

thrive

SPRING/SUMMER 2016

ALLERGY-
INDUCED ASTHMA

AGING AND BALANCE

THYROID GLAND— THE BODY'S ENERGY EXECUTIVE

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.



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



AGING GRACEFULLY
MAINTAINING BALANCE

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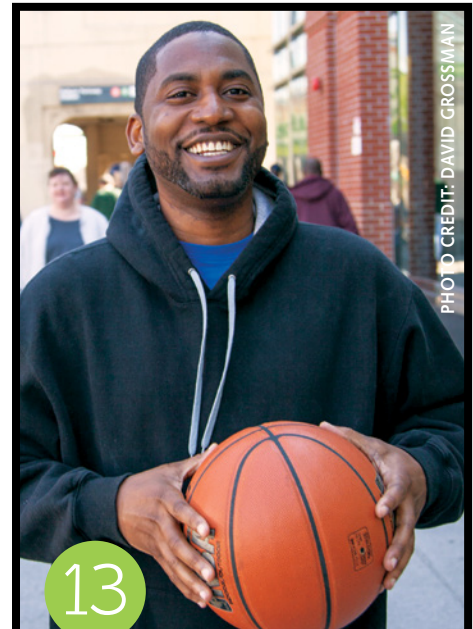
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THRIVE SPRING/SUMMER 2016

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Viewpoint



“COMMUNITY OUTREACH
NO LONGER MEANS
A ONE-WAY PATH
BETWEEN HEALTHCARE
PROFESSIONALS WHO
PROVIDE INFORMATION AND
ACCESS AND THE PEOPLE
THEY SERVE. TODAY,
THERE IS AN EXPECTATION
OF INTERACTION AND
ACTIVE PARTICIPATION
BY INDIVIDUALS AND
FAMILIES IN HEALTHCARE
DECISIONS.”

CARING FOR PATIENTS inside our Hospital is the direct or indirect goal of everyone who works at New York Methodist. Keeping members of our community out of the Hospital is the goal of this magazine, which we mail to 250,000 households in Brooklyn neighborhoods. We are convinced that giving our community the tools to help them avoid hospitalization is as important as caring for our hospitalized patients.

That was the premise that led us to begin publication of *Thrive* three years ago. Although the conventional wisdom was that magazines were a fading medium, we were confident that a magazine full of healthcare information, tips and resources would capture the interest of Brooklynites. We are proud that the magazine has been warmly welcomed by Brooklyn residents from neighborhoods throughout the borough.

Community outreach and community service have always been important at NYM. But outreach no longer means a one-way path between healthcare professionals who provide information and access and the people they serve. Today, there is an expectation of interaction and active participation by individuals and families in healthcare decisions. Useful, clear information empowers our readers to partner with their doctors and other caregivers and to maintain control over their own health.

Information that helps prevent an illness or injury is as important as that which may enable intelligent treatment choices. I'm pleased that this issue contains an article on fall prevention in the home. The tips provided are simple, but they can help to avoid devastating accidents.

Thrive is a small part of our overall program of service to the community. To ensure that this service best utilizes our resources to meet community needs, we periodically conduct a health needs assessment. As part of that study, we ask Brooklyn residents to fill out a survey that will reveal their greatest ongoing health concerns. A copy of the survey is included in this issue on page 7 and is also available on our website, www.nym.org. I hope that you will take a few moments to fill it out and weigh in with your views. Knowing our community's healthcare concerns will help us to help Brooklyn thrive.

Have a happy, healthy spring.

Cordially,

Mark J. Mundy
President and
Chief Executive Officer



YOUR HEALTH IN A HEARTBEAT

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

SCREENING FOR A HEALTHIER FUTURE

"Updated screening guidelines from the American Academy of Pediatrics [AAP] use evidence-based medicine to suggest ways to better address the medical needs of children," says **Leslie Hayes, M.D.**, chief of adolescent medicine at New York Methodist Hospital. "These new recommendations draw more attention to prevalent pediatric health issues like obesity, anemia, HIV, high cholesterol, congenital heart disease, depression and suicide among adolescents."

AAP recommendations now include screenings for:

- + Congenital heart disease at birth
- + Anemia at 15 and 30 months
- + High cholesterol once between ages nine and 11
- + Depression annually starting at age 11
- + HIV between ages 16 and 18

Other changes include risk-based assessment of vision changes once children are 18 and delaying cervical exams until age 21.

DON'T FEEL THE BURN



If you struggle to find relief from chronic heartburn or acid reflux, the problem may not be what you're taking for it but when you're taking it. An estimated 60 percent of people taking over-the-counter heartburn and acid reflux medication do so incorrectly and do not experience relief.

"Medications to combat acid reflux are most effective if you take them half an hour to an hour before eating," says **Mukul Arya, M.D.**, director of advanced endoscopy at NYM. "Their purpose is to prevent activation of proton pumps—which create the acid that causes heartburn and reflux—so they aren't as effective when taken after a meal."

Dr. Arya recommends that anyone with recurring heartburn or heartburn that does not improve with medication see a doctor. While most cases aren't serious, heartburn can sometimes signify underlying issues like changes to the esophageal lining or, in a small number of individuals, esophageal cancer. People with heartburn who experience difficulty swallowing, weight loss, vomiting of blood, or new onset anemia should consult their doctor immediately.

FOR GOOD MEASURE

Do you have a contentious relationship with your scale because it only shares bad news? Think of it as a tool that can help you reach a healthy weight. Try these tips to ensure that the numbers are accurate:

- + **Weigh once a week.** Weight fluctuates daily and throughout the day, depending on things like hydration levels, menstrual cycles, glycogen stores and sodium intake. To minimize this factor, weigh yourself on the same day of each week and compare weekly results.

If you are working to lose weight, **Alfred Leong, M.D.**, director of the Medical Weight Management Program at NYM, recommends a safe weight-loss goal of one to two pounds per week.

- + **Weigh in the mornings.** To eliminate variables like water weight gain, always use the same scale and weigh in the morning after you use the restroom and before you eat or drink.
- + **Weigh wearing the same clothing.** "Clothing can add a pound or more to your weight," Dr. Leong says. "For consistency, it's better to weigh without clothing or wear the same thing each time that you step on the scale."

1 in 5

NUMBER OF CHILDREN
OVER AGE FIVE
WITH HIGH OR LOW
CHOLESTEROL

BY THE NUMBERS

60
million

NUMBER OF AMERICANS WHO
EXPERIENCE HEARTBURN
AT LEAST
ONCE A MONTH

3,500

APPROXIMATE CALORIES
TO EQUAL ONE POUND
ON THE SCALE

5



Sprained Ankle? EASY ON THE ICE

If you sprain your ankle, your instinct may be to put ice on it to reduce pain and swelling. However, this common cure for sprained ankles may not work as well as you think. Ice can reduce the blood flow to your injury, which actually slows healing.

"Use ice only for 20 minutes at a time on an hourly basis to help control pain during the first 48 hours after injury," says **Ronald Soave, D.P.M.**, chief of podiatry at New York Methodist Hospital. "Use a towel or other barrier between your skin and the cold pack to prevent frostbite, and always get evaluated by a doctor if you are in severe pain from a sprain or strain."

Contagious CAVITIES

Bacteria that causes tooth decay—like *Streptococcus mutans*—and gum disease—*Porphyromonas gingivalis*, among others—can be passed from person to person (in the same way that cold or flu germs can be transferred through close contact). Decay-causing bacteria can then flourish if oral hygiene is lacking. To prevent these common bacteria from causing cavities and gum disease:

- + Avoid sharing utensils or a cup or glass with others.
- + Brush after every meal with fluoride toothpaste.
- + Floss daily.
- + Rinse daily with fluoride-containing mouthwash.
- + Drink fluoridated water.
- + Supervise children as they clean their teeth.

"Proper hygiene reduces the amount of bacteria that may be present in the mouth and lessens the likelihood for developing cavities and gum disease," says **James Sconzo, D.M.D.**, chief of dental medicine at NYM. "Even family members should avoid sharing utensils and bottles or cups that may transfer germs from one mouth to another."



Out with the Old

Some cosmetics last just a few months before becoming skin irritants or susceptible to bacteria.

Makeup manufacturers often forgo expiration dates on labels or they include an expiration indication denoting when to start tracking the product shelf life. This is called a period after opening—or PAO—time frame, typically indicated by an open jar graphic and a numeric value. All of this can lead to confusion about the length of time that it is safe to use the product.

"Over time, some ingredients may break down into chemicals that could have toxic effects on the skin," says **Stephen Danziger, M.D.**, chief of dermatology at NYM. "Another issue is that the original beneficial effect may no longer be viable because these changes alter the proportion of the ingredients that were tested for safety and usefulness. Also, bacteria can easily contaminate eye cosmetic applicators. Single-use, disposable applicators reduce the risk of introducing infection-causing germs to the eye."

The bottom line? Liquid eyeliner is only good for about three months after opening, and mascara products tend to expire within six months of the PAO time frame. Nail and lip cosmetics should be tossed within one year of opening, and powder-based products should be used within three years after opening. Additionally, Dr. Danziger recommends avoiding cosmetics that have developed pungent smells or textured clumps, which often signal a bacterial contamination.



NEW YORK METHODIST HOSPITAL COMMUNITY HEALTH ASSESSMENT SURVEY

The purpose of this survey is to get your opinion about health issues that are important in your community. New York Methodist Hospital will use the results of this survey and other information to help develop health programs in your community. Please complete one survey for each adult over the age of 18. Your responses will be anonymous. To complete the survey online, visit

<https://www.surveymonkey.com/r/NYMSurvey>

or fill out this copy (duplicate if necessary) and mail it to:

New York Methodist Hospital – Public Affairs
506 Sixth Street, Brooklyn, NY 11215

Thank you for your participation.

