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WINTER 2017

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THRIVE WINTER 2017

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AGING GRACEFULLY PAVING THE ROAD TO RECOVERY



24

TABLE OF CONTENTS



16

KID ZONE (SAFE) TREASURES OF CHILDHOOD



22

CONSUMPTION JUNCTION REAL COMFORT FOODS



13

TOUCHING BASE MAKING THE LEAP

PHOTO CREDIT: DAVID GROSSMAN

ALSO IN THIS ISSUE

+ Message from the CEO/Viewpoint	4
+ By the Numbers	5
+ Insights	6
+ Do's and Don'ts/Curb Your Cholesterol	7
+ The Right Choices/Post-Stroke PTSD	8
+ Women's Health/Pregnancy Symptoms That You May Not Know About	10
+ Anatomy Insider/Belly Fat: No Laughing Matter	12
+ Special Report/Circulating Hope: Blood Cancer Treatment	18
+ Men's Wellness/Proud Papa Syndrome	26
+ Relax, Refresh, Refocus/The Meditation Effect	27
+ Q&A/Alan Astrow, M.D.	28
+ Health Quiz/Breast Cancer Symptoms	29
+ Take Five/Your Health Cheat Sheet	30
+ Reader Letters/Community Forum	31
+ Engage with NYM/Support Groups & Events at NYM	32

3

Viewpoint

"I AM CERTAIN THAT ONE
THING WILL REMAIN
CONSTANT. AS IT HAS FOR
THE PAST 135 YEARS,
NEW YORK METHODIST
WILL FULFILL ITS
ORIGINAL MISSION:
TO PROVIDE EXCELLENT
SERVICE TO THE PEOPLE
WHO LIVE AND WORK IN
BROOKLYN IN A
COMPASSIONATE AND
HUMANE MANNER."



As many of you are already aware, this is a time of transition for our Hospital. Twenty-three years after entering into what has been a wonderfully productive alliance with NewYork-Presbyterian, we are now poised, pending regulatory approval, to move into an even closer relationship, with NewYork-Presbyterian assuming the role of active parent. New York Methodist Hospital will be known as NewYork-Presbyterian Brooklyn Methodist Hospital, and Brooklynites will be assured of access to the finest medical care available—right here in their own borough. I am writing this in the early autumn, but we anticipate that the new arrangement will be finalized before the end of the year.

This is also a time of transition for me. After 26 years at New York Methodist Hospital, I have decided to retire. The years at NYM have been the most fulfilling of my life, and I can hardly find words to express what a great pleasure it has been to serve here. I am especially grateful to have been able to be here during the period of Brooklyn's great resurgence and to have gotten to know and work closely with so many of Brooklyn's wonderful people. Together, we have watched NYM become Brooklyn's leading healthcare institution.

As I look forward to traveling a new path on my own journey, I take great pleasure in the knowledge that this NYM is well-positioned for the next exciting chapter in its long and remarkable life. In the coming years, there will surely be changes as the Hospital becomes part of a larger healthcare system. The new arrangement will strengthen community access to expanded ambulatory and primary care, as well as to advanced state-of-the-art specialty care through our continued collaboration with Weill Cornell Medicine. But I am certain that one thing will remain constant. As it has for the past 135 years, New York Methodist will fulfill its original mission: to provide excellent service to the people who live and work in Brooklyn in a compassionate and humane manner.

May you all enjoy good health and happiness in the new year and in the years to come.

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.

THE POWER OF A WORKDAY PAUSE

Short breaks during the workday may increase concentration and productivity, as well as provide health benefits. However, many workers, especially office workers who sit at a desk most of the day, skip breaks—often because breaks are not a scheduled part of the workday or workers are concerned that taking a break may put them behind schedule with their daily to-do lists.

Such thinking may be shortsighted. Studies reveal that when workers take a ten-minute break, the benefit may be a lower risk of eyestrain and shoulder, neck and back tension or pain.

"Breaks are believed to reduce stress levels, help workers reframe perspective, and increase productivity and creativity," says **Nitin Ron, M.D.**, a doctor and researcher at New York Methodist Hospital. "Breaks can include engaging in a physical activity, stretching, deep breathing or simply chatting with a coworker."



THE WORST WAY TO REMOVE EARWAX



Earwax can accumulate in the ear canal and cause discomfort or partial hearing impairment. When earwax builds up, it needs to be removed with care.

Using a cotton swab like a Q-tip to remove earwax can push the wax more deeply into the ear and does not effectively remove it. Although temporary relief may come from using a cotton swab, other methods are safer and more effective, including wax-softening eardrops with carbamide peroxide or irrigation using a syringe filled with water and saline.

"For stubborn earwax, a visit to the doctor may be in order to have the wax removed through a microscopic and microsuction method," says **Matthew Hanson, M.D.**, otolaryngologist and ear surgeon at NYM. "This method may be especially helpful to patients with narrowed ear canals, since earwax buildup can become impacted within the more confined spaces of the ear canal near the eardrum."

AT ANY RATE

"Checking your pulse occasionally has its benefits," says **Jeremiah Gelles, M.D.**, attending cardiologist at NYM. "It's an excellent indicator of how frequently your heart beats, which can help you monitor heart health and fitness levels."

To check your pulse, press two fingers lightly over the blood vessel on the thumb side of your wrist or the outside of your neck under the jaw. Count the pulse beats you feel for ten seconds and then multiply that by six to find your pulse rate—expressed as beats per minute (BPM).

Depending on age and activity, cardiologists at NYM recommend a target resting heart rate of 50 to 70 BPM for adults. People in peak physical condition may experience resting pulse rates as low as 40 BPM.



28%

PERCENTAGE OF **NORTH AMERICAN WORKERS THAT SELDOM TAKE BREAKS DURING WORKING HOURS**

BY THE NUMBERS

1 in 20

NUMBER OF ADULTS WITH **EXCESSIVE EARWAX**

100,000

APPROXIMATE NUMBER OF **TIMES A HUMAN HEART BEATS DAILY**

5

IN WITH THE VACCINE, OUT WITH THE *Disease*

Since the vaccine against human papillomavirus (HPV—a sexually transmitted virus) was approved for young females in 2006, rates of HPV have fallen by 64 percent among teenage girls. For women in their early 20s, a group with lower vaccination rates, the most dangerous strain of HPV has been reduced by more than a third.

The vaccine was approved for use in males in 2009, but adoption rates have been slower for boys, and statistics are not yet available.

Still, researchers are already seeing a decline in HPV complications, including genital warts. They expect to see fewer cases of HPV-related cancers—including gynecological, anal, penile, and throat cancers—as vaccination rates increase and vaccinated children mature into adults.

"All boys and girls between the ages of 11 and 12 years old should be vaccinated," says **Leslie Hayes, M.D.**, chief of adolescent medicine at New York Methodist Hospital. "When children are vaccinated before they are sexually active, they are protected before being exposed to the virus, which reduces their risk of developing HPV-related cancers later in life. Being vaccinated at a young age also produces a higher immune response to the vaccine antigens, providing the best chance for immunity to HPV." The CDC's Advisory Committee on Immunization Practices recommends that children, ages between 11 and 14 years, receive two doses of the vaccine while those between 15 and 26 years receive three doses.



FLOSSING IS FUNDAMENTAL

Your dentist and dental hygienist have been telling you for years that daily flossing is the key to good dental health. However, in August 2016, the dietary guidelines for Americans issued by the U.S. Departments of Agriculture and Health and Human Services removed all mention of flossing.

The reason is that government guidelines are centered on evidence-based, research-backed recommendations, and very little research has been done on the benefits of flossing.

So, is flossing really necessary?

"Yes it is," answers **Aaron Brandwein, D.D.S.**, program director of dental medicine at NYM. "Based on what I have seen in my practice, there's no question that flossing is beneficial. I recommend that everyone floss once a day. While short-term results may not be apparent, I have observed that people who do not floss regularly have a greater risk of developing more cavities, progressive gum disease and tooth loss in the long run."

Your heart may thank you for good flossing habits, as well, because gum disease is a risk factor for coronary artery disease.

