Western Pennsylvania
Guide to Good Health
Health News You and Your Family Can Use

INSIDE: The KETO Diet • Is Bariatric Surgery For You? • Heart Health In Women • Autism Update • Symptoms You Should Never Ignore in Children • How to Live a Longer, Healthier Life • Smoke Free for Life • Cardiac MRI’s • Adults Need Vaccines Too • Dementia Caregiving Tips • Memory Care • Senior Guide
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Cataract Surgery: Life-Changing Options
Laser Cataract Surgery and Multifocal Lens Technology
at Scott & Christie Eyecare Associates

William C. Christie, MD is an ophthalmologist for Scott & Christie Eyecare Associates. Doctor Christie has been performing the multifocal lens implant cataract surgery for over twelve years. As the Director for the Clinical Research Institute, he oversees one of the largest clinical research sites in the United States, performing clinical studies for new multifocal technology.

At age 64, Charles Wetzel wasn’t surprised when he learned he had cataracts. He saw it coming. “My vision was changing every three or four months,” the electronic security operator recalls. “I was having trouble seeing the keyboard and computer screen at work. My bifocals just weren’t helping anymore.”

But what did surprise Wetzel were the treatment options available at Scott & Christie Eyecare Associates. And that’s because traditional cataract surgery uses monofocal lens implants, a procedure that improves distance vision but leaves most patients still having to wear reading glasses for up-close and intermediate tasks.

As William Christie, M.D., Wetzel’s long-time eye doctor explained, many patients are now able to enjoy the best of both worlds. That’s because multifocal lens implants, combined with laser cataract surgery, can often eliminate or reduce the dependency for the need for any type (near, intermediate and distance) of corrective lenses.

Multifocal lens implants, combined with laser cataract surgery, can often eliminate or reduce the dependency for the need for any type of corrective lenses.

That was especially good news for Wetzel, who had been wearing glasses since he was a child. Still, it was a big decision. In fact, choosing to have cataract surgery is a decision that occurs just once in a patient’s life.

So, Wetzel took his time. He talked with Doctor Christie, reviewed the educational material provided by the staff and asked plenty of questions. Despite the additional out-of-pocket expense involved, he opted for the laser cataract surgery combined with the multifocal lens implant. Wetzel has never looked back. “I liked knowing that the laser was going to be more precise and that there would be less recovery time,” he says.

Doctor Christie operated on Wetzel’s first eye near the end of December 2016 and followed up with the second eye in early January 2017. “Right after each surgery, my vision was 20-20,” Wetzel says. “The multifocal lived up to all its hype—and then some.”

Nowadays, this Penn Hills resident, without corrective lenses, has no trouble seeing the computer screen, driving at night or spending hours concentrating on the up-close details of his leather working and basket weaving hobbies. And the lifetime of wearing bifocals! They’re now gone, Wetzel says. Nearly a year after the initial surgery, he remains a bit overwhelmed by the life-changing results. “It still amazes me,” Wetzel says.
How to Live a Longer, Healthier Life

Q&A with Dr. Thomas Tambouratzis

Western Pennsylvania Guide to Good Health recently posed a popular question often asked by our readers to Dr. Thomas Tambouratzis, who specializes in Internal and Geriatric Medicine at Washington Health System Internal Medicine:

Is there anything I should be doing to live a longer life?

by Daniel Casciato

There are three primary things you can do to extend your longevity: quit smoking, lose weight and control your blood pressure.

QUIT SMOKING

A study in the New England Journal of Medicine examined the hazards of smoking and benefits of quitting. It found smokers lose nearly one decade of life expectancy compared with those who never smoked. But even if you smoked for years, you can still gain health benefits if you quit now.

There’s an excellent book written in 1999 by Dr. Michael Roizen of the Cleveland Clinic called Realage: Are You As Young As You Can Be?

Dr. Roizen looked at 25,000 studies and looked at the different attributes and how they affected mortality. For example, if someone smoked, he noticed that their risk of dying was actually that of someone who was 10 or 12 years older than their chronological age.

One of the ways that he suggested that information be presented to a patient to motivate them to quit smoking was to say that even though you are 60 years old, your real age is 72 because of your smoking. If you can cut back on your smoking over the next several years, you’ll improve your chronological age and your health.

LOSE WEIGHT

There are a number of things you can do to lose weight including exercising more and improving your diet. When it comes to diet, watch your gluten intake. A large portion of our diet contains gluten, a protein found in wheat, rye, barley and oats. When possible, choose whole grain over whole wheat. Eating whole grain foods within your diet can help lower your risk for many diseases.