1 What are the biggest ongoing health concerns in your community? (Please check one or two.)

- ☐ Chronic diseases (including cancer & obesity)
- ☐ Healthy and safe environment
- ☐ HIV, STDs, healthcare-associated infections, vaccine-preventable diseases
- ☐ Healthy women, infants and children
- ☐ Mental health and substance abuse
- ☐ Other (please specify): _____

2 What health screenings or education/information services are needed in your community? (Please check up to three.)

- ☐ Blood pressure screenings
- ☐ Cancer screenings
- ☐ Child and adult safety
- ☐ Cholesterol screenings
- ☐ Dental screenings
- ☐ Diabetes education/screenings
- ☐ Drug & alcohol rehab services
- ☐ Emergency preparedness info
- ☐ Exercise programs
- ☐ Healthier food choices
- ☐ Heart disease education
- ☐ HIV/AIDS and STD information
- ☐ Mental health services
- ☐ Nutritional education
- ☐ Prenatal care
- ☐ Preventing falls/injuries
- ☐ Suicide prevention education
- ☐ Vaccination/immunizations
- ☐ Other (please specify): _____

3 What prevents people in your community from getting medical treatment? (Please check up to three.)

- ☐ Cultural/religious beliefs
- ☐ Don't know how to find doctors
- ☐ Don't understand when to see a doctor
- ☐ Fear (not ready to face/discuss a health problem)
- ☐ Lack of availability of doctors
- ☐ Language barriers
- ☐ No insurance
- ☐ Transportation
- ☐ Unable to pay co-pays/deductibles
- ☐ There are no barriers
- ☐ Other (please specify): _____

4 Does your doctor ever order a test or prescribe medicine without explaining what it's for or what it does?

- ☐ Never
- ☐ Sometimes
- ☐ Usually
- ☐ Always

For statistical purposes only, please complete the following:

5 What is your gender? Male Female

6 What is your age? _____

7 ZIP code or neighborhood where you live: _____

8 What race/ethnicity do you consider yourself? (Please check all that apply.)

- ☐ African
- ☐ African American/Black
- ☐ Afro-Caribbean
- ☐ Arab/Middle Eastern
- ☐ Asian/Pacific Islander
- ☐ Caucasian/White
- ☐ Central/South American
- ☐ Eastern European
- ☐ Hispanic/Latino
- ☐ Native American/Indigenous
- ☐ South Asian/Desi
- ☐ Western/Northern European
- ☐ Multi-racial
- ☐ Other (please specify): _____

9 What is your highest level of education?

- ☐ K-8 grade
- ☐ Some high school
- ☐ GED
- ☐ High school graduate
- ☐ Technical school
- ☐ Some college
- ☐ College graduate
- ☐ Graduate school
- ☐ Doctorate
- ☐ Other (please specify): _____

10 Do you currently have health insurance?

- ☐ Yes
- ☐ No
- ☐ No, but I did at an earlier time/previous job.

A Breath of Fresh Air



Every year, Brian looks forward to the return of warmer weather and outdoor activities like biking and jogging. But as spring turns to summer, he finds that exercising in hot, humid weather aggravates his asthma.

ASTHMA IS A CHRONIC LUNG DISEASE that occurs when the airways that carry air to and from the lungs are inflamed. Because of this inflammation, people with asthma often have narrower airways—the channel in the throat through which air passes to the lungs—that are more sensitive to irritants. When they inhale secondhand smoke or dust, for example, their airways may become further irritated, which can result in an asthma attack.

ASTHMA ATTACKS 101

Asthma symptoms include coughing that often is worse at night, wheezing, shortness of breath and chest tightness. An asthma attack occurs when symptoms become increasingly severe or persist after using medication.

During an asthma attack, the muscles surrounding the lungs and airways begin to contract and tighten, which is known

as bronchoconstriction. At the same time, the lungs may swell and fill with mucus, making it difficult for air to pass through the airways.

In many cases, asthma attacks are caused by exposure to asthma triggers, which can vary from person to person. Some people, like Brian, develop asthma symptoms when the weather changes. For others, exercise and exposure to allergens and air pollutants may trigger an asthma attack.

SPOTLIGHT ON SEASONAL TRIGGERS

Many people associate asthma attacks with winter's cold, dry air. But the spring and summer months can pose unique challenges.

"Up to 50 percent of the 25 million people living with asthma in the United States have asthma that is triggered by

allergies, including seasonal allergies," says **Cascya Charlot, M.D.**, chief of pediatric allergies at New York Methodist Hospital. "During the spring months, many people experience asthma symptoms related to tree pollen. In the summertime, grass pollen, mold and hot, humid air can worsen symptoms."

When people who are allergic to pollens or mold inhale these spores, their immune system targets the substance by releasing an antibody known as immunoglobulin E. This starts a cascade of events in the body, including the release of histamine. Because it can prompt the lungs to produce mucus and trigger airway constriction, histamine raises the risk of an asthma attack.

Extremely hot or cold temperatures are also common asthma triggers. During the summer, the combination of hot, humid air, sunlight, nitrogen oxide and volatile organic compounds—gases that are



Exercise-induced asthma is often related to the air that people take in during physical activity. According to Dr. Charlot, when people rest, the volume of air per minute in and out of the lungs is between six to ten liters. During exercise, this volume can more than double, increasing to as much as 25 liters, which allows air to become moisturized and warmed as it moves through the nasal passages and into the lungs' airways. During exercise, however, people may inhale two to three gallons of air per minute and are more likely to breathe through their mouths. As a result, the air may be cooler and dryer when it enters the lungs, which can cause symptoms in those with both environmental and exercise-induced asthma.

BREATHING EASIER

The first step to controlling asthma is identifying the responsible triggers through allergy testing, keeping a symptoms journal noting when allergies occur and using a peak flow meter to measure how well air moves through the lungs. A peak flow meter also helps identify whether medication adjustments are needed.

Avoiding triggers—for example, by staying indoors on hot, humid days or when pollen levels are at their peak—can help control asthma. Two classes of asthma medications are also available. Quick-relief or rescue inhalers, which often contain the medications albuterol or ipratropium bromide, are designed to provide fast relief during asthma attacks. People with exercise-induced asthma may also use quick-relief inhalers prior to their workouts to lessen symptoms. Long-term control medications may come in inhaler, nebulizer and tablet form and include corticosteroids, leukotriene modifiers and long-acting beta-agonists, which may be used in conjunction with corticosteroids. By reducing lung inflammation, long-term control medications help prevent symptoms over time.

"People who have asthma and experience symptoms at the same time every year shouldn't wait until an asthma attack occurs to seek treatment," Dr. Saleh says. "Visiting their doctor before the season begins can help them navigate the season without severe asthma attacks."

released into the air from gasoline, diesel exhaust, paint and other chemicals—can create ground-level ozone. A common, powerful pollutant, ground-level ozone may cause throat and lung irritation, contribute to coughing, and even reduce lung function, which is especially dangerous for people who experience breathing difficulties.

WHEN EXERCISE IS THE CULPRIT

As many as 90 percent of people with asthma experience symptoms during exercise. But people who haven't been diagnosed with conventional asthma can also develop symptoms like shortness of breath and wheezing during physical activity. This is known as exercise-induced asthma.

"Many people get winded during exercise," says **Anthony Saleh, M.D.**, pulmonologist at NYM. "To distinguish between people who are simply out of shape and those who have exercise-induced asthma, we consider the severity of each patient's symptoms and look for cause-and-effect relationships."



ASTHMA-FRIENDLY WORKOUTS

Exercise is a key component of overall health and can help strengthen the heart and lungs. While all types of activity can fit into an asthma management plan, Dr. Charlot recommends people with exercise-induced asthma stick to workouts that involve short, intermittent periods of movement, including baseball, volleyball, swimming, walking, and leisurely cycling and hiking.

Fitness enthusiasts should also take time to warm up, which helps prepare the lungs for exercise, and opt for indoor activities on very cold or hot days.

CONTRACEPTION: A Guide to the Latest Options

Contraception has come a long way since the U.S. Food and Drug Administration (FDA) approved the first birth control pill in 1960. Here's what women should know about 21st-century contraception.



JUST 50 YEARS AGO, women only had access to a relatively limited, not entirely reliable number of birth control options. Some of these are still in use today, including:

- + **Condoms**, over-the-counter barrier contraception that covers the penis and catches sperm. Condoms offer pregnancy-prevention rates of 84 to 89 percent and some protection against sexually transmitted diseases.
- + **Diaphragms**, another barrier method in the form of a small cup fitted for each woman individually by her doctor. The cup is placed in the vagina over the cervix to block sperm from entering the uterus but must be used with spermicide to kill sperm, leading to 85 percent success rate in preventing pregnancy.
- + **Natural family planning**, also known as the rhythm method, which has an efficacy rate of 75 percent. Women who use natural family planning track their cycles to predict the time of ovulation, the process during which an egg is released for fertilization. During ovulation, women may use a barrier method like condoms or diaphragms or they may abstain from sex.
- + **The withdrawal method**, or "coitus interruptus," involves stopping intercourse before ejaculation. This method is only 78 percent reliable.

None of these methods are as reliable as contemporary birth control. But they are readily available, so some couples choose to use them.

"A woman's decision to use a particular form of birth control depends on a variety of factors, including her family plans and her medical history," says **Josine Veca, D.O.**, obstetrician/gynecologist at New York Methodist Hospital. "Today, there are so many options available that contraception can be fine-tuned to match each woman's preferences."

A HISTORY MAKER

Since its introduction more than 50 years ago, the birth control pill has become part of daily life for more than ten million American women. First-generation birth control pills contained high levels of the hormone estradiol estrogen, which put women at greater risk for side effects, including blood clots.

WHAT ABOUT STDs?

Condoms are the only method of contraception that also reduces the risk of contracting sexually transmitted diseases. But condoms are less effective than prescription birth control at preventing pregnancy. Women who have multiple partners should use condoms in addition to birth control pills or other forms of contraception.

Today, women can choose from two safer classes of medications that are available with a doctor's prescription.

Combined oral contraceptive pills contain progestin (an artificial form of progesterone), and between 20 and 35 micrograms of ethinyl estradiol (an artificial estrogen)—less than half of the amount of estrogen found in older or first-generation birth control pills. In fact, some low-dose birth control pills contain as little as 10 micrograms of estrogen. Progestin-only pills contain varying levels and types of synthetically produced progesterone hormones, which play a role in regulating the menstrual cycle. Both combined and progestin-only pills work by preventing ovulation, and both cause other changes in the uterus and cervix.

"Current birth control pills are very well tolerated," Dr. Veca says. "Most women start with a basic low-dose pill. If they develop any side effects like breakthrough bleeding, we can tweak the levels of hormone as necessary."

