

thrive

SPRING/SUMMER 2015

**CALLING THE SHOTS:
VACCINES FOR SENIORS**

**HONE YOUR
SKILL AT THE GRILL**

OUTSMARTING STOMACH CANCER

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We Want to Hear from You

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



New York Methodist Hospital
506 Sixth Street, Brooklyn, NY 11215
718.780.3000

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THE RIGHT CHOICES

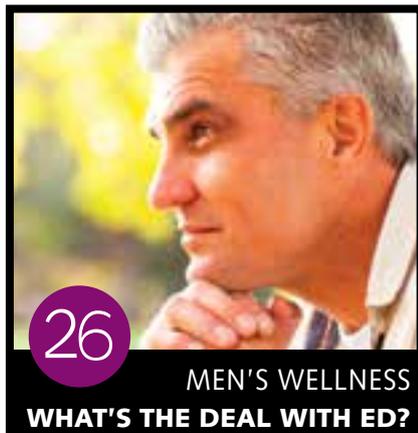
OUTSMARTING STOMACH CANCER

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PHOTO CREDIT: DAVID GROSSMAN

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Viewpoint

I HOPE ... THAT THE
SLOWER PACE OF
SUMMER WILL OFFER A
CHANCE TO RELAX AND
RENEW AND THAT THE
WARMER WEATHER
BRINGS WITH IT GOOD
HEALTH AND MUCH
HAPPINESS FOR ALL.



I AM WRITING this message for our Spring/Summer issue in early March. I am looking forward to leaving the house without having to layer myself in sweaters, scarfs, hat and coat very soon.

But, as we are reminded on the very next page, some protection against nature is also important in this season. Ticks, pollen, poison ivy—all of these can spoil the pleasure of the great outdoors—but luckily there are good ways to minimize or eliminate the dangers they pose.

During the spring and summer months, backyard barbecues are among my favorite ways to entertain friends and family. So the article about grilling safely on page 10 was relevant for me. This year, enjoyment of these gatherings will be enhanced with the knowledge that I can make sure the food I'm serving my loved ones is healthy as well as delicious!

As we all know, health care in America is changing rapidly. Still, I am convinced that nothing will ever substitute for the intimacy and confidence that is established in the ideal patient/doctor relationship. We are most likely to achieve healthy outcomes—and to feel better in every sense of the word—when we trust our doctors. And, even in these times when physicians have less time to devote to individual patient appointments, we can establish trusting relationships by planning and preparing for visits with our doctors. I hope you'll take the time to review the very useful tips about how to do this in the article on page 12.

I will close with the hope that we will have a sunny spring (maybe with just enough rain to let the flowers that grow in Brooklyn's gardens and window boxes blossom) and that the slower pace of summer will offer a chance to relax and renew. I hope that the warmer weather brings with it good health and much happiness for all.

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.

TICKS: TINY TERRORS

Ticks, members of the arachnid family, spread diseases to animals and humans through biting. "Some people think that ticks only exist in wooded environments, but they can thrive in tall grass and brushy areas—even leaf litter," says **Petros Efthimiou, M.D.**, rheumatologist at New York Methodist Hospital.

To prevent tick bites and the illnesses spread by them—like Lyme disease, which can affect the joints, heart and nervous system if untreated—NYM infectious disease specialists recommend taking the following measures when spending time in wooded or grassy spaces.

- + Use insect repellents containing 20 to 30 percent DEET on clothing and exposed skin except for the hands and face (Exception: Do not use DEET on children younger than two months old). Wash off repellent after returning indoors.
- + Wear light-colored clothing so ticks are visible if they climb onto you.
- + Check your children and pets for ticks every few hours while outdoors and when you return home. Use a hand mirror to check yourself. Look in hiding places like in and behind ears, in the navel, in the groin, in the crooks of elbows and knees, and under hair.

SEASONAL ALLERGY AMPLIFIERS

Seasonal allergies (also known as hay fever) are caused by plant pollens, which sometimes appear as powdery, yellow dust that is visible on outdoor surfaces in the spring. People breathe in the pollen particles, often stimulating an allergic reaction that can lead to headaches, sneezing, runny nose, itchy and watery eyes, and sometimes skin rashes.

If you have seasonal allergies, you could be making them worse without realizing it. These steps can help you avoid increasing an allergic reaction:

- + Take allergy medications in the morning before being exposed to pollen. Antihistamines, decongestants and corticosteroids are some examples of daily medications used to combat allergy symptoms.
- + Keep windows closed and, if possible, stay indoors when pollen counts are highest—typically between 10 a.m. and 3 p.m.
- + Shower and change clothes when returning home from being outside to wash away pollen trapped in hair and fabric.

"Many people with seasonal allergies think it's just something they have to deal with when that isn't the case," says **Todd Simon, M.D.**, internal medicine specialist at NYM. "Discuss allergies with your primary care doctor. There are a lot of options to help ease symptoms."

LEAVES OF THREE, LET IT BE

Poison ivy is a vine with distinctly shaped leaflets that grow in clusters of three. In Brooklyn, it can be spotted climbing tree trunks or other vertical structures or in wooded and grassy areas as ground cover. Urushiol, an oil contained within poison ivy's leaves and stems, is responsible for the rash that many people develop after touching the plant or plant residue.

"If you come into contact with poison ivy, it doesn't necessarily mean you will develop the rash, but shower with soap and water after exposure to increase the chances that you won't," says **David Frankel, M.D.**, dermatologist at NYM. "This can help remove urushiol from your skin and prevent it from spreading. Also, I recommend learning to recognize the plant, as this will help you avoid it."

If you develop a rash, ease the itching and blistering by taking lukewarm showers and applying hydrocortisone cream and/or calamine lotion to the affected area.

3,512

CONFIRMED **LYME DISEASE**
CASES IN **NEW YORK STATE**
IN 2013

85%

NUMBER OF PEOPLE WHOSE HAY
FEVER SYMPTOMS ARE **REDUCED**
BY ALLERGY SHOTS

20
million

ESTIMATED NUMBER OF
PEOPLE IN THE U.S.
WHO WILL CONTRACT A
POISON IVY RASH IN 2015

FIT TECH: THE FAST TRACK TO *Wellness*



Fitness trackers that combine wearable wristbands and smartphone applications are now a \$1.15 billion industry. Do these devices actually help you exercise more or eat healthier?

“For reaching specific exercise goals like time and distance, a fitness tracker is effective,” says **Matthew Wert, M.D.**, director of sports medicine at New York Methodist Hospital. “However, it can’t take into account the metabolism or pre-existing medical conditions of the person using it.”

The bottom line? Fitness trackers can be useful tools to help measure exercise efforts, but they don’t offer a total wellness solution. Healthcare professionals at NYM recommend consulting your doctor before making any major changes to your exercise routine or diet.

THE EYES HAVE IT

You know high blood pressure (hypertension) can be bad for your heart, but what about your eyes?

“Chronic hypertension increases your risk for glaucoma, the second-leading cause of blindness worldwide,” says **Robert Feig, M.D.**, ophthalmologist at NYM. “Over time, high blood pressure can damage the optic nerve, as well as blood vessels in the eye that properly adjust eye pressure. When these parts of the eye are less healthy, you are more susceptible to glaucoma.”

Ophthalmologists at NYM recommend reviewing your risk factors for glaucoma—including chronic hypertension, family history and race—with your ophthalmologist.



A PATIENT'S *Best Friend*

If you’ve ever had a furry, four-legged family member, you know the joy that a pet can bring to your life. Certified pet therapy teams work to encourage that same positive effect for patients at NYM.

Certified pet therapy dogs and their handlers from The Good Dog Foundation visit patients in the rehabilitation unit, geriatric and adult psychiatric units, pediatric and antepartum units, and the infusion center at the Hospital.

“Visits from trained therapy animals have been proven to reduce anxiety, blood pressure and stress levels in hospital patients,” says **Jessy Colah, M.D.**, chief of psychiatry at NYM. “For psychiatric patients, these therapeutic visits can help to make a difference in a wide range of treatment goals, from enriching self esteem to improving symptoms of post-traumatic stress disorder.”



HPV VACCINATIONS: NOT JUST FOR GIRLS

Boys and girls alike can benefit from human papillomavirus immunization, a vaccine (HPV) that can help prevent certain cancers. But according to research, girls have a head start on receiving this protection.

MOST COMMONLY NOTED for its protective power against cervical cancer, the HPV vaccine is often advertised as an option for young girls, but boys also benefit from this preventive immunization.

HPV, which is spread by skin-to-skin contact, causes genital warts and cancers of the mouth, throat, cervix, vulva, anus and penis, but the vaccine can prevent the development of these dangerous diseases.

The Centers for Disease Control and Prevention recommends giving the HPV vaccine to both boys and girls beginning at age 11 or 12.

"HPV vaccinations for girls became available in 2006, but the vaccines weren't available for boys until 2009," says **Leslie A. Hayes, M.D.**, chief of adolescent medicine in the department of pediatrics at New York Methodist Hospital. "So it comes as no surprise that there's a higher adoption rate of HPV immunization in girls, but the good news is boys can catch up. While age 11 to 12 is an ideal time for both boys and girls to receive this vaccine because it gives their bodies time to develop an immune response before they become sexually active, vaccines given through age 26 also offer protection."

DOs AND DON'Ts

DO have your child receive the full course of the vaccination, which is typically given in three separate doses over six months.

DON'T skip the vaccine for younger children. Preteens age 11 to 12 are the prime age to receive the shots, and it can be administered to children as young as age nine.

DO talk with your pediatrician's office about scheduling all three appointments for the HPV vaccination series for your child at once.

DON'T worry if your child has to miss an HPV vaccine appointment. Just reschedule the vaccination as soon as possible.

DO talk to your older children about getting the HPV vaccine. Females age 26 or younger and males age 21 or younger can catch up on the HPV vaccine, even if they're sexually active. The vaccine is also recommended for men ages 22 through 26 who have compromised immune systems or have sex with men.

DON'T forget the ultimate goal of scheduling a series of HPV vaccinations for your child—to protect against multiple forms of life-threatening cancer.



New York Methodist Hospital
will host its first annual

TIME TO THRIVE!

We invite you to join NYM
for an evening of women's health information
and screenings, pampering services, door prizes, goody
bags, wine tasting and healthy hors d'oeuvres.
Be healthy, be happy and have fun with us.