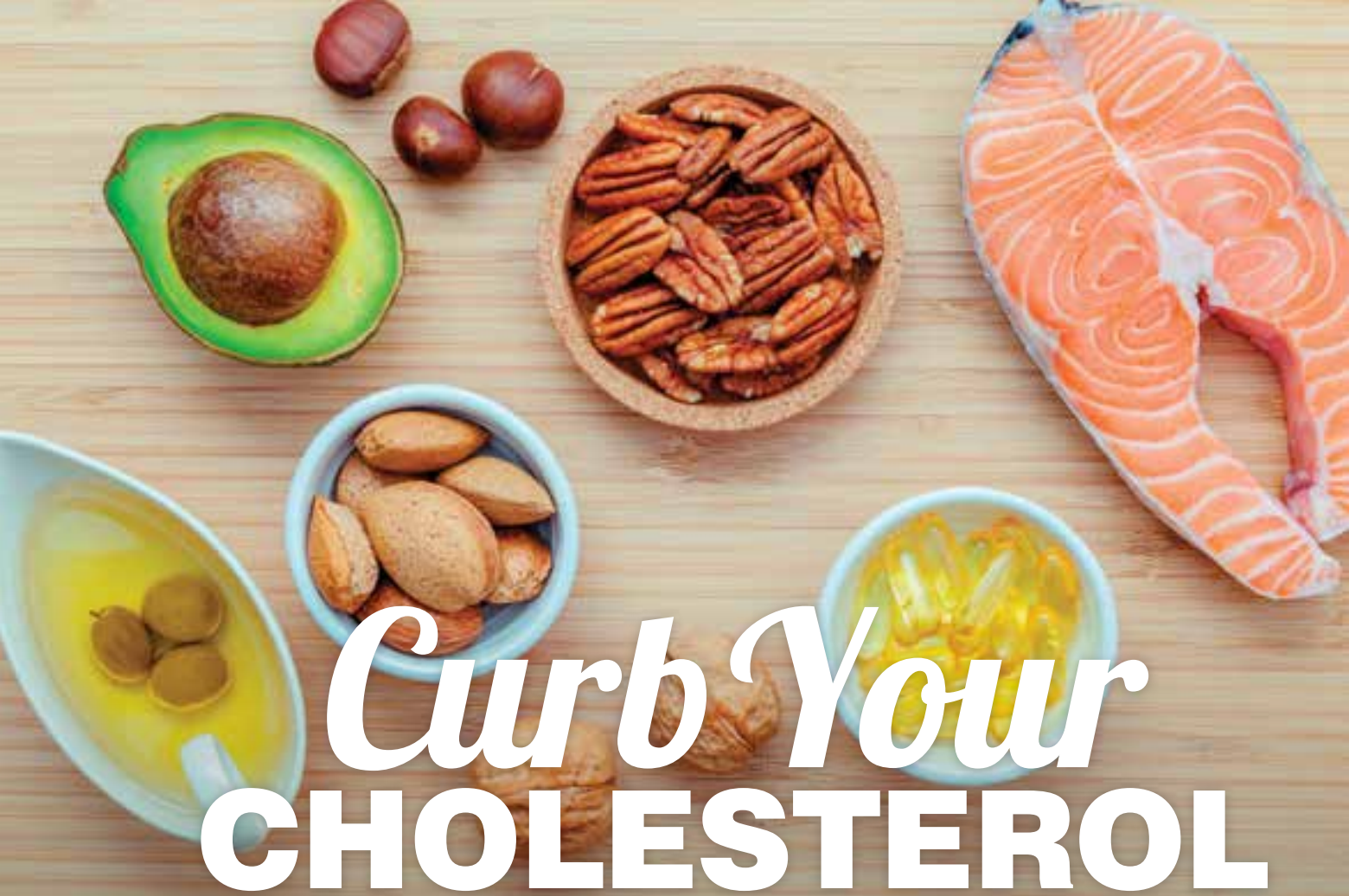
DISTRACTED DRIVING = DANGEROUS DRIVING

Multitasking while behind the steering wheel leads to distracted driving, which is a leading cause of auto accidents. In fact, distracted driving is estimated to be a factor in more than 400,000 car wrecks in the U.S. annually.

While cell phone use is the most notorious distraction behind the wheel, anything that takes attention away from the road can be fatal. Eating, changing the radio station, CD or MP3 player, applying make-up, talking with friends in the car, and using a navigation system are just some of the most common sources of distraction.

"Driver distraction puts everyone in the car and in the vicinity of the car at risk," explains **Lawrence Melniker, M.D., M.S.**, vice chair for quality management at NYM's Department of Emergency Medicine. "It's not the act of holding a phone or driving with one hand that puts drivers at risk—it's the mental distraction. The best practice is to keep the phone out of reach while driving and just focus on the road."





DO's and DON'Ts

DO take prescribed cholesterol medications as directed.

DON'T eat foods containing trans fats like stick margarine or shortening. Trans fats are artificial fats found in many processed foods and raise LDL levels.

DO eat foods containing unsaturated fat. These include monounsaturated fats—like those in olive oil and avocados—or polyunsaturated fats—that can be found in sunflower and safflower oil. These helpful fats can boost HDL levels. Limit foods high in saturated fat, like red meat or full-fat dairy products.

DON'T smoke cigarettes or use other tobacco products. Even secondhand smoke can lower HDL levels.

DO exercise daily at a moderate intensity for at least 30 minutes to help maintain a normal weight and assist the body in raising HDL levels and lowering LDL levels.

Keeping cholesterol levels in check can be a delicate balancing act.

THE BODY MAKES CHOLESTEROL, a waxy, fat-like substance found in cells, in order to produce hormones and help digestion, but it also influences heart and vascular health. High levels of low-density lipoproteins, also known as LDL or bad cholesterol, can lead to atherosclerosis—narrowed arteries, which cause the heart to work harder to deliver oxygen throughout the body. High-density lipoproteins, also called HDL or good cholesterol, help the body balance LDL levels by tracking and removing it, sending it to the liver to be reprocessed. This reduces the risk for heart disease.

LDL cholesterol levels can be affected by genetics, smoking habits, gender and age. LDL levels begin to rise after age 20 in men and women, but increase more significantly in women after menopause. Additional risk factors, including excess body weight and unhealthy food choices, play a significant role.

"The people most at risk for high LDL cholesterol are those who are obese and those who frequently eat high-fat foods," says **John Heitner, M.D.**, director of noninvasive cardiac imaging at New York Methodist Hospital. "When we need to measure cholesterol in a patient, we use a screening blood test called a lipid panel."

When a doctor orders a lipid panel, the patient's blood sample is drawn and analyzed by a medical laboratory to measure a number of factors, including:

- + **LDL** – Levels less than 100 mg/dL (milligrams per deciliter of blood) are acceptable.
- + **HDL** – Levels of 60 mg/dL or higher can help protect heart health. HDL levels can be increased by exercising, maintaining a healthy weight and quitting smoking.

TREATABLE AND BEATABLE

When high LDL cholesterol is left untreated, the risk for heart disease, stroke and vascular disease increases. Aside from lifestyle changes (see "Do's and Don'ts"), the most common treatment for high LDL cholesterol is statin therapy.

"Statin medications like atorvastatin and rosuvastatin are the mainstay for people with high cholesterol, particularly for those with high heart disease risk," Dr. Heitner says. "Hundreds of thousands of patients have been studied to gauge the effectiveness of statins, and the overall benefit is tremendous."

POST-STROKE PTSD

Post-traumatic stress disorder (PTSD) is not just a concern for combat veterans. Stroke patients can develop this condition, too.

EACH YEAR, NEARLY 800,000 Americans experience a stroke, which is caused by a sudden interruption of blood to the brain due to a blockage or rupture in the blood vessels. Strokes typically occur with very little warning and can leave patients fighting for their lives, facing long-term or permanent disabilities, and coping with emotional side effects that can linger long after they return home from the hospital.

"Many people who have a stroke feel that they have lost their identities," says **Natalie Cheng, M.D.**, director of the Stroke Program at New York Methodist Hospital. "They may develop speaking or comprehension difficulties, which can really impair their ability to participate in normal or routine activities. This loss of control over one's own body can be very distressing."

A COMMON OCCURRENCE

Roughly one in four stroke survivors experience PTSD symptoms within 12 months following the event. Despite this frequency, many people do not know that PTSD is a possibility for stroke survivors.

"Patients often know about post-stroke depression, but there appears to be a general lack of awareness when it comes to PTSD and stroke," Dr. Cheng says. "Those of us who treat stroke patients generally focus on medication and physical symptoms, but we also need to raise awareness about the emotional and mental side effects of a stroke."

Signs of PTSD following a stroke can include:

- + **Insomnia**—PTSD can cause sleep disruptions, which—if left untreated for an extended period of time—may raise the risk for additional health problems like cancer or cardiovascular disease.
- + **Depression**—Stroke survivors with PTSD may no longer find joy in things that they used to and may withdraw from interpersonal relationships.
- + **Flashbacks**—Vivid memories of the stroke may spark panic attacks in some stroke patients and could increase blood pressure and, along with it, the risk for having a second stroke.

Recognizing the signs of PTSD following stroke is not always easy. "Because the major signs of PTSD are emotional and behavioral, the person living with the condition may not be the one to notice that there's a problem," says **Jeffrey Benjamin, M.D.**, attending neurologist at NYM. "A loved one or caregiver will usually notice the symptoms first."

**JUST HOW COMMON IS PTSD IN STROKE PATIENTS?
HERE'S A COMPARISON OF SOME OF THE MOST
COMMON CAUSES FOR PTSD:**

Stroke survivors:

25 percent

develop PTSD within 12 months of the event

Military veterans from Operation Enduring Freedom
& Operation Iraqi Freedom:

11-20 percent

have developed PTSD

Sexual assault victims:

30 percent

develop PTSD within nine months of the incident

FINDING A FIX

Post-stroke PTSD patients are often anxious about the recurrence of stroke. It is a legitimate concern because having a stroke increases the likelihood of experiencing a second one.

"One of the best things we as doctors can do for a patient with post-stroke PTSD is to identify the cause of their stroke," Dr. Benjamin says. Understanding the cause of the initial stroke may help mitigate risks for future strokes, giving the patient a greater sense of control. For instance, a stroke in which diabetes is suspected to have played a significant role would prompt the diligent monitoring and controlling of blood sugar levels through lifestyle changes and prescription medications.

Other treatment recommendations for post-stroke PTSD patients include taking medications to combat depression and anxiety and participating in support groups and therapy.

QUICK AND CALM

Each second a person having a stroke goes untreated, more brain tissue dies. A stroke can occur in an instant, but many patients can be spared the disabling effects of a stroke if they are treated with thrombolytics (clot-busting drugs) up to four hours of symptom onset.

Stroke patients can also benefit from advanced interventional neuroradiology, an emergency treatment available at hospitals with advanced stroke programs, such as NYM. Interventional neuroradiology allows highly trained doctors equipped with specialty medical equipment to deliver thrombolytics directly to the blocked blood vessel in the brain, extending the treatment window.

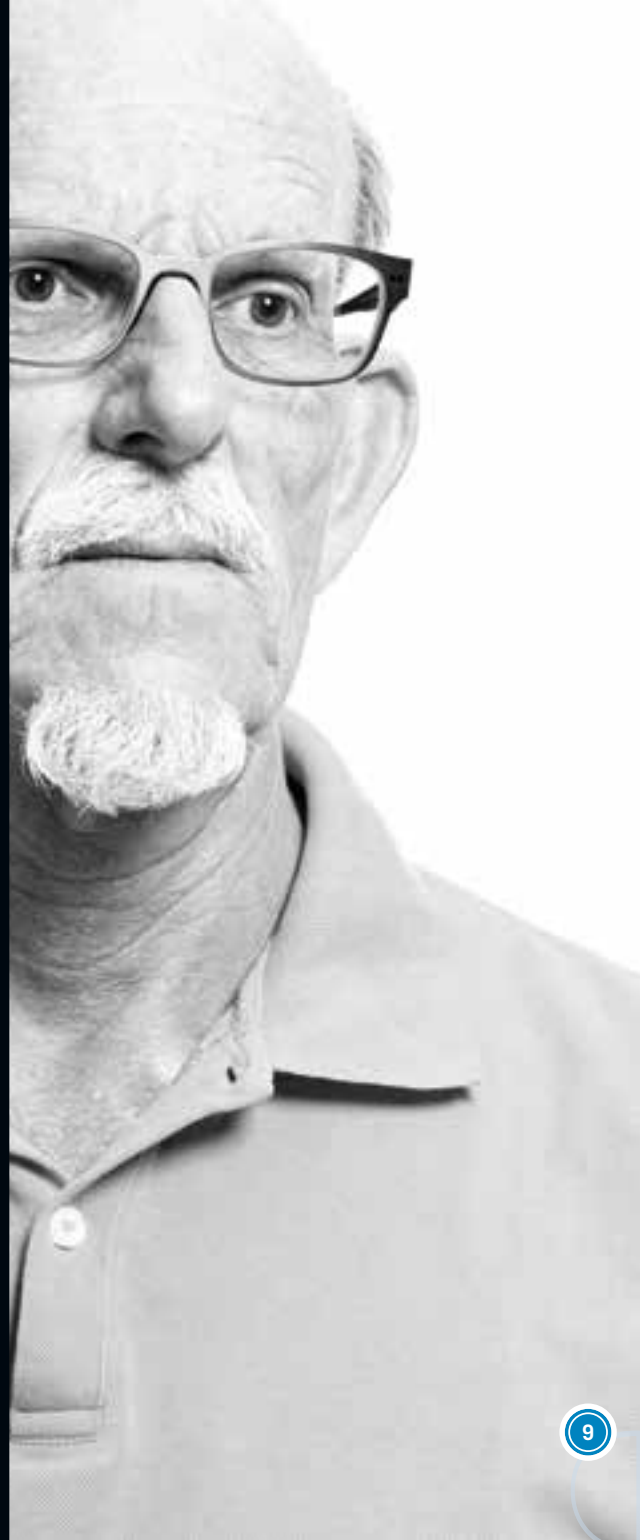
But these treatments rely on stroke victims and the people surrounding them to recognize that there is a problem and seek help. If you suspect someone you are with is experiencing a stroke, think **F.A.S.T.** to identify stroke symptoms and take action.