An added bonus? Birth control pills can help prevent severe cramping, heavy menstrual periods, endometriosis, menstrual cycle irregularities and acne. But the benefits must be weighed with potential risks.

"Estrogen can increase the risk of blood clots in certain women," Dr. Veca says. "If a woman is over the age of 35 and a smoker or has had a stroke or developed a blood clot in the past, doctors may recommend a progestin-only form of contraception."

When taken correctly, birth control pills are up to 99 percent effective. But the pill should be taken at the same time every day for optimum results, which can be a drawback to women who have difficulty remembering to take the daily dose or who need more flexibility. When the potential for user error is calculated into the efficacy rate, it decreases to roughly 95 percent.

OTHER HORMONE-BASED CONTRACEPTION

A patch, injection and vaginal ring have also been approved by the FDA and, like

birth control pills, deliver varying levels of hormones to prevent pregnancy. The contraceptive patch delivers low doses of estrogen and progesterone hormones through the skin, and a new patch is applied weekly for three weeks every month. On the fourth week, women skip the patch and have normal periods. However, the patch may not be as effective in women with a very high body mass index because the hormones may not reach a high enough concentration to prevent pregnancy.

The etonogestrel/ethinyl estradiol vaginal ring is placed inside the vagina monthly and is left in place for three weeks. It also delivers both estrogen and progesterone hormones and allows women to have normal periods. The vaginal ring and patch are effective 95 percent of the time.

Progestin-only contraceptives include the etonogestrel implant. Under a local anesthetic, doctors place the implant under the skin in the arm, where the device can remain for as long as three years. Another progestin-only option is the medroxyprogesterone injection, which is administered every three months. The progestin-only implant and injection are more than 99 percent successful and eliminate the potential for estrogen-related side effects. While using a progestin-only contraceptive, a woman may experience irregular bleeding, light monthly bleeding or no menses at all.

BIRTH CONTROL WOMEN CAN FORGET ABOUT

Remembering to take a daily pill or keeping track of injections and patches can be challenging, and forgetting may lead to an unplanned pregnancy. Thus, intrauterine devices (IUDs)—long-lasting contraceptive devices that can be placed inside the uterus and removed during routine office visits—are very popular.

These T-shaped devices work by releasing either small amounts of copper ions and/or a form of progestin hormone known as levonorgestrel into the uterus to prevent fertilization. Copper IUDs can remain in place for up to ten years, and the progestin-releasing devices can stay for five years. IUDs don't contain estrogen, so there is no added risk for developing blood clots.

Because there is little room for error, IUDs are one of the most effective forms of birth control, with success rates higher than 99 percent. Contrary to widespread misconceptions, most women—even teens—can safely use



IUDs. For women with heavy bleeding, the progestin-containing IUD can be especially beneficial because it often leads to lighter—and sometimes even elimination of—monthly periods.

"Many doctors promote the use of IUDs because they are highly effective and long-lasting," says **Elizabeth Speed, M.D.**, obstetrician/gynecologist at NYM. "But ultimately, we keep the woman's preferences, her childbearing plans, and her medical history in mind, and come to a shared decision on what are the best methods for her."

"The most effective forms of contraception are permanent sterilization options—tubal ligation for women and vasectomy for men," Dr. Veca says. "These surgical methods are only recommended if childbearing plans are complete."

IN THE EVENT OF AN EMERGENCY

When contraceptives like condoms or the withdrawal method fail, women can use a special form of birth control pills to prevent pregnancy. Women can take emergency contraception, also known as the Plan B (or morning-after) pill. This form of contraception can be purchased at most pharmacies by men or women. For best results, these pills should be used within 24 to 72 hours after unprotected intercourse or contraceptive failure, but they may be used up to five days after the incident. The copper IUD may also be used for emergency contraception when placed within five days of unprotected intercourse.

About Angina

Whether it's a crushing pain, squeezing sensation or deep pressure, angina—chest pain that results when the heart muscle is oxygen deprived—needs to be evaluated by a doctor.

"ANGINA SHOULD NEVER be dismissed, as it is often a symptom of a heart attack," says **Hajir Ely Dilmanian, M.D.**, cardiologist with New York Methodist Hospital. "However, chest pain can also be caused by a blood clot in the lungs, inflammation of the membrane around the heart, or a simple rib irritation. Regardless of the cause, the important thing is to go to the Emergency Room to get checked out."

Even if the pain turns out not to be a heart attack symptom, angina could be the result of reduced blood flow in the heart. There are different types of angina caused by cardiac problems:

- + **Stable angina.** The most common type, this chest pain results from narrowed arteries. Stable angina follows a pattern, usually occurs after emotional stress or physical exertion, and lasts about five minutes.
- + **Unstable angina.** This chest pain occurs without warning, usually while at rest. Unstable angina is almost always caused by a heart attack, or complete blockage of a heart artery. Anyone who experiences sudden, intense chest pain should call 911 immediately.
- + **Microvascular angina.** This is a symptom of coronary microvascular disease (MVD), a condition in which the tiny arteries in the heart are narrowed or stiff. Chest pain caused by coronary MVD usually lasts longer than ten minutes and can continue for over 30 minutes.
- + **Variant angina.** Also called Prinzmetal angina, this is a rare form of chest pain and usually occurs in younger patients. During an episode of

variant angina, the arteries in the heart contract suddenly. This spasm prevents the flow of blood to the heart, which causes the pain.

"Avoiding tobacco, maintaining an adequate weight and diet, and effective treatment of diabetes help to prevent the onset of blockages that cause angina," says **Terrence Sacchi, M.D.**, chief of cardiology at NYM. "If acute chest pain develops, have it evaluated—even if it is not a heart attack, the chest pain should be diagnosed and managed."

NO PAIN, NO PROBLEM? NOT SO FAST!

Fifty-two-year-old Leslie woke up not feeling like herself—her jaw was aching and sore, she could not catch her breath, and she felt nauseous. She thought about going to the hospital, but she worried about making something out of nothing. It wasn't like she was having chest pain, so it couldn't be a heart attack, right?

Wrong. More than 40 percent of women admitted to the hospital for a heart attack report having no chest pain. Instead, women often experience:

- Jaw, neck and shoulder pain
- Indigestion
- Shortness of breath, lightheadedness or breaking out in a cold sweat



When a surgeon from another hospital told Marc Greene that he only had one option to fix the herniated discs in his neck, he did the smart thing—looked for a second opinion.

BACK ON THE COURT

“Marc’s case is a lesson for all of us about why it’s important to get a second opinion. Disc replacement was a more appropriate solution for him that took his lifestyle, age and overall health into consideration.”

— ALEXANDROS ZOUZIAS, M.D.



ALTHOUGH MARC DOESN'T know when the discs in his neck started to herniate, he will never forget the first time intense pain shot down his right arm. It was 2014, and the discomfort was so severe he had to take time off from his position with the New York State Department of Taxation and Finance to recuperate.

“The pain reached all the way down to my hand, my neck was stiff, and it hurt to do anything,” Marc says. “I saw a doctor near my home in the Bronx who said I had a pinched nerve and told me to just wait it out.”

The episode passed, but the next year, the pain was back. Marc’s doctor ordered a magnetic resonance imaging (MRI) scan and diagnosed him with a herniated (or slipped) disc. One of the

cushions that sits between the vertebrae in his neck had been pushed to the side, putting pressure on the spinal cord.

“I had difficulty getting comfortable enough to sleep, and any movement at all was challenging,” Marc says. “I had to give up basketball, one of my favorite activities. The grip in my right hand became so weak that I couldn’t even pick up a glass to drink.”

He tried physical therapy, where he spent hours working to build muscle strength to better support his herniated disc, but nothing seemed to help. His doctors recommended spinal fusion surgery.

The procedure would have relieved his pain by removing the disc that was pressing on his spinal cord and fusing together the vertebrae above and below

this diseased disc, but because of his young age, there was a good chance that he would need surgery again in the future. Marc wasn’t convinced this was the right answer.

AN ALTERNATIVE

Determined to learn all of his options, Marc started looking for a second opinion. That search led him to **Martin Zonenshayn, M.D.**, New York Methodist Hospital’s chief of neurosurgery, who was recommended by a friend. That’s when everything changed.

“By the time Marc came to see me, a second disc in his neck had herniated,” Dr. Zonenshayn says. “He had tried pain management and physical therapy. I ordered additional images of his neck, and there were signs that his spinal

cord was already compressed. Surgery was the only option. I suggested an alternative form of the procedure."

Instead of spinal fusion, Dr. Zonenshayn recommended artificial cervical disc replacement, a procedure that has been available in the United States since 2007.

"Minimally invasive disc replacement surgery can be utilized to replace damaged discs in the neck and lower back," says Dr. Zonenshayn. The first two-level artificial cervical disc replacement—the kind that Marc needed—was approved for use by the U.S. Food and Drug Administration in 2013.

When the spine is fused, the surrounding discs have to work harder than normal to keep the neck mobile. Since Marc was a young patient, Dr. Zonenshayn knew that any additional strain on his surrounding discs and vertebrae would probably take a toll over several decades, so there was risk of additional damage to his neck necessitating additional surgery.

"Spinal fusion is the best option for a lot of patients," says **Alexandros Zouzias, M.D.**, an attending neurosurgeon at NYM. "It effectively reduces pain and compression, but because Marc was young and healthy and there was no hardening of the disc, he qualified for dual disc replacement."

Artificial discs consist of two metal plates made of cobalt and chromium attached to a plastic polymer core that allows them to pivot, mimicking the motion of a natural disc. Using them would allow Marc's spine to move as normal, without straining the surrounding discs—thereby reducing the risk that additional surgery might be required at a later date.

After learning about the procedure, Marc was convinced that this was the alternate option he'd been seeking. "I was relieved to find out that there was another choice," Marc says. "I couldn't keep going through the pain, and Dr. Zonenshayn gave me hope that I wouldn't have to."

A FRESH START

On November 17, 2015, Marc was admitted to NYM, where Dr. Zonenshayn removed and replaced the damaged discs between the C4 and C5 and the C5 and C6 vertebrae.

Dr. Zonenshayn used a minimally invasive approach to access Marc's spinal column. He made a one-inch incision in the front right side of Marc's neck and utilized specialized tools to perform the procedure. One of those tools, an imaging surface called a radiolucent table, allowed Dr. Zonenshayn to view Marc's cervical spine during surgery to help ensure that the implants were positioned at precisely the right angle and depth.

"The implant we used was chosen specifically to match Marc's anatomy," Dr. Zonenshayn says. "Once the damaged discs were removed and the spinal cord uncompressed, I secured the new artificial discs to the adjacent vertebrae."

The surgery was a success. Marc spent one night in the hospital and went home the next day. The only discomfort that he felt after surgery was a sore throat that lasted a few days. His neck was stable on its own, without a brace or collar.

"My friends have trouble believing that I just had spinal surgery," Marc says. "There's barely a scar."

Four months after his procedure, Marc is still recovering the grip strength, range of motion and flexibility he lost when his discs started pressing on his spinal column. He recently received clearance from Dr. Zonenshayn to start playing sports again.

"I'm back in the gym and excited about playing basketball again," Marc says. "I'm still careful, and I don't plan on playing full-out, but I feel so much better."

"Marc's case is a lesson for all of us about why it's important to get a second opinion," says Dr. Zouzias. "Disc replacement was a more appropriate solution for him that took his lifestyle, age and overall health into consideration."

DID YOU KNOW?

"Minimally invasive disc replacement surgery can be utilized to replace damaged discs in the neck and lower back."

—**MARTIN ZONENSHAYN, M.D.**

WATCHING YOUR BACK

Herniated discs can occur in any area of the spine. In Marc Greene's case, two discs herniated in his neck—in an area known as the cervical spine.

"Wear and tear on the spine over time caused Marc's disc to herniate or slip out of place," says Dr. Zonenshayn. "A predisposition to arthritis, improper posture or strain from physical activity probably contributed to the problem. Slipped discs can also be caused by sudden impact, or repetitive misalignment, such as sitting improperly at a desk for prolonged periods of time."

To help prevent herniation, maintain good posture (head straight, shoulders back and relaxed) and always lift with the knees instead of the back. Building strong muscles in the neck, shoulders and back can also help reduce the amount of strain on the discs, making them less likely to wear down or move out of place.

Doctors at NYM offer a variety of treatment options for people who struggle with back pain, from conservative medication therapy and physical therapy to surgical interventions like the one that helped Marc. Call NYM's Back and Neck Pain Center at 718.369.BACK (718.369.2225) to schedule a consultation with an NYM back pain specialist.



TonsilTALK

A routine procedure, tonsillectomy can help more than recurring throat infections.

WHEN A CHILD develops frequent sore throats or is unable to get a restful night's sleep due to snoring or disordered, gasping breathing, his or her pediatrician may recommend a tonsillectomy—the procedure to remove tonsils, which are located in the throat.

“While sleep apnea typically requires a sleep study to determine the cause, the guidelines for tonsillectomies due to throat infections are very clear,” says **Richard Rosenfeld, M.D.**, of the Institute for Advanced Otolaryngology at New York Methodist Hospital and co-author of the current U.S. guidelines for tonsillectomy. “Tonsillectomy is considered if a child has seven or more throat infections during one year, five or more throat infections each year for two consecutive years, or three or more throat infections each year for three consecutive years.”

If parents have doubts about the procedure, pediatricians at NYM recommend waiting and reassessing the situation in three or six months.

“Particularly in the case of throat infections, waiting and observing your child before making a decision is an option,” Dr. Rosenfeld says. “It’s almost never a procedure that must be done, but it can provide great relief to a child with recurring infections or sleep disordered breathing.”

REDUCING INFECTIONS

Throat infections like strep throat or tonsillitis are typically accompanied by symptoms such as sore throat and difficult or painful swallowing.

“If kids have frequent cases of strep throat, chances are that they’re missing a lot of school—and parents usually want to avoid that,” Dr. Rosenfeld says. “Removing the tonsils of children who experience recurrent throat infection also reduces the need for antibiotics.”

A BETTER NIGHT'S SLEEP FOR ALL

“I have some parents who come in and say that they feel as though they’re living with a drunken sailor because their three-year-old snores so loudly,” says **Joshua Silverman, M.D.**, specialist in pediatric otolaryngology at NYM. “This is a warning sign of sleep apnea.”

With sleep apnea in children, pauses in breathing and audible gasps for breath are typically heard along with snoring. Patients with these types of symptoms are the ones in which tonsillectomy is considered.

Besides the immediate breathing issues, pediatric sleep apnea can lead to other health concerns, including a slow growth rate.

"Kids who have sleep apnea may experience growth delays because they use up all of their calories trying to breathe at night," Dr. Rosenfeld says. "Children with sleep apnea are often small for their age and thin because their bodies don't have enough energy to support growth. But after we remove the tonsils, we'll often see a growth spurt because they're no longer fighting for breath at night."

Sleep apnea also contributes to a lack of focus in school, and in many children, a lack of rest can manifest itself in overly active behavior, which may be mischaracterized as attention-deficit hyperactivity disorder.

"If parents have any concerns about nighttime breathing, or infections that lead to repeat antibiotic use, we recommend that they speak with their pediatrician," Dr. Silverman says.



PREPARING FOR A TONSILLECTOMY

Even routine procedures like tonsillectomies can be daunting for parents and kids, but there are ways to help ease anxiety.

"Some parents choose to prepare the child for the day ahead of time by taking a tour of the hospital or reading children's books about tonsillectomies, or they decide to act like the surgery is a matter of course. It depends on the child and how they react," Dr. Silverman says. "There is no wrong choice—parents will know how to best handle this for their child."

While the surgery itself usually takes between 30 and 45 minutes, including administering anesthesia, the day can be a long one for both parent and child. Children are typically monitored for three to four hours following the procedure to make sure that they have no issues with breathing or bleeding, and that they are drinking without issues. If a child had a tonsillectomy due to pediatric sleep apnea, he or she may stay in the hospital for a night or two to ensure that nighttime breathing has adjusted appropriately.

"If kids stay hydrated and get back into eating a soft diet within a couple of days, they bounce back pretty quickly," Dr. Rosenfeld says. "It takes less than a week for most kids to be back to their old selves."

Meet the Body's

When it comes to the
body's metabolism,
the thyroid gland runs
the show.

ENERGY EXECUTIVE



THE THYROID IS a small, butterfly-shaped organ that plays a big role in the body's everyday function. From its location in the base of the neck, the thyroid gland uses iodine to make thyroid hormones—substances the body absorbs into its tissues to control temperature, regulate energy use and help organs function properly. If the thyroid over-produces or under-produces hormones or develops an abnormal growth, the consequences for health and quality of life can be significant.

Thyroid disease—an umbrella term encompassing hypothyroidism (too little thyroid hormone), hyperthyroidism (too much thyroid hormone), and benign and malignant thyroid nodules (cysts or tumors on the thyroid)—is quite common. Experts estimate that 20 million Americans have a thyroid condition, but only 40 percent are aware of it because thyroid disease symptoms vary and can be nonspecific. Women are as much as eight times more likely to develop thyroid disease than men, possibly because the autoimmune conditions that typically lead to thyroid disease are more common in women.

However, the story of thyroid disease includes several silver linings. Improved blood laboratory tests allow doctors to diagnose more cases of thyroid disease than ever before, as well as to make more nuanced treatment decisions than in the past. Widespread use of imaging in modern medicine means more thyroid nodules are found during an early stage. Most cases of thyroid disease are treatable, and patients are able to enjoy normal lives.

Here is what you should know about hypothyroidism, hyperthyroidism and nodules.

TOO MUCH OF A GOOD THING

Hyperthyroidism is a condition in which the thyroid produces excess thyroid hormones. Most cases of overactive thyroid are the fault of an autoimmune disorder—Graves' disease. Graves' disease causes the immune system to bolster the gland so that it grows and makes more thyroid hormone than is needed. With thyroid hormones to spare, the body's metabolism kicks into high gear.

"People with overactive thyroid can be so hypermetabolic that they lose sleep, feel anxious, have a rapid heartbeat, sweat inordinately, have unexplained weight loss, develop brittle hair and bulging eyes, experience muscle weakness, and find concentrating difficult," says **Edmund Giegerich, M.D.**, chief of endocrinology and vice chairman of medicine at New York Methodist Hospital. "It takes time to bring their hormone levels back into balance, but when we do, they're very grateful because the symptoms are so disruptive."

Doctors may recommend one of three options to treat hyperthyroidism, based on the type and severity of the disease and patients' age and health. Antithyroid drugs, which curtail the production of thyroid hormones, send the disease into remission and cure hyperthyroidism in approximately 40 percent of patients with Graves' disease, according to Dr. Giegerich. For the other 60 percent of patients, targeting the thyroid with radioactive iodine or removing most of the thyroid via surgery may be more appropriate.

"Oral radioactive iodine therapy is a safe, well-accepted treatment that carries no increased risk of congenital abnormalities or cancer," Dr. Giegerich says. "It's possible for radioactivity to reduce thyroid function so much that the gland becomes underactive, or hypothyroid, but we can treat this problem with thyroid hormone replacement therapy."

Surgery to remove most of the thyroid is called thyroidectomy. The goal for surgery is to remove as much of the thyroid as necessary so that it produces a normal amount of hormones or becomes hypoactive. Several important structures, including the vocal cord nerves and the parathyroid glands, reside near the thyroid, so it's important to seek out an experienced head and neck surgeon to perform the procedure.

HORMONE HELP WANTED

Hypothyroidism—also known as underactive thyroid—occurs when the thyroid doesn't produce enough hormones.

THYROID HORMONE REPLACEMENT

Scratch the surface of the thyroid hormone replacement therapy topic and you will find information debating the merits of synthetic thyroxine versus "natural" thyroxine, which is desiccated thyroid replacement medication processed from livestock, typically pigs. For endocrinologists, there is no debate: Synthetic is the way to go.

"'Natural' thyroxine isn't truly natural for humans because it's extracted from animals," says Dr. Giegerich. "This type of thyroxine doesn't have the purity of the pharmaceutical kind. What's more, natural thyroxine possesses no proven benefits, and it may cause adverse effects in some patients. Patients should be skeptical about information they find about natural thyroxine that's not based in accepted science."

Several factors can cause this condition, including viral infections, pregnancy-induced thyroid underactivity, thyroid surgery and radioactive iodine treatment for hyperthyroidism. The most common cause of hypothyroidism is Hashimoto's thyroiditis, an autoimmune disease in which the immune system attacks the thyroid. It can be difficult to diagnose based on symptoms alone because the signs are common, everyday health complaints.

"If I asked a roomful of people how many are dealing with weight gain, dry skin, fatigue or constipation, it's likely that half would raise their hands, but



that doesn't mean that they have thyroid disease," Dr. Geigerich says. "In addition to these symptoms, if hypothyroidism is severe, individuals may notice that their ability to think is affected—their mind doesn't feel quite as sharp as usual—and their job or school performance may suffer."

Assessing symptoms is an important part of the diagnosis. To determine whether the thyroid is underactive or overactive, doctors typically order lab tests to measure the amounts of the thyroxine (hormone produced by the thyroid) and thyroid stimulating hormone (produced by the pituitary gland) in the blood.

If tests reveal thyroxine deficiency, the solution is straightforward—a daily dose of thyroxine in pill form. This treatment, called thyroid hormone replacement therapy, supplements or replaces the body's natural production of thyroxine. The treatment usually requires frequent laboratory blood tests in the beginning to establish the appropriate amount of thyroid replacement drug for each patient and periodic blood work following that to ensure that thyroid levels remain stable.

TEMPORARY UPS OR DOWNS

A variety of factors can cause the thyroid gland to become temporarily overactive or underactive. A common one is inflammation of the thyroid, known as thyroiditis. Others include imaging exams or procedures that involve

iodine-rich contrast, as well as certain arrhythmia medications that contain high levels of iodine.

LUMPS, BUMPS AND CANCER

By age 40 to 45, about half of Americans have a thyroid nodule(s)—an area of the thyroid that appears different than surrounding tissue in imaging tests. The lesions are discrete but can occupy large portions of the gland. When the whole thyroid is enlarged, it's known as a goiter, an abnormality that may also occur with both underactive and overactive thyroids. Why nodules form isn't often clear, but experts know that Hashimoto's thyroiditis and iodine deficiency raise the risk.

Nodule symptoms may be nonexistent or so slight they go unnoticed, but signs can include the feeling of a lump in the neck, difficulty breathing or swallowing, and hoarseness or changes in the voice. Without symptoms to prompt a doctor's visit, most nodules go unnoticed until the growths show up during unrelated imaging tests, like an ultrasound exam to check for carotid artery stenosis. The best way to see a thyroid nodule is with an ultrasound image.

"There are different types of nodules," says **Leyda Callejas, M.D.**, endocrinologist at NYM. "Eighty-five to 95 percent of them are benign. They can be solid or, at times, fluid-filled cysts, and can range in size from a few

millimeters to various centimeters. If, during an ultrasound, we see fluid-filled cysts that are compressing the airway, we may remove the fluid. Solid lesions, especially those that are irregularly shaped or have small calcium deposits, are the ones that can potentially harbor abnormal, malignant cells. We may wish to biopsy solid nodules if they're suspicious for cancer."

Ultrasound-guided thyroid nodule biopsy is an outpatient procedure that requires local anesthesia. The doctor inserts a thin needle into the nodule three to five times to take tissue samples. No stitches are needed, and patients can go about their day as soon as the biopsy is completed.

In most cases, biopsy results reveal no traces of cancer, but in a few instances, malignancy is present or the test is inconclusive (meaning abnormal cells are seen but cannot be identified as cancer). When cancer cells are detected or the biopsy is inconclusive, surgery may be recommended.

Thyroid cancer diagnoses have been on the rise in the United States in recent years, largely due to improved methods of detection. There are four types of thyroid cancer—papillary, follicular, medullary and anaplastic cancer. Papillary carcinoma, which accounts for about 80 percent of thyroid oncology cases, grows slowly and is highly treatable.



Follicular carcinoma is the second most common type, accounting for approximately one in ten cases of thyroid cancer. It also has a high survival rate. Medullary and anaplastic carcinomas collectively encompass about six percent of thyroid cancers, and both are more aggressive forms of the disease.

"The first step in thyroid cancer treatment is usually surgical removal of half or all of the thyroid, depending on the presence and location of other potentially malignant nodules," Dr. Callejas says. "Thyroidectomy does not require a lot of recovery time in the hospital. Most patients go home after a day or two."

Individuals who must have their entire thyroid removed—and sometimes, even those who have only a portion of it taken out—follow lifelong thyroid hormone replacement therapy for hypothyroidism. Certain patients also may need radioactive iodine treatment, radiation therapy or oral chemotherapy.

The good news is that this is a hopeful time for thyroid cancer treatment.

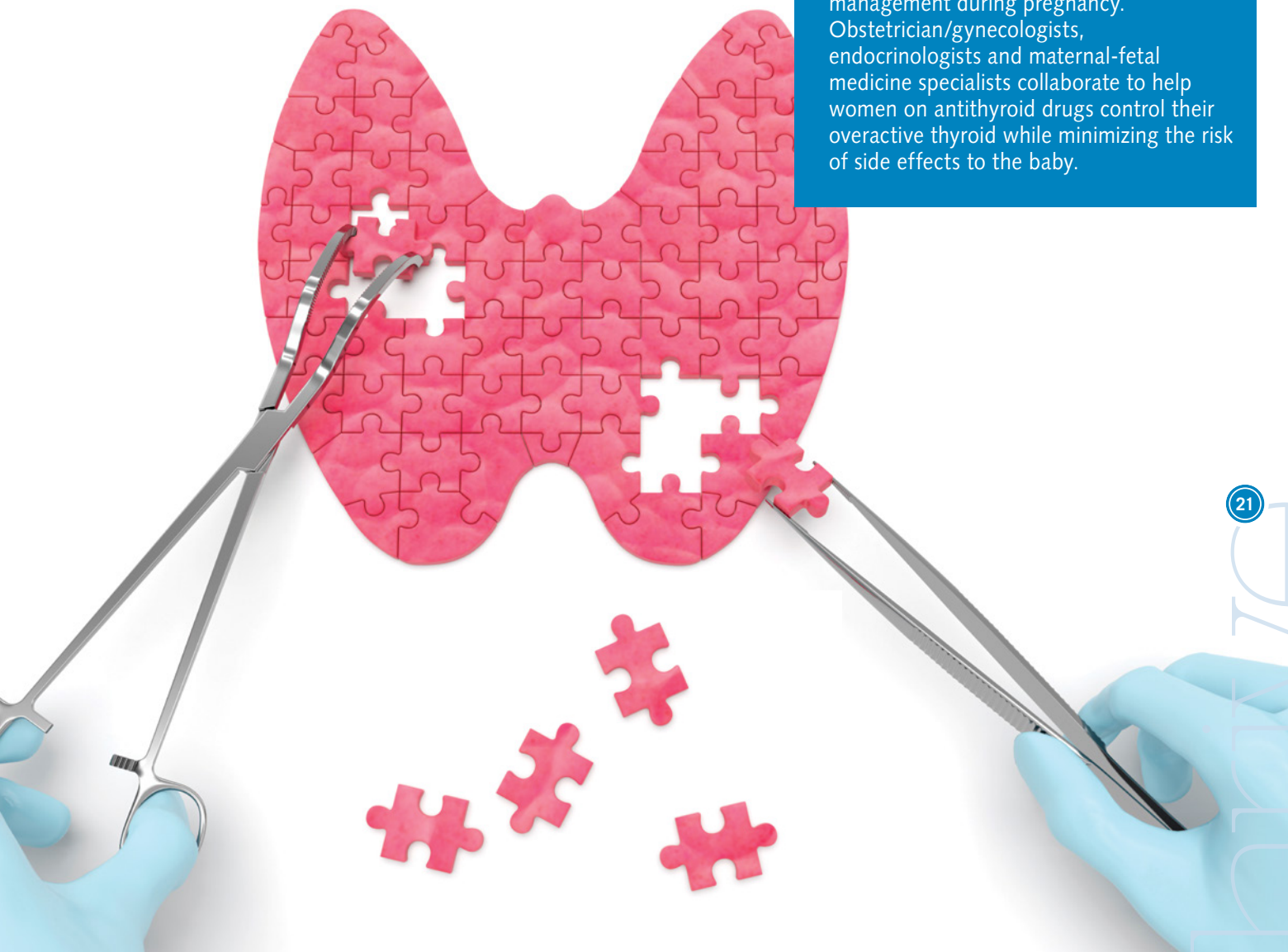
"During the past five years, new medications have been approved to treat thyroid cancer," Dr. Callejas says. "Research breakthroughs are helping us better understand the genetic underpinnings of the disease, and genetic testing is helping guide our treatment decisions. We're also treating thyroid cancer earlier than in the past, which is why the disease has an even better prognosis than it did previously."

THYROID DISEASE AND PREGNANCY

Women who have hypothyroidism and plan to become pregnant should speak with their obstetrician/gynecologist before conceiving to ensure that they properly manage the condition before, during and after pregnancy, as it can cause problems for mother and child.

"We want hypothyroidism to be well-managed before conception," Dr. Giegerich says. "The thyroid hormone replacement dosage typically needs to increase by 30 to 40 percent during the course of pregnancy. New and expectant mothers need to be monitored through the postpartum period to ensure that their thyroxine dosage is adequate. Thyroxine is safe to take during pregnancy and while breastfeeding."

Hyperthyroidism also requires careful management during pregnancy. Obstetrician/gynecologists, endocrinologists and maternal-fetal medicine specialists collaborate to help women on antithyroid drugs control their overactive thyroid while minimizing the risk of side effects to the baby.



Smoothies:

TO BLEND OR NOT TO BLEND?

Smoothies and freshly pressed juices are popular, but is there nutritional fire behind all the smoke?

THE IDEA THAT all necessary nutrients can be jam-packed into one convenient food form may be appealing, but whether it is healthy or not is another matter.

"Blending food into liquid is not a new idea," says **Emil Baccash, M.D.**, an internal medicine and geriatrics doctor at New York Methodist Hospital. "It allows you to consume foods that are high in fiber and nutrients or foods that you might not normally eat in a more convenient form."

Dr. Baccash stresses, however, that drinking a smoothie is not the same as juicing, which does not use the whole fruit or vegetable and therefore does not have the benefits of fiber or all the nutrients.

"Smoothies are a better option than juice, though you don't want to overdo it," Dr. Baccash says. "If your smoothies are calorically dense, you could gain weight from them, even if they're filled with healthy foods that provide a lot of nutrients."

BLEND AT HOME

Smoothies from fast-food eateries are typically filled with added sugar, which won't help anyone become healthier in the long run.

Blending smoothies at home allows for control of the ingredients and nutritional value.

"When it comes to vegetables for your smoothie, choose those that are leafy and dark in color because they tend to be the lowest in calories and the highest in nutrients," says **Mark Doublet, R.D., C.D.E.**, diabetes educator at NYM. "Limit the amount of each item you include to balance calories. If you want to increase the volume, one no-calorie option is to add a lot of ice."

REAP THE BENEFITS—IN MODERATION

Smoothies are great for people on the go who may not have time to prepare full meals in the mornings. They also work for picky eaters. If your kids normally won't eat vegetables or fruit, you can disguise them in a smoothie to help ensure that your children are still getting their recommended daily servings of these foods.

However, smoothies should not become a dietary staple. Studies have shown that consuming the same amount of food in a liquid form does not satisfy hunger in the same way that solid foods do.



STOP SUGAR SHOCK

You might think the fruit-packed smoothie you're enjoying each morning is healthier than drinking a cola, and you would be right, but if you blend two bananas into your smoothie, you're adding about 30 grams of sugar—roughly the same amount found in a 12-ounce soft drink. It's time to embrace low-sugar options.

Avocado provides potassium just like a banana, but it also adds fiber and healthy fat with far less sugar. Broccoli, spinach and kale are other options that contain little to no sugar. Cranberries, blackberries, raspberries, and strawberries contain some sugar, but much less than a banana, and when frozen, they make a terrific smoothie base.

If you still can't resist bananas, try adding a half of a banana instead of a whole one to keep sugar content from skyrocketing.



SPINACH PINEAPPLE SMOOTHIE

Try this tasty smoothie for an infusion of vegetables, fruit and dairy products.

Ingredients

- + ½ cup unsweetened almond milk
- + 1 cup baby spinach
- + ⅓ cup plain, nonfat Greek yogurt
- + ½ cup frozen pineapple
- + 1 tablespoon chia seeds

Directions

- 1 Blend almond milk and yogurt.
- 2 Add remaining ingredients and blend until smooth.

Nutrition Facts (per serving):

Servings: 1	Fiber: 4.8g
Calories: 155	Sodium: 172mg
Fat: 5.5g	Potassium: 593mg
Cholesterol: 5mg	
Carbohydrates: 21.7g	
Sugars: 14g	
Protein: 8g	

This recipe is recommended as part of a balanced diet by Mark Doublet, R.D., diabetes educator at NYM.



PEACHY GREEN SMOOTHIE

Looking for nutrition on the go? This smoothie is a powerhouse, packing potassium, calcium and more than a full day's worth of vitamins A and C.

Ingredients

- + 1 cup kale
- + 1 cup frozen sliced peaches
- + 1 cup unsweetened almond milk
- + 1 tablespoon lime juice
- + 1 cup ice

Directions

- 1 Place all the ingredients in a blender.
- 2 Blend until smooth.



Nutrition Facts (per serving):

Servings: 1	Protein: 6g
Calories: 143	Fiber: 5.9g
Fat: 3.6g	Sodium: 217mg
Cholesterol: 0mg	Potassium: 860mg
Carbohydrates: 29.1g	
Sugars: 10.1g	

This recipe is recommended as part of a balanced diet by Mark Doublet, R.D., diabetes educator at NYM.



"Digestion starts in the mouth," Mr. Doublet says. "When you chew, enzymes in your saliva allow your body to digest food and take in nutrients. Once you've turned something into a liquid, you've bypassed the first part of that process. Also, each part of the intestine absorbs different nutrients as food travels through it. When all of your nutrients are in liquid form, your body absorbs all of them at once and may not get the benefits because it may not know what to do with them."

Like many foods and beverages, smoothies are best utilized as an occasional option rather than something that makes up the majority of a diet. Use them as on-the-go foods to boost nutrient intake.

Maintaining Balance



Firm footing is essential for independence later in life.

AS PEOPLE AGE, a variety of factors make falling more of a possibility. Certain medications can cause dizziness and affect balance. Changes in eyesight may make seeing hazardous objects more difficult and weakened bones may not support the body up as strongly as they once did.

A significant number of older adults—one in three people over the age of 65—are at risk for falling and may experience serious injuries as a result. When physical injuries occur from a fall, some adults may begin to avoid exercise and other activities like walking up or down stairs. As a result, muscles may begin to deteriorate, balance may further decrease and the risk of a second fall becomes greater.

BEYOND THE FALL

Seniors who fall may suffer bruises and broken bones, but they are also susceptible to brain injuries, which are particularly dangerous for people who take certain medications, especially blood thinners. If the head strikes a hard surface during a fall, internal bleeding in the brain may occur, causing a variety of complications that can include concussion, memory impairment, numbness, paralysis and vision loss.

"Seeking professional care promptly is critical after a fall, especially for someone who has a possible head injury," says **Anna Gorelik, M.D.**, a specialist in geriatric medicine at New York Methodist Hospital. "But the ideal response is to take smart, mindful steps to prevent falls from occurring in the first place."

KNOW THE RISKS, TAKE PRECAUTIONS

Recognizing trip hazards is the first step in decreasing the incidence of falls.

"Several key factors must be present to help people maintain balance when standing or walking, and many of these factors are compromised as people age and develop certain health conditions," says **Daryl Victor, M.D.**, neurologist and co-director of the NYM Center for Parkinson's Disease and Other Movement Disorders. "For instance, if you do not have normal sensation in the feet or if you have been impacted by conditions such as Parkinson's disease, falling is more likely." A doctor can evaluate individual fall risks.

"Visit your doctor for a thorough medical history, physical exam, cognitive and functional assessment, and review of medications," Dr. Gorelik says. "Multidisciplinary and

WHAT DO SHOES HAVE TO DO WITH IT?

Improperly fitting footwear is a trip hazard to people of all ages; so if a shoe doesn't fit well, don't wear it. Wearing high heels, ill-fitting shoes or a pair of loose flip-flops increases the odds of losing footing and falling. When shopping for shoes, choose a pair that fits snugly but comfortably without pinching. Avoid heels higher than 2 ¼ inches and practice walking in each pair of shoes before making a purchase. They should immediately feel comfortable when you try them on.

“Medications and/or devices may effectively improve your balance, confidence and independence. Do not be afraid to communicate a fear of falling with your loved ones and doctors.”

—DARYL VICTOR, M.D.

multifactorial health and environmental risk-factor screenings could also be helpful.”

Other recommendations include having vision checked regularly and staying physically active by practicing balance-promoting forms of exercise, including tai chi and yoga.

“Medications and/or devices may effectively improve your balance, confidence and independence,” Dr. Victor says. “Do not be afraid to communicate a fear of falling with your loved ones and doctors.”

IN THE EVENT OF A FALL

If a fall occurs, remain calm and assess injuries. Call 911 or promptly visit a doctor or the Emergency Room if signs of a bone fracture (bone protruding from the skin, inability to move normally, or pain that worsens with pressure or movement), or concussion symptoms (confusion, nausea and vomiting) are present following a fall.

“After a fall, any change in behavior or mental status is a red flag that a patient may have a traumatic brain injury like a concussion or cerebral hemorrhage,” Dr. Victor says. “Healthcare professionals at the Hospital Emergency Room can perform imaging tests to identify any injuries that must be addressed immediately.”

CREATE A SAFE SPACE AT HOME

Making a few simple changes at home can dramatically reduce the risk of falls.

“You don't have to pay a significant amount of money to make your home safer,” says **Jeffrey P. Rosenfeld, Ph.D.**, environmental gerontology expert and fall prevention consultant with Senior Umbrella Network of Brooklyn, who is working jointly on research projects with doctors at NYM. “Sometimes a \$15 investment is all you need to update your space.”

Dr. Rosenfeld offers the following tips for “fall-proofing” a home:

- ❑ Place nightlights in the bedroom, hallway and bathroom.
- ❑ Keep a small flashlight near the bed in case additional light is needed during a nighttime trip to the bathroom.
- ❑ Secure scatter rugs to the floor using double-sided carpet tape.
- ❑ Use a grabber to avoid climbing in a closet to retrieve light items that are out of reach.
- ❑ Install grab-bars in the bathtub or shower.
- ❑ Place spare toilet paper in a convenient spot near the commode.
- ❑ Wear house shoes or sticky-sole, nonskid booties instead of socks around the house.

Another key recommendation is to avoid storing heavy items overhead in closets and pantries.

“I learned this lesson the hard way when a mirror fell on my toe at home,” Dr. Rosenfeld says. “I endured a painful injury, and it sensitized me to the fact that cans of food and suitcases stored on high shelves can be just as hazardous as slippery floors.”

"There are few moments of clarity more profound than those that follow the emptying of an overcharged bladder."

—Tom Holt, author of *The Portable Door*

Getting a Handle ON BPH

WITH THE RIGHT diagnosis, men who struggle with that "gotta-go" feeling, strain when they try to urinate or feel embarrassed by urine leaks may be able to reclaim that feeling of clarity. A common condition called benign prostatic hyperplasia (BPH) is often to blame for problems with urination, especially in men who are over 60.

"BPH occurs when the prostate becomes too large and puts pressure on the bladder," says **Edward Zoltan, M.D.**, director of voiding dysfunction at New York Methodist Hospital. "The prostate goes through two growth phases—one during puberty, when the prostate doubles in size, and a second that starts around age 25 and continues for the rest of a man's life. Sometimes, the prostate grows too quickly or too much, leading to BPH."

IS IT BPH?

Common signs of BPH include an inability to urinate, an interrupted or weak stream during bladder voiding, trouble emptying the bladder completely, and leakage.

"There are many reasons men might experience trouble urinating, including the use of some medications," Dr. Zoltan says. "We test blood and urine to rule out cancer, perform a physical examination of the prostate, and use ultrasound and other imaging techniques. Urodynamic testing, for example, lets us see how well the muscles and sphincter of the bladder are working, and a thorough patient history allows us to rule out other problems."

OFFERING RELIEF

Lifestyle changes like drinking less before bed can sometimes help alleviate symptoms. For some, targeted muscle training that strengthens the pelvic floor helps with holding urine longer and improves bladder release.

"Benign prostatic hyperplasia [BPH] is not a problem that you have to live with. Conservative and minimally invasive treatment options can bring you relief."

—EDWARD ZOLTAN, M.D.

When lifestyle changes and rehabilitation are not enough, three different types of medications are available to help. Two of these, alpha blockers and phosphodiesterase type 5 inhibitors, work by causing the muscles around the prostate and bladder to relax, making it easier for the bladder to empty. Another class of medications called 5-alpha reductase inhibitors can shrink the prostate and thus improve the flow of urine.

If medication and lifestyle changes do not control BPH symptoms, minimally invasive procedures may be utilized to shrink or remove part or all of the prostate gland.

"At NYM, we offer an advanced option for removing the prostate using high-powered laser therapies," Dr. Zoltan says. "The laser vaporizes the prostate. This is an extremely effective treatment option for many patients whose BPH symptoms are not relieved by other methods. The bottom line is that BPH is not a problem that you have to live with. Conservative and minimally invasive treatment options can bring you relief."

GIVING BACK:

Mind and Body Benefits

THANK YOU,
BROOKLYN!

IN 2015,
**VOLUNTEERS AT
NYM GAVE
103,718 HOURS**
TO THE HOSPITAL
AND PATIENTS.

By volunteering their time and service, people can increase their own well-being.

VOLUNTEERS OFTEN DECIDE to give their time and talents because they want to make difference in the lives of others. What they may not realize is the difference it will make in their own lives. The act of volunteering can provide the chance to gain a sense of purpose, exercise compassion, and create a win-win situation for both the organization reaping the benefits and the individuals who volunteer.

"The benefit to organizations is huge," says **Wendy Froede**, director of educational and volunteer resources at New York Methodist Hospital. "Volunteers at NYM bring their unique talents to the Hospital in a variety of capacities. Patient care volunteers comfort patients and bring food and water to them. Other volunteers provide language translation, bring therapy dogs to cheer up patients, serve as Hospital ambassadors to help Hospital visitors find facilities or services, entertain patients with music, assist Hospital staff members and much more. We are fortunate to have such a diverse group of volunteers at NYM."

AWAKENING PURPOSE

Studies have shown there are also great benefits for the volunteers, including expanded social circles and increased physical activity. Giving as few as 100 cumulative hours of volunteer time can help improve mental and chronic illnesses like depression and hypertension.

"Volunteers have a chance to fulfill a much needed role and engage in community," Ms. Froede says. "Volunteers' experiences and skills are put to use in meaningful ways."

The age range for volunteers at NYM spans 74 years—from as young as 16 years of age to as mature as 90. "It's inspiring to think that a volunteer's presence can brighten someone's day—age is not a limiting factor," Ms. Froede says. Although all ages benefit from volunteering, the benefits seem to increase at around age 50.

However, paybacks for younger participants also include exploring career options, bolstering resumes, and widening social circles and influence as well as establishing a pattern that often carries over into adulthood. "I recently talked with a high school student who spoke about how volunteering sharpened his communication skills and showed him the power of presence," Ms. Froede says. She recommends exploring volunteerism as it applies to personal boundaries or preferences.

"Volunteering has changed from the days of the candy striper," Ms. Froede says. "At NYM, we match professional skills to specific job tasks. We have volunteer roles for college students pursuing health-related degrees as well as for retirees who may have worked previously as business executives, teachers or health analysts. These volunteers can help patients make sense of medical data or better grasp how their chronic conditions may affect other aspects of their health."

More than 1,000 volunteers come through the NYM volunteer office annually.

To explore ways to get involved at NYM, visit www.nym.org, click the "About Us" tab and then click the "Volunteer" tab to find the "How to Apply" link.

Therapy dog Hudson and his owner, Concetta Fenicchia, with NYM resident pediatrician **Samuel Leung, M.D.**, and a young patient in the Hospital's pediatric unit.



VOLUNTEERING AT A GLANCE

The complete volunteer program list—located at www.nym.org under the "About Us Volunteer" tab—covers a variety of skill sets and service areas, including:

- Patient care
- Hospital ambassador
- Language ambassador program
- Critical Care Connection
- Pet therapy
- Reach Out and Read program
- Surgical waiting room liaison
- Cuddler program
- Pharmacy
- Physical therapy
- Food and nutrition
- Junior Volunteer program
- Patient library
- Summer college intensive program
- Peds Pals Program

PHYSICIAN REFERRAL//718.499.CARE

Q&A

Healing Hands



SMRUTI MOHANTY, M.D.

SMRUTI MOHANTY, M.D., CHIEF OF GASTROENTEROLOGY AND HEPATOBILIAR DISEASE AT NEW YORK METHODIST HOSPITAL, TALKS ABOUT THE WORK THAT HE LOVES.

- | | |
|--|--|
| <p>Q What motivated you to become a doctor?</p> <p>A When I was in high school, my mother became very ill with stomach cancer. The disease ended up taking her life, and I struggled with losing her. I went into medicine to help other families and also to realize my father's dream to have a doctor in the family.</p> | <p>Q What is the most rewarding aspect of working at NYM?</p> <p>A I came here from Chicago with a keen interest in further developing my experience as a liver specialist. I have had the opportunity to address a broad spectrum of liver conditions and partner with premier specialists with leading programs at the NewYork-Presbyterian Weill Cornell Medical Center to prepare patients for liver transplants and provide them with valuable postoperative resources.</p> |
| <p>Q Why did gastroenterology appeal to you?</p> <p>A Gastroenterological complaints and hepatobiliary conditions like liver disease are very common. So, in school I dedicated my master's thesis to the study of alcohol consumption in various ethnic groups and the impact on physical health. That was a first step toward the pursuit of my specialty.</p> | <p>Q What do you enjoy most about Brooklyn?</p> <p>A Brooklyn has a fascinating population—every ethnic group is here. The people are diverse, unique and very straightforward. They don't sugarcoat things, but at the same time, they are very approachable and willing to help one another. Brooklyn is a true community.</p> |
| <p>Q What area of gastroenterology interests you the most?</p> <p>A I'm fascinated by liver disease, and about 90 percent of the work I do in my practice is focused on conditions that involve the liver, which is a subspecialty of gastroenterology. Clinical care and research related to liver disease and transplant surgeries are two of my main focus areas. In my practice, about 15 to 20 percent of my patients have liver disease resulting from alcohol consumption, and I have a team of nurses, nurse practitioners and social workers on staff to guide individuals and families through long-term recovery and rehabilitation programs.</p> | <p>Q What do you enjoy when you're not working?</p> <p>A I enjoy spending time with my wife, Aprajita, and our son, Ishaan, who is seven years old. We soak up every minute with him, playing soccer, basketball and reading—he is a brilliant reader. I have to look things up in the dictionary when we are reading together. He is hungry for knowledge.</p> |

The ABCs of Hepatitis

HEPATITIS MAY LEAD TO A WIDE SPECTRUM OF SERIOUS CONDITIONS, INCLUDING CIRRHOSIS (A CONDITION THAT SCARS THE LIVER TISSUE), FATIGUE AND SOMETIMES LIVER CANCER.

ALL STRAINS OF the hepatitis virus may be dangerous when not properly identified and treated, says **Smruti Mohanty, M.D.**, chief of gastroenterology and hepatobiliary disease at New York Methodist Hospital. Test your knowledge about different forms of hepatitis by taking the quiz below.

1

Hepatitis never resolves on its own and always requires treatment.

- a. True
- b. False

Answer: b. False. Hepatitis A may resolve completely over time. Hepatitis B may also go away without treatment, if it is acquired during adulthood. However, children with hepatitis B and adults with hepatitis C should be tested and treated by a healthcare professional to prevent damaging or debilitating side effects that can include fatigue or serious forms of liver disease.

2

What symptoms are associated with acute infection caused by hepatitis?

- a. Fatigue
- b. Jaundice
- c. Pain in the joints
- d. All of the above

Answer: d. All of the above. All of these warning signs may indicate cases of hepatitis A, B or C. Consulting a doctor as soon as any of these symptoms manifests is critical, as many cases of hepatitis may be successfully treated.

“Hepatitis A is easy to deal with and responds well to antiviral medications,” Dr. Mohanty says. “We can also essentially cure most cases of hepatitis B and C with the latest medications so that patients may avoid the need for liver transplants.”

3

Hepatitis C is the only form of the condition that is transferred through sexual contact.

- a. True
- b. False

Answer: b. False. Individuals may get hepatitis A, B or C as a result of sexual intercourse, although hepatitis A is more often spread by eating or drinking contaminated food.

“Still, it’s important to remember that individuals who engage in unprotected sex are at risk of developing all forms of hepatitis,” Dr. Mohanty says. “The best way to reduce the likelihood of developing hepatitis A, B or C is to avoid unprotected sex. Hepatitis can also be spread through sharing injection needles or razors. There are vaccinations available for hepatitis A and B.”

4

How long does it take for hepatitis C to show up in patients who have been exposed to the virus?

- a. 14 days
- b. 40 days
- c. 180 days
- d. All of the above

Answer: d. All of the above. The incubation period for hepatitis C is between 14 and 180 days.

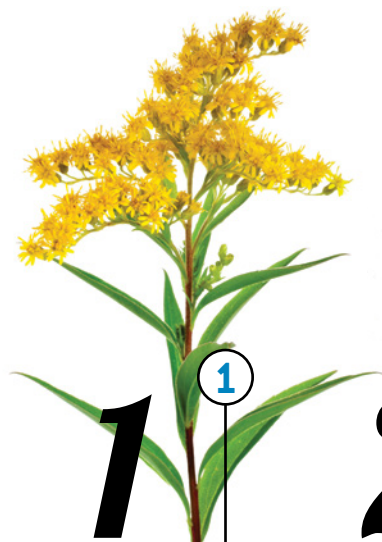
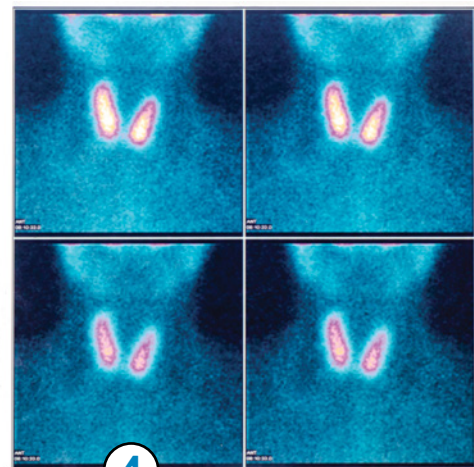
5

People with hepatitis C will always experience symptoms like abdominal pain, jaundice and nausea.

- a. True
- b. False

Answer: b. False. “People with hepatitis C may or may not experience symptoms or know they have the condition,” Dr. Mohanty says. “However, they can still transfer the virus. Anyone who has engaged in risky behaviors should speak with a doctor about hepatitis testing.”

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



1 GETTING A HANDLE ON ASTHMA

Asthma symptoms tend to worsen with exercise, cold or hot dry air, and springtime airborne allergens, placing asthma sufferers at risk of an asthma attack.

People with asthma should track when symptoms worsen and use a peak flow meter to measure the ease of oxygen flow into the lungs.

For patients whose asthma symptoms worsen with exercise or allergies, medications may help prevent symptoms and/or reduce the severity of an attack. What's more, warming up before exercising and participating in workouts that involve short, intermittent periods of movement can help reduce asthma symptoms or the risk of an asthma attack. *Discover more about allergy- and exercise-related asthma on page 8.*

2 THE WORD ON CONTRACEPTION

Birth control options have come a long way since the U.S. Food and Drug Administration first approved birth control pills more than 50 years ago. Choices include barrier methods like condoms and diaphragms to intrauterine devices, hormone-releasing implants, quarterly hormone injections and birth control pills.

Emergency contraception is available to women in pill form to help prevent pregnancy if they've had unprotected sex or failed contraceptive measure like a broken condom. For best results, emergency contraception should be taken within 24 to 72 hours of intercourse. *Read about all forms of contraception starting on page 10.*

3 TONSIL TALK

If a child has chronic throat infections like tonsillitis or strep throat or snores due to sleep apnea, a tonsillectomy may help.

Children with chronic throat infections tend to miss a lot of school and require multiple rounds of antibiotics—things most parents want to avoid. The cause of sleep apnea in children is often large tonsils. While a tonsillectomy is rarely a necessary procedure, it can provide relief from throat infections or breathing issues during sleep that manifest as sleep apnea.

A tonsillectomy can be frightening for children, so preparing them for it through activities like reading children's books about the procedure or touring the hospital can be helpful. *Find more information about tonsillectomy on page 16.*

4 THYROID DISORDERS

The butterfly-shaped thyroid gland is responsible for generating hormones that regulate body temperature, metabolism and some organ functions. Serious health issues can occur if the thyroid's hormone levels are imbalanced or a nodule or tumor develops on the gland.

Two common issues with the thyroid are *hypothyroidism*—the underproduction of thyroid hormone—and *hyperthyroidism*—the overproduction of thyroid hormone. Hypothyroidism is typically treated with a daily oral dose of thyroxine, while hyperthyroidism is treated either by anti-thyroid drugs or surgery to remove the thyroid, followed by hormone replacement. Thyroid cancer and large nodules are surgically removed, then the patient takes thyroid hormone replacement.

Turn to page 18 for additional details about thyroid disorders.

5 ON FIRM GROUND

As people age, they're at an increased risk of falling. In fact, one in three people over the age of 65 is at risk of falling and potentially sustaining serious injuries.

While bruises and broken bones are possible after suffering a fall, more severe traumas—such as brain injuries—are also a concern.

To reduce the risk of falling, use nightlights, secure rugs to the floor with double-sided carpet tape, install grab-bars in the bathtub and shower, and wear nonslip footwear.

If a fall occurs, stay calm and evaluate injuries. When there are signs of a broken bone or a concussion, it is important to immediately seek medical attention. *Read the full article about balance and aging on page 24.*

COMMUNITY FORUM

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

BETTER FOR BONES?

I ENJOYED THE ARTICLE ABOUT IMPROVING BONE STRENGTH THROUGH DIET ["HONE IN ON BONE HEALTH," PAGE 22, WINTER 2016 ISSUE]. AS SOMEONE WHO IS APPROACHING MENOPAUSE AND HAS A FAMILY HISTORY OF OSTEOPOROSIS, I ALWAYS HAVE MY RADAR ON FOR WAYS TO PREVENT BONE LOSS. IS HORMONE REPLACEMENT THERAPY IN ADDITION TO A HEALTHY DIET AND EXERCISE A GOOD CHOICE FOR PREVENTING OSTEOPOROSIS? I'VE SEEN MANY CONFLICTING MESSAGES.

DANA S.

A FUNKY FOOT

THE RECENT ARTICLE ABOUT FOOT PAIN WAS VERY GOOD ["YOUR BEST FOOT FORWARD," PAGE 24, WINTER 2016 ISSUE]. FOR YEARS, I LIVED WITH PAIN IN MY FOOT THAT I THOUGHT WAS CAUSED BY MY HIGH HEELS—UNTIL I SWITCHED TO FLAT SHOES AND STILL HAD THE PROBLEM. I DIDN'T THINK THAT TALKING WITH A DOCTOR ABOUT IT WOULD REALLY HELP, BUT WHEN I FINALLY VISITED A PODIATRIST, HE DIAGNOSED ME WITH PLANTAR FASCIITIS. WITH TREATMENT AND SUPPORTIVE INSERTS, I FOUND RELIEF. THANKS FOR SPREADING THE MESSAGE THAT NO ONE SHOULD WAIT TO SEEK CARE FOR FOOT PAIN.

OLIVIA

One reason you may be hearing conflicting information is that there is no one right solution for every woman. HRT risks and benefits vary based on each woman's individual health and medical history. Talk with your doctor to explore whether HRT could benefit you.

HURRAH FOR DR. TRANBAUGH

I WAS GLAD TO READ IN *THRIVE* THAT DR. ROBERT TRANBAUGH [M.D.] HAS JOINED THE NYM TEAM. HE WILL BE A GREAT ASSET TO AN ALREADY FINE MEDICAL FACILITY.

ERIC WOLLMAN, ESQ.
BROOKLYN, N.Y.

New York Methodist Hospital Community Engagement

May, June, July, August 2016

Alzheimer's Disease Wellness Support Group*

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

Fri., May 27, June 24, July 22, August 26, 1 p.m.–3 p.m.
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
To register (required),
call 718.246.8590.

Alzheimer's Disease Care 4 Caretakers*

For caretakers of patients experiencing cognitive deficits/memory loss.

Mon., June 20, July 11, August 8, 5 p.m.–7 p.m.
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
To register (required),
call 718.246.8590.

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

Bereavement Support Group

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

Brain Aneurysm Support Group

Sat., June 4, August 6, 9 a.m.–11 a.m.
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
For additional information, call 718.246.8610.

Breastfeeding Support Group

For mothers and their babies from birth to three months old.
Every Tuesday, 2:30 p.m.–3:30 p.m.
Wesley House Room 3K-C,
501 Sixth Street
Walk-ins welcome. No appointment necessary.
For more information, call 718.780.5078.

Cancer Support Group

For individuals diagnosed with cancer and those dealing with a loved one's cancer.

Thurs., June 2, July 7, August 4, 3 p.m.–4:30 p.m.
Wesley House Room 6A,
501 Sixth Street
To register (required), call 718.780.3593.

Caregivers Support Group

Led by a licensed social worker, this group is intended to provide support for family members and friends caring for an older adult.

Wed., June 8, July 13, August 10, 3 p.m.–5 p.m.
Wesley House Room 6A/6B,
501 Sixth Street
To register, call 718.780.5367.

Diabetes Support Group

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

Look Good ... Feel Better®

Helping women with cancer feel beautiful inside and out.

Thurs., May 19, July 21, 2 p.m.–4 p.m.
Wesley House Room 6A,
501 Sixth Street
To register (required), call 718.780.3593.

Mind/Body Methods for Managing MS Stress

Group is free and open to anyone with an MS diagnosis.
Second Tuesday of every month, 7 p.m.–8:30 p.m.
Buckley Pavilion Room 820,
506 Sixth Street
Preregistration required. To register, call 1.800.344.4867 or visit msnyc.org.

SUPPORT GROUPS

Parkinson's Disease Support Group

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

Thurs., May 19; 2 p.m.–3:30 p.m.
Beginning in June: group meets monthly on third Wednesdays: June 15, July 20, August 17, 3–5 p.m.
For location and to register (required), call 646.704.1792.

Parkinson's Disease Caregivers Support Group

Open to people caring for loved ones with Parkinson's disease.

Mon., May 23, June 27, July 25, August 29, 2 p.m.–3:30 p.m.
For location and to register (required), call 646.704.1792.

Parkinson's Disease Wellness and Exercise Classes

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

Pulmonary Hypertension Support Group

Mon., July 11, 5 p.m.–7 p.m.
Wesley House Room 7A,
501 Sixth Street
To register (required), call 718.780.5614.

Surgical Weight Reduction Seminar/Support Group

A surgeon will lead this group. Open to pre- and post-operative patients.
Thurs., May 26, June 23, July 28, August 25, 6 p.m.–8 p.m.
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
For more information, call 718.780.3288.

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

SEVENTH HEAVEN STREET FAIR

NYM will offer free blood pressure, dental and podiatry screenings. Doctors and healthcare professionals will be available to answer questions on women's health, chronic disease and many other medical topics. Free health education and giveaways.

Sun., June 19, 11 a.m.–5 p.m.
Seventh Avenue between Sixth & Seventh Streets

For more information, call 718.780.5367.



COMMUNITY EVENTS

Stroke Alert Day

Free blood pressure screenings. Specialists from the Department of Neurosciences will be available to answer questions. Free educational materials and giveaways.

Wed., May 25
11:00 a.m.–2:00 p.m.
NYM Carrington Atrium Lobby
506 Sixth Street
For more information, call 718.780.5367.

Annual Perinatal Bereavement Memorial Service

Open to those who have suffered a perinatal loss.
Wed., June 1, 7 p.m.
506 Sixth Street
To register (required), call 718.780.3393 by May 25.

World Breastfeeding Day

Free educational materials and giveaways. An NYM lactation consultant will be available to answer questions.
Tue., August 2
11 a.m.–2 p.m.
NYM Carrington Atrium Lobby
506 Sixth Street
For more information, call 718.780.5367.