TUESDAY, JUNE 16, 2015
6:30-9:00 P.M.

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

Web: nym.org/ThriveEvent
Admission Fee: \$15 for single admission,
or 2 for \$20 (pre-payment required);
attendees must be 21 and over.

To register (required): visit nym.org/ThriveEvent
or call 855.NYM.WELL (696.9355).
Space is limited; first-come, first-served.



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Make the Most of Your Doctor's Appointments

Morrie's palms feel sweaty and his heart rate has kicked into high gear. Taking a deep breath, he nervously waits to be called back to see his doctor.



THE STRESS MORRIE feels as he waits for his appointment isn't unusual. Many people feel tension before their appointment or even delay seeing their doctors due to anxiety. For patients like Morrie, pre-appointment worries often stem from fear of the unknown. Becoming a prepared patient can relieve anxiety and make the most of the time you spend with your doctor. Try these strategies to get ready for your next appointment.

1 LIST IT. Prior to your visit, write down your personal and family medical history. If you're seeing your doctor because of a specific complaint, note when your symptoms started and what's been done to treat them. This helps save time and eases worries related to answering medical questions.

"Anticipating the questions your doctor will ask can alleviate anxiety," says **Emil Baccash, M.D.**, internist and geriatrician at New York Methodist Hospital. "A visit to any doctor's office will likely include questions about your current health concerns and medical history, a physical exam, and a discussion about follow-up steps."

2 BRING YOUR MEDICATIONS. Your doctor needs to know what types of vitamins, over-the-counter remedies and prescription medications you take, as well as the daily dosage of each. A simple approach to providing this information is to carry the medications and supplements you routinely take to your appointment.

3 CONFIDE IN YOUR DOCTOR. "The doctor-patient relationship is a partnership," Dr. Baccash says. "Honest communication is key because doctors perform diagnostic tests based on your age and medical history. So, even if talking about your symptoms makes you feel embarrassed, you should still share the information with your doctor so that you get the right screening tests."

4 INVITE A FRIEND OR FAMILY MEMBER if you need an advocate. If you're nervous or unsure about whether you can remember your doctor's instructions, bring a friend or family member along for support. If you have to be on your own, ask your doctor to write down directions for you.

5 ASK ABOUT FOLLOW-UP. Before you leave the office, ask about scheduling additional appointments and screenings recommended by your doctor, such as mammograms and colonoscopies.

PAGING DR. RIGHT

FINDING A PHYSICIAN YOU TRUST IS KEY TO A SUCCESSFUL DOCTOR-PATIENT RELATIONSHIP. IF YOU'RE LOOKING FOR A DOCTOR, GET STARTED BY CALLING 718.499.CARE OR VISITING WWW.NYM.ORG/DOCTOR TO VIEW A LIST OF FAMILY MEDICINE AND INTERNAL MEDICINE PHYSICIANS AFFILIATED WITH NEW YORK METHODIST HOSPITAL.

HONE YOUR SKILL AT THE GRILL

Planning a rooftop grill-fest, a family cookout in the park or a block party? Grill the right way to avoid the wrong results.

THERE'S NOTHING LIKE the smell of grilled meat wafting through the summer air. But charred or overly cooked meat could contain heterocyclic amines and polycyclic aromatic hydrocarbons—dangerous carcinogens linked to some forms of cancer. When consumed, these carcinogens can damage DNA on a cellular level.

“Studies have shown that carcinogens are associated with cancers of the gastrointestinal tract, like pancreatic cancer, stomach cancer and colon cancer,” says **Andy Huang, M.D.**, hematologist and medical oncologist at New York Methodist Hospital. “Proper preparation can go a long way to preventing overconsumption of these chemical compounds.”

CARCINOGEN-CUTTING TECHNIQUES

Practice safe grilling by adopting these strategies.

+ **Limit contact with grill grates.** Cover the grill grates with aluminum foil

before heating the grill. You may not get grill marks on the meat to demonstrate your grill mastery, but you will get the same great taste. Plus, using foil is a good way to cook more delicate fare like fish, and it cleans up quickly.

- + **Trim fat before grilling.** Where there's sizzling fat, there's smoke filled with harmful chemicals. Carefully remove fat before cooking your favorite protein over an open flame.
- + **Go low and slow.** “Cooking meat at lower temperatures for a little longer time limits the likelihood of charring,” Dr. Huang says. “After cooking the meat, cut off and discard any burnt ends or bits prior to serving.”
- + **Avoid the sweet stuff.** Barbecue sauces and other sugar-based glazes are more likely to cause meat to char than lighter marinades. If you want a sweeter sauce, apply it in the last few minutes that the meat is on the grill

or serve it as a condiment instead of cooking it on the meat.

Marinating for two hours or longer in a liquid-based marinade can actually delay the charring process when cooking meat. Try mixing 12 ounces of cider, beer or chicken broth with 1/4 cup of lime juice, a chopped onion, three cloves of minced garlic, 1/4 cup of fresh cilantro and a diced jalapeno for a spicy marinade that pairs well with pork, chicken or beef.

- + **Choose vegetables and fruits.** “Vegetables and fruits do not generate the same carcinogens as meat during grilling,” Dr. Huang says. “Offering a wide selection of these foods is a great way to host a healthier barbecue.”

See “Lemon Asparagus” and “Fruit Kabobs” for inspirational recipe techniques that can be applied to different fruits and vegetables whenever you're craving variety.

TOP FIVE GRILLING SAFETY TIPS

Before you fire up the grill, commit these tips to memory for a safe and healthy cookout.

1. **Scrub your equipment.** Clean grates equal better-tasting food and less exposure to built-up carcinogens. Use a sturdy brush to scrub the grate before and after using your grill.
2. **Store ingredients at appropriate temperatures.** Leave meat in the refrigerator or cooler until you're ready to grill. To reduce the likelihood of bacteria growth and food poisoning, all meats should be stored at 34 to 40 degrees Fahrenheit.
3. **Marinate and pre-cook to cut down on carcinogens.** Research suggests that using acidic marinades containing vinegar and lemon or lime can keep carcinogens from forming when meat is on the grill. If you're grilling in your own yard, microwaving meat for a few minutes can give it a head start in the cooking process, reducing the overall time spent on the barbecue.

LEMON ASPARAGUS

Kick appetites into gear with this tempting appetizer.

Ingredients

- + one tablespoon extra virgin olive oil
- + salt and pepper to taste
- + one lemon, juiced and zested
- + two pounds of asparagus, trimmed



Directions

- 1 Combine olive oil, salt, pepper, and lemon juice and zest in a bowl. Add asparagus, mixing well. If more intense lemon flavor is desired, allow the asparagus to marinate in the refrigerator for at least an hour.
- 2 Preheat grill. Place asparagus in a single layer on a large piece of aluminum foil. Fold the foil to make a packet.
- 3 Place the foil packet on the grill, cooking for five to seven minutes on each side until the asparagus stalks have softened. Remove foil and drizzle asparagus with the lemon juice mixture.



Nutrition Facts (per serving):

Servings: 4	Potassium: 458mg
Calories: 75	Total carbohydrates: 8.8g
Total Fat: 3.8g	Fiber: 4.8g
Cholesterol: 0mg	Sugar: 4.3g
Sodium: 5mg	Protein: 5g

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

FRUIT KABOBS

Grilling brings out the natural sweetness of fresh fruit. Serve these easy fruit kabobs as the perfect finish to your picnic.

Ingredients

- + 3 bananas, thickly sliced
- + 2 fresh peaches, chunked
- + 1 pineapple, peeled, cored and chunked
- + skewers

Directions

- 1 Thread fruit chunks onto skewers.
- 2 Preheat grill to medium heat.
- 3 Grill kabobs for five minutes on each side, or until fruits soften.

Nutrition Facts (per serving):

Servings: 4	Total carbohydrates: 30.3g
Calories: 118	Fiber: 3.6g
Total fat: 0.5g	Sugar: 19g
Cholesterol: 0mg	Protein: 1.6g
Sodium: 1mg	
Potassium: 445mg	

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



4. **Switch to a gas grill.** Natural gas means no exposure to harmful chemicals found in charcoal. Still love briquettes? Then skip the lighter fluid. Instead, use a stainless-steel chimney starter to light the fire. Never leave the grill unattended while cooking, and dispose of charcoal appropriately by pouring water over the ashes then scooping the cooled ashes into aluminum foil and discarding them.
5. **Refrigerate leftovers soon after eating.** Wrap leftovers in aluminum foil or store in airtight containers in your refrigerator or cooler no more than one hour after preparation, especially if you're outside in temperatures above 90 degrees Fahrenheit.