Read Michael Pollen’s The Omnivore’s Dilemma and In Defense of Food. Also, check out Wheat Belly by Dr. William Davis and Grain Brain written by Dr. David Perlmutter. These three books talk about how a lot of our wheat supply has been genetically modified and has more gluten in it.

Watch your flour and sugar intake as well. Reducing sugar, in particular, from your diet has tremendous benefits. Lately, the number one book for nutrition on audible.com is Bright Line Eating by Susan Peirce Thompson who discusses cutting back on foods that have added sugar and cutting back on flour in your diet. I recommend all of these books to my patients.

CONTROL YOUR BLOOD PRESSURE

High blood pressure increases your risks of heart disease, stroke and other health issues. High blood pressure can be treated successfully with medication and dietary and lifestyle changes.

If you are having problems getting your blood pressure under control, please talk to your doctor about getting tested for obstructive sleep apnea. The test is a sleep study, and the treatment, called CPAP, will lower your blood pressure.

If you exercise regularly, limit the amount of processed foods as well as your alcohol intake, you can begin to manage your blood pressure.

If you can get these three things under control—smoking habits, diet, and blood pressure—you are going a long way into leading a longer healthier life.

MIRACLE WORKER – LIVING DONOR GIVES LIVER TO FRIEND FROM CHURCH

For Rachelle Jeffers, 33, donating part of her liver was truly an act of faith:

“The Bible teaches that ‘Greater love has no man than this: to lay down one’s life for a friend.’”

That’s exactly what Rachelle did for her friend from church, Allen “Bud” Mitchell, 78, of Altoona, PA, earlier this year.

“I was hugging Bud’s wife after church one day, and she told me he needed a liver,” remembers Rachelle, of Roaring Spring, PA. “I could hear a word in the back of my mind: ‘offer.’ So, I did. I offered my liver to him as if it were a cup of coffee.”

After extensive testing, Rachelle received word that she and Bud were a match. She immediately called Bud and his wife, Ruth, with the life-transforming news. Only three weeks later, Rachelle saved Bud’s life by donating part of her liver to him.

Today, both Bud and Rachelle are feeling healthy. Bud recently celebrated a birthday and resumed teaching Sunday School, while Rachelle is back at work at her local craft center.

Looking back, she jokes that the only downside of being a living donor is that she can’t do it again for someone else in need. “We are called to love one another and to give freely of ourselves,” she said.

At least 21 people will die each day without receiving the organ transplant they need. For every person who donates their organs, tissue and corneas, up to eight lives can be saved and 75 lives can be dramatically improved.

About CORE

With headquarters in Pittsburgh and an office in Charleston, West Virginia, CORE oversees a region that encompasses 150 hospitals and almost six million people throughout western Pennsylvania, West Virginia and Chemung County, New York.

For more information, visit www.core.org, or call 1-800-DONORS-7 or 1-800-366-6777.

Individuals interested in becoming a living donor can find more information on CORE’s website, or they may call (412) 963-3550 and ask to speak with a living donor coordinator.
Adults Need Vaccines Too

By Nancy Kennedy

Vaccinations are generally associated with childhood, but adults need vaccinations, too. They are an essential component of preventive care and healthy living. Most adults are not getting the vaccinations they need, however, and this is of great concern to public health officials, physicians and the Centers for Disease Control (CDC).

Vaccines are one of the greatest success stories in human history. Before they were developed in the middle of the last century, contagious infectious diseases like smallpox were the leading cause of death, wiping out entire populations at times. Smallpox has been eradicated by vaccines and polio is greatly diminished, but it’s a mistake to think that we no longer need vaccines. The very effectiveness of vaccines means that we no longer see diseases that were dreaded by our parents and grandparents, but those diseases still exist, and in this age of globalization, they travel easily. Epidemics still happen, all over the world.

In the U.S., some diseases such as measles are unfortunately making a comeback. Misinformation about vaccine safety and lack of understanding about the importance of vaccines have produced low rates of vaccination among adults, says the CDC. This has consequences for individuals, families and communities. Even when a disease has become rare, high rates of vaccination have to be maintained in order to prevent outbreaks. As long as most people in a community are vaccinated, an outbreak of a disease is unlikely. This is known as herd immunity and it is essential for the protection of those who are most vulnerable: newborns, the elderly, people of all ages whose immunity is compromised, and those who cannot be vaccinated.

Vaccine-preventable diseases include chicken pox, diphtheria, influenza, