMATED BOWEL,  
ESOPHAGEAL AND STOMACH  
CANCER DIAGNOSES  
IN THE U.S. IN 2014

20  
million

ESTIMATED  
MEASLES CASES REPORTED  
ANNUALLY WORLDWIDE

BY THE NUMBERS

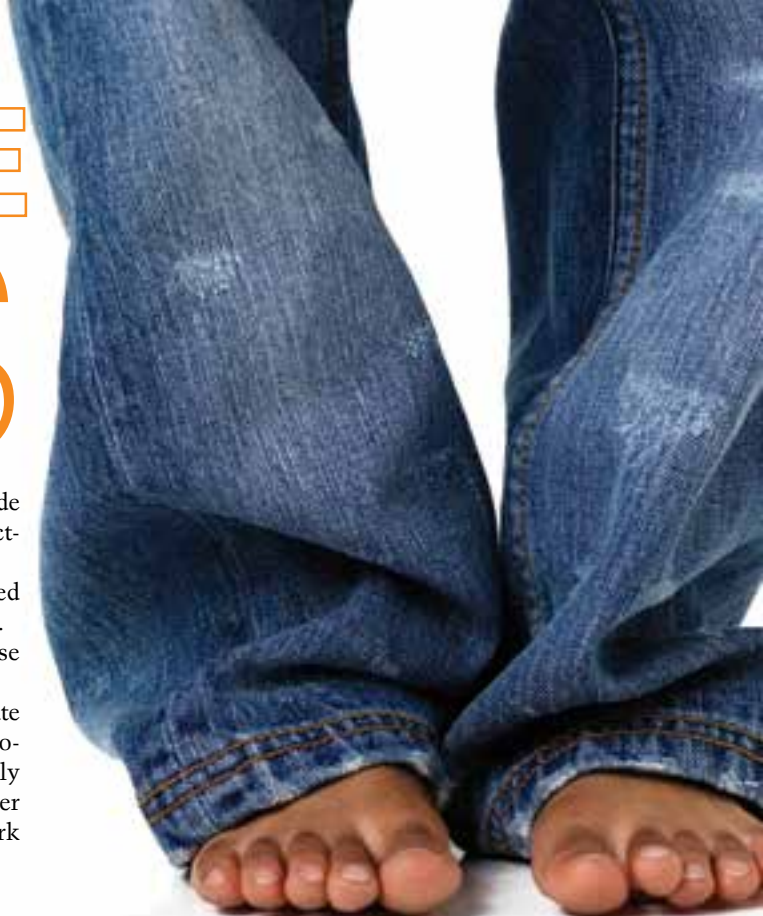
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# TELLTALE NAILS

Splitting, peeling, darkening—the condition of your nails can provide clues about your health. Some diseases with visible symptoms affecting the nails include:

- + **Liver disease.** Terry's nails, a condition in which the nail bed turns white with red or dark tips, can be a sign of liver disease.
- + **Thyroid disease.** An overactive or underactive thyroid can cause brittle nails or the splitting of the nail bed from the nail plate.
- + **Melanoma.** "A dark color or pigmented streak on the nails can indicate acral lentiginous melanoma," says **David Frankel, M.D.**, dermatologist with New York Methodist Hospital. "This is a potentially deadly skin cancer that is more common in people with darker skin. See a dermatologist if you notice any new or changing dark spots on the nails or skin."



## BUMP THE *Shake*

A strong handshake can convey more than a commanding presence. A new study published in the *American Journal of Infection Control* reports that handshakes transfer five times as much bacteria as fist-bumps.

"High-fives spread about half as many germs as handshakes, but are still less hygienic than a fist-bump," says **Kathleen McNamara, R.N.**, infection control nurse and director of infection prevention at New York Methodist Hospital. "Fist-bumps are mostly associated with younger people, but it's a simple alternative to a handshake that can improve public health. When a handshake is more appropriate, I recommend discretely using hand sanitizer afterward."



## Arthritis— Depression Connection

It's not unusual for patients with arthritis to experience depression. In addition to experiencing reduced mobility or reduced ability to participate in various activities, some arthritis medications also cause depression as a side effect.

"Signs of depression include feelings of hopelessness, guilt and anxiety that last for two weeks or longer," says **Placido Morano, M.D.**, rheumatologist at New York Methodist Hospital. "Depression also has physical symptoms that can make the joint pain and inflammation of rheumatoid arthritis [RA] worse. Patients with RA and depression are more likely to perceive higher pain levels and have more difficulty coping during an RA flare-up."

Dr. Morano recommends talking with your doctor about any indications of depression, whether or not you have RA. Prescription medication and talk therapy can help you manage depression symptoms and get back to normal activities.





# THE TRUTH ABOUT HRT

Suzanne sat in her gynecologist's office, reading a pamphlet about menopause. Some of the symptoms sounded familiar. "I'm only 45," she thought to herself. "Could this be menopause?"



**THE ANSWER IS** yes, it could be menopause. On average, women begin experiencing menopause symptoms, which could include menstrual changes, hot flashes, night sweats, sleeplessness, vaginal dryness, mood swings, hair loss and increased facial hair, in their late-40s and have their last periods by age 51. For decades, hormone replacement therapy (HRT) was prescribed to relieve symptoms of perimenopause—during which hormone levels begin to fluctuate and menstrual periods begin to slow—and menopause, when periods cease altogether.

That changed, however, when a large clinical trial found that a certain type of HRT increased the risk for developing heart disease, breast cancer and other conditions. According to **Louis Camilien, M.D.**, obstetrician and gynecologist at New York Methodist Hospital, the results of clinical trials showing that HRT increases a woman's risks for heart disease, stroke, blood clots and breast cancer are significant enough to warrant caution. But when menopause symptoms adversely affect sleep, sexual activity and quality of life, HRT should be considered.

"Current clinical guidelines require using the lowest HRT dose for the shortest duration to relieve symptoms," Dr. Camilien says. "The dosage, whether the medication is administered orally or topically, and the duration of use should be tailored to each woman and reassessed during her annual wellness visit with her doctor. Some women use HRT for five years or less, while others can use it for as many as 15 years or more."

## FORM AND FUNCTION

Today, the main types of HRT are:

- + **Estrogen-only medications.** These are typically prescribed for women who have had a hysterectomy.
- + **Estrogen-progestogen** (cyclical) medications. These vary the amount of hormone administered each day based on a woman's monthly menstrual cycle. This type of HRT is typically prescribed for women in perimenopause who are still menstruating.
- + **Estrogen-progestogen** (sequential) medications. These provide a daily measured dose of hormone and are

typically prescribed for women whose periods have ceased.

- + **Raloxifene.** This synthetic estrogen is designed to strengthen bone and protect from osteoporosis. It also is believed to protect women against breast cancer.

These HRT drugs are available in multiple forms, including pills, pellets, shots, gels, creams, patches and sprays. In general, ingestible forms affect the entire body and are prescribed for symptoms like hot flashes and night sweats, while the effects of external HRTs are limited to where they are applied. For example, creams are designed to be applied vaginally to relieve dryness.

"HRT medications can bring great relief from menopause symptoms," Dr. Camilien says. "Different forms of treatment help ensure each woman can find medications that relieve her specific symptoms in a way that is most convenient and comfortable for her for as long as needed, without significantly increasing the risk for heart disease or breast cancer."

## DOs AND DON'Ts

**DO** talk with your doctor about the risks and benefits of HRT.

**DON'T** think of HRT as a one-size-fits-all solution.

**DO** factor the severity of your menopause symptoms and individual risk for disease into your HRT decision.

**DON'T** base your HRT decision on Internet advice or a friend's or loved one's experience.

**DO** tell your physician if you are taking phytoestrogens (plant-based hormones that have estrogen-like properties) in over-the-counter dietary supplements or fortified foods. Such supplements are not FDA regulated and may cause harmful side effects.





# The Clot Th



Deep vein thrombosis (DVT) is an often silent condition that can lead to life-threatening scenarios.

For those at risk, it is never too late to revise your script.

**DVT OCCURS WHEN** one or more blood clots form in veins that are deep in the body—typically in the legs or pelvic region. These clots are a health hazard because they can break loose and travel through the vein to arteries in other parts of the body. Symptoms can include intermittent swelling, pain and tenderness, and redness and heat in the legs, but many people ignore the symptoms or do not experience them.

DVT is the cause of about 90 percent of all pulmonary embolisms (PEs)—blockages in the lung arteries. When a PE is large enough or caused by multiple clots, it can block the blood flow that is necessary to sustain life.

Whether or not you develop DVT or a PE largely depends on the choices you make throughout your lifetime. Seemingly small choices—such as exercising daily, not smoking tobacco or eating a healthy diet—can have a cumulative effect on your overall health and the health of your vascular system. Where will your choices take you?

## SCENARIO

You are in your 30s or 40s. You are relatively healthy, but it has been a few years since you exercised regularly. The stress of work has led to some less-than-ideal eating habits. To rewrite your story, put these items into your script.

**ACTION ONE:** Walk for 30 minutes daily. You can do it all at once or a little at a time—the positive effects will be the same either way.

**ACTION TWO:** Cut back on high-fat, high-calorie foods. Have a small side salad instead of French fries or opt for a steamed green vegetable instead of a loaded baked potato.

**ACTION THREE:** If you have a sedentary job, look for opportunities to stand, stretch and walk.

“Getting up and walking for a few minutes every hour is a simple, effective, no-cost way to reduce your risk for DVT,” says **Anthony Acinapura, M.D.**, vice chair of cardiothoracic surgery at New York Methodist Hospital. “You can also flex and extend your feet while you are sitting at your desk to help pump blood to your leg muscles. This can improve circulation in your lower extremities over time.”

As you head into your 50s, these manageable changes in your routine pay off. You sail through your 50s with a clean bill of health. A visit to your doctor just before your 60th birthday confirms that your blood pressure and cholesterol levels are normal and that your heart is in prime condition.



# nickens



## SCENARIO

# 3

As the months and years pass, your occasional leg pain becomes more frequent, and walking to the corner store for a few groceries turns into a dreaded chore.

One day, as you are sitting at home, you start to feel out of breath and clutch your chest in pain. You think you are having a heart attack, but it is actually a PE caused by a clot in your leg that broke loose and lodged in an artery in your chest, cutting off blood flow to your lungs. You call 911 and are taken to the hospital, where you receive life-saving treatment. As you are recuperating, you realize you have been given a wake-up call. You do not want to end up in the hospital again, so you take these measures.

**ACTION ONE:** You listen to the advice of your doctor, taking your medication as prescribed and embracing lifestyle changes. You build in extra time into your morning routine to ride your bike or walk to work. You jog in place while watching your favorite TV show in the evenings, and you lift hand weights — three sets of ten repetitions—before brushing your teeth at night. You wear an activity tracker to gauge your workout progress. On rainy days, you take extra trips up and down the stairs to help you reach a goal of around 10,000 steps a day.

**ACTION TWO:** You read food labels like your life depends on it. You avoid saturated fats and empty calories and try to incorporate more whole foods—beans, nuts, fresh vegetables and fruits, low-fat dairy, whole grains, and lean meats—into your diet. During a routine visit to your doctor a year later, you learn that your blood pressure and cholesterol are at healthier levels, reducing your risk for DVT and PE. The pain and swelling in your legs has completely subsided, and you have lost a few pounds. Your risk for developing DVT is significantly diminished.

## SCENARIO

# 2

In your 30s and 40s, you worked hard, but took very little time off to relax or focus on your health. As you move through your 50s, health issues start popping up. They are not too serious—fatigue, occasional leg pain and swelling, varicose veins—but they keep you from being as active as you used to be. A visit to your doctor just before your 60th birthday reveals that you have high cholesterol and poor circulation, also known as venous insufficiency. Your doctor says you might be at risk for DVT. Rewrite your script with these actions.

**ACTION ONE:** Schedule a DVT screening. Dr. Acinapura recommends that older adults who experience unexplained leg swelling be screened for DVT.

"DVT screening involves a simple, noninvasive venous duplex ultrasound test that shows whether the deep veins are 'competent' and healthy or 'thrombosed'—meaning clotted," Dr. Acinapura says. "Patients who are sedentary or overweight, have congestive heart failure or cancer, or are receiving estrogen therapy are also at risk for DVT."

The ultrasound test reveals DVT in your lower extremities. Now that you have been diagnosed, your doctor prescribes an anticoagulant medication to manage your DVT symptoms and prevent a PE.

**ACTION TWO:** In addition to following your medication regimen, you rededicate yourself to the gym. You have had a membership for years, but you typically went just twice a month. While inconsistent exercise is not enough to combat DVT, the regular exercise you get at the gym forces blood circulation throughout the body and reduces the risk for clots to develop in deep veins.







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SPRIT OF WOMEN

10

Your Hips Don't Lie

The phrase “*hips don’t lie*” says it all. Hips not only provide shape and support, but also enable movement, making them among the most important parts in the body. ***Ready to shake your hips healthy? Read on to learn how.***



Shake those hips healthy!  
Tango lessons, salsa  
sessions, belly dancing—  
busting a move on the  
dance floor is a great way  
to maintain strong bones.  
Give your hips the love  
and attention they  
deserve today for a  
healthier tomorrow!

### PUT ON YOUR DANCING SHOES!

The American Heart Association recommends 30 minutes of physical activity each day. In addition to flexing your creative muscle, dancing is a form of exercise that helps maintain healthy bones by using different muscles throughout the body without impacting the joints. Cutting a rug—whether it's zumba, salsa or ballroom dancing—strengthens the bones and muscles in the legs and hips, lowers risk of heart disease, and helps with weight loss.

#### SOURCES:

[www.worldwidehealth.com](http://www.worldwidehealth.com)  
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### YOUR BONES, YOUR BODY

Maintaining strong, healthy bones is essential as you age. Specifically, the hip bone enables mobility for the pelvis area and lower extremities. Daily doses of calcium and vitamin D, along with exercise, can help the body fight bone loss. When the body lacks these vital nutrients or muscle-building activities, the following common bone problems often occur:

- **Osteoporosis** affects approximately ten million Americans. This disease silently weakens the bones, which increases the chances of fractures, and is common in older women.
- **Osteogenesis Imperfecta (OI)** is a genetic disorder that causes the bones to break very easily. It can cause weak muscles, brittle teeth, a curved spine and hearing loss.
- **Paget's Disease** causes the bones in your body to grow larger and weaker than normal. Other symptoms include arthritis and hearing loss.
- **Osteoarthritis** (aka degenerative joint disorder) is the most common form of arthritis and occurs when cartilage in your joints is worn down over time.

### DID YOU KNOW?

- Hip-related pain is not confined to the hip area; you may also feel pain in your mid-thigh or groin area. Pain in your hips can even represent a back problem.
- Hip pain can be caused by arthritis (inflammation of one or more joints), osteonecrosis (lack of blood flow to the bone, causing bone loss), tendonitis (inflammation, irritation and swelling of a tendon), lower back pain and infection.
- Smoking accelerates bone loss by reducing the absorption of calcium in the body. Another culprit? Excessive consumption of alcohol, which slows bone formation and also reduces your body's ability to absorb calcium.
- A bone density test (aka densitometry or DXA scan) can determine whether or not you have or are at risk for osteoporosis. To schedule this test at New York Methodist Hospital, ask your doctor for a referral and call NYM's Women's Diagnostic Center at 718.780.5029.



*Your Hips Don't Lie* is powered by Spirit of Women®, a national network of hospitals and healthcare providers across the United States that ascribe to the highest standards of excellence in women's health, education and community outreach.





# SOLVING

## *a Diagnostic Mystery*

Arthritis, anemia, fatigue, fevers, a butterfly-shaped rash—what do all of these seemingly unrelated symptoms have in common? They are all signs of lupus, a complex autoimmune disease.

**LUPUS OCCURS WHEN** the body's immune system identifies its own healthy tissues as invaders and begins attacking them in the same way that it would battle an infection. Sometimes, lupus affects only one organ like a kidney or the skin. But a more common type of lupus—known as systemic lupus erythematosus—damages multiple parts of the body. Symptoms are varied, and the disorder mimics other diseases. When diagnosing lupus, doctors often have to play the role of detective.

### EXAMINING THE EVIDENCE

When doctors suspect lupus, they first consider age and gender. Lupus is ten times more common in women than men and usually develops in women of childbearing age. According to **Petros Efthimiou, M.D.**, associate chief of the division of rheumatology at New York Methodist Hospital, doctors also look for the following symptoms:

- + Joint pain, especially in the small joints in the hands and feet
- + Skin complaints, including sunlight sensitivity and the presence of a butterfly-shaped rash on the cheeks and nose
- + Extreme fatigue
- + Painless mouth ulcers
- + Unintentional weight loss
- + Hair loss

### FORENSIC INVESTIGATION

Lupus is not diagnosed based on a physical assessment alone. Several laboratory tests are conducted for confirmation. One of those tests is an antinuclear antibody (ANA) test that looks for special antibodies or markers in the blood. If the results of this test come back positive, other studies follow.

"The ANA test is a good screening tool, but it's not specific enough," Dr. Efthimiou says. "Immunological tests tell us what type of lupus is present, which paints a picture of the complications that may affect each patient. For example, the anti-double-stranded DNA test is highly associated with lupus nephritis—lupus that affects the kidneys. These studies help us better tailor treatments and understand what to watch for during follow-up appointments."

Lupus is a chronic disease, which means that no cure exists. But a combination of treatments that may include corticosteroids, immunomodulators and antimalarial medicines helps prevent organ damage and manage symptoms, allowing individuals to enjoy healthier lives.



## A LOOK AHEAD

Doctors and researchers are on the brink of exciting advances in lupus treatment. Belimumab, the first new medicine for lupus developed in 50 years, is administered via a simple monthly injection. It was approved by the U.S. Food and Drug Administration in 2011, and other therapies are on the horizon.

"The future looks very bright," Dr. Efthimiou says. "In the not-so-distant future, I believe we will have much better tools to manage this challenging, complicated disease."



# LITTLE SEEDS, BIG TROUBLE

Typically bright red, tipped in black, shiny and hard—the seed of *Abrus precatorius*, also known as the rosary pea, may not look dangerous. But looks can be deceiving.



**THESE SMALL SEEDS** contain a deadly poison called abrin, a lesson that the Bonney family from Bay Ridge learned the hard way.

Stephany and Craig Bonney are the proud parents of an enthusiastic two-year-old named Duncan. On May 12, 2014, Stephany, a senior manager of community engagement for the American Cancer Society, was working from home when the call came from her son's day care center. Duncan had an upset stomach and was vomiting.

"I'm usually in the office at that time of day, but I was nine months pregnant and about to go on maternity leave," Stephany recalls. "It was my first day working from home, so I popped right over to pick him up."

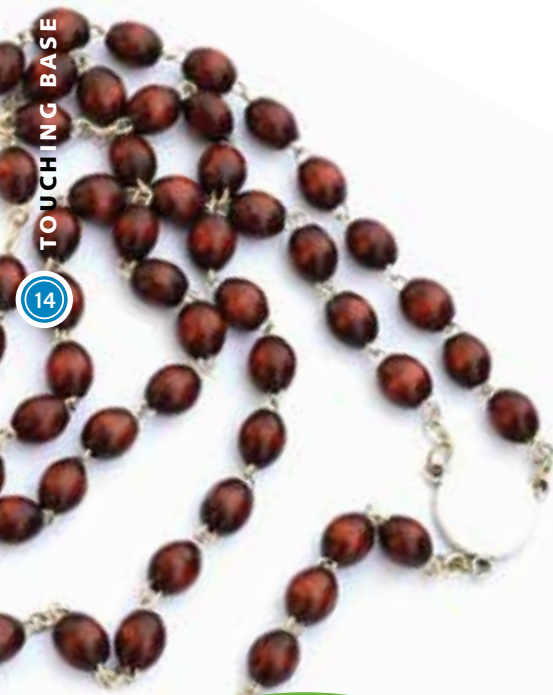
At home, Duncan was in good spirits despite the fact that he continued throwing up whenever Stephany tried to feed him or give him medicine to settle his stomach. He slept through the night, but in the morning, his mom discovered something odd in Duncan's diaper.

Duncan had diarrhea, and he had passed 15 to 20 red and black seeds. He still could not keep down food at breakfast, so the Bonneys reached out to his pediatrician.

"I told the doctor that we'd found these things in his diaper, and Craig took some by the office so she could see them," Stephany says. "When Craig got home, we started searching online to see if we could figure out what they were. While we were looking, the doctor called us."

After consulting with poison control, the Bonneys' pediatrician identified the





## POISON RESPONSE

If you think your child has come in contact with poison, dial 911 or rush to New York Methodist Hospital's Emergency Department, where pediatric emergency medicine professionals are trained to respond to suspected poisonings. Rapid care provides the best opportunity for a happy ending like Duncan's.

seeds as coming from the *Abrus precatorius* plant. The seed's brightly colored, glossy shell makes it appealing to children. Although Duncan's parents don't know where he picked up the *Abrus precatorius* seeds, they suspect that he found them in broken musical shaker or from a strand of beads [see "Be on the Lookout"].

If even a small amount of abrin—the toxin locked in the seeds—had entered Duncan's bloodstream, he could have died. The doctor told the family to immediately seek emergency care and called ahead to NYM's Emergency Department to let them know that Duncan was en route.

### URGENT CARE

The Bonneys took Duncan straight to the Hospital, where they were taken to the pediatric emergency unit.

"I was already planning to have my baby at the Hospital, and Brooklyn families know that NYM is where you should be if your child needs help," Stephany says. "The team in the pediatric emergency unit was very hands-on and ready to help."

In the pediatric emergency unit, Duncan still could not keep anything down. Doctors and nurses began replenishing his fluids through an intravenous fluid line.

"We tried to control Duncan's vomiting by administering medication in his IV," says **Hilary Fairbrother, M.D.**, pediatric emergency physician at NYM. "The lab work showed blood in his stool, so we admitted Duncan in order to monitor him for the onset of neurologic symptoms."

Duncan was transferred to the pediatric intensive care unit (PICU), where he entered the care of **Anne Bellin, D.O.**, and **Abhijit Lohe, M.D.**, NYM PICU attending pediatricians, and **Mazin Alhamdani, M.D.**, a senior pediatric resident at NYM.

"The abrin poison the seed is similar to ricin, but even more dangerous," Dr. Bellin says. "In Duncan's case, we were concerned that he may have chewed on one of the seeds when he ingested them. If he had, the toxin could have caused cellular damage, brain swelling or, eventually, organ failure. We watched him closely and prepared to respond if he exhibited signs of toxicity."

The NYM pediatricians ordered blood tests at frequent intervals to monitor Duncan's kidney and liver functions. Tests revealed that levels of the protein alkaline phosphatase were elevated in his liver.

It is normal to see this number jump in children going through growth spurts, but Duncan's doctors in the PICU were concerned that the seeds might be responsible, so they kept him under constant surveillance for two days. Using sonogram technology, the doctors examined his liver more closely to check for signs of damage.

"The first 72 hours after exposure to abrin are the most critical,"

Dr. Lohe says. "We started to see Duncan really improve on Thursday."

By Thursday afternoon, Duncan was keeping down food and his IV was removed.

"That was really the turning point," Stephany says. "He got to go to the playground for a little while and started coming off the machines. We were so relieved, and we were blown away by how nice everyone was, from the technicians who did Duncan's scans to the people who wheeled us around the hospital for tests. The doctors were great, answering all of my questions and explaining everything that they were doing. Dr. Alhamdani would come in and go over the numbers for Duncan's kidney and liver function tests, and my obstetrician, Dr. Santo Fiasconaro, [M.D.], even came by to check on us. It was obvious that everyone really cared."





## BE ON THE LOOKOUT

*Abrus precatorius*—also known as rosary pea or jequirity—is a tropical plant that produces vibrant, bicolored seeds that Duncan ingested. The primary color of the seeds is typically red, but they are also grown in black, green and white varieties. The seeds are frequently used to make rosaries and jewelry or as noisemaking pellets inside maracas—popular percussion musical instruments.

If you or your loved ones have items that contain *Abrus precatorius* seeds, keep these securely locked away to prevent accidental ingestion or exposure. Avoid wearing jewelry made from the seed. If any part of the seed is ingested, inhaled or absorbed by the body, it can cause organ failure and death.



### PAYING IT FORWARD

Duncan spent four days in NYM's PICU. On Friday, his family took him home.

"We were very fortunate that not all the seeds Duncan ate were chewed, and that they passed through his body in complete form," Dr. Alhamdani says. "This could have been a very different story if more poison had been absorbed."

At home, Duncan is back to his normal, rambunctious self. He is a big brother now—a week after doctors gave Duncan the all clear, Stephany and Craig welcomed their second child, a baby girl named Leandra, who was born at NYM.

Stephany and Craig still take Duncan in for follow-up blood work, but so far he shows no sign of lasting damage. Now, the Bonneys are helping to spread the word about abrin poisoning.

"The more I talk about what happened to us, the more I realize that this seed is very common," Stephany says. "Many people recognize it, yet few know that it's lethal. We want to tell as many people as possible about what happened to us to help prevent this from happening to other children."

"THE MORE I TALK ABOUT WHAT HAPPENED TO US, THE MORE I REALIZE THAT THIS SEED IS VERY COMMON. MANY PEOPLE RECOGNIZE IT, YET FEW KNOW THAT IT'S LETHAL. WE WANT TO TELL AS MANY PEOPLE AS POSSIBLE ABOUT WHAT HAPPENED TO US TO HELP PREVENT THIS FROM HAPPENING TO OTHER CHILDREN."

—STEPHANY BONNEY



# Mommy, My Ear Hurts!

Eighty percent of children will have at least one ear infection by their third birthday. Why are pediatric ear infections so common, how can you tell when your child has one, and what should you do if you suspect an ear infection?

**ADULTS GET EAR INFECTIONS,** too, but kids get them much more frequently. Part of the reason is the size and shape of structures inside children's ears.

Most ear infections occur in the Eustachian (pronounced *you-station*) tubes, which are located behind the eardrum near the back of the throat. Normally, the small amounts of fluid present inside the ear canals drain away

through the Eustachian tubes. But bacteria from the nasal passages, resulting from illnesses like a sore throat or cold, can spread to structures inside the ear, causing swelling that blocks the Eustachian tubes and leads to painful fluid buildup.

"In children, the Eustachian tubes are much shorter and in a more horizontal position than those of adults, making fluid drainage more

difficult," says **Joshua Silverman, M.D.**, director, Center for Advanced Pediatric Otolaryngology at New York Methodist Hospital.

"In addition, children's immune systems are still developing, so they tend to catch more of the minor illnesses that can lead to ear infections," Dr. Silverman says. Another factor is the condition of the adenoids, small pads of immune system



## STOP, LOOK AND LISTEN

Ear infections, hearing loss and the development of speech skills are closely linked. Because even a partial or temporary loss of hearing can affect a child's ability to speak clearly and understand what others are saying, repeated ear infections can contribute to lasting speech and language problems.

"Chronic or severe ear infections can damage structures inside the ear, causing hearing loss," Dr. Silverman says. "Because the appropriate treatment depends on the type of hearing loss, it is vital to distinguish between conductive hearing loss, which is the type caused by pediatric ear infections, and other types, including sensory neural hearing loss, which is usually congenital."

The earlier children with hearing problems receive specialized intervention, the better their chances of developing good language skills. New York State facilities that care for newborns are required to screen for hearing impairment, and the hearing of all babies born at NYM is tested routinely. It is also recommended that a child's hearing be screened again before he or she starts school and anytime there is concern about hearing ability, especially if the child experiences frequent ear infections.

Warning signs of communication problems include:

- + Not responding when spoken to
- + Responding less frequently or appropriately when the communicator is not facing the child
- + Difficulty paying attention or following directions
- + Sitting closer to audio speakers or television, or cranking up the volume
- + Trouble imitating sounds
- + Frequently asking others to repeat themselves or saying, "What?"
- + Preferring the use of gestures over words to communicate

tissue behind the nose that work to clear away potential infections and trap bacteria trying to enter the body. Adenoids are easily overwhelmed in babies and toddlers.

"As they fight off germs, adenoids tend to enlarge," says **Alice Lin, M.D.**, assistant director, Center for Head and Neck Surgery at NYM. "Unfortunately, swollen adenoids are more likely to become infected by the very bacteria that they combat."

Pain, the most common indication of an ear infection, may be accompanied by yellow, white or green pus draining from the ear. Other signs of an ear infection include balance problems, difficulty hearing, fever, irritability and fatigue.

In infants and toddlers too young to verbalize where it hurts, watch for nonverbal signs of ear infection, including pulling at the ear, along with fussiness and crying.

### BEATING THE BUGS

When it seems as though the kids at your child's day care center get ear infections one right after another, you may wonder if they are passing ear infections to one another through casual contact or if you have any hope of preventing them.

"Ear infections are not contagious, but the illnesses that can lead to ear infections are," Dr. Lin says. "Having your child vaccinated against preventable diseases like influenza, pertussis, measles and mumps and reducing germ exposure are two of the best ways to help prevent ear infections."

### TREATMENT OPTIONS

For years, antibiotics have been the first-line treatment for pediatric ear infections, but many doctors may delay writing a prescription for a few days.

"In 2013, the American Academy of Pediatrics issued guidelines that recommend waiting up to 72 hours after symptoms emerge before starting antibiotics for ear infections," Dr. Silverman says. "This is in response to concerns that overprescribing antibiotics may contribute to the development of drug-resistant bacteria. In as many as 80 percent of cases, the wait-and-see approach pays off as the infection clears up on its own."

Children who experience recurrent ear infections may need to have drainage tubes inserted into their ears to prevent fluid buildup. The drainage tubes usually fall out or are removed after six to 18 months.

If repeated courses of antibiotics or drainage tubes do not successfully control your child's ear infections, your doctor may recommend that the child's adenoids be removed.

"Surgical removal of the adenoids helps prevent bacteria from migrating to the ear," Dr. Silverman says. "Most children who undergo adenoid removal not only get fewer ear infections—they also tend to catch fewer colds and sore

throats. Another goal of adenoid removal is to help prevent the hearing loss to which babies and children with frequent ear infections are susceptible and which can impact normal language development."









# Latest Advances in MENDING HEARTS

Thirty-five years ago, if you had a faulty heart valve or a heart attack, you would probably have been admitted to a hospital for open-heart surgery, hospitalized for three weeks, and been off your feet for an additional month or longer to recover. Today, treatment options for those same heart conditions are much less invasive with much shorter recovery times.

**OPEN-HEART SURGERY**—a major procedure requiring a large incision in the chest, disruption of muscles overlaying the heart and use of a heart-lung machine to continue pumping blood to the patient during surgery—is still necessary and appropriate for certain patients, but cardiovascular specialists can now treat heart attacks, replace heart valves, repair cardiac defects and eliminate arrhythmias using catheters—tiny, flexible tubes—passed through small incisions and guided through arteries to the site of the problem. The techniques used to perform these procedures are known as percutaneous coronary intervention (PCI) and structural intervention.

“A lot of procedures that required opening the chest a few decades ago are now being performed using catheters. For example, repairing cardiac defects was once the exclusive purview of the surgeon,” says **Terrence Sacchi, M.D.**, chief of the Division of Cardiology at New York Methodist Hospital. “The biggest change in the last several years is that innovations utilizing catheters have spurred true collaboration between cardiac surgeons and cardiologists and led to the concept of the heart team.”

Doctors use catheters to accomplish goals that range from the basic—like

identifying problematic arterial narrowing using coronary angiography—to the complex, such as transcatheter aortic valve replacement (TAVR).

## DIAGNOSING BLOCKED ARTERIES

Cardiac catheterization and coronary angiography provide a way for doctors to see the body's blood vessels and heart structure at work and identify problems that keep the cardiovascular system from working properly. During this test, a catheter is placed in a blood vessel in the sedated patient's arm, groin or neck, and dye is inserted through the catheter into the blood vessel. The dye moves through the cardiovascular system, showing up on x-rays and making it possible for doctors to see plaque deposits (areas of waxy buildup that can block blood flow and cause a heart attack) in the arteries.

## STOP THAT HEART ATTACK!

One of the most common catheter-based cardiology procedures is angioplasty. Angioplasty is used on an emergency basis to stop a heart attack in progress or scheduled as an elective procedure to eliminate chest pain. During angioplasty, an interventional cardiologist passes a balloon-tipped catheter through a blood vessel in the groin to reach the

blocked artery and reopen it, pushing plaque against the vessel wall by inflating the balloon. In most cases, a stent—a metal mesh tube—may be placed in the artery as a structural element to hold the vessel open.

“We offer some of the most complex blood flow-restoration procedures being performed in the metropolitan area—or the world, for that matter,” says Sorin Brener, M.D., director of the cardiac catheterization laboratory at NYM. “These include reopening arteries that are completely blocked and stenting of the left main coronary artery, the most strategically important blood vessel in the body.”

The typical procedure to unblock a coronary artery that has been completely clogged for weeks or months, also known as a chronic total occlusion or CTO, is bypass surgery. But at NYM, interventional cardiologists can, in most cases, perform an intricate, angioplasty-based procedure in which catheters are guided through arteries from both sides of the patient's groin to the blockage. This differs from conventional angioplasty, in which the doctor approaches the blockage from only one direction to clear the blood vessel.



## WHICH WAY TO THE TICKER?

With catheter-based cardiology procedures, sometimes it is better for doctors to access the heart through the radial artery in the wrist rather than through the femoral artery in the groin.

"We use the radial approach quite a bit, but it's best for simple, nonangioplasty procedures, such as angiograms," says **Sorin Brener, M.D.**, director of the cardiac catheterization laboratory at New York Methodist Hospital. "The radial approach is a great option if accessing a patient's groin is challenging or if the individual has poor arteries in the legs that aren't conducive to inserting catheters."

The through-the-wrist route can be a convenience for patients.

"Patients might have to lie in bed for several hours after a femoral catheterization, but patients can get out of bed within an hour after a radial procedure," says **Terrence Sacchi, M.D.**, chief of the Division of Cardiology at NYM. "There is room for both the femoral and radial approaches in catheter-based cardiology. Ultimately, the method decision comes down to patient and doctor preference, and sometimes, anatomical necessity."

If you are preparing to have a catheter-based cardiology procedure, speak with your interventional cardiologist about whether the femoral or radial technique is appropriate for you.

*NYM became one of a small group of hospitals in the metropolitan area to offer transcatheter aortic valve replacement, or TAVR, when doctors at the Hospital began performing the procedure in autumn 2013.*

### STRUCTURAL REPAIR

Catheters are also being used by NYM doctors to repair structural heart conditions, such as atrial septal defect and mitral valve stenosis.

An atrial septal defect is a hole in the septum that is present at birth. The septum is the wall that divides the upper part of the heart into two chambers, or atria. When the defect is present, the opening allows too much blood to flow into the lungs and can damage the pulmonary vessels, potentially leading to serious health problems like heart failure in adulthood. In many cases, an interventional cardiologist may use a catheter passed through an artery to close the hole by placing a sealing device in it.

Mitral valve stenosis is a narrowing of the valve that allows blood to pass from the heart's left atrium to its left ventricle. To correct it, doctors at NYM perform a mitral valvuloplasty, during which the interventional cardiologist passes a balloon catheter into the valve opening and inflates it to provide more room for blood to flow.

### TAVR: A TRULY REVOLUTIONARY PROCEDURE

TAVR provides a permanent solution when the aortic valve, which allows blood from the left ventricle to flow to the rest of the body and then shuts to prevent blood from streaming back into the heart, deteriorates with age. This damage narrows the valve opening—a condition called aortic valve stenosis. The condition causes several distressing symptoms, including chest pain and fainting, and makes it difficult to walk, perform household chores or enjoy hobbies.



Individuals with age-related aortic stenosis are typically older than 70, and for those with other chronic medical problems, open-heart surgery is not ideal. Nevertheless, major surgery used to be the only option those patients had—until the development of TAVR.

“Open-heart surgery is an excellent procedure, but for aortic stenosis patients with multiple comorbidities, recovery often is tricky and lengthy,” says Dr. Brener. “Being able to perform essentially the same procedure with—in some cases—better results, has been truly revolutionary. TAVR patients have shorter hospital stays and minimal recovery times compared to patients who undergo open-heart procedures.”

Extensive evaluation prior to transcatheter aortic valve replacement ensures that the TAVR team—which includes cardiac surgeons, cardiologists, cardiac anesthesiologists and echocardiographers—can determine whether the procedure is appropriate for individual patients. The team uses a computed tomography scan (x-ray images) to produce a three-dimensional reconstruction of the aorta and aortic valve so that they can plan the best method for placing the new valve.

Patients receive general anesthesia during the procedure, which lasts approximately 45 minutes. In most cases, the interventional cardiologist punctures the skin in the groin and passes a catheter through a small balloon to enlarge the valve opening, the surgeon places the prosthetic valve—a stent, or small cylinder, with folds of bovine tissue attached to it—to mimic a heart valve’s natural flaps.

“About 80 percent of our patients improve dramatically with respect to symptoms,” Dr. Brener says. “Before having TAVR, they couldn’t leave their homes and could barely care for themselves. After the procedure, they’re able to handle all but very strenuous activities. The goal of TAVR isn’t to add years to life but to add life to years.”

## CHANGING WITH THE TIMES

What is next for the use of catheters in cardiology and cardiac procedures? One thing is certain: doctors will continue exploring new ways to use these tubes that will make treatments less burdensome for patients.

“We have an excellent cardiology program that produces extraordinary outcomes, no matter what the procedure,” Dr. Sacchi says.

“Open-heart surgery is an excellent procedure, but for aortic stenosis patients with multiple comorbidities, recovery often is tricky and lengthy. Being able to perform essentially the same procedure with—in some cases—better results, has been truly revolutionary. TAVR [transcatheter aortic valve replacement] patients have shorter hospital stays and minimal recovery times compared to patients who undergo open-heart procedures.”

—SORIN BRENER, M.D.

## WHAT A VIEW

One of the best imaging technologies for viewing the heart is cardiac magnetic resonance imaging (MRI)—which is a painless outpatient procedure for patients. The only dedicated cardiac MRI center in Brooklyn is at New York Methodist Hospital.

“Cardiac MRI essentially uses a ‘souped-up’ MRI machine to take images of the heart,” says **John Heitner, M.D.**, director of noninvasive imaging at NYM. “We can see things in the heart that we’ve never seen before because of cardiac MRI’s excellent resolution and its amazing ability to display the heart without the obstructions that sometimes show up in ultrasound or nuclear imaging.” Cardiacologists can use cardiac MRI to:

- Determine the precise nature of problems affecting heart muscle like a heart attack, inflammation or infection
- Measure the extent of blood flow obstruction
- Evaluate patients with congestive heart failure or chest pain
- Check for aneurysms or blockages in the major arteries
- See structural defects in the heart
- Assess heart masses

“Cardiac MRI is an excellent tool to have in our toolbox,” Dr. Heitner says. “Although it certainly can be utilized as the first imaging modality, it often is called upon when other imaging modalities fail to give a definitive diagnosis.”



“Low-fat,” “reduced sodium” and “whole grain”—when you see these words featured prominently on food packaging, you might assume that the contents belong in a healthy diet. But in many cases, foods with such labels contain the very ingredients that you are trying to avoid.

# Label Lip Service

**THE NEW YORK** City Department of Health conducted a study that found 84 percent of 391 foods claiming to be trans fat-free contained some amount of hydrogenated oil—the main source of trans fat in foods today. What’s more, these foods featured prominent labels touting zero grams of trans fat per serving. What may seem like false advertising is actually allowed under U.S. Food and Drug Administration regulations: Food manufacturers can advertise zero grams of trans fat per serving if the amount of trans fat per serving is 0.5 grams or less. And the practice extends to other ingredients.

“You have to look at absolutely everything on the nutrition facts label and ingredients list to really figure out what is in the food you’re eating, especially if you consume more than one serving at a time—something that many people do

routinely without realizing it,” says **Mark Doublet, R.D., C.D.E.**, New York Methodist Hospital diabetes educator and dietitian. “If the package says the food is lower in sodium, fat or something else, it often just means that it is lower than the original version of the product.”

The following definitions of common food labels shine a spotlight on Mr. Doublet’s point:

- + **LOW CALORIE** – Contains less than 40 calories per serving.
- + **CALORIE FREE** – Contains less than five calories per serving.
- + **LOW FAT** – Contains three grams fat or less per serving.
- + **FAT FREE** – Contains less than 0.5 grams of fat per serving.
- + **LOW SODIUM** – Contains less than 140 milligrams sodium per serving.



## KALE AND WHITE BEAN MINESTRONE

[4 servings]

## Whole Food Diets Made Easy

Whole foods, or those that are in their natural state without being processed, are best for the human body. Free of added flour, sugar and salt, and loaded with natural plant compounds and antioxidants, these foods are ideal for people with diabetes, high blood pressure and mild-to-severe obesity.

Whole foods can be fresh, frozen or canned, and the preserved options can be just as nutritious as their fresh counterparts, as long as they do not contain added salt, sugar or preservatives.

"When I counsel patients, I encourage them to stick with one-ingredient items—which are whole foods in the truest sense of the term," says Mr. Doublet. "If you are looking at the ingredients of packaged, canned or frozen food and only one ingredient is listed, you know it's great for you."

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### Ingredients

- + 1 tablespoon extra virgin olive oil
- + 2 large cloves of garlic, minced
- + 3 cups no-salt-added white beans, cooked
- + 2½ cups no-salt-added vegetable stock
- + 1 tablespoon low-sodium tomato paste
- + 1 tablespoon dried sage
- + 1 tablespoon dried oregano
- + Freshly ground black pepper
- + 2 cups kale, cut into ribbons
- + 1 tablespoon fresh lemon juice



### Directions

- 1 Heat olive oil in a pot and add the minced garlic. Let cook over medium-low heat for three to four minutes.
- 2 Add half of the white beans and half of the vegetable stock in the pot with the garlic. Cover, reduce heat and let simmer.
- 3 Mix the rest of the beans, vegetable stock, tomato paste, sage, oregano and pepper in a food processor. Add the mixture to the soup pot.
- 4 Cover the soup and allow to simmer for 30 additional minutes.
- 5 Add the kale to the soup and simmer an additional ten minutes. Add lemon juice and serve.

### Nutrition Facts (per serving):

Calories: 311.4	Sugars: 3.9g
Total Fat: 4.5g	Protein: 16.6g
Cholesterol: 0.0mg	Vitamin A: 182.2% – Recommended daily allowance (RDA)
Sodium: 154.8mg	Vitamin B-6: 14.6% – RDA
Potassium: 1,272.7mg	Vitamin C: 51.4% – RDA
Total Carbohydrate: 55.3g	
Dietary Fiber: 12.2g	

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

- + **REDUCED SODIUM** – Contains 25 percent or less sodium than the original version of the product.
- + **NO ADDED SODIUM** – Contains no added sodium, but there may be naturally occurring or added salt in the ingredients used to make the product.
- + **LOW CHOLESTEROL** – Contains less than 20 milligrams cholesterol and two grams saturated fat per serving.
- + **WHOLE GRAIN** – Contains some amount of whole grain but may also contain refined grains as well as added sugar and fat.

### CONSEQUENCES OF THE MISCOMMUNICATION

People living with diabetes, heart disease and other health conditions that are impacted by diet pay a high price for full confidence in confusing labels on the front of food packages.

It's best to always turn packaging around and read all the way through the list of ingredients and nutrition information. Keep an eye out for things that you do not need, such as extra fat and sugar, and other information that may not be mentioned on the front of a box like carbohydrate content.

"Most of the time when foods are labeled as 'no sugar,' people think that means there are no carbohydrates, but these are two very different things," says **Farida Khan, M.D.**, endocrinologist at NYM. "People with diabetes need to restrict carbohydrates in general, so I always recommend talking with a nutritionist or doctor to gain a clear understanding of the language on food packages."



# Caregivers, *Who's Taking Care of You?*

**Caring for someone with a chronic illness can have consequences for a caregiver's health. Discover how caregivers can help ensure their own well-being, even while supporting their loved ones.**

**JANETTA PROMISED HER** mother, who died two years ago, that she would take care of her father, Horacio, who has Parkinson's disease dementia. The disease affects his memory and ability to reason, so now Horacio lives with Janetta. Most of her free time is spent feeding, bathing and watching over him. This past year, she gained ten pounds and neglected to schedule her annual checkup and mammogram.

## OVERCOMING OBSTACLES

According to **Miran Salgado, M.D.**, chief of neurosciences and director of the Parkinson's Disease and Movement Disorders Program at New York Methodist Hospital, people who provide long-term care for a loved one are more vulnerable to sickness, depression, hospitalization and early death.

"Caregivers who devote all their time and energy to a sick spouse or relative tend to forget their own health needs," Dr. Salgado says. "When the care recipient passes away, all of these undiagnosed medical problems are discovered in the caregiver. We see this happen all the time."

Like Janetta's dad, many people with degenerative diseases such as Parkinson's, Alzheimer's disease or late-stage cancer, eventually require at least some level of caregiving from a partner or child. If you're one of these caregivers, take the following steps to put your health on track.

1

### STEP 1: GET HELP.

"Ask other family members to get involved in care-taking, even if it's just for a few hours a week," Dr. Salgado says. "Time for yourself will refresh you

physically and mentally, enabling you to give the best care to your loved one."

Stroll through the park, read a book for pleasure, soak in the bath or just check off a few items on your personal to-do list. This free time is also a great opportunity to get caught up on recommended health screenings.

2

### STEP 2: ORGANIZE YOUR SCHEDULE.

Arranging "you" time sounds wonderful, but what if your schedule is already stretched thin? Not having enough time is one of the most commonly reported barriers to better health and self-care among caregivers. Having an organized schedule has helped many caregivers find time they didn't know they had.

"Put together your schedule at the beginning of each week, including when and what you'll cook, when and how you'll exercise, and when you'll have time for just you," advises **Louis Mudannayake, M.D.**, chief of geriatrics and palliative care at NYM. "When you're prepared, things will take less time, and you'll start to see more free time open up."

3

### STEP 3: AVOID NEGATIVE THOUGHTS.

You may have a little voice in your head saying things like, "I don't take good enough care of my dad" or "It's selfish of me to want free time." These negative thoughts can keep you from attempting to get healthy before you even start.

"Caregivers often struggle with feeling guilty about making time for themselves," says Tziporah Kay, patient care coordinator





for the American Parkinson Disease Association's Brooklyn Information & Referral Center at NYM. "But spending time away from your loved ones doesn't mean you love them any less."

4

#### STEP 4: SET PRACTICAL GOALS.

Be realistic about your time and energy. Stick with short bouts of exercise, such as 15-minute walks, to avoid feeling overwhelmed. One way to save time and not have to arrange for a caretaker is to exercise together with your loved one. For instance, NYM offers an exercise class geared toward people with movement disorders that is also open to caregivers. (For times and locations, call 646.704.1792.)

5

#### STEP 5: KEEP STRESS IN CHECK.

Stress can lead to a host of health issues and exacerbate existing conditions. Dr. Mudannayake says stress is a leading contributor to depression, which is prevalent among older adults taking care of a sick family member.

"As many as 70 percent of caregivers experience symptoms of depression," Dr. Mudannayake says. "Stress also raises your risk of developing a chronic illness."

You can reduce stress in small ways every day. When sitting, straighten your posture and take deeper, slower breaths. Minimizing negative thoughts can also lower stress. Try meditating while you're in the shower. Spend some time thinking about things, people and places that make you smile.

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#### STEP 6: TAKE A BREAK

"If you are caring for a family member with a debilitating disease, work with other family members, friends or a caregiver service to provide respite care so that you can spend a few nights away, particularly if your loved one has symptoms that manifest during late-night hours," Dr. Salgado says. "For the caregiver, achieving peaceful, restful sleep is essential to mental and physical health."

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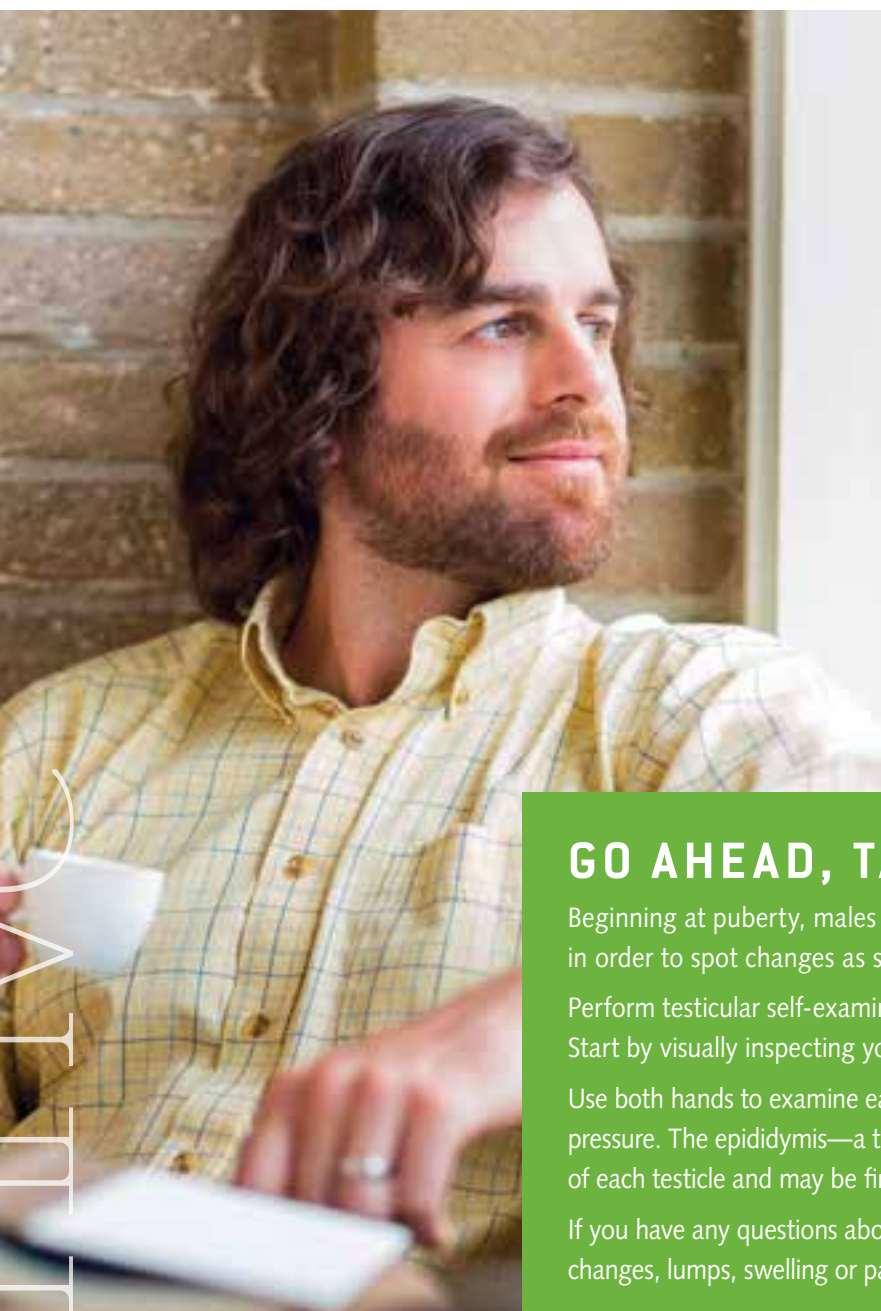


# Testicular Cancer:

## TACKLING A YOUNG MAN'S DISEASE

The risk for most cancers increases as you age, but that is not the case with testicular cancer.

It occurs most frequently in men ages 15 to 35.



**TESTICULAR CANCER IS** highly treatable with proper care and early identification. New York Methodist Hospital urologists typically see a 99 percent survival rate in men whose cases are discovered early and treated before the cancer has spread outside the testicles.

### KNOW YOUR RISK

"The sooner testicular cancer is found and treated, the better patients' chances are of making a full recovery," says **Brent Yanke, M.D.**, director of minimally invasive urologic surgery at the NYM. "I recommend that men check their testicles regularly and report any changes to their doctors immediately. Lumps are the most common sign."

Other less common symptoms of testicular cancer include swelling, heaviness and pain in the testicle or scrotum, abdominal discomfort, general fatigue, and enlarged breasts.

"Cancer of the testes occurs more frequently in those born with an undescended testicle and in Caucasian men," Dr. Yanke says. "There's also a slight risk increase for those with a family history of the disease."

### RIGHT CARE, RIGHT NOW

If it goes untreated, testicular cancer can spread and become deadly. So NYM urologists like Dr. Yanke move fast when patients find a lump or show other signs of testicular cancer.

"After a physical exam, we perform a detailed ultrasound screening in-house for rapid diagnosis," Dr. Yanke says. "Because we're part of the Hospital, we can do this the same day if necessary and even have patients in surgery later that day or the next."

To treat testicular cancer, doctors carefully remove all or part of the affected testicle in a minimally invasive procedure. Those concerned about the physical appearance of their testicles can receive a customized prosthetic.

After surgery, Dr. Yanke and his colleagues work closely with medical oncologists and radiologists at NYM to coordinate the best possible continued treatment for those who need it. Together they help patients with testicular cancer live longer, healthier lives.

## GO AHEAD, TAKE A LOOK

Beginning at puberty, males should perform monthly examinations of their testicles in order to spot changes as soon as possible.

Perform testicular self-examinations after a warm shower when the scrotum is relaxed. Start by visually inspecting your testes, noting any changes in shape, size or color.

Use both hands to examine each testicle, rolling it between the fingers with light pressure. The epididymis—a tube that carries sperm to the testes—is located at the back of each testicle and may be firm to the touch.

If you have any questions about what a normal testicle should feel like or discover any changes, lumps, swelling or pain in the testes, schedule an appointment with a urologist.



# SOCIAL MEDIA INTERVENTION

If most of your daily communication takes place via texting, tweeting, posting or “liking,” it may be time to step away from the computer or smartphone.

**SOCIAL MEDIA CONNECTS** generations and allows users to share photos and stay up to date with friends and family members. Although this may seem harmless—even beneficial—all of this connectedness can come with a price when you stop relating to others in person and only communicate through technology.

As with most things in life, social media use is fine in moderation. In fact, isolated individuals, including seniors who don’t live near family, benefit from the opportunity to connect with old friends and loved ones. But for many people, social media use goes far beyond occasionally checking a profile or messaging old classmates.

Estimates show that some individuals, especially teens and young adults, check their main social media account at least once per hour, and a recent study showed that social media use elicits the same emotional responses as drinking and other addictive behaviors. You probably have friends or family members who update their profile many times each day or, as evidenced by your clogged newsfeed, have mastered the art of taking the perfect selfie. How much is too much?

“When people spend more time fostering virtual relationships online, posting photos of themselves and updating their various statuses than they do with friends and family members, they may have a social media obsession,” says **Paul Carroll, Ph.D.**, psychologist at New York Methodist Hospital. “That can result in low self-esteem, narcissism, depression and stress, which can take a definite toll on physical and mental well-being.”

## ENDING THE CYCLE

Breaking a habit can be difficult, so Dr. Carroll recommends small, incremental steps when changing behaviors. Start by setting aside at least 30 minutes each evening for tech-free relaxation. During your “me” time, write in a journal, enjoy a bubble bath, take a walk or stretch.

Pencil in one night a week or every other week to get together—in person with friends. Turn off your phone and computer at the same time every evening to spend one-on-one time with your family without the temptation of technology. These steps will help you become less reliant on social media in order to connect with others.

## SHARE WITH CARE

If you or a loved one actively participates on social media sites, check the privacy settings of your account to ensure that you’re limiting accessibility of your posts to people that you trust. Sharing your location and vacation plans can open you up to personal safety or home invasion threats, and airing grievances about work can lead to difficulty in keeping or finding a job.





## Q&amp;A

## Source of Joy



JOSINE VECA, D.O.

JOSINE VECA, D.O., OBSTETRICIAN/GYNECOLOGIST  
AT NEW YORK METHODIST HOSPITAL,  
SHARES THE REASONS WHY HER PATIENTS  
ARE A SOURCE OF JOY.

- |   |   |
|---|---|
| <p><b>Q</b> What motivated you to become a doctor?</p> <p><b>A</b> I loved the idea of taking care of people. It was something that was very familiar to me since I came from a family with six children. I went to the New York College of Osteopathic Medicine for my medical degree. The New York College focuses on both general medicine and manipulation of the body to promote healing. Later, I completed a residency and internship at New York Methodist in obstetrics/gynecology.</p>  | <p><b>Q</b> What do you enjoy most about Brooklyn?</p> <p><b>A</b> It's a cultural melting pot, and the people are exciting. I learn so much from them.</p>   |
| <p><b>Q</b> Why did obstetrics/gynecology appeal to you?</p> <p><b>A</b> When I was a teenager, I was present when my older sister gave birth, and that had a tremendous impact on me. This field of medicine, delivering babies, is generally very happy, and you get to work with patients as they progress through the stages of their life, from their teens to child-bearing years and through menopause. When patients have health issues, I enjoy coaching them through those times. Once, I delivered a set of quadruplets—three girls and a boy! Not many doctors get to do that in their lifetimes.</p> | <p><b>Q</b> What do you enjoy doing when you're not working?</p> <p><b>A</b> I've completed many medical missions in countries such as Mexico and Guatemala. I also like to stay active whenever I can, fitting in rock climbing or a game of tennis. For relaxation, I always head to the beach.</p> |
| <p><b>Q</b> What's the most rewarding part of working at NYM?</p> <p><b>A</b> NYM has been serving the Brooklyn community for a long time, and I've found that the Hospital's goals and my goals as a doctor complement each other. I know that if my patients need care in other medical areas, they'll be in good hands. Also, I see many of my patients over periods of years, which fosters a true sense of community.</p>  | <p><b>Q</b> What's one thing you would change if you could?</p> <p><b>A</b> I would probably incorporate more balance in my life. I know that I probably work too much, but I love my work, and Brooklyn is currently experiencing a baby boom.</p>   |
|   | <p><b>Q</b> What's something you would not want to change about yourself?</p> <p><b>A</b> I wouldn't change my passion—it's part of my personality and plays an integral role in the way I connect with others, including my patients.</p>  |



# Pop Quiz: ? First-Time Pregnancy

TEST YOUR KNOWLEDGE ON THESE COMMON  
PREGNANCY CONCERNS FOR FIRST-TIME MOMS.

1

*True or False: Consuming omega-3 fatty acids—a kind of polyunsaturated fat—while pregnant can have a positive effect on the baby's development.*

**Answer: True.** “Research over the past eight years has shown that omega-3 fatty acids play an integral role in the baby's neurological development,” says Josine Veca, D.O., obstetrician/gynecologist at New York Methodist Hospital. “Women should include cooked salmon, trout and limited amounts of tuna in their diets, or discuss an appropriate supplement with their healthcare providers. Plant-based sources of omega-3 fatty acids include Brussels sprouts, cauliflower, tofu and walnuts.”

2

*What percentage of women typically experience morning sickness during pregnancy?*

- a. 12 percent      b. 25 percent      c. 50 percent      d. 80 percent

**Answer: c. Approximately 50 percent of women will experience nausea and vomiting during their first trimester of pregnancy.** “While feeling some sickness is normal during the first 12 weeks, women should not view pregnancy as a sickness,” Dr. Veca says. “They should live their lives pretty much as they normally do and stay moderately active.”

3

*How does moderate activity benefit pregnant women?*

- a. Prevents excess weight gain      b. Eases back pain      c. Promotes healthy sleep  
d. All of the above

**Answer: d. All of the above.** “Examples of moderate physical activity that are usually safe for pregnant women include walking, aqua aerobics, swimming, Pilates and yoga,” Dr. Veca says.

4

*What lifestyle changes should women make during pregnancy?*

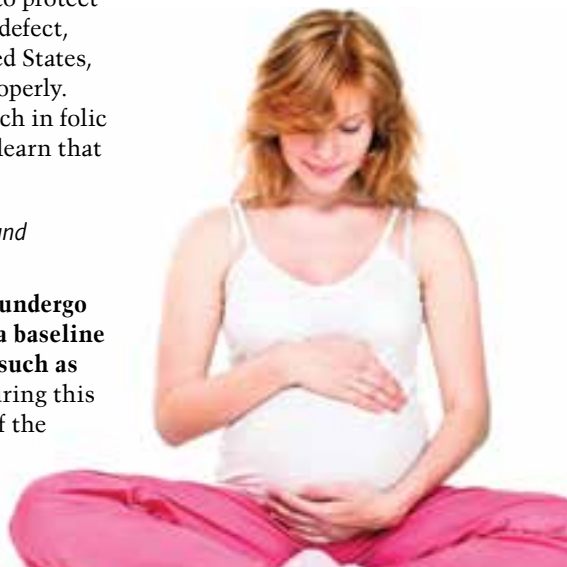
- a. Begin taking prenatal vitamins      b. Stop smoking if she smokes      c. Stop consuming alcoholic beverages      d. All of the above

**Answer: d. All of the above.** Once a woman knows she is pregnant, she should not smoke or drink alcohol. Consuming alcohol has been associated with heart damage and intellectual disabilities, while smoking can cause low birth weight. On the other hand, taking prenatal vitamins in addition to eating a balanced diet can help nourish your baby. Most prenatal vitamins contain extra iron, calcium and folic acid, a nutrient that is believed to protect against spina bifida, a permanent, disabling birth defect, affecting about 1,500 babies annually in the United States, in which the spinal cord does not fuse together properly. Dr. Veca recommends taking prenatal vitamins rich in folic acid before conception, if possible, or as soon you learn that you are pregnant.

5

*True or False: The first sonogram should be taken at around 12 weeks of gestation.*

**Answer: True.** “While some people may wait to undergo a sonogram until later in the pregnancy, having a baseline sonogram at 12 weeks can rule out some issues, such as chromosome abnormalities,” Dr. Veca says. “During this test, the technician will check the translucency of the nuchal fold—the tissue behind the fetus' neck—for early indicators of chromosomal or congenital heart defects.”





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

1

## LOWERING YOUR DVT RISK

Deep vein thrombosis (DVT) is a life-threatening condition in which clots develop in veins of the leg. Clots can break off and travel through the circulatory system to cause a pulmonary embolism—a blockage in the main artery of the lung. DVT doesn't always cause symptoms, but two signs are unexplained leg swelling and redness. A noninvasive ultrasound test can help your doctor diagnose the condition, which can be managed with medications and lifestyle changes that promote lower cholesterol, reduced weight and better circulation. *Turn to page 8 for DVT risk scenarios and more tips to lower your chances of developing this condition.*

2

## EAR INFECTIONS 101

Ear infections, typically caused by blocked Eustachian tubes, affect children more frequently than adults. This is due to a child's developing anatomy and immune system, which can easily become overwhelmed by germs. Ear infections cause pain, fever, and hearing and balance problems, and may contribute to speech and language development delays. Ear infections are not contagious, but the illnesses that can lead to them are. Doctors at New York Methodist Hospital recommend vaccinating against pertussis, measles and mumps as one way to lower the risk. *See page 16 for more information about what to do if your child suffers from ear infections.*

3

3

## LESS-INVASIVE CARDIAC CARE

Doctors at NYM can now evaluate heart function, stop a heart attack in progress, replace a defective aortic valve, repair structural heart defects and more through a tiny tube called a catheter. Specialists insert catheters through small incisions in the groin or wrist, guiding the tube through connecting arteries to the site of the blocked or damaged blood vessels to make repairs. These less-invasive procedures lead to shorter hospital stays, reduced scarring and minimal recovery times. Angioplasty, used to stop heart attacks as well as prevent them from occurring, is one of the most common catheter-based procedures. *Learn more about developments in catheter-based cardiology on pages 18–21.*

4

4

## UNDERSTANDING FOOD LABELS

Labels on the front of food packages are sometimes misleading, especially if you consume more than one serving of the food at a time. Instead of relying on the advertising messages on the front of food labels, NYM experts recommend that you read the nutrition facts and ingredients labels on the sides and back of the package to understand how much sodium, sugar, fat, calories, fiber and nutrients the food truly contains. *See pages 22–23 to learn what food labels like "Low Calorie," "Low Fat" and "Low Sodium" really mean.*

5

5

## TAKING CARE

Caring for an ill or aging family member can be a difficult task, so it isn't surprising that many caregivers find that their own health suffers in the process. In order to give the best care to others, caregivers also need to take care of themselves. Ways to do that include asking others for help, avoiding negative thought patterns, planning ahead and taking breaks to recharge energy levels. *Caregivers, find additional tips for taking care of your health 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.

## ADRENAL GLAND AND HYPERTENSION

IN THE SUMMER 2014 ISSUE, YOU RAN AN ARTICLE ABOUT BLOOD PRESSURE ["POP QUIZ: BLOOD PRESSURE" ON PAGE 29], WHICH MENTIONED THAT HIGH BLOOD PRESSURE [OR HYPERTENSION] AT A YOUNG AGE MAY DEVELOP FROM BENIGN NODULES ON THE ADRENAL GLANDS THAT CAUSE BLOOD PRESSURE TO INCREASE. IS THERE A WAY TO IDENTIFY SUCH NODULES? WOULD YOU RECOMMEND A TEST FOR THAT? THANK YOU VERY MUCH.

SINCERELY,  
ALEX S.

*Thank you for your question. In some patients with this condition, the nodules can be seen in CT [computed tomography] imaging tests, but a definitive test for hypertension due to adrenal nodules—which affects about five percent of high blood pressure patients—does not currently exist.*

*However, promising research from the University of Cambridge indicates that a test combining genetic screening and CT/PET [positron emission tomography] scans may provide a diagnosis, and consequently a surgical treatment option, for more patients. If you have concerns about an adrenal nodule, a board-certified endocrinologist would be the right expert to evaluate you.*

*Meanwhile, high blood pressure caused by undiagnosed adrenal nodules is treatable with medication, and I also recommend committing to lifelong healthy eating habits and regular exercise to help control this condition. —Stephen J. Peterson, M.D., chair of the Department of Internal Medicine, New York Methodist Hospital*

## KEEPING THE VULNERABLE SAFE

I WAS GLAD TO SEE YOUR ARTICLE, "HIT ME WITH YOUR BEST SHOT" [PAGE TEN, FALL 2014] ABOUT VACCINATIONS FOR PRETEENS AND TEENS. MY OLDEST DAUGHTER IS IN FIFTH GRADE. SHE HAD AN ALLERGIC REACTION TO THE TDAP VACCINE, SO SHE CANNOT HAVE THE BOOSTER SHOTS THAT PROTECT AGAINST TETANUS, DIPHTHERIA AND PERTUSSIS. AFTER TALKING WITH SOME PARENTS AT HER SCHOOL WHO CHOSE NOT TO VACCINATE THEIR CHILDREN OR WHO DIDN'T REALIZE THAT TDAP BOOSTERS ARE NECESSARY AS CHILDREN GET OLDER, I'VE BEEN VERY WORRIED THAT SHE COULD EITHER GET SICK OR BRING THE ILLNESS HOME TO OUR YOUNGEST CHILD, WHO IS STILL TOO YOUNG TO BE IMMUNIZED.

PLEASE PUBLISH MY LETTER TO ENCOURAGE ALL FAMILIES TO HAVE THEIR CHILDREN VACCINATED IF THEY ARE MEDICALLY ABLE, NOT JUST FOR THEIR CHILD'S SAKE, BUT FOR MY CHILD'S SAKE, TOO.

MANY THANKS,  
JAIME B.

I RECENTLY LEARNED THAT I HAVE PREDIABETES. MY DOCTOR TOLD ME THAT I CAN AVOID DIABETES BY PAYING CLOSER ATTENTION TO MY DIET AND RAISING MY ACTIVITY LEVELS, SO I'M WORKING ON THAT. IS THERE ANYTHING MORE I CAN DO? THANKS, LILA T.

Lila,  
You are on the right path. Daily exercise and healthy food choices can lead to weight loss, and studies show that losing five to ten percent of your body weight can help blood glucose levels move closer to the normal range. You might also consider attending diabetes education classes or joining a diabetes support group to help keep you informed and inspired to make these positive changes. NYM sponsors such a group, which meets the last Thursday of each month from 5 p.m.–6 p.m., at 506 6th Street in the Buckley Conference Room 820.

## AVOIDING DIABETES



# New York Methodist Hospital Community Events

January, February, March, April, May 2015

SUPPORT GROUPS ON THE NYM CAMPUS

## Bereavement Support

Wed., March 4, May 6,  
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., Feb. 21, April 11,  
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., March 5, April 2, May 7,  
3 p.m.–4:30 p.m.  
Wesley House 6A,  
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., Jan. 29, Feb. 26,

March 26, April 23, May 28,  
5 p.m.–6 p.m.  
Buckley Conference  
Room 820, 506 Sixth Street  
Call 718.246.8603 for  
additional information.

## Hepatitis C Support

The group will be directed  
by a clinician specializing  
in liver disorders.  
Wed., Feb. 18, March 18, April 15,  
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., March 19, May 21,  
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.  
Call 646.704.1792 for  
location, dates and to register  
(required).

## Parkinson's Disease Support

Join NYM's PD care  
coordinator in monthly  
meetings for those with  
Parkinson's disease.  
Thurs., Feb. 19, March 19,  
April 16, May 21, 1 p.m.–2 p.m.  
Call 646.704.1792 for  
location and to register  
(required).

## SUPPORT GROUPS

### Parkinson's Wellness and Exercise Classes

Dance – Feb. 12 @ 26, March 12  
@ 26, April 9 @ 23, May 14 @ 28  
Yoga – Feb. 6 @ 20, March 6 @ 20,  
April 3 @ 17, May 1 @ 15  
2 p.m.–3 p.m.  
748 Union Street  
Please call 646.704.1792  
to register (required).

### Perinatal Bereavement Support

Wed., March 4, May 6,  
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.  
Mon., Feb. 9, April 6,  
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., Feb. 26, March 26,  
April 23, 5:30 p.m.–7:30 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.

SPECIAL EVENTS



## Go Red for Women Day

NYM will wear red and host a health fair,  
featuring free heart health screenings,  
educational information and giveaways.  
Fri., Feb. 6, 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 Dietician's Day, NYM's nutrition-  
ists will answer your questions about popular  
diet myths, heart health issues, weight  
management, diabetes and more.  
Wed., March 11, 9:30 a.m.–2:30 p.m.  
NYM Carrington Pavilion  
506 Sixth Street  
Call 718.780.5367 for more information.

## Diabetes Alert! Day

NYM will offer free blood pressure, podiatry and  
dental screenings. A pharmacist, nutritionist and  
diabetes educator will also be available to hand out  
information and answer questions.  
Wed., March 25, 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 of interest  
to senior citizens.  
Wed., Feb. 18, April 22,  
May 20, 2:30 p.m.–3:30 p.m.  
Brooklyn College Student Center  
East 27th Street and Campus Road  
Call 718.780.5368 to register (required).

## GIVE KIDS A SMILE DAY!

Free dental exams for  
children including  
sealant placement,  
child prophyls, x-rays  
and more. Children ages  
1–16 are welcome!

Fri., Feb. 6, 9 a.m.–3 p.m.  
NYM Kirkwood  
Pavilion  
506 Sixth Street

Call 718.780.5410 for  
more information.



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