EXCEPTIONAL RECOVERY

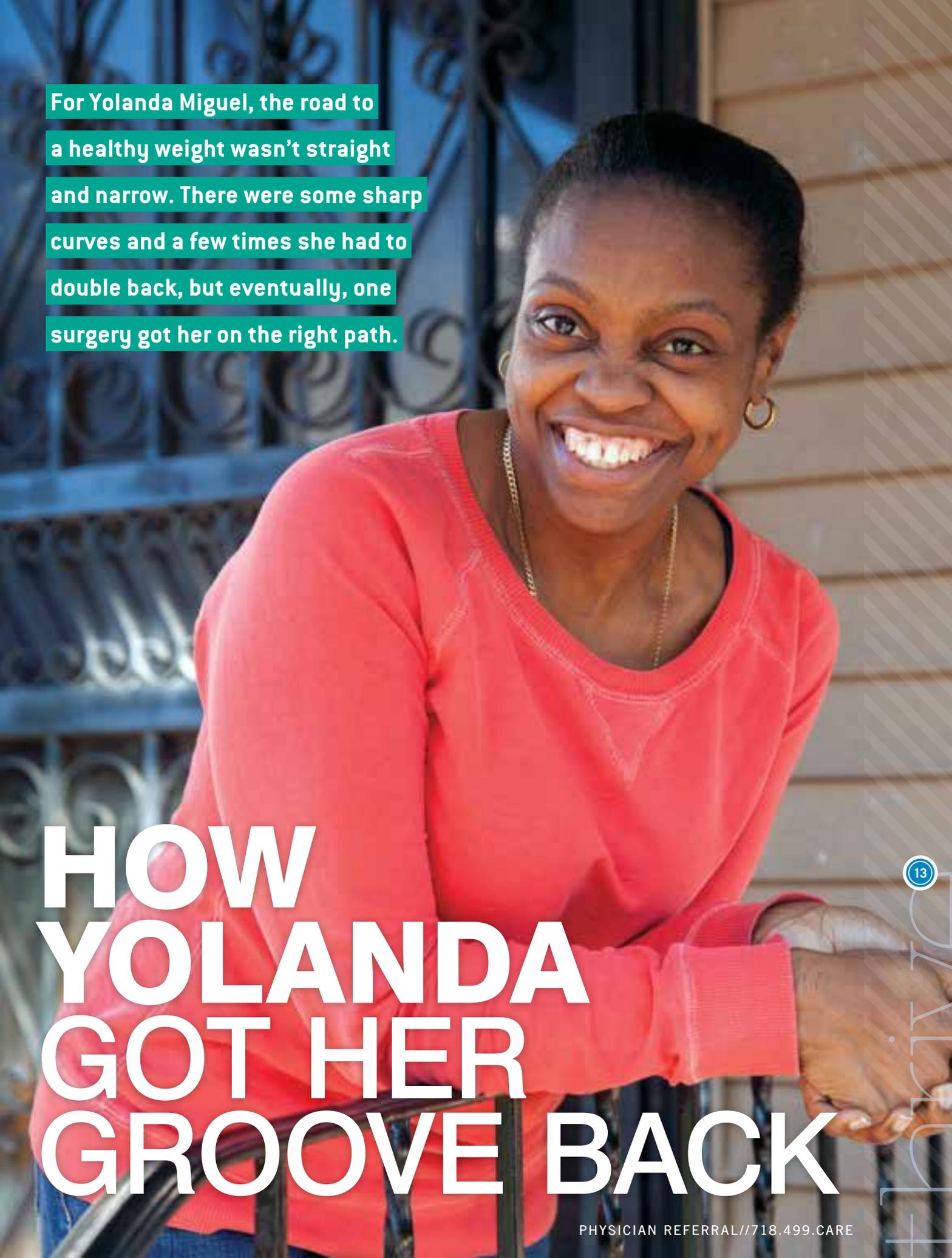
The Institute for Orthopedic Medicine and Surgery at New York Methodist Hospital offers comprehensive treatment for orthopedic disorders including sports injuries and joint replacement. An exceptional team of specialists provides a wide range of options for patients who have sustained injuries both on and off the playing field.



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A smiling woman with dark hair pulled back, wearing a bright red sweater and gold hoop earrings, leaning on a black metal railing. The background shows a blue wrought-iron fence and a light-colored wall.

For Yolanda Miguel, the road to a healthy weight wasn't straight and narrow. There were some sharp curves and a few times she had to double back, but eventually, one surgery got her on the right path.

HOW YOLANDA GOT HER GROOVE BACK

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TAKE THE FIRST STEP

TOUCHING BASE

14

- + Are you between the ages of 18 and 68?
- + Has your doctor told you that you are obese with related health conditions (like diabetes, high blood pressure, cardiovascular disease) or morbidly obese?
- + Have you been unable to lose weight and keep it off through diet and exercise?
- + Are you ready to make a permanent change and lose your excess weight once and for all?

If you answered yes to these questions, consider learning more about weight-reduction surgery at NYM. Call 718.780.3288 for more information about attending a free informational seminar.



“THE DECISION TO HAVE WEIGHT-LOSS SURGERY IS VERY PERSONAL. I’M SO GLAD I DID IT. IT HELPED ME GET MY LIFE BACK.”

—YOLANDA MIGUEL

EXTRA WEIGHT WAS a great concern for Yolanda. The 41-year-old Brooklyn-based medical office receptionist and mother of three had experienced weight fluctuations over the years, partially due to pregnancies and stress.

“My weight was like a yo-yo,” she says. “I would lose a bit of weight working with a nutritionist, and then gain it back. I’d go to the gym, lose a little, and then gain it back. After a while, nothing seemed to work.”

Following the birth of her third child in 2009, Yolanda took some time off work to be a full-time mom. As someone who was used to a job outside the home, Yolanda found the lack of a regular schedule wreaked havoc on her eating habits. Her weight shot up above 200 pounds. She tried being more active and working on her diet again, but the pounds wouldn’t budge.

“My joints hurt, it was painful to walk, and during my last pregnancy, I developed gestational diabetes,” Yolanda says. “After my child was born, my doctor told me I had prediabetes. I was unhappy, but I didn’t know what to do about it.”

Yolanda shared her frustration with friends, and one of them told her about weight-loss surgery.

“I’d never thought of having weight-loss surgery, but my friend had already had bariatric surgery at New York Methodist

Hospital,” Yolanda remembers. “She talked me into going to a seminar with her. I didn’t really want to go, but by the time we left the session, I felt like I might finally have hope to reach a healthier weight.”

A WAY FORWARD

Yolanda’s friend was a patient of **Piotr Gorecki, M.D.**, medical director of the bariatric and metabolic surgery center at NYM. The educational seminar was one of the regular monthly meetings where prospective patients can learn about the different types of weight-loss surgery. On the night Yolanda attended, the meeting covered a procedure called sleeve gastrectomy.

“I was surprised,” Yolanda says. “I didn’t think weight-loss surgery could be so straightforward. Sleeve gastrectomy sounded like something I could consider.”

“Sleeve gastrectomy is a surgery that we do through four small incisions,” Dr. Gorecki says. “During this minimally invasive surgery, we change the size and shape of the stomach to make it narrower. That helps patients like Yolanda feel fuller after eating less food, and it affects how hungry they get.”

Before her surgery, Yolanda prepared by meeting with nutritionists and weight-loss educators at NYM who helped her learn exactly what to expect before, during and after

BARIATRIC BENEFITS

surgery. She went to another educational seminar and was introduced to the weight-loss support group for NYM bariatric surgery patients.

"I was a little nervous about having surgery, but Dr. Gorecki and his team were right there with me each step of the way," Yolanda says. "They answered all my questions and taught me what to eat and how to be healthy. By the time I had the surgery, I was completely ready to make healthy changes for myself."

THE RIGHT TIME TO CHANGE

When Yolanda met Dr. Gorecki, she was carrying 227 pounds on her 5'3" frame. Her body mass index was 41. In November 2012, with Yolanda under general anesthesia, Dr. Gorecki carefully removed a portion of her stomach in a procedure that took about an hour to complete.

"The surgery went exactly as we'd hoped," Dr. Gorecki says. "And so did Yolanda's recovery."

After a short hospital stay, Yolanda went home to continue her weight-loss journey, slowly transitioning from soft foods to solid foods under the direction of Dr. Gorecki and his staff. The weight started dropping off.

At her two-week postoperative visit, Yolanda had lost 15 pounds. Her weight continued to steadily drop until she reached 132 pounds in 2014. Now, her weight hovers around 145 pounds. Her joints no longer hurt, and the injections she used to get for foot pain aren't needed now. Even though diabetes runs in her family, she no longer has prediabetes.

"Life is so much better now," Yolanda says. "I used to just stay at home. I didn't want to go anywhere or do anything. Now, I go out. One of the best things is shopping more easily. I can shop for clothes anywhere and find something that fits and looks good on me."

Losing the weight also helped Yolanda get back to something she loves—dancing. She'll go out with friends or grab a few minutes for herself at home to get some exercise by putting on music and dancing. She also stays busy keeping up with her children, now ages 21, 11 and 5, whom she is raising in Brooklyn with her husband, Tomas.

"Like all bariatric surgery patients, Yolanda will be under a doctor's care for life," Dr. Gorecki says. "We see her once a year for a follow-up appointment. She has access to nutritional and lifestyle advice through our support team, as well as our free monthly support group meetings for people who have had weight-reduction surgery."

"The decision to have weight-loss surgery is very personal," Yolanda says. "I'm so glad I did it. It helped me get my life back."

"Obesity is an epidemic in Brooklyn and around the country," Dr. Gorecki says. "More than 60 percent of adults in New York are overweight or obese. Bariatric surgery is unique among surgical interventions because of the way it positively impacts people's health in both the short term and the long term."

Weight-loss surgery patients often experience an improvement in or resolution of diabetes, high blood pressure, obstructive sleep apnea and other medical issues linked to being overweight. In addition to sleeve gastrectomy, doctors at NYM also offer adjustable gastric banding, gastric bypass surgery and revisionary surgery.

"These procedures can improve quality of life for patients on physical and emotional levels," Dr. Gorecki says. "It also has very positive impact on many other aspects of health, including reducing the chance of infertility and certain cancers."



An alarm clock's familiar buzz usually indicates the start of a new day, but for some teens, it can signal another cycle of coping with sleep deprivation or a sleep disorder.

'JUST Five More Minutes!'

SLEEP MATTERS

More than 50 percent of parents responding to a 2014 National Sleep Foundation study survey recognized that lack of sleep was impacting their children's behavior, mood, performance and quality of life.

"We have an epidemic of sleep deprivation, not only among adults but among children," Dr. Weingarten says. "It affects their lives, including school performance and social interactions."

RECOGNIZING THE SIGNS of a sleeping problem in your teen and suggesting some lifestyle changes or seeking professional help, if necessary, can help your child gain a good night's rest.

WAKE-UP CALLS

If your teenager consistently sleeps through an alarm, falls asleep at school or is tired on a daily basis, you will probably draw the conclusion that a lack of sleep is to blame, but some symptoms can be less obvious.

"In adults and older teens, daytime sleepiness is probably the most prominent indicator of sleep deprivation," says **Jeremy Weingarten, M.D.**, chief of the division of pulmonary, critical care and sleep medicine, and director of the Center for Sleep Disorders at New York Methodist Hospital. "With younger kids, sleep deprivation often manifests

as hyperactivity and difficulty concentrating, and there is some overlap of this with younger teens. It's counterintuitive that a teen would not be getting enough sleep yet would actually be hyper, but it's very true in some kids."

SNOOZING TO AVOID LOSING

According to the National Sleep Foundation, only about 15 percent of teens receive eight and half hours or more of sleep nightly. The recommended amount of sleep for teens is eight to ten hours. This lack of sleep can manifest in other ways that can impact health, including:

- + Acne or skin-related issues
- + Higher susceptibility to colds and viruses
- + Weight gain from unhealthy food choices and inactivity
- + Changes in mood, including anger, impatience or sadness



“Minimizing exposure to bright light and devices like iPads and smartphones before bedtime can keep from disrupting circadian sleep rhythms, especially for adolescents who are at risk for having a delayed sleep phase disorder.”

—JEREMY WEINGARTEN, M.D.

SEVEN SOLUTIONS FOR TEEN SLEEP DEPRIVATION

- + Maintain consistent bedtime and wake-up times, including on the weekends.
- + Help your teen plan ahead to avoid late-night cramming for exams or working late to meet homework assignment deadlines.
- + Collect and turn off electronic devices like iPods, iPads, laptops and smartphones at least 30 minutes before bedtime.
- + Avoid energy or caffeinated drinks after 4 p.m.
- + Eat dinner earlier and avoid snacks, especially chocolate, before bedtime.
- + Relax with a book or soothing music before bedtime but not while in bed.
- + Make your teen’s bed a sleep sanctuary with comfortable pillows and bedding so the association is for sleep instead of watching TV, reading or gaming.

The right quantity and quality of sleep can improve your teenager’s concentration, increase energy levels for sports or extracurricular activities, and help him or her cope with stress.

Simple lifestyle changes can make a big difference in sleep health. Keeping a sleep journal can help parents and teens realize the factors affecting sleep.

“Helping your teen plan better to avoid overscheduling is important,” says **Boris Dubrovsky, Ph.D.**, psychologist at NYM. “As a parent, you want to set a bedtime for your teen that accommodates at least nine hours of sleep. Help your child plan to complete activities at least an hour before bedtime and ask him or her to avoid using electronic devices at least a half hour before going to bed. That will help to increase relaxation.”

Dr. Dubrovsky adds that it is easier for teens to associate their bed with

sleeping if they do not read or use laptops or other electronics there. Making changes to your teen’s sleep pattern can help reset the body’s circadian rhythm—a natural body clock that is based on a 24-hour day when light helps us wake in the morning and darkness encourages sleep.

“Minimizing exposure to bright light and devices like iPads and smartphones before bedtime can keep from disrupting circadian sleep rhythms, especially for adolescents who are at risk for a delayed sleep phase disorder [a circadian rhythm condition that affects the time when a person falls asleep and when they’re most alert],” Dr. Weingarten says.

STILL SLEEPLESS

If expanding sleep times doesn’t improve your teen’s sleeping habits or changing lifestyle behaviors proves to be a tall order, sleep medicine doctors can help

determine the cause of the sleep deprivation and provide therapeutic solutions.

“We see insomnia, circadian rhythm disorders and obstructive sleep apnea in teens, particularly in those who are obese,” Dr. Weingarten says. “Parents should seek help whenever a sleep issue is disrupting their child’s daytime activities.”

A sleep medicine doctor will evaluate your teen’s complete sleep and medical histories to differentiate potential sleep disorders.

“Circadian rhythm malfunction can be a real issue in teenagers, and it’s probably something they can’t resolve on their own,” Dr. Dubrovsky says. “If they are doing everything right in the evening and still can’t fall asleep and/or they sleep through alarms, and the pattern causes them to miss school or fall asleep in class, I’d advise parents to seek the help of a specialist.”

EPILEPSY: *In the Eye* **of the STORM**

Hear the word “epilepsy,” and the first thought that likely comes to mind is

“seizure.” How much do you know about epilepsy’s defining symptom?

EPILEPSY—ALSO KNOWN AS seizure disorder—is the fourth most common neurological condition in the United States. It is most often diagnosed in children and the elderly, and approximately 50,000 deaths are attributed to it annually.

“More often than not, doctors aren’t able to determine a cause for epilepsy,” says **Shahin Nouri, M.D.**, director of the Comprehensive Epilepsy Center at New York Methodist Hospital and associate chief of the Division of Neurology at NYM. “When we can identify a cause, it’s usually a metabolic abnormality or congenital brain malformation in children, a brain tumor or trauma in adults, or a stroke or neurodegenerative disease in seniors.”

Epilepsy is a chronic disorder characterized by recurrent, unprovoked seizures due to abnormal electrical activity in the brain cells. The unpredictability of seizures is the most difficult part of living with epilepsy, especially if treatments fail to control the seizures, but it’s not the only challenge the condition poses.

“Individuals with epilepsy can face stigma in their lives because other people might incorrectly view the disorder as a mental illness,” Dr. Nouri says. “And, certain neurological and psychological conditions can coexist with epilepsy, either because of the original issue that caused the disorder or as a manifestation of epilepsy itself. These include depression, anxiety, hallucinations and memory loss.”

SPOTLIGHTING SEIZURES

The brain’s nerve cells work based on electrical activity. In a normal brain, billions of nerve cells have their own, independent electrical activity.

“During a seizure, large numbers of brain nerve cells fire simultaneously, causing an ‘electrical storm,’” Dr. Nouri says. “The manifestations of a seizure depend on the parts of the brain that are involved in the storm.”

Eighty percent of patients with epilepsy have so-called localization-related epilepsy. They experience simple partial seizures or complex partial seizures. Simple partial seizure symptoms include abnormal, involuntary muscle movements; sensory changes like visual disturbances or phantom odors and tastes; stomach sensations; dizziness; sweating; and sudden, inexplicable feelings, such as *déjà vu*.

During a complex partial seizure, an individual may appear to be daydreaming or be otherwise unaware of what he is doing. He may perform an automatism, or random act, such as tugging at his shirt collar. When the seizure ends, he may or may not remember what happened. Any of these seizures can evolve secondarily into a generalized seizure, previously known as a “grand mal.”

Primary generalized epilepsy accounts for the other 20 percent of epilepsy patients. These individuals experience seizures that involve all the brain’s nerve cells at once. Generalized seizures may take many forms. For instance, during a tonic-clonic seizure, an individual loses consciousness, and his or her muscles stiffen and limbs jerk. Other types of generalized seizures may cause episodes of unresponsive

staring, a brief jerking of limbs that is less severe than what occurs during a tonic-clonic seizure, or loss of muscle tone that can cause falls.

Individuals with epilepsy can be vulnerable to certain triggers more than the general population, including lack of sleep, low blood sugar and hormonal changes. Sometimes, seizures follow a warning called an aura, which patients may describe as a strange sensation that they can’t quite identify, an unusual smell or taste, dizziness, nausea, vision changes, or a headache. Auras are equivalent to simple partial seizures and need treatment.

WHAT SEIZURES LOOK LIKE

What do you picture when you think of a seizure? Do you envision someone convulsing? Convulsions do occur with seizures, but not as often as you might think.

“Only about 20 to 30 percent of seizures involve convulsions,” Dr. Nouri says. “Confusion and change in mental status are the most common manifestations.”

“Seizures are like real estate: What matters is location, location, location,” says **Andrew Dawson, M.D.**, co-director of the Comprehensive Epilepsy Center at NYM. “If a group of cells misfires in the part of the brain that controls vision, for example, the individual might see flashes of light. If a seizure occurs in a motor-controlling portion of the brain, involuntary movements may occur.”

Most seizures last a minute or less. Afterward, an individual may be fatigued, nauseated, weak, confused or dizzy, and he may take a few minutes to several hours to, more rarely, several days to feel normal again.

A WINDOW ON THE BRAIN'S ACTIVITY

Individuals who experience recurrent seizures for six months to a year should be evaluated by an epileptologist, a neurologist specializing in epilepsy treatment. A physical exam, magnetic resonance imaging and computed tomography are important tools in determining the potential cause of epilepsy. The foundation of an epilepsy diagnosis, however, is the electroencephalogram (EEG)—a test that measures the brain’s electrical activity. Spikes in activity could indicate a seizure and demonstrate that epilepsy is present. The Comprehensive Epilepsy Center at NYM offers three types of EEG.

“A routine EEG takes 20 minutes to an hour at the Center and is a reliable way to evaluate an individual who might have had seizures,” Dr. Dawson says. “Sometimes, the abnormal electrical activity that we suspect patients are experiencing doesn’t occur during a routine EEG, so we ask them to have an ambulatory EEG. That involves wearing a portable recorder for 24 to 72 hours so that if a seizure occurs, the recorder can capture brain activity. The longer the study, the more likely we’ll see an abnormal event, particularly during sleep.”

“The diagnostic gold standard is video EEG, which we offer in our epilepsy monitoring unit,” Dr. Dawson continues. “We carefully induce seizures, often by weaning

patients off their medications or asking them to get less sleep than normal prior to admission, and then record the seizure on video during the exam. The video helps us convince patients who might not remember what's happened to them that they've had seizures. More important, it can help to determine the right treatment options for patients."

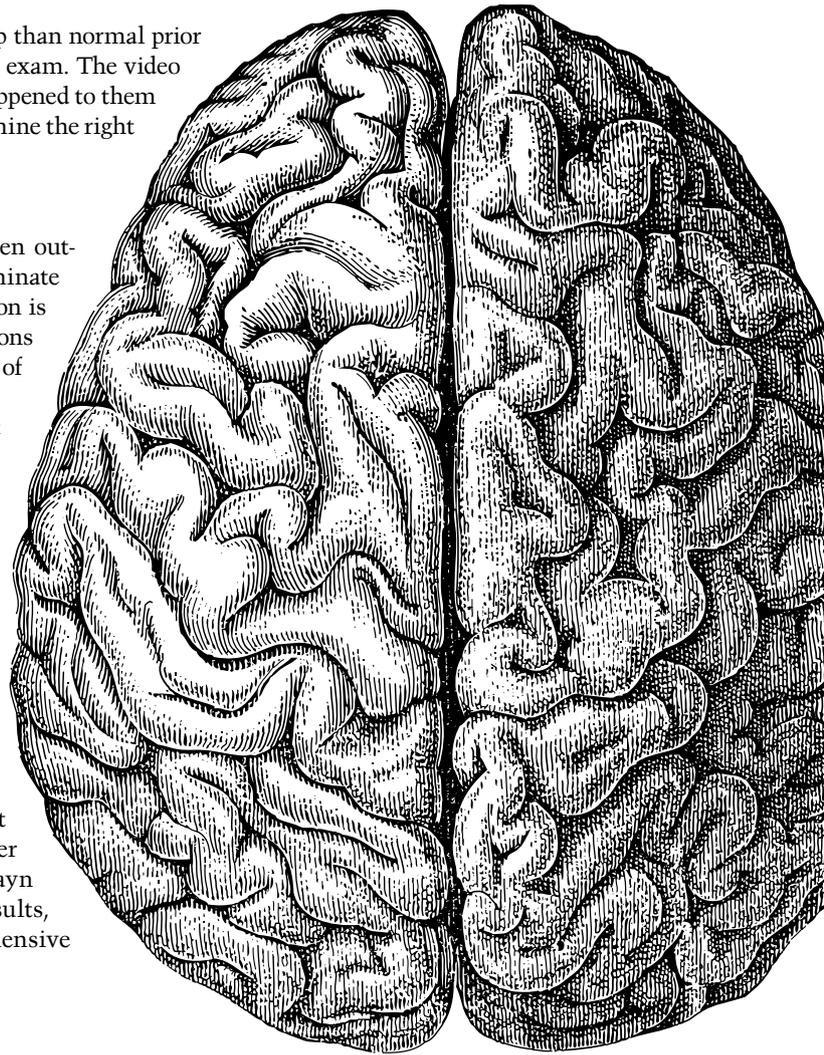
TREATMENT GOAL: GAINING CONTROL

No universal cure exists for epilepsy, although some children outgrow the disorder by adulthood. The goal of treatment is to eliminate seizures, and failing that, to reduce their frequency. Medication is the first line of treatment. At this time, more than 20 medications in the United States are approved by the FDA for the treatment of epilepsy.

"If a patient takes two medications and seizures aren't well controlled, adding more drugs won't cause a reasonable improvement in management," Dr. Nouri says. "The next step for those patients with so-called refractory epilepsy is to characterize the seizures and locate the onset focus by performing a video EEG. If a discrete focus is determined, the patient might be a candidate for epilepsy surgery."

"Typically, once the source of seizures is identified, a neurosurgeon can perform a surgical procedure to remove the malfunctioning tissue," says **Martin Zonenshayn, M.D.**, chief of neurosurgery at NYM. "Patients are then hospitalized for a few days so we can determine how well the seizures are controlled."

"Determining the most effective treatment for each patient requires a team of epileptologists, neurosurgeons and other providers with access to advanced therapies," Dr. Zonenshayn adds. "The team approach is essential to obtaining the best results, and that is precisely what we provide at NYM's Comprehensive Epilepsy Center."



A DIFFERENT KIND OF PACEMAKER

Did you know that an implantable device can send electrical signals to the brain to control seizures, much like a pacemaker uses electrical pulses to prompt the heart to beat in an appropriate rhythm?

The device is the vagus nerve stimulator (VNS), and it offers hope for alleviating seizures to epilepsy patients with no other treatment options.

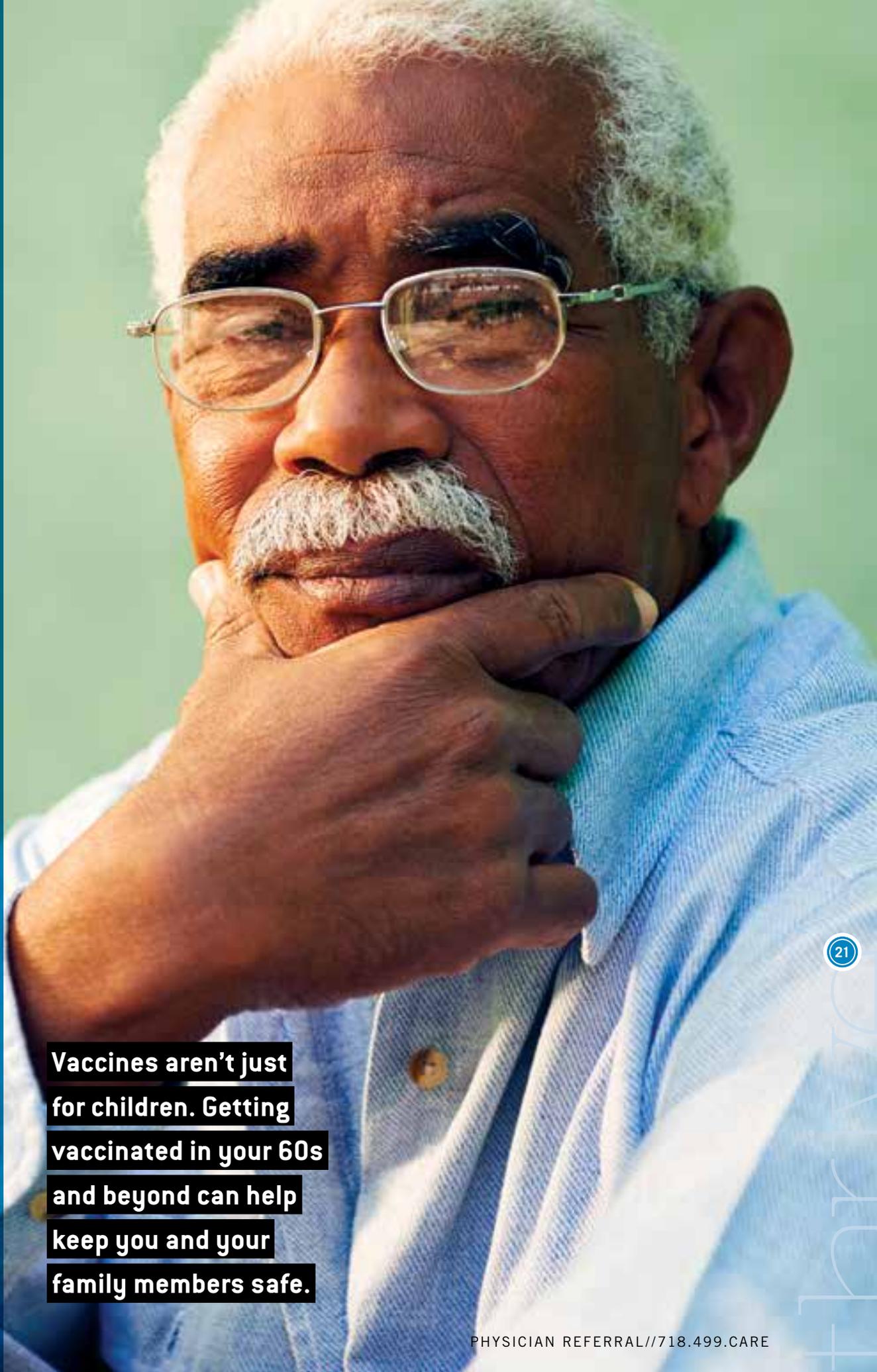
"Candidates for VNS treatment are patients who haven't experienced a reduction in seizures after trying at least two medications," says **Martin Zonenshayn, M.D.**, chief of neurosurgery at New York Methodist Hospital. "In these individuals, seizures don't originate from a specific spot in the brain. If they did, the preference would be to surgically remove the area."

A neurosurgeon implants the VNS device under the skin through two small incisions during an outpatient procedure that takes approximately two hours. The VNS device transmits electrical pulses via the vagus nerve to the brain.

"The neurosurgeon sets the stimulation parameters after implantation," Dr. Zonenshayn says. "We could have the device send out signals every five, ten or 30 minutes, for example, to achieve the desired effect. Half of patients who have VNS treatment will experience an approximately 50-percent reduction in the frequency and severity of seizures. Around ten percent will become seizure-free."

VNS treatment is lifelong: Doctors must change the stimulator's battery every five to ten years in a procedure that takes approximately 30 minutes. In patients for whom the therapy proves effective, it offers relief from seizures where nothing else could.

CALLING THE SHOTS



Vaccines aren't just for children. Getting vaccinated in your 60s and beyond can help keep you and your family members safe.

PHYSICIAN REFERRAL//718.499.CARE



VACCINES ARE ROUTINELY administered to infants and children to protect against viral diseases to which they're particularly vulnerable. But seniors benefit from vaccines just as much as children. The aging and elderly often have weaker immune systems than younger adults because of health conditions that compromise immune function. This means they're not only more susceptible to viruses but are less able to fight them off once contracted.

"After age 50, your ability to fight diseases decreases because lymphocytes [white blood cells] are more sluggish," says **Emil Baccash, M.D.**, internist and geriatrician at New York Methodist Hospital. "Many seniors in Brooklyn are not up to date on recommended vaccines."

Putting off vaccinations can be hazardous to your health and the health of those around you. Fortunately, it isn't too late to play catch-up. The following vaccines are recommended for seniors.

INFLUENZA

The flu vaccine protects against more than just influenza infection. Studies have found that people who receive the flu vaccine are less likely to experience other health complications that can be aggravated by the flu, like heart disease and stroke. As a result, they're less likely to be hospitalized for these conditions. According to **Louis Mudannayake, M.D.**, chief of geriatrics at NYM, the influenza vaccine is up to 70 percent effective at preventing hospitalization for both influenza and pneumonia.

When to get it: NYM physicians recommend a flu vaccine annually for seniors at any age. The vaccine should be administered as soon as it becomes available in the fall.

TETANUS, DIPHTHERIA, PERTUSSIS

When you are vaccinated, the “herd immunity” phenomenon comes into effect for those around you. By reducing your chances of becoming contagious, you reduce the chance that people you interact with will be vulnerable to the spread of the disease. This is especially true for diseases that affect children, such as tetanus, diphtheria and pertussis.

“I stress the importance of the tetanus, diphtheria and pertussis—or Tdap—vaccine for seniors who live in a household with young children who aren’t yet old enough to receive the immunization,” Dr. Baccash says. “If people around these children have not been vaccinated, the children are at increased risk of contracting these sometimes fatal diseases.”

When to get it: NYM physicians recommend one dose at any age followed by one Td booster every ten years.

SHINGLES

Shingles is caused by the same virus that causes chickenpox, and people who have had chickenpox are at risk of contracting it. Shingles causes a burning or shooting pain to develop on one of side of the body, accompanied by persistent itching. Within two weeks, a blistering rash appears that not only causes significant discomfort, but also interferes with daily tasks and sleep. Sometimes, shingles can appear on the face and affect vision or hearing. Pain from shingles can linger for months or even years after the rash subsides. The shingles vaccine greatly reduces the risk of developing shingles and the long period of pain and discomfort that often follows it.

When to get it: NYM physicians recommend one dose of the shingles vaccine at age 60. If you have never had chickenpox, two doses of the chickenpox vaccine are recommended instead.

PNEUMONIA

Pneumonia is an inflammation of the lungs that often starts with the flu or other viral illness. It is one of the most fatal infections among older adults. According to Dr. Mudannayake, the pneumonia vaccine is highly effective at lowering the disease’s hospitalization and mortality rates, especially for the frail elderly.

“I particularly recommend the pneumonia vaccine for elderly people whose health is compromised,” Dr. Mudannayake says. “Unfortunately, the rate of pneumonia vaccination among Brooklyn’s dependent seniors is relatively low. If you have frail, elderly family members, encourage them to get vaccinated against pneumonia.”

When to get it: NYM physicians recommend one dose of pneumococcal 13-valent conjugate vaccine at age 65 followed by one dose of pneumococcal vaccine polyvalent one year later.

HEPATITIS A AND B

Vaccination against hepatitis A and B is recommended for all children, but adults are the most likely to experience severe effects from these diseases, such as vomiting, muscle pain and jaundice. Seniors can contract hepatitis A and B by having multiple sex partners, having close contact with an infected household member, traveling out of the country or having certain health conditions like end-stage renal disease, chronic liver disease or HIV infection. One in five people who contract hepatitis A are hospitalized for it.

When to get it: NYM physicians recommend two doses for hepatitis A and three doses for hepatitis B for seniors at any age if you have never contracted the illness and have a higher than average risk of contracting it.

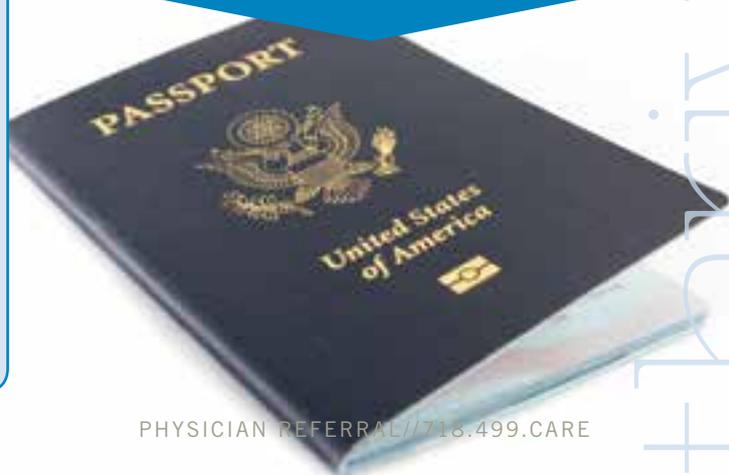
DRIFT AND SHIFT

Medical researchers develop a new flu vaccine annually by looking at current strains of the virus. However, flu viruses are constantly mutating. As **Stephen J. Peterson, M.D.**, Chair of the Department of Medicine at NYM explains, the structure of the flu virus can undergo small changes known as antigenic *drift*—as well as sudden, drastic changes called antigenic *shift*.

“Antigenic drift and shift mean that the vaccine may not always be a perfect match with the current strain,” Dr. Peterson says. “Regardless of the strain or whether the vaccine is 100 percent effective, receiving an immunization improves the body’s ability to fight off the virus, which lessens the risk for developing complications like pneumonia and respiratory failure.”

TRAVEL SAFE

If you’re planning international travel, make sure that you understand the risks of contracting illnesses during your trip and what you can do to protect yourself. Travel medicine specialists at NYM can offer you country-specific advice for disease prevention and provide immunizations against diseases like yellow fever, typhoid, rabies, and hepatitis A and B. To schedule an appointment with one of our travel medicine specialists, call 718.246.8600.



Outsmarting Stomach Cancer

Stomach cancer has one of the lowest survival rates of any oncological disease. But when detected early, it's one of the most curable cancers.

AT HER GRANDDAUGHTER'S quinceañera (15th birthday celebration), Rosa takes in the sights of four generations of family members talking, laughing and posing for pictures. Sitting at a bench overlooking the park, she begins talking with her cousin, Bella, who asks about her health. Rosa, who's in her late 60s, has lost weight recently. She tells Bella that she's been experiencing stomach pain and can't eat very much without feeling full. Then Bella brings up something Rosa hadn't thought about in years: "You know, Rosa, Abuela Rodriguez had similar symptoms from stomach cancer."

TAKING STOCK OF YOUR RISKS

Stomach cancer isn't a common cancer in the United States, but it's one of the deadliest. According to **Mukul Arya, M.D.**, director of the division of advanced endoscopy at New York Methodist Hospital, stomach cancer has a higher mortality rate than breast and ovarian cancers, colon cancer, skin cancer, bone cancer, and brain cancer. What Rosa may not realize is that she has several risk factors for stomach cancer that make her more likely to develop it. Family history is one, and so is her Hispanic heritage, but there are also modifiable risk factors like being overweight and smoking. Diet can play a role, too: People who don't eat many fresh fruits and vegetables and fiber-rich grains are more likely to get stomach cancer.

"Eating foods that contain nitrates and nitrites—including cured and smoked meats—is also associated with a higher stomach cancer risk," says **Smruti Mohanty, M.D.**, chief of the division of gastroenterology and hepatobiliary disease at NYM. "I recommend limiting salty foods as well. Excessive amounts of salt damage the stomach lining and make you more susceptible to infecting agents."

Infecting agents include *Helicobacter pylori*, a type of bacteria that grows on the stomach lining and causes gastritis and gastric ulcers. People can have *H. pylori* infections—which increase the risk for stomach cancer up to six-fold—for years without symptoms. Two-thirds of the world's population is infected with *H. pylori*. In the United States, it is more common in senior, African-American and Hispanic populations.

"We can use a simple stool test, endoscopy or breath test to screen for the presence of *H. pylori* bacteria," Dr. Mohanty says. "If you have the infection, antibiotic medication can eradicate it, lowering your risk for stomach cancer."

RISK FACTORS + SYMPTOMS = GET CHECKED

There is no routine screening tool for stomach cancer. However, there are diagnostic procedures to check for stomach cancer in people with an above-average risk. Dr. Arya recommends that those between the ages of 50 and 55 who have had a parent or sibling with stomach cancer speak with their doctors about receiving an endoscopy.

"Notify your doctor immediately if you have unexplained gastrointestinal symptoms, especially if you know you have an elevated risk for stomach cancer," Dr. Arya says.

TREATMENT: THE ADVANCED ROUTE

Most stomach cancers are treated using open surgery to remove the tumor. Depending on the size and location of the tumor, some or all of the stomach may have to be removed.

However, a new surgical removal technique called endoscopic submucosal dissection (ESD) has been pioneered to eliminate early-stage tumors without skin incisions or removal of the stomach. NYM is the first hospital in Brooklyn to offer ESD. During this minimally invasive procedure, Dr. Arya removes the entire tumor and a thin margin of tissue surrounding it through an endoscope—a light-equipped, flexible tube—using specialized medical instruments.

ESD is most effective at treating tumors that have a clearly defined shape. An endoscopic ultrasound can help doctors determine beforehand if the tumor can be treated via ESD. According to Dr. Arya, ESD has a greater than 90 percent cure rate for tumors that fit the criteria.

"The earlier we detect stomach cancer, the more treatment options we have," Dr. Arya says. "Patients who are aware of their risk factors and symptoms are more likely to catch cancer at an early stage and benefit from this curative procedure."



KNOWING WHAT YOU CAN'T CHANGE

Some risk factors for stomach cancer can be modified. These include lifestyle patterns like being overweight, smoking, eating foods containing nitrates and nitrites, or having an *H. Pylori* infection.

Other risk factors can't be modified, but knowing them may help save your life if you begin to experience the early warning signs of stomach cancer, which include bloody stools, nausea and/or vomiting, stomach pain, and a premature full feeling when eating. Non-lifestyle-related stomach cancer risk factors include:

- + **Being at least 50 years old**
- + **Being of American Indian, Hispanic, African American or Asian/Pacific Islander descent**
- + **Having a BRCA gene mutation.** Being diagnosed with a BRCA1 or BRCA2 gene mutation means you have a higher risk of breast and ovarian cancer, but it also raises your risk for stomach cancer.
- + **Having a family history of stomach cancer**
- + **Being diagnosed with Lynch syndrome.** Hereditary nonpolyposis colorectal cancer, also known as Lynch syndrome, is an inherited genetic disorder that increases your risk of stomach and colorectal cancers.
- + **Having pernicious anemia,** which occurs when the intestines can't absorb vitamin B12 because of an autoimmune condition or weakened stomach lining

Erectile dysfunction (ED)

can turn the most

natural thing

in the world

into a potentially

distressing

distraction.

What's the Deal with ED?

AN ERECTION INVOLVES several mental, physical and emotional factors lining up with precision. A problem in one or more of these areas may make it difficult to get and maintain an erection—an issue that affects approximately 30 million men.

“If you have ED, there’s no need to suffer in silence or be embarrassed,” says **Ivan Grunberger, M.D.**, chief of the Division of Urology at NYM. “ED is a common, highly treatable problem, and the solutions for it are effective and often noninvasive.”

FINDING ANSWERS

“For some men, simple lifestyle changes like drinking less alcohol or losing weight to improve blood flow can help improve their ability to achieve an erection. Cigarette smoking is a significant factor in ED, which is another reason for patients to quit,” Dr. Grunberger says. “Others may require a more in-depth approach, including medication, therapy or implants. There are many effective options for correcting ED. It’s our job to lead patients to the right one.”

To diagnose the causes of ED, Dr. Grunberger and his colleagues collect information about patients’ performance issues and conduct medical examinations. A diagnostic test called a penile Doppler ultrasound may be used to help determine whether or not vascular function is contributing to ED.

“We look for any issues that could cause trouble with erections, including stress, psychological issues, and undiagnosed or unmanaged chronic health conditions like diabetes and hypertension,” says **Brent Yanke, M.D.**, director of minimally invasive urologic surgery at NYM. “If we uncover one of these issues, we work closely with other NYM doctors to get patients medically stable, and then we move forward with urologic treatment options if they are needed.”

GETTING RESULTS

Treatments for ED range from medications that men take only when they want to have sexual intercourse to surgical intervention. The most effective treatment depends on the man’s lifestyle and expectations.

Medication in pill form helps improve blood flow to the penis. Other options for this include injectable medications, mechanical devices—including vacuum constriction pumps—and hormone therapy.

“For men who don’t respond to medication, cannot take it because of interference with other drugs—such as nitroglycerin—or who can’t tolerate it due to side effects, a penile implant may be a good choice,” Dr. Grunberger says. “These prostheses can be bendable or inflatable, and both types provide a long-term solution with very good results.”

“IF YOU HAVE ED, THERE’S NO
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—IVAN GRUNBERGER, M.D.

WHEN HUNGER IS IN YOUR HEAD

You just ate a big meal, so why are you suddenly craving sweets?

IF YOU EXPERIENCE frequent cravings for high-calorie, high-carbohydrate comfort foods during times of stress, you're not alone. An estimated 40 percent of Americans use food to cope with negative emotions.

"While occasionally enjoying a bowl of ice cream after a tough day won't harm your health or waistline, frequent emotional overeating can lead to obesity and may even signal atypical depression," explains **Helen Reingold, Psy.D.**, psychiatrist at New York Methodist Hospital.

EMOTIONAL EATING 101

In simple terms, emotional eating satisfies food cravings that occur when you experience a negative emotion like boredom, loneliness, frustration or stress.

"You can tell the difference between emotional and physical hunger because emotional hunger strikes rapidly instead of increasing slowly over time," says **Alfred Ba Tun Leong, M.D.**, director of the comprehensive weight management program at New York Methodist Hospital. "Even though you've recently eaten, you suddenly develop a specific craving for foods like pizza, ice cream, cookies or other foods."

According to Dr. Leong, you may be an emotional eater if you routinely:

- + Eat when you are stressed
- + Snack even though you aren't really hungry
- + Have trouble losing weight
- + Feel guilty after eating a high-calorie treat

THE FOOD-MOOD LINK

"Part of the reason you eat when you're stressed is simple biology," explains Dr. Reingold. "In stressful situations, your body releases the hormones cortisol and adrenaline, which send signals that you need to eat to fuel the body's fight-or-flight stress response."

"People who have prolonged stress from work, school or family commitments are at risk for chronically high cortisol levels," Dr. Leong adds. "This can contribute to habitual emotional eating. Some individuals may also eat to fill a void or because they were raised in an environment where food was either scarce or used as a punishment or reward."



RELAX, REFRESH, REFOCUS

THREE MOOD-LIFTING SNACKS

When afternoon hunger hits, ditch the chips and reach for these healthy alternatives that offer a real mood boost.

- + **Berries**—Strawberries and blueberries are rich in vitamin C, which lowers cortisol levels in your body.
- + **Almonds**—Protein and stress-busting vitamin E are among almonds' nutrients.
- + **Decaffeinated green tea**—Instead of drinking another cup of coffee, try a mug of antioxidant-packed, calming green tea.



FOSTERING A HEALTHIER RELATIONSHIP WITH FOOD

Putting a stop to emotional eating isn't simply a case of willpower. Finding better ways to cope with stress is an important first step to breaking the cycle. Instead of gorging on ice cream the next time you're drowning in deadlines, take a walk, call a close friend, attend a yoga class, get a massage or watch a favorite TV show. Dr. Leong also recommends seeing your doctor to rule out medical conditions that contribute to overeating, such as hypothyroidism and diabetes.

27

Q&A

Medicine: Science in Action



KRISTEN BABINSKI, M.D.

DR. BABINSKI, A NEUROLOGIST AT NEW YORK METHODIST HOSPITAL, SHARES HER LOVE FOR SOLVING MEDICAL PROBLEMS WHILE CONNECTING WITH PATIENTS.

- | | | | |
|---|--|--|--|
| <p>Q <i>What motivated you to become a doctor?</i></p> <p>A I was a Ph.D. student in biochemistry and spent most of my time working in the lab, where I kept to myself and didn't have the opportunity to connect with people. Whenever I would go to the cafeteria, I would be very jealous of the medical students who got to go out into the field and treat patients. I was attracted to the field of medicine because it's a science that you get to see in action while making connections with people.</p> | | <p>Q <i>What's the most rewarding aspect of working at NYM?</i></p> <p>A It is very fulfilling when I see results in patients who I have helped. For example, some patients with multiple sclerosis, when given the right treatments, may walk better, have fewer falls and experience improved cognition. I love working with the team here at NYM. They're very friendly, down to earth and smart. I learn a lot from my colleagues in all fields of medicine.</p> | |
| <p>Q <i>Why did neurology appeal to you?</i></p> <p>A I really like the process of conducting neurological exams. In other specialties, the exam is relatively brief, but with a neurological exam, you have to consider the results of a wide variety of tests like an eye exam or motor strength test. You have to put the pieces of the puzzle together to localize a lesion on the brain, spinal cord or nerves to determine where disease is. The investigative element is intriguing to me.</p> | | <p>Q <i>What do you enjoy most about Brooklyn?</i></p> <p>A The diversity. I see a lot of people from all over the world in my office. I live in Manhattan near Central Park, so it's nice to spend time in another borough and interact with a variety of people.</p> | |
| <p>Q <i>What area of neurology interests you most?</i></p> <p>A Between 50 and 70 percent of my patients have multiple sclerosis, so treating that disorder is the heart and soul of my work. But I also enjoy finding solutions for people living with chronic back pain and headaches or who are recovering from stroke.</p> | | <p>Q <i>What do you enjoy doing when you're not working?</i></p> <p>A I like to run, and a few months ago I had a baby girl, Avery. So that's about all I do these days when I'm not working—run, spend time with Avery, and sleep whenever I can find the time.</p> | |

Health Quiz: ?

Multiple Sclerosis

TEST YOUR KNOWLEDGE ABOUT THIS NEUROLOGICAL DISEASE THAT IS OFTEN DIAGNOSED DURING THE PRIME OF LIFE.

1

What symptoms are associated with multiple sclerosis?

- a. Double vision or blindness
- b. Numbness and tingling throughout the body
- c. Difficulty walking
- d. All of the above

Answer: d. All of the above. A disease of the central nervous system, multiple sclerosis can cause a wide variety of symptoms that may affect the entire body.

The disease occurs when the body's immune system attacks the brain, optic nerves and spinal cord, damaging the protective coating (myelin) that surrounds nerves and sometimes the nerves themselves. As a result, the connectivity between the brain and the rest of the body is compromised.

"MS impacts patients differently, depending on the location of the lesions," says **Kristen Babinski, M.D.**, neurologist at New York Methodist Hospital. "It can cause everything from mental fog to extreme fatigue to trouble walking and chronic pain."

2

True or false: Everyone who is diagnosed with MS will one day have to use a wheelchair.

Answer: False. As with most diseases, MS has varying levels of severity. While some people may experience balance problems or weakness that require the assistance of a cane, walker or wheelchair, many people living with MS are able to continue walking normally throughout life.

3

Which of the following statements is accurate?

- a. More women than men have MS.
- b. More men than women have MS.
- c. MS occurs in both genders equally

Answer: a. According to Dr. Babinski, the ratio of women to men with MS is nearly three to one.

4

Fact or fiction: People with MS should not exercise.

Answer: Fiction. Staying active offers endless benefits to people with MS, including improving flexibility, boosting mood and strengthening muscles. The key is to listen to your body and start with or continue an activity that is manageable and fun. Not able to power walk this week? Try 20 minutes of restorative yoga. Trouble with balance today? Try low-impact water aerobics or swimming.

"I encourage my patients to get out and stay active," Dr. Babinski says. "Make a commitment to move as much as possible. Regular exercise can pay dividends in your overall quality of life."

5

Is MS curable?

- a. Yes
- b. No
- c. Sometimes

Answer: b. While much progress has been made during the last 20 years in terms of disease diagnosis and management, there is still no cure for MS—but there is hope. Several new disease-modifying agents have been shown to improve outcomes for the newly diagnosed and those with a long history of the disease.

"I always tell my patients to stay positive because there are so many options out there that can help slow disease progression and improve existing symptoms," Dr. Babinski says. "With a number of new treatments available, people with MS are doing better than ever before."

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



1

1

GRILLING THE SAFE WAY

You may want to change your grilling habits. Carcinogens found in charred or overly cooked meats have been shown to raise cancer risk. To cut down on charring, cover grill grates with aluminum foil and cook meat at lower temperatures for longer amounts of time. Use marinades that are low in sugar and trim fat from meats before you begin grilling to reduce the risk of carcinogen formation. *Turn to pages 10–11 for more safety tips and grilling recipes.*



2

2

THE NECESSITY OF SLEEP FOR TEENS

Teenagers typically need between eight and ten hours of sleep per night. When they don't get it, they may experience daytime sleepiness, mood changes, and acne or other skin issues. Help your teens make the most of their sleep by encouraging them to plan ahead to avoid late-night homework or study sessions, use their bed only for sleeping, and avoid watching TV or engaging with cell phones or electronics for half an hour before bedtime. *See pages 16–17 for more ideas on how to help your teen get a good night's sleep.*

3

SEIZURE SPECIFICS

Epilepsy is a neurological disorder characterized by recurring seizures. The cause of seizures is not completely understood, but people with epilepsy may experience seizures when exposed to certain triggers, such as low blood sugar, flashing lights or hormone-related changes. The condition can often be treated with medication or, in certain patients, by a device called a vagus nerve stimulator (VNS). A VNS influences electrical signals in the brain much like a pacemaker does in the heart, and can reduce the frequency and severity of seizures by approximately 50 percent in some instances. *Discover more about epilepsy on pages 18–20.*

4

SHOTS FOR SENIORS

You may think of children when you think about vaccines, but immunizations are also recommended for adults 50 and older to bolster immunity against multiple diseases and foster public health. Among the vaccines NYM experts recommend for older adults are those for shingles, pneumonia and influenza. If you live with children too young to be fully vaccinated, it is recommended that you receive a Tdap vaccine, which guards against tetanus, diphtheria, and pertussis or whooping cough. *Find more information about vaccines for seniors on pages 21–23.*

5

STOMACH CANCER: KNOW YOUR RISK

Stomach cancer isn't the most common form of cancer in the United States, but it is one of the most deadly. Knowing your risk factors is key to detecting this disease early, which can lead to better chances for a cure. While you can't change risk factors such as your age, ethnicity or family history, many lifestyle-related risk factors—including smoking or being overweight—can be modified. Keep an eye out for early warning signs like nausea or vomiting, stomach pain, or a premature full feeling when you eat. *See pages 24–25 to learn more about risk factors and treatment for stomach cancer.*



4

5

COMMUNITY FORUM

Have YOU read an article in *thrive* that you would like to comment on?

We welcome your input!

Email AskThrive@nym.org and let us know if we have permission to print your submission.

GETTING HIP

IN THE LATEST ISSUE OF *THRIVE*, YOU HAD AN ARTICLE ABOUT KEEPING YOUR HIPS HEALTHY ["YOUR HIPS DON'T LIE" ON PAGE 10]. I'VE BEEN DEALING WITH HIP PAIN CAUSED BY OSTEOARTHRITIS SINCE MY MID-40s, AND I'M NOW AGE 65. TO HELP MY HIPS, I QUIT SMOKING AND STARTED EXERCISING. HOWEVER, THE PAIN'S GOTTEN WORSE—IT'S HARD TO GET OUT OF BED SOME MORNINGS, MUCH LESS EXERCISE. MY HUSBAND IS ENCOURAGING ME TO CONSIDER A HIP REPLACEMENT. I'M IN GOOD HEALTH OTHERWISE, BUT I'M STILL WORRIED ABOUT UNDERGOING SURGERY. WHAT ARE THE PROS AND CONS OF THE SURGERY?

THANKS,
MOLLY W.

Molly,

Hip replacement can offer a solution for patients who have tried nonsurgical treatments—including medications and physical therapy—but gained no relief from symptoms. In fact hip and knee replacement surgery is the most successful surgery performed by orthopedic surgeons in terms of patient satisfaction. Many patients report immediate relief from their osteoarthritis pain after a hip replacement and experience improved mobility once they recover from the surgery. One complication that can arise from hip replacement is hip dislocation. Additionally, some patients may develop blood clots or an infection as a result of surgery, although the overall complication rate is less than 1.5 percent—an acceptable number when you consider the gains and major improvement in your quality of life. I recommend that you consult with an orthopedist about your specific symptoms. He or she can offer guidance about the best course of treatment for you.

—Daniel O'Connor, M.D., orthopedic surgeon at NYM

TAKING CARE OF US

THANKS FOR YOUR ARTICLE ABOUT CAREGIVERS FOR THOSE WITH A CHRONIC ILLNESS IN THE WINTER 2015 EDITION ["CAREGIVERS, WHO'S TAKING CARE OF YOU?" ON PAGE 24]. MY FATHER HAS BEEN IN POOR HEALTH FOR THE PAST FIVE YEARS OR SO, AND MY MOTHER HAS BEEN WORKING HERSELF SICK—SOMETIMES LITERALLY—TO CARE FOR HIM. THE ARTICLE PROMPTED ME TO HAVE A CONVERSATION WITH MY MOM ABOUT HOW WE COULD BETTER MEET HER NEEDS.

WE'VE HIRED A CLEANING SERVICE TO COME ONCE A WEEK TO HELP HER WITH HOUSEHOLD CHORES, AND MY SISTER AND I COORDINATE TO STAY WITH DAD ONCE A WEEK TO GIVE MOM TIME TO RUN ERRANDS OR MEET FRIENDS FOR LUNCH OR DINNER. IT'S ALREADY MADE A HUGE DIFFERENCE IN MY MOM'S MOOD AND DEMEANOR, AND DAD SEEMS HAPPIER, TOO.

MANY THANKS,
JENNY B.

SHOULD I BAN SOCIAL MEDIA?

AFTER READING THE ARTICLE "SOCIAL MEDIA INTERVENTION" [PAGE 27, WINTER 2015], I HAVE A FEW QUESTIONS. THE ARTICLE MADE ME THINK ABOUT THE POTENTIAL NEGATIVE EFFECTS OF OVEREXPOSURE TO SOCIAL MEDIA ON MY CHILD. AT THE SAME TIME, I SEE HOW SOCIAL MEDIA CAN CHANGE LIVES FOR THE BETTER EVERY DAY, FROM PROJECTS AT MY JOB TO HOW MY MOM KEEPS UP WITH PICTURES OF ALL HER GRANDKIDS.

WHILE MY 10-YEAR-OLD DAUGHTER DOESN'T HAVE ANY SOCIAL MEDIA ACCOUNTS (YET), MANY OF HER FRIENDS DO. HOW CAN I PROTECT MY DAUGHTER FROM THE DANGERS OF SOCIAL MEDIA WITHOUT LOCKING HER OUT OF WHAT HAS BECOME A SIGNIFICANT PART OF HER GENERATION'S DAILY LIFE?

THANKS,
DAVE T.

Dave,

One of the most important things is to maintain an open dialogue with your daughter about social media parameters and why you feel they're important. Set limits on how much time your kids can spend online and when and where technology can and cannot be used. Keep tabs on your child's Internet and data usage to ensure your rules are being followed and establish consequences in the event that your child bends the rules.

Also, set a good example. It can be just as difficult for adults to put down the smartphone at dinner as it is for teens, but if your child sees you act responsibly with social media, she's more likely to follow suit.

—Paul Carroll, Ph.D., psychologist at NYM

New York Methodist Hospital Community Events

June, July, August, September 2015

SUPPORT GROUPS

Bereavement Support Group

Wed., Sept. 9, 6:30 p.m.–7:45 p.m.
NYM Buckley 8
Conference Room #820,
506 Sixth Street
Call 718.788.4991
for more information
and to register.

Brain Aneurysm Support Group

Sat., June 13, Aug. 8,
9 a.m.–11 a.m.
Executive Dining Room,
506 Sixth Street
Call 718.246.8610 for
more information.

Breastfeeding Support Group

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 Group

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

Diabetes Support Group:

Led by a certified diabetes
educator, this group is for
people with diabetes and
prediabetes.
Thurs., June 25, July 30,
Aug. 27, Sept. 24, 5 p.m.–6 p.m.
Buckley 8 Conference Room
#820, 506 Sixth Street
Call 718.246.8603 for more
information and to register.

Hepatitis C Support Group

The group will be directed
by an NYM clinician spe-
cializing in liver disorders.
Weds., June 17, July 15,
Aug. 19, Sept. 16
6 p.m.–7:30 p.m.
Buckley 8 Conference
Room #820, 506 Sixth Street
Call 718.780.3125 for
information.

Living with MS Support Group

Open to individuals coping
with a wide range of MS
related issues including
but not limited to more
visible MS symptoms.
Tuesdays through July 21
7 p.m.–8:30 p.m.
Buckley 8 Conference Room
#820, 506 Sixth Street
Call 1.800.FIGHT.MS
for more information
and to register.

Look Good ... Feel Better®

Helping women with cancer
feel beautiful inside and out.
Thurs., July 16, Sept. 17
2 p.m.–4 p.m.
Wesley House 6A,
501 Sixth Street
To register (required),
call 718.780.3593.

Parkinson's Caregivers Support Group

The group is led by NYM's
PD care coordinator and is
open to individuals caring
for loved ones with
Parkinson's Disease.
Thurs., June 25, July 23, Aug. 27,
Sept. 24, 2 p.m.–3 p.m.
Please call for location
and to register (required),
call 646.704.1792.

Parkinson's Disease Support Group

Monthly meetings for
those with Parkinson's
disease are led by an

NYM PD care coordinator.
Thurs., June 18, July 16, Aug.
20, Sept. 17, 2 p.m.–3 p.m.
Please call for location
and to register (required),
call 646.704.1792.

Parkinson's Wellness and Exercise Classes

Dance: Thurs., June 11 @ 25,
July 9 @ 23, Aug. 13 @ 27,
Sept. 10 @ 24
Yoga: Fri., June 5 @ 19, July 17,
Aug. 7 @ 21, Sept. 4 @ 11
2:00pm – 3:00pm
Wesley House 6B
501 Sixth Street
Call to register (required),
call 646.704.1792.

Perinatal Bereavement Support Group

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

Pulmonary Hypertension Support Group

Learn more about the
disease and meet others
dealing with pulmonary
hypertension.
Mon., July 13, Sept. 14
5 p.m.–7 p.m.
Wesley House 7A,
501 Sixth Street
To register (required),
call 718.780.5614

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
meeting open to pre- and
post-operative patients.
Thurs., June 25, July 23, Aug. 27,
Sept. 24, 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.

SUPPORT GROUPS ON THE NYM CAMPUS

TIME TO THRIVE!

We invite you to join NYM for an evening
of women's health information and
screenings, pampering services, door
prizes, goody bags, wine tasting, and
healthy hors d'oeuvres. Be healthy, be
happy and have fun with us.

Tues., June 16, 6:30 p.m.–9 p.m.
NYM Carrington Pavilion

Admission Fee: \$15 for single admission or
2 for \$20 (pre-payment required). Attendees
must be 21 and over.

To register (required): Visit nym.org/ThriveEvent
or call 855.NYM.WELL (696.9355).

Space is limited, first-come, first-served.

SPECIAL EVENTS



Seventh Heaven Street Fair

NYM will offer free blood
pressure, dental and podiatry
screenings. Healthcare
professionals will be available
to answer questions. Free health
education and giveaways.
Sun., June 21, 11 a.m.–5 p.m.
Seventh Avenue between
Sixth & Seventh Streets
Call 718.780.5367
for more information.

World Breastfeeding Day

Free educational materials
and giveaways, NYM lactation
consultant available to
answer questions.
Tues., Aug. 4, 11 a.m.–1 p.m.
NYM Carrington
Atrium Lobby
506 Sixth Street
Call 718.780.5367
for more information.

Sickle Cell Awareness Day

Information, giveaways and
hematologists specializing in
sickle cell disease will be
available to answer questions.
Wed., Sept. 23, 10 a.m.–2 p.m.
NYM Carrington
Atrium Lobby
506 Sixth Street
Call 718.780.5367
for more information.

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