FACE. Look at the person's face and ask him or her to smile. Does one side of the face droop?

ARMS. Ask the person to raise both arms. Does one arm drift downward?

SPEECH. Ask the person to repeat a phrase. Is speech slurred?

TIME. If the answer to any of these questions is "yes," it is time to call 911. Tell the operator that you suspect a stroke.



PREGNANCY SYMPTOMS THAT YOU MAY NOT KNOW ABOUT

Most women expect pregnancy symptoms to include morning sickness and fatigue, especially during the first 12 weeks. But these are just a few of the changes that moms-to-be may develop.

DISCOVER THE FACTS about eight pregnancy symptoms that women may be less likely to talk about.

1. Stomach troubles—Nausea during the first trimester often gives way to gas, constipation and heartburn as pregnancy progresses. Many women are embarrassed to talk about these symptoms, but they are normal. Nearly half of moms-to-be experience constipation, and most experience heartburn and gas.

One of the main culprits for gastrointestinal distress is the hormone progesterone. Increased levels of this hormone during pregnancy help relax the intestinal muscles, slowing digestion. During pregnancy, it takes two to three times longer for foods to digest. As the baby grows, the uterus also puts added pressure on the stomach and gastrointestinal tract.

Eating six small meals a day—and limiting snacks before bedtime—can help prevent heartburn. To ease constipation, drink ten to 12 glasses of fluids every day and consume 25 to 30 grams of fiber daily. Gas is more challenging to prevent, but avoiding gas-producing foods like cabbage, broccoli and beans may help.

2. Skin changes (beyond stretch marks)—Some women notice dark patches on their face, breasts or inner thighs. Others may develop acne or a dark, straight line known as a linea nigra that begins at the naval and extends downward across the lower abdomen.

It may be tempting to try bleaching creams or acne products to clear the skin, but these products may contain ingredients that are unsafe for the baby. Before using skin care products, women should talk with their doctors. Many of these skin changes begin to clear in the months following pregnancy.

3. Varicose veins—The amount of blood in a woman's body increases by 40 percent during pregnancy. A potential side effect of this is varicose veins—bulging veins that typically affect the lower extremities and pelvic region. Hemorrhoids—a type of varicose vein that develops in the anus—and spider veins on the legs are common examples of the varicose veins that may develop. Women are more likely to develop varicose veins if they are

older than 40, have a family history of varicose veins or have previously given birth.

“Getting regular exercise and wearing compression stockings can help prevent varicose veins,” says **Thomas Paone, M.D.**, obstetrician/gynecologist at New York Methodist Hospital. “After pregnancy, many women find that the swelling and other symptoms disappear.”

4. Nasal congestion and nosebleeds—Some women feel like they have a perpetual cold during pregnancy or experience frequent nosebleeds. A likely culprit for both is the same increased blood flow that causes varicose veins. Nosebleeds are especially common in the winter, due to dry air. Running a humidifier can help prevent nosebleeds and relieve stuffiness. Using a cotton swab like a Q-tip to place a small amount of petroleum jelly near the outside of each nostril may also help.

5. Bleeding gums—Pregnant women may notice blood on their toothbrush after brushing, which can be upsetting. Hormonal fluctuations contribute to swollen, red and tender gums—a condition often referred to as pregnancy gingivitis.

“Gingivitis has been linked to preterm labor and delivery,” says **Jessica Goldman**, certified nurse midwife at NYM. “While the exact mechanism is unknown, periodontal disease is linked to preterm rupture



“No symptom is too inconsequential to mention. Getting reassurance that something is normal can alleviate many pregnancy-related fears, and there may be easy treatments we can recommend to make women feel more comfortable.”

—THOMAS PAONE, M.D.

of the amniotic sac membranes. In other words, it may cause the woman's water to break.”

Women should plan to visit their dentist for a cleaning at least once during pregnancy, and to brush and floss daily.

“Some women don't realize they should see a dentist during pregnancy,” Goldman says. “But women who have periodontal disease or cavities can feel safe getting recommended x-rays, taking antibiotics and undergoing dental work.”

- 6. Snoring and shortness of breath—**As many as 30 percent of pregnant women snore at night, and by the third trimester, most women also feel like they are unable to take a full breath. One of the best ways to prevent both problems is to minimize weight gain.

Women who have a normal body mass index before pregnancy should gain no more than 25 to 35 pounds. Moms-to-be who are overweight at the start of their pregnancies should aim for a 15- to 25-pound gain, while underweight women may need to gain up to 40 pounds. Packing on excess weight increases the likelihood of snoring and shortness of breath that may occur during routine daily activities and at night while lying down, and even sleep apnea, according to Dr. Paone.

- 7. Sweating—**Night sweats and increased sweating during the day can occur frequently during pregnancy. Staying

hydrated and dressing in light, cotton layers can help pregnant women stay cool.

- 8. Vaginal discharge—**Many women notice an increase in vaginal discharge during pregnancy. As long as there is no odor or itching, the discharge is probably normal, according to Dr. Paone. It's also common for women to experience light bleeding or spotting for one or two days after sex. That can be scary for moms-to-be and their partners, but it usually is not a cause for concern. What can indicate complications is heavy bleeding with or without cramping or a large gush of clear fluid. Both of these symptoms warrant an emergency room visit.

Throughout pregnancy, women should talk with their doctor or seek care if they feel apprehensive or are unsure about a symptom's severity.

“No symptom is too inconsequential to mention,” Dr. Paone says. “Getting reassurance that something is normal can alleviate many pregnancy-related fears, and there may be easy treatments we can recommend to make women feel more comfortable.”



Would it surprise you to learn that carrying too much fat around your midsection is just as harmful to your health as smoking?

Belly Fat:

NO LAUGHING MATTER

HAVING FAT BUILDUP in your midsection—visceral fat—can have many negative health effects.

“As a primary care doctor, I worry most about people who live a sedentary lifestyle,” says **Todd Simon, M.D.**, vice chair of internal medicine at New York Methodist Hospital. “Spending much of the day sitting can contribute significantly to the accumulation of visceral fat.”

Excessive visceral fat, which deposits in and around vital organs in your body as well as in the abdomen, puts you at increased risk for heart disease, diabetes, gallbladder disease and breast cancer.

Dr. Simon also warns against the vicious cycle that people can fall into when accumulating visceral fat. Its effect on stamina and aerobic capacity can make individuals less likely to exercise.

“In addition to sedentary living, smoking and a diet that is high in carbohydrate intake can also lead to the accumulation of visceral fat,” says **Hajir Dilmanian, M.D.**, cardiologist at NYM. “The effect that this has on heart health can be significant, contributing to heart failure or a heart attack, which can even lead to sudden death or death at an early age.”

FINDING A SOLUTION

The primary way to lose belly fat is to exercise.

“People talk about dieting all the time—and healthy eating habits are important—but what you may not realize is that exercise benefits occur even when you don’t lose weight,”

Dr. Simon says. “When you work out, you get cardiovascular and aerobic advantages even if you don’t see a drop in the numbers on the scale—and one of those advantages is losing belly fat.”

Dr. Simon and Dr. Dilmanian agree that aerobic exercise—the kind that increases your heart rate—is most effective for ridding the body of visceral fat. Easily accessible fat-burning aerobic activities include swimming, power walking, running, dancing, and indoor or outdoor cycling.

“At a minimum, try walking half an hour a day, no matter what your age,” says Dr. Dilmanian. “In addition, there are very effective clinical treatments to help smokers quit using tobacco and effective FDA-approved medications and procedures to help with weight loss. Ask your doctor for help.”

THE TAPE MEASURE TEST

A simple test using a tape measure can help you determine whether visceral fat may be impacting your health. Your ideal waist circumference should be less than half as many inches as you are tall. Specific measurements to aim for are less than 35 inches for women and less than 40 inches for men. If your waist circumference falls outside these guidelines, talk with your doctor about the impact that it could have on your health. He or she will be able to help you determine the best diet and exercise plan to help you combat this health risk.

MAKING THE LEAP

An appointment to treat an orthopedic injury may have saved the life of one New York Methodist Hospital patient.





THE MOMENT MATTHEW WERT, M.D., orthopedist at New York Methodist Hospital, heard Crystal Cardona speak, he knew that something was seriously wrong. The mother of two was having trouble catching her breath, and her voice was raw and scratchy. Dr. Wert suspected that a blood clot in her lungs was the cause and quickly urged her to go to the emergency room at NYM.

That was the first time Crystal met Dr. Wert. But her journey to his office, and ultimately, the Hospital ER, started far from her home in Flatbush.

A SUDDEN INJURY

On July 12, 2015, Crystal, a supervisor teller at a local bank branch, traveled to New Jersey with her parents, Glenn Johnson and Jezebel Cardona, and her two daughters, Nalanie, ten, and Nysanie, five, to spend the day at a trampoline park.

"I'm the kind of mom who does all the fun, crazy stuff with her kids," Crystal says. "We run around. We dance. We go on roller coasters. So, of course, I was jumping with them on the trampolines."

Crystal and Nalanie were playing basketball on a trampoline when suddenly, Crystal fell to the surface of the trampoline, clutching her knee.

"One minute, I was jumping around with no problem. The next, my left knee just didn't bend, and I fell," she recalls.

The force of the fall tore the ligaments and tendons holding Crystal's knee together. "My left leg felt like a noodle below the knee," she says.

Emergency responders took Crystal to a local New Jersey hospital. When she left the hospital, her knee was braced in

an immobilizer. She was instructed not to put any weight on it or use it at all and to see an orthopedic specialist as soon as possible. She would need surgery to repair the injury.

The first doctor Crystal reached out to was Dr. Wert, an orthopedic surgeon and director of sports medicine at NYM, her local hospital. On the morning of her appointment with Dr. Wert, Crystal developed a sharp pain in her back, and she started to have trouble breathing. She decided to keep her knee appointment with Dr. Wert instead of rescheduling it and waiting at home for her back pain to pass. That's how she came to be in his office on July 20, 2015, struggling to speak.

AN UNEXPECTED COMPLICATION

Crystal's appointment to consult with Dr. Wert about her leg was cut short when he recognized the signs of a possible blood clot in her lungs. Crystal's boyfriend, Miguel Cumberbatch, took her to the ER at NYM, where she was admitted and given oxygen. Imaging tests showed that Crystal had large blood clots in both her lungs.

"Clots aren't very common in young, healthy people like Crystal. She was only 28 at the time that the clots occurred," Dr. Wert says. "But there is a risk for blood clots when someone has an orthopedic injury. Because she'd been in the hospital and then told not to use the leg, she hadn't been moving very much, which can cause clotting. Later, we found out that her mother has a clotting disorder. It was a perfect storm."

After an initial evaluation in the ER, Crystal was moved to the seventh floor, where attending interventional pulmonologist **Keerthana Keshava, M.D.,** took over her care.

"These clots, called pulmonary embolisms, started elsewhere in her body and then traveled to the lungs, where they were big enough to block the small blood vessels that bring blood to the heart," Dr. Keshava explains. "If we hadn't found them and treated her, the clots could have gotten worse and caused her heart to fail."

Dr. Keshava started Crystal on blood thinners to keep more clots from forming. She explained to her that, over time, her body would naturally break up the clots in her lungs. The blood thinners helped the process by preventing further clot formation.

"I was scared about what was happening, but everyone at the Hospital was so helpful and amazing," Crystal says. "The doctors walked me through every detail about what was going on and how I was being treated, and the nurses made sure I was comfortable and got to see my family."

Chest pain from the clots caused part of Crystal's lungs to collapse (atelectasis) as she was unable to take deep breaths. Dr. Keshava prescribed medication to ease the discomfort and started Crystal on deep breathing therapy with NYM respiratory therapists to correct her collapsed lung. It took six days, but once Dr. Keshava said that it was safe, Crystal went home.

GETTING BACK ON HER FEET

Thanks to the quick thinking of Dr. Wert



“Clots aren’t very common in young, healthy people like Crystal. She was only 28 at the time that the clots occurred. But there is a risk for blood clots when someone has an orthopedic injury. Because she’d been in the hospital and then told not to use the leg, she hadn’t been moving very much, which can cause clotting. Later, we found out that her mother has a clotting disorder.

It was a perfect storm.”

—MATTHEW WERT, M.D.

and Dr. Keshava, Crystal’s embolism was healing. But her knee was still nonfunctional. Because blood thinners make it challenging to control bleeding, surgery would have to wait. Dr. Wert and Dr. Keshava worked together to decide when it would be safe for Crystal to have the procedure.

“All of the soft tissue in Crystal’s knee was damaged,” Dr. Wert says. “There was nothing holding it together, and she still couldn’t put any weight on it. I started her on a prehabilitation physical therapy program to improve the range of motion in her leg joints because the better joints move before surgery then the better they do after surgery.”

After several weeks, Dr. Keshava and Dr. Wert decided that it was safe to take Crystal off blood thinners long enough to perform surgery for her knee injury. She was admitted to the Hospital on October

6, 2015, the night before her procedure, so she could be weaned off the medication and her clotting could be monitored. With the support of Dr. Keshava and the anesthesia team, Dr. Wert reconstructed Crystal’s knee the next day.

He used small incisions and secured her leg with a tourniquet to minimize bleeding. All of Crystal’s major ligaments were torn, allowing for absolutely zero stability. Dr. Wert rebuilt and replaced the ligaments and tendons through minimally invasive arthroscopic surgery.

“Each person’s knees are balanced a little differently,” Dr. Wert says. “I looked at Crystal’s right knee to find out how her left should be, and lined things up the same way so that it would feel natural when she walked.”

After surgery, Crystal started taking blood thinners again and continued

physical therapy to regain her strength. She spent time recovering at her parents’ home in New Jersey and followed up with Dr. Wert regularly to make sure that her recovery was on track.

One year later, Crystal is back running around with her girls. She has a new commitment to being active and healthy, is going to school to become a radiology imaging technician, and is even wearing high-heeled shoes again.

“I loved working with Dr. Wert and Dr. Keshava,” Crystal says. “They’re wonderful people. They explained what was going on each step of the way and helped me through this, even though it was scary. They really saved me. Now, I’m focused on being as healthy as I can be. Someday soon, I’m going to be able to dance again. I’m so thankful.”



(SAFE) TREASURES

of Childhood

Two-year old Brandon had claimed one of his eight-year-old sister's favorite dolls after

finding it behind the sofa. "Mine!" he shouted when she tried to pry it from his sticky hands.



HIS SISTER GAVE UP and moved on to a different toy while Brandon gleefully played with the doll. He managed to pull off one of the doll's shoes and popped it into his mouth to chew. Within a few minutes, Brandon sucked the small shoe down his throat where it lodged, cutting off his air supply. Noticing that her little brother was choking, Brandon's sister screamed for their mother, who rushed into the room. As she tried to dislodge what Brandon was choking on, she instructed her daughter to call 911.

Stories like Brandon's are not uncommon: More than 250,000 children in the United States under the age of 15 were seen in emergency rooms for toy-related injuries in 2014—and more than one-third of those children were age five and younger.

While the U.S. Consumer Product Safety Commission (CPSC) increased oversight of toy safety regulations in 1995, requiring that all toys made in or imported into the U.S. after that year meet CPSC standards, some toys can still be hazardous to children.

SIGHTS ON SAFETY

When you are toy shopping, a few strategies that consider the child's well-being can help you choose items that will be safe as well as loved.

- + Avoid toys with loose ribbons, strings or plastic parts that could become detached and be a choking hazard.
- + Inspect stuffed toys to ensure that they are well constructed and to check that they are machine washable so that construction is not compromised if the toy is washed.
- + Shop for art materials that have a non-toxic label. Crayons, paints and other coloring materials should have an ASTM D-4236 label on the package, indicating that they have been evaluated by the American Society for Testing and Materials.
- + Ensure that electric-powered toys include a UL label, indicating that they meet Underwriters Laboratories safety standards.
- + Steer clear of painted toys or purchase only those with labels

indicating that they are painted with lead-free paint.

- + Avoid giving vintage toys to very young children—even sentimental hand-me-downs from family or friends—as toys made prior to 1995 may not meet CPSC standards and may be worn or broken from play.

“When shopping online for toys, it is smart to buy recognized brands,” says **Hilary Fairbrother, M.D.**, an attending physician in the Pediatric Emergency Room at New York Methodist Hospital. “Toys that you buy directly through websites from retailers in other countries may not have been produced under the same level of oversight or with the same guidelines that exist for toys made in or imported into the U.S.”

FOLLOW MINIMUM AGE RECOMMENDATIONS

“I can’t stress enough how important it is to choose age-appropriate toys,” says **Chris Kelly, M.D.**, chief of pediatric emergency medicine at NYM. “One of the primary ways you can help prevent toy injuries is by adhering to the age recommendation labels on packages. They’re there for a reason.”

Indeed, age recommendations help protect children from a number of hazards like choking, fractures, strains and sprains, contusions, abrasions, and lacerations, which accounted for nearly a quarter of toy-related injuries in 2014. Some parents may feel uneasy about saying no to a non-age-appropriate toy that their child received as a gift or denying a younger child the opportunity to play with an older sibling’s toy.

“Don’t let this deter you,” Dr. Fairbrother says. “If your one-year-old son receives a gift from a relative that is for marked for children

ages three and older, put the toy away until he turns three. If you have more than one child, take extra precautions—like supervising play time and making a separate storage or play area for older kids’ toys and another for the younger children’s playthings.”

Consider these recommendations based on age:

Infants, Toddlers and Preschoolers—For young children, the biggest hazards tend to be toys with parts they can swallow, inhale or choke on.

Steer clear of coins, marbles, and games or toys with pieces that are small enough to fit entirely in a child’s mouth, as these items can become lodged in the throat. Opt for toys that are too large to swallow. Choose sturdy toys that cannot break easily and can withstand chewing.

Avoid toys with sharp ends and strings that are longer than seven inches (this includes balloons) or are long enough to reach the back of the mouth. Make sure that all battery-operated toys have battery cases that are secured by tightened screws to keep the batteries of the child’s reach.

Despite all safety precautions, choking is still possible. If your child is choking or struggling to breathe, call 911 immediately. If choking has ended and breathing has normalized or if your child swallowed batteries, either go to the emergency room or visit the pediatrician on the same day of the incident so that your child can be examined.

“Our ED sees up to 200 cases each year involving toy-related injuries,” Dr. Kelly says. “Children five years old and younger usually come to the ED because they’ve swallowed foreign

bodies like beads, marbles or tiny toy accessories, or lodged one in their ears or nose—which is why it’s so important to make sure your children are only playing with age-appropriate toys.”

School-Age Children—When your older children play with toys that involve nets, such as basketball or soccer goals, the net should be firmly attached to the rim to avoid a strangulation hazard.

Toys that move children from place to place—like bicycles, scooters, small battery-powered “cars,” hoverboards, skateboards, and inline or traditional skates—should always be used with protective equipment. Helmets that meet current safety standards and other safety gear like elbow pads, kneepads, and hand, wrist and shin guards are essential. When gifting these types of toys, purchase the safety gear, too. These gifts are not complete without their protective counterparts.

“Older children typically come in with orthopedic and musculoskeletal injuries—especially badly broken bones—from ride-on toys, bikes, scooters, skates or skateboards, and these injuries are often the result of not wearing protective gear,” Dr. Kelly says.

Kids should have fun—playing with toys is important for their development—but it is very important that they have safe toys to keep them active and enrich their young minds.

“It only takes a moment for a child to have an accident,” Dr. Kelly says. “All it takes is one time for you and your child’s world to completely change. Aside from buying age-appropriate toys and the corresponding protective gear, the most important safety measure you can take is to check in on your children frequently as they play.”



Circulating **HOPE:**

BLOOD CANCER
TREATMENT

An increasing number of tools are helping
patients with blood cancer manage and survive
leukemia, lymphoma and myeloma.

RONA, A 43-YEAR-OLD teacher and volunteer tutor, assumed her recent lack of energy was due to a case of flu that had been making the rounds at her synagogue, but when she didn't feel better after a week, she called her doctor.

Rona's blood tests revealed that the cause of her fatigue was chronic lymphocytic leukemia (CLL), a type of blood cancer. She had many questions—chief among them: "What does this diagnosis mean? Is leukemia curable? What treatment options do I have?"

Rona's questions are typical of those asked by individuals diagnosed with any serious disease, including the three major types of blood cancer: leukemia, lymphoma and myeloma. These diseases affect blood cells and can travel through the blood and lymphatic system, affecting other parts of the body. All three tend to weaken the immune system.

Many patients with blood cancers share an increasingly hopeful outlook, as medical advances offer more effective treatment options. Targeted therapy, which uses drugs to attack specific changes that have occurred in cancer cells, is available for blood cancers, but the individual treatments that doctors recommend vary widely according to a number of factors.

"Some blood cancers are clinically aggressive and make people sick quickly, while others are relatively idle and don't require medication therapy," says **Alan Astrow, M.D.**, chief of hematology and medical oncology at New York Methodist Hospital.

LOOKING AT LEUKEMIA

Of the three major types of blood cancer, leukemia affects the blood most directly. Leukemia is a cancer of the white blood cells that begins in the bone marrow, where blood cells develop. White blood cells may mutate and become cancerous, which changes their behavior. They may divide quickly or die more slowly, thus accumulating in the blood and/or bone marrow at the expense of normal cells. When leukemic white blood cells enter the bloodstream, the white blood cell count rises. The cancer cells travel throughout the body and may interfere with organ function.

There are four main types of leukemia:

- + Acute myeloid leukemia (AML)
- + Chronic myeloid leukemia (CML)
- + Acute lymphocytic leukemia (ALL)
- + Chronic lymphocytic leukemia (CLL)

AML, CML and CLL are most common in adults. ALL affects children more frequently, but it is also seen in adults. Acute leukemia is usually easier to cure than chronic leukemia, but patients can live for many years with the disease.

"In general, acute leukemia develops rapidly and has an immediate effect on health. Chronic leukemia forms over

a long period of time and often does no immediate harm," says Dr. Astrow. "A patient with chronic leukemia may not feel sick in any significant way and may not require treatment."

"We don't know what causes most leukemias," Dr. Astrow continues. "Prior chemotherapy and radiation can cause certain types, and so can exposure to some chemicals, including benzene, but most people with leukemia haven't been exposed to those things."

LEUKEMIA DIAGNOSIS AND TREATMENT

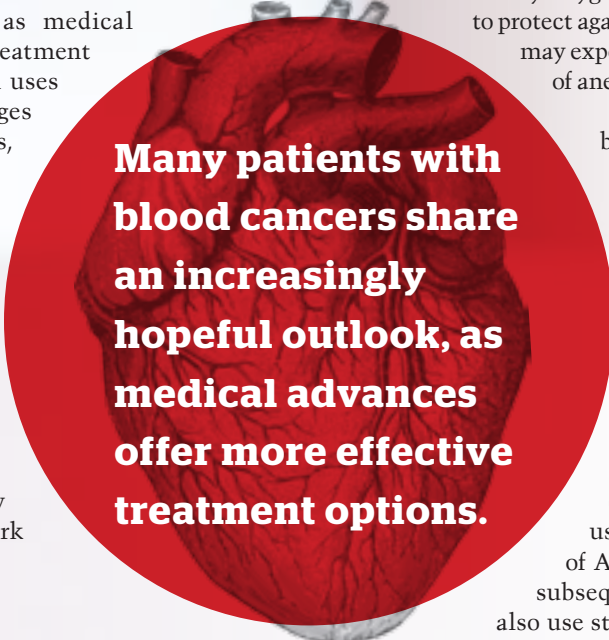
Leukemia symptoms are related to the imbalance that the disease creates in the blood. Leukemia cells crowd out normal cells in the bone marrow so the patient doesn't have normal white blood cells to protect against infection or normal amounts of red blood cells to carry oxygen through the body or normal platelets to protect against bleeding. People who have leukemia may experience infections, bleeding or symptoms of anemia.

Doctors typically diagnose leukemia by examining blood or bone marrow samples. Leukemia treatments depend on which type of disease is diagnosed and may include chemotherapy and/or targeted drug therapy, which acts against cancerous cells and leaves normal cells largely unharmed. The chemotherapy drugs doctors use vary according to leukemia type, and emerging therapies are transforming the way that doctors treat leukemia. Imatinib mesylate (Gleevec®) was the first targeted drug used to treat CML and the PH+ variant of ALL, but it has largely been replaced by subsequent generation drugs. Doctors may also use stem cell transplants to replace diseased or damaged bone marrow. Stem cells can come from patients themselves, donors or umbilical cord blood. Doctors also use these transplants to treat lymphoma and myeloma.

"For example, for AML, the principal options are conventional chemotherapy, which may lead to a cure but can cause significant side effects in older patients, and another type of chemotherapy called hypomethylating therapy that restores normal regulatory mechanisms in leukemic cells allowing for longer survival if not a cure," Dr. Astrow says. Treatments for CLL are evolving particularly quickly with new therapies proving to be very effective.

"There have been a lot of advances in leukemia treatment during the past 40 years," Dr. Astrow says. "For chronic leukemias, in particular, the medications we have now are remarkable and have made a huge difference in how patients fare. I have patients who might have lost their lives to chronic leukemia long ago who are alive and well because of advances in medications."

For Rona, the teacher who has CLL, doctors recommended infusion of a drug that will prompt her immune system to attack certain proteins on cancer cells—a treatment known as



Many patients with blood cancers share an increasingly hopeful outlook, as medical advances offer more effective treatment options.

MEET THE LYMPH NODES

Lymph nodes are small structures that play an outsized role in maintaining good health.

Hundreds of lymph nodes are scattered throughout the body as part of the lymphatic system, a network of vessels and structures that carry immune reactive cells through lymph fluid and bring foreign elements like infectious agents into contact with the immune system as fluid is filtered in lymph nodes and spleen.

Some lymph nodes are located near the skin, including in the armpits and neck. Others reside deeper in the body, like near the bowel. After passing through the lymph nodes, what remains in the lymph fluid is free to merge into the blood.

Swollen lymph nodes are uncomfortable, but they are also a sign that the glands are working properly to combat a foreign invader in the body. When the lymph nodes are fighting an infection, they swell. Usually, only one group of lymph nodes swells at a time. The swelling may occur in conjunction with other symptoms, including fever. If an individual develops blood cancer, lymph nodes may swell in multiple places on the body.

RIGHT-ON-TARGET TREATMENT

Patients with a certain type of slow-growing non-Hodgkin's lymphoma have a new, leading-edge treatment option at NYM: an injectable radioactive particle called yttrium-90.

"The first line of defense against follicular and/or low-grade non-Hodgkin's lymphoma is typically close monitoring and treatment with chemotherapy or anti-cancer drugs," Dr. Ashamalla says. "However, if the patient's cancer recurs after the initial treatment, this new therapy can be added to help prevent it from spreading, thereby giving the patient a much better chance of a cure than previous options."

Yttrium-90 delivers high doses of radiation to the cancer cells. The keenly targeted therapy allows patients to receive a higher treatment dose than they could with traditional, external forms of radiation. The treatment's precision allows it to spare nearby tissues and organs.

TRACKING LYMPHOMA

Lymphoma is a blood cancer that starts in the lymph nodes, which are present throughout the body. The cause is unknown, although immune system abnormalities can increase the risk for the disease.

The first signs of lymphoma are often swelling lymph nodes and lumps, or nodules, which can be felt on the surface of the skin. Affected lymph nodes that are not close to the skin can interfere with nearby organs and cause other symptoms. Diseased lymph nodes that are near the lungs, for example, may lead to coughing and shortness of breath. Other lymphoma symptoms include fever, weight loss, and an enlarged liver or spleen.

There are two main types of lymphoma: Hodgkin's lymphoma, which bears the name of Thomas Hodgkin, the 19th-century British doctor who—along with Dorothy Reed—first described this illness, and non-Hodgkin's lymphoma. Both develop in white blood cells, but they behave differently.

Hodgkin's lymphoma has fewer subtypes and is more curable than non-Hodgkin's lymphoma—more than 75 percent of patients beat Hodgkin's lymphoma. Non-Hodgkin's lymphoma is more common, with more variable subtypes, including some that are curable and others that are not.

LYMPHOMA DIAGNOSIS AND TREATMENT

Doctors typically need a lymph node sample, which is obtained by excision of an abnormal node, to diagnose lymphoma. As with leukemia, the type and subtype of lymphoma determine treatment. Options include chemotherapy, targeted therapy, radiation therapy, stem cell transplant and, in some cases, careful monitoring without treatment—sometimes called watchful waiting.

"For non-Hodgkin's lymphoma, the FDA [Food and Drug Administration] has approved a targeting medication aimed at a particular cell," says **Hani Ashamalla, M.D., chair of radiation oncology at NYM**. "When administered intravenously, it targets the lymphoma cells while avoiding the normal cells. Ibritumomab tiuxetan, also known as Zevalin®, is a radio-pharmaceutical medication which carries a small dose of radioactive substance called yttrium-90 to where the lymphoma deposits. With few side effects, this medication may help extend periods of lymphoma remission." [See "Right-on-Target Treatment" for more about yttrium-90.]

UNDERSTANDING MYELOMA

Myeloma, like leukemia, begins in the bone marrow. It affects plasma cells—a type of white blood cell that makes antibodies to fight infection. Myeloma cells typically spread throughout



the bone marrow in all bones, producing small holes in the bones and leading to the name, “multiple myeloma.”

Researchers are trying to understand what causes myeloma. They have identified several risk factors, including age (older than 50), ethnicity (African-Americans are at greater risk), obesity and radiation exposure. Myeloma may not cause symptoms, but when symptoms are present, they can include bone pain, anemia, kidney failure and excessive calcium in the blood.

“Because myeloma patients don’t make antibodies [infection-fighting proteins] the way that healthy people do, they have a higher risk of infection,” Dr. Astrow says. “All blood cancers are associated with some degree of immune system impairment, so anything patients can do to strengthen their immune systems tends to be beneficial.”

MYELOMA DIAGNOSIS AND TREATMENT

Doctors confirm the presence of myeloma through a bone-marrow biopsy, during which a sample of bone marrow is extracted from the patient’s bone through a thin needle. Treatment may include a combination of chemotherapy and steroid medications. Immunotherapy, radiation therapy and stem cell transplant are options, too.

“Myeloma treatment has improved in recent years,” Dr. Astrow says. “The median survival for myeloma patients has increased from three years to nearly ten years during the past decade. I think that the next step will be learning to better combine our use of new medications with drugs that have been available for some time. If we can do that, we may be able to obtain better responses early in the course of the disease, which will lead to long periods of remission.”

HOPEFUL OUTLOOK

Patients and their doctors can be optimistic that the fight against myeloma and all blood cancers is trending in a positive direction.

“There is reason for individuals who have these cancers to be optimistic,” Dr. Astrow says. “The medical community has made strides in understanding the nature of blood cancers and has developed exciting improvements in treatment. The improved prognoses for many blood cancer patients like those with chronic leukemias and myeloma are proof of how far we’ve come in the past decade.”



Real Comfort Foods

Many people reach for high-calorie foods with little nutritional benefit when they are under stress. Discover some food swaps that may help reduce stress without adding pounds.



STRESS CAN LEAD the body to release hormones that directly impact the appetite. If stress comes and goes in smaller doses, the body may release corticotropin-releasing hormones, which diminish the appetite. When stress becomes a daily occurrence, the adrenal glands release cortisol, which increases appetite and can cause a craving for high-calorie foods, many of which do not offer much nutritional value.

If you have ever reached for sugar-laden or high-calorie foods when stressed, you know that this can temporarily subdue anxiety, but the effects are fleeting.

"Simple sugars will give you a quick boost but they cannot stabilize your energy like complex carbohydrates can," says **Maura Doran, R.D.**, director of food and nutrition at New York Methodist Hospital. "Foods like oatmeal, whole grain pasta, vegetables and beans can provide energy while stabilizing blood sugars, without causing glucose levels to spike and then crash. When dealing with stress, it's important to eat well-balanced meals and think about what you are putting in your body."

If you feel the need for comfort food, reach for these:

- + **Avocados** contain healthy fats and fiber, both of which satisfy hunger and help you feel full longer. Many people find the texture of avocado soothing. Add one to a smoothie or use an avocado to replace sandwich condiments like mayonnaise or ketchup, both of which are higher in calories when compared to an equal amount of avocado.
- + **Garlic** gives a great flavor boost to recipes, seasoning foods without adding extra sodium or additional calories. Research shows high quantities of it may also help reduce blood cholesterol levels. In addition, garlic contains antioxidants that can boost the immune system, which can be weakened by stress.
- + **Dark chocolate** can help reduce feelings of depression by stimulating a neurotransmitter called anandamide, also known as the "bliss molecule." Opt for a one- to one-and-a-half-ounce



serving of dark chocolate containing at least 70 percent cacao.

- + **Fruits like bananas, blueberries and strawberries, and folate-rich vegetables—including broccoli, cauliflower, black beans, kidney beans and lentils**—provide antioxidants that help the immune system defend the body from disease. These foods also stimulate the production of dopamine, a feel-good neurotransmitter that is responsible for an elevated mood after exercising.
- + **Tea** can be a great source of relaxation during peaks of stress. Chamomile and mint teas can help you relax. If you want to make tea without a tea bag, try grating ginger and adding a lemon or orange wedge and a 1/2 teaspoon of honey to a cup of hot water, says Ms. Doran.
- + **Sunflower seeds, pumpkin seeds, cashews, pecans and Brazil nuts** are rich in magnesium, a mineral that helps muscles to relax.

When these foods are not an option, search your refrigerator or store aisle for something unprocessed: fruits, vegetables, whole grains or protein-rich foods (think Greek yogurt—a six-ounce serving can provide up to 20 grams of protein).

GARLIC FOR THE WIN

To roast garlic, peel off the outer layers of the bulb, leaving the skin of the cloves intact. Cut 1/2 inch off the top of the cloves. Place on aluminum foil and lightly drizzle with olive oil before baking it at 350 degrees for about two hours.

Add the prepared garlic to your favorite dips—it is delicious in hummus or paired with Greek yogurt and spinach—or try it in whole grain pasta dishes and hearty winter stews.



RED BEANS WITH ROASTED GARLIC

Are you looking for a hearty, nutritionally balanced comfort food dish that leaves you feeling full? Pair these simple ingredients: dopamine-boosting kidney beans, whole-grain brown rice to energize your body, avocado to provide a creamy texture and garlic to add flavor as well as nutrients.

Ingredients

- | | |
|--|--|
| + 1 cup uncooked brown rice | + ¼ teaspoon salt |
| + 1½ cups water | + ⅓ teaspoon ground cumin |
| + 2 teaspoons vegetable oil | + 31 ounces of cooked red kidney beans, drained and rinsed (no salt added) |
| + 2 cloves garlic, roasted then peeled (See “Garlic for the Win.”) | + 1 avocado, peeled, pitted and chopped |
| + 1 small yellow onion, chopped | + 2 tablespoons fresh cilantro, chopped (optional) |
| + 1 bell pepper, cored, seeded and chopped | + 1 tablespoon Greek yogurt (optional) |
| + 2 tablespoons water | |
| + 1 fresh tomato, coarsely chopped | |

Directions

- 1 Place the rice and water in an uncovered pot on the stove and bring to a boil. Simmer the rice on low and cook for up to 45 minutes, or until tender.
- 2 While the rice cooks, place a large skillet over medium heat on the stove. Introduce oil to the pan before adding garlic, onion, bell pepper and two tablespoons of water. Cook these vegetables for about ten minutes, until they are tender. Add remaining ingredients except the avocado and cilantro, cooking for approximately 30 minutes or until beans soften.
- 3 Place the rice in bowls, spoon the bean mixture on top and garnish with avocado, cilantro and Greek yogurt.

Nutrition Facts

Servings: 4	Carbohydrates: 77g	Sodium: 420mg
Calories: 444	Sugars: 8g	Potassium: 1,018mg
Total fat: 10g	Protein: 17g	
Cholesterol: 0g	Dietary fiber: 18g	

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



PAVING THE ROAD TO RECOVERY

To ensure that a planned hospital stay and at-home recovery go as smoothly as possible, older adults should prepare in advance.

YOU ARE FORGING AHEAD, taking the time to address your medical issue with a hospital procedure. Whether you are going in for gallbladder removal surgery, hernia repair or a hip replacement, taking steps to ensure that you are prepared for every part of the process will be critical to your recovery.

STEP ONE: SET YOUR HEALTH UP FOR SUCCESS

Focus on establishing healthy habits to ensure that your immune system is in top fighting form before your hospital stay. For example, if you have diabetes, you want to ensure that your blood glucose is at a healthy, steady level to support healing.

If you are a smoker, take steps to quit, especially if you are about to have surgery. Nicotine can constrict blood vessels and disrupt oxygen delivery throughout the body. Surgical incisions depend on oxygen to heal.

Aerobic exercise, which strengthens muscles and improves balance, is a positive practice to add to your pre-procedure to-do list. Try running, swimming or walking to benefit your respiratory function, boost bone health and tone muscles.

STEP TWO: NAME YOUR HOME CARE TEAM

Caring for your health after hospitalization requires paying attention to factors that you may take for granted during your everyday life.

"Part of being prepared for hospitalization is to be prepared for post-hospitalization," says **Steven Silber, D.O.**, chief medical officer at New York Methodist Hospital. "It will be easier for you to return home if you understand what care you will need and how your family or caretakers can provide it after leaving the hospital. We want the transition of care upon discharge to be seamless, and that means that you should prepare to recover at home with the support you need."

For instance, how will you get home? Can you handle the stairs to your walk-up? Will you need help with bathing when you first get home? Is going to the

store a task that you can manage on your own during the recovery period?

You should also consider whether you will be able to manage the tasks related to postoperative care like taking medications as prescribed or changing bandages and dressings.

"It is important to understand that your level of function may temporarily change after a hospital stay," says **Joanne Russo-Lagnese, R.N.**, director of patient care transition at NYM. "There may be a loss of independence for a time. This can be the case no matter what your education level, culture or income. Having someone around to help you for a while after your hospitalization can be crucial to the healing process."

Addressing this fact, the New York State legislature recently implemented the Caregiver Advise, Record, Enable (CARE) Act. The law requires hospitals to record the name of the patient's designated caregiver, let the caregiver know when the patient will be discharged and provide the caregiver with instructions for home care. The designated caregiver may be a family member, friend or professional care provider and should be named prior to the patient's discharge from the hospital following a procedure. Instructions may include information on wound care, medication administration, and assistance with activities of daily living, such as picking up prescriptions, shopping and banking.

STEP THREE: SET UP YOUR SPACE

Before leaving home for the hospital, take precautions to ensure that your living space is as accessible and safe as possible.

"Sometimes, patients don't realize that when they come home from the hospital, they will not be in perfect shape," Dr. Silber says. "If you need a procedure that might cause you to have difficulty moving, take proactive measures to make your home slip-proof and fall-proof so that it's ready for your return."

Consider these precautions:

- + If you have area rugs, secure them to the floor with carpet tape or roll them

SURROUND YOURSELF WITH LOVE

Having a support network can help you emotionally and physically as you regain your strength after a hospitalization. According to certain studies, orthopedic surgery patients with strong social support and mental health were more likely to experience higher functional improvement after surgery.

Find friends and family to help you stay motivated. Spend time together. Do things that you enjoy that are not too demanding. Reading, listening to music and cuddling with a favorite pet can be comforting and healing.

up and store them until your recovery is complete.

- + Install handrails in the shower and/or place a waterproof chair in the shower or tub to sit on while you bathe.
- + Reduce slipperiness by pasting decals to the floor of your bathtub.
- + Make sure stairways and hallways are well-lit.
- + Avoid a trip hazard by using low-tack tape to temporarily secure loose electrical wires to the floor.

STEP FOUR: TWEAK YOUR ROUTINE

If mobility or fatigue is an issue once you are released from the hospital, set up a grocery delivery service or recruit a family member, neighbor or friend to pick up your groceries until you feel strong enough to make the trip without wearing yourself out.

Remind yourself to take the right doses of medications at the appropriate times by setting timers and utilizing a pill box that is separated according to days of the week and times of day.

Do not be afraid to ask for help. Don't be too hard on yourself. Give your body the time it needs to heal.



PROUD PAPA SYNDROME

From the moment a child enters the world, everything changes for parents, and studies show that men's health improves after becoming a dad.

"WHILE THERE ARE definitely challenges that come with being a parent, fathers who are involved in their children's lives tend to be less stressed and take better care of themselves," says **Paul Carroll, Ph.D.**, a psychologist at New York Methodist Hospital.

Research shows that fatherhood may even help prevent heart disease and help men live longer.

Part of that has to do with the added physical activity fathers get helping to care for their children. Dads may pace the floor with a restless infant, race to the kitchen for the baby's bottle, hover over toddlers taking their first steps, and jump on their bikes to show their children how its done—all activities that can raise heart rates and help dads be healthier.

As a bonus, when parents are active, children typically are, too. Fathers who choose to exercise and do physically challenging activities set a good example for the next generation.

Fatherhood can also help men reform their eating habits. Feeding a family is more complicated than feeding one or two people. The more time dads spend thinking about and planning healthful meals for their children, the more likely they are to think about their own food choices, too.

Research shows that mindful eating—contemplating food-related decisions, paying attention to feelings of fullness,

etc.—is an effective way to maintain a healthy weight and manage diabetes.

DO GOOD DADS LIVE LONGER?

"The better a man's relationship with his family, the less likely he is to be stressed," Dr. Carroll says. "Men who take the time to get to know their children and be involved in their lives tend to be happier, at home and at work."

Unchecked stress, on the other hand, can negatively affect health, the ability to sleep and even the chances of living a long life. Being an involved father can help keep stress levels more manageable.

On average, women live five years longer than men. One of the reasons for the discrepancy is that men see the doctor less, so their health problems are less likely to be diagnosed and treated.

But dads who take their children to the doctor may be more likely to go to the doctor themselves. It's a good reminder to make an appointment. Fathers also tend to be more health conscious, putting effort into kicking unhealthy habits like smoking. Involved dads want to be there for their families both short- and long-term, and the simple acts associated with being a father may make that easier to accomplish.

THE *Meditation* EFFECT

Meditation has experienced a surge in popularity, but does the ancient practice deserve the hype? Some research says yes.

MEDITATION—THE PRACTICE of quieting the mind by focusing on a single thought or on breathing—has been linked to lower stress levels and enhanced mood, productivity and creativity. Recent research also supports the use of meditation in the management of medical conditions like anxiety, depression, high blood pressure, chronic pain and insomnia.

Nitin Ron, M.D., a doctor and researcher at New York Methodist Hospital, has witnessed the health effect that meditation can have firsthand. Dr. Ron is an avid mountain climber. During one of his treks across the Himalayas, he was hiking at 15,000 feet in subzero temperatures when he observed a group of Buddhist monks, who spend many hours a day in a meditative state, traveling across the ice on bare feet.

"As a medical doctor, this made no sense," Dr. Ron says. "I asked if I could examine their feet, and they were fine. At that point, I started thinking, 'Maybe meditation has a power that science is still in its infancy of finding.'"

That trip spurred Dr. Ron to begin researching meditation. Five years ago, he started studying acute mountain sickness—a sometimes-fatal medical condition that results from low oxygen and sudden exposure to high altitude—in an effort to identify climbers in the Himalayas who may be at risk. The research evaluates climbers' heart rates, blood pressure, neurocognitive function and other parameters at multiple points throughout their climbs. Once Dr. Ron began noticing markers associated with mountain sickness, he started advising climbers to take ten minutes to meditate and focus on deep breathing. The results to date show a positive link between meditation and the prevention of acute mountain sickness.

"This research has the potential to save lives in an environment like the Himalayas," Dr. Ron says. "But it's just one example of meditation's benefits. Once people begin meditating, they may find that they are kinder to themselves and others, happier, and better able to tolerate stressful situations."



RELAX, REFRESH, REFOCUS

A HOW-TO GUIDE FOR BEGINNERS

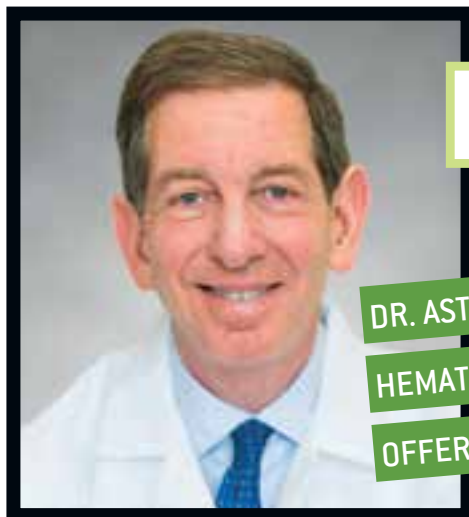
"Many people believe that meditation involves hours of commitment or is only a religious practice," says **Christina Sansolo, R.N.**, a nurse manager at NYM and a yoga and meditation teacher. "But there are many forms of meditation, and there is something that is right for everyone."

Ms. Sansolo recommends setting a goal to meditate every morning, but any time of day—and any location—can work. Beginners often find benefit in setting aside five to ten minutes for deep breathing exercises or trying a guided meditation app.

"It can be difficult not to think about other parts of your life while meditating, especially in the beginning, but the more you meditate, the better you become at it," Ms. Sansolo says. "The best advice I can give is to start small and be patient. The goal is to gain control of your thoughts and mind so that you can remain relaxed and focused."

Q&A

Dedicated to Finding Solutions



ALAN ASTROW, M.D.

DR. ASTROW, CHIEF OF MEDICAL ONCOLOGY AND
HEMATOLOGY AT NEW YORK METHODIST HOSPITAL,
OFFERS HOPE TO HIS PATIENTS.

Q

What are your strengths as a doctor?

A

I have an excellent memory for facts, a good understanding of science and logic, and can keep a whole range of treatment options for patients in my head. But I also like to step into the other person's shoes, understand things from the other's point of view. What's best for the individual patient always comes first. I take special satisfaction in synthesizing a lot of information and complicated concepts to make sense of it all in a way that people can relate to and understand. Doctors need to show that they care about their patients and then help patients make decisions that are right for them.

Q

Why did hematology and medical oncology appeal to you?

A

When I was a medical resident looking to choose an area of focus, I had a very dynamic teacher who influenced me. I was also drawn to the field because I felt that it was an area of need. With all the publicity now associated with cancer fund raising, research and new treatments, we tend to forget that not long ago there was much stigma associated with a cancer diagnosis. I wanted to be part of efforts to be sure that cancer patients were not treated differently from others and received the best possible care.

Q

What area of oncology interests you most?

A

My practice now focuses on the medical treatment of breast cancer and gynecologic cancers, though I am broadly experienced in treating the full range of cancers and blood diseases. As division director, I am eager to recruit more top physicians involved in medical oncology and hematology. We are continuously enhancing the services we provide as new

therapies and research studies become available. I am also very interested in the psychosocial issues surrounding cancer treatment: finding ways to improve communication between doctors and patients and to reduce patient fear and anxiety.

Q

What do you enjoy most about Brooklyn?

A

My dad was from Brooklyn so I've always identified with the borough, even though I was born in Queens. I think that Brooklyn is the most energetic of all the boroughs. The range of people is extraordinary and there is tremendous drive, creativity, and enthusiasm for hard work. Many of the best people in our country are from or got their start in Brooklyn. There are no false airs here: people are direct and will tell you exactly what they think. It's a great place to be.

Q

What do you love to do when you're not working?

A

I love reading—novels, history, philosophy, even theology sometimes—and I enjoy intelligent conversation and a good argument. I am a bit of newspaper addict; I wish more people would read print newspapers so that they won't disappear from the scene. I like going to the theater. I know all the old songs from the '30s, '40s, and '50s—I'm a bit retrograde in that regard. I've written essays on a range of topics related to the human side of medical practice that have been published in medical and general interest journals. I enjoy Jewish study and am an active member of a liberal synagogue. I play golf, poorly. And I'm a long-suffering New York Jets fan.

Q

What would change about yourself if you could?

A

I'm a worrier, which tends to be in the interest of patients, but it can drive my wife and kids a little crazy.

Breast Cancer Symptoms

A diagnosis of breast cancer can be devastating. **Alan Astrow, M.D.**, chief of medical oncology and hematology at New York Methodist, recommends staying informed about changes in your breasts and scheduling screening mammograms as recommended by your doctor. These measures can help detect breast cancer at earlier stages, when it is easier to treat and outcomes are most favorable. Take this quiz to test your breast cancer knowledge.

1

Women who have a family history of breast cancer are more likely to develop the disease than women who do not.

- a. True
- b. False

Answer: a. True. Women who have a first-degree relative—a mother or sister with breast cancer—are more likely to have mutations of the BRCA1 or BRCA2 genes and have an increased risk of breast cancer. BRCA1 and BRCA2 mutations are responsible for an estimated 20 to 25 percent of hereditary breast cancers and five to ten percent of all breast cancers. Genetic mutation of the BRCA genes may be inherited from the mother or the father.

2

What symptoms are associated with breast cancer?

- a. Pain in the breast
- b. Skin irritation
- c. Discharge from the nipple
- d. All of the above

Answer: d. All of the above. A variety of symptoms may indicate cancer of the breast. Additional signs include thickening of the skin or nipple, swelling of the breast, retraction of the nipple, in which it turns inward, or dimpling of the skin.

3

Breast cancer is easy to spot because warning signs are always evident.

- a. True
- b. False

Answer: b. False.

“For the most part, breast cancer has no symptoms,” Dr. Astrow says. “People can have a cancerous lump in the breast and not feel anything. That is why following national mammogram guidelines is important.”

4

Which treatments are utilized for breast cancer?

- a. Chemotherapy
- b. Radiation
- c. Mastectomy
- d. All of the above

Answer: d. All of the above. There are more options for treating breast cancer than ever before. One or more of these may be used.

5

Breast cancer only affects women.

- a. True
- b. False

Answer: b. False. Though it is 100 times more likely that the disease will develop in women, men are not immune. A man with a family history of breast cancer should be aware of symptoms and talk with his doctor about risks and concerns.

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

PTSD AFTER STROKE

People who experience a stroke are at risk of developing post-traumatic stress disorder (PTSD). Each year, almost 800,000 Americans have a stroke, and about one in four survivors experience PTSD symptoms within the first year after the stroke.

PTSD signs are not always easy to recognize, but they include insomnia and depression, as well as anxiety about having an additional stroke.

One of the best ways to curb anxiety and depression due to PTSD is to identify the cause of the stroke and take measures to prevent a recurrence. Some post-stroke PTSD patients benefit from treatments that may include lifestyle changes, taking medication or participating in support groups.

Learn more about post-stroke PTSD symptoms and treatments on page 8.

2

UNCOMFORTABLE PREGNANCY SYMPTOMS

Most women are familiar with common pregnancy symptoms like morning sickness, and fatigue. But there are other common pregnancy symptoms that aren't as typically discussed. These can include indigestion, skin changes, varicose veins, nasal congestion, bleeding gums, nosebleed, snoring, shortness of breath, sweating and vaginal discharge. Many symptoms result from hormonal changes and increased blood volume that occur during pregnancy.

Women should discuss even seemingly trivial symptoms with their doctors. Many pregnancy symptoms can be treated easily. *Get the inside scoop about these and other pregnancy symptoms on page 10.*

3

TOY SAFETY 101

The toy safety scene has changed a lot in the last two decades. In 1995, the U.S. Consumer Product Safety Commission (CPSC) implemented stricter toy safety regulations, requiring that all toys made in or imported into the U.S. after that year meet certain CPSC standards. Even with these requirements in place, some toys still pose a risk to children's safety.

When buying toys for children, read package labels to check that safety guidelines have been met, choose age-appropriate toys, include safety equipment like helmets and knee and elbow pads with ride-on toys, and check in on your children often during playtime to ensure they are playing with toys in a safe manner. *Find more details and safe toy tips on page 16.*

4

BLOOD CANCER

The exact causes of most types of blood cancers, including leukemias, myelomas, and lymphomas remain a mystery. However, modern medical advances over the past few decades have provided more effective treatment options that have changed the way doctors approach and treat blood cancer, helping patients to manage and survive at higher rates than ever before. Treatment options include targeted drug therapy, chemotherapy, immunotherapy, radiation therapy, stem cell transplants and, in some cases, close monitoring without immediate treatment. New therapies are currently being developed to even further improve outcomes for blood cancer patients.

Discover more about blood cancers on page 18.

5

AT-HOME RECOVERY

Preparation is key to making an at-home recovery after a hospital procedure as easy and uneventful as possible.

Steps to a smooth recovery process begin before your procedure with establishing healthy habits to boost your immune system and support healing. It is also important to remove trip hazards (like rugs) in advance of your procedure and make your living space as accessible as possible for recuperation. Equally essential is identifying someone who will see that you get settled at home after the procedure and who will help with everyday activities, such as grocery shopping, if you should need it for a time following your hospital stay. These steps, plus a clear understanding of post care doctor's orders, will give you a good foundation for at-home recovery.

Turn to page 24 to read more on recuperating at home.

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.

OTC DRUG DANGER?

THANKS FOR YOUR ARTICLE "DELVING INTO DIGESTION" [PAGE 18, FALL, *THRIVE*]. IT WAS FASCINATING TO LEARN ABOUT HOW THE BODY WORKS TO GET ENERGY FROM OUR FOOD! RECENTLY, I SAW IN THE NEWS THAT SOME ADDICTS HAVE BEEN USING A COMMON ANTI-DIARRHEAL MEDICINE TO GET HIGH. I HAVE TEENAGE KIDS. SHOULD I WORRY ABOUT KEEPING THIS MEDICATION IN MY HOUSE?

ASHLEY Q.

Thanks for writing, Ashley. Loperamide—sold as an over-the-counter antidiarrheal medication—slows digestion and intestinal movement, preventing diarrhea symptoms for people with an acute problem. When taken as directed, it prevents unpleasant digestive symptoms. However, some people have been known to abuse loperamide, either to get high or to self-manage opioid withdrawal symptoms. When taken in excess, the drug can cause serious heart problems, fainting and death.

Never give loperamide to a child without clearing it with your doctor first and always follow dosing instructions closely. Keep all medications locked up and out of reach of children to prevent accidental overdoses. If you suspect that your children would intentionally take loperamide, either keep the medication behind a locked cabinet that only you have a key to or do not keep it in the house.

—Eric Balmir, Pharm.D.
Chief of Pharmacy at New York Methodist Hospital

KNOWING YOUR RISK

THANK YOU SO MUCH FOR YOUR ARTICLE ABOUT OVARIAN CANCER ("A SILENT DISEASE," PAGE 10) IN THE FALL ISSUE OF *THRIVE*. WHEN I WAS IN MY 20s, MY MOM WAS DIAGNOSED WITH OVARIAN CANCER. UNFORTUNATELY, SHE PASSED AWAY FROM THIS DISEASE IN 1989.

TODAY, I'M IN MY LATE 40s, AND I MAKE SURE MY DOCTOR KNOWS MY FAMILY HISTORY WITH THIS DISEASE. MY DAUGHTERS AND I ARE CONSIDERING BEING TESTED FOR THE BRCA1 AND BRCA2 GENE MUTATIONS. I'M SO GLAD THIS OPTION IS NOW AVAILABLE FOR US. THANK YOU FOR EDUCATING THE COMMUNITY ABOUT OVARIAN CANCER.

JEAN W.

HURRAH FOR MUKUL ARYA, M.D.

IT IS WITH A SENSE OF BELONGING THAT I READ *THRIVE* MAGAZINE. I GAIN NOT ONLY ESSENTIAL KNOWLEDGE BUT ALSO LEARN HOW TO KEEP FIRST THINGS FIRST. IN THE WINTER 2016 ISSUE, REFLECTED IN "FIGHTING FOR LIFE AND LIMB" [PAGE 13], I WAS ALERTED TO USE SAFETY MEASURES AND BE AWARE OF MY ENVIRONMENT IN ALL MY ENDEAVORS. AND THANKS FOR MUKUL ARYA, M.D., FOR HIGHLIGHTING "DON'T FEEL THE BURN" IN THE SPRING/SUMMER 2016 ISSUE [PAGE 5]. I BATTLE CHRONIC HEARTBURN AND DO NOT TAKE OVER-THE-COUNTER MEDICATIONS, BUT I DO HAVE REGULAR CHECKUPS WITH MY DOCTOR.

I FIND YOUR MAGAZINE VERY INTERESTING TO READ.

TEYE B.

New York Methodist Hospital Community Engagement

December 2016, January, February, March 2017

These activities are free of charge.

SUPPORT GROUPS ON THE NYM CAMPUS

Alzheimer's Disease Wellness Support Group*

For patients with cognitive deficits/memory loss and their caregivers.
Mon., Jan. 30, Wed., Feb. 22, March 30, 12:30 p.m.–2:30 p.m.
Wesley House Room 6A,
501 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., Jan. 9, Feb. 13, March 13, 5 p.m.–7 p.m.
Wesley House Room 6A,
501 Sixth Street
To register (required),
call 718.246.8590.

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

Brain Aneurysm Support Group

For individuals and their family members who want to gain awareness about brain aneurysms.
Sat., Dec. 3, Feb. 4, 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.

Caregivers Support Group

For family members and friends caring for an older adult.
Wed., Dec. 14, Jan. 11, Feb. 8, March 8, 3 p.m.–4:30 p.m.
Wesley House Room 6A/6B,
501 Sixth Street
To register (required),
call 718.780.5367.

Diabetes Support Group

For people with diabetes and prediabetes.
Thurs., Jan. 26, Feb. 23, March 30, 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®

For women with cancer who want to feel beautiful inside and out.
Thurs., Jan. 19, March 16, 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

For anyone with an MS diagnosis.
Tues., Dec. 13, Jan. 10, Feb. 14, March 14, 7 p.m.–8:30 p.m.
Buckley Pavilion Room 820,
506 Sixth Street
To register (required), call
1.800.344.4867 or visit
msnyc.org.

Parkinson's Disease Support Group

For those with Parkinson's disease.
Wed., Dec. 21, Jan. 18, Feb. 15, March 15, 3 p.m.–4:30 p.m.
For more information,
location and to register
(required), call 646.704.1792.

SUPPORT GROUPS

Parkinson's Disease Caregivers Support Group

For people caring for loved ones with Parkinson's disease.
Tues., Dec. 27, Jan. 24, Feb. 28, March 28, 2 p.m.–3:30 p.m.
Wesley House Room 6B,
501 Sixth Street
For more information 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

For individuals with pulmonary hypertension.
Mon., Dec. 5, Feb. 6, 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 30-minute, surgeon-led information session for individuals considering the procedure, followed by a 90-minute support group meeting that is open to pre- and post-operative patients.
Thurs., Dec. 22, Jan. 19, Feb. 16, March 23, 6 p.m.–8 p.m.
Carrington Pavilion,
Executive Dining Room,
506 Sixth Street
For more information,
call 718.780.3288.

Stroke Support Group

Share your experience, meet other survivors, and hear from different stroke specialists at NYM.
Wed., Jan. 11, Feb. 8, March 8, 2–3 p.m.
Buckley Conference Room,
506 Sixth Street
Call 718.780.3777 for additional
information and to register.

GO RED FOR WOMEN DAY

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

Fri., Feb. 3, 11 a.m.–2 p.m.

Carrington Pavilion Atrium
506 Sixth Street

For more information, call 718.780.5367.



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

COMMUNITY EVENTS

Senior Health Seminars

Join NYM's physicians as they lecture about senior health topics.
Dec. 14, Jan. 25, Feb. 15, March 22 2:30 p.m.–3:30 p.m.
Brooklyn College Student Center
East 27th and Campus Road
Call 718.501.6092 to register
(required).

Give Kids a Smile Day!

Free dental exams for children including sealant placement, child prophylaxis, x-rays and more. Children ages 1–16 welcome!
Fri., Feb. 3, 9 a.m.–3 p.m.
NYM Kirkwood Pavilion
506 Sixth Street
Call 718.780.5410 for more
information.

Eat Right

To mark National Nutrition Month and Registered Dietitian's Day, NYM's nutritionists will answer questions about popular diet myths, heart health issues, weight management, diabetes and more.
Wed., March 8, 9 a.m.–3 p.m.
Carrington Pavilion Atrium
506 Sixth Street
For more information, call 718.780.5367.

Diabetes Alert! Day

NYM will offer free blood pressure, glucose, podiatry and dental screenings. A pharmacist, nutritionist and diabetes educator will be available to hand out information and answer questions.
Wed., March 29, 11 a.m.–2 p.m.
Carrington Pavilion Atrium
506 Sixth Street
For more information, call
718.780.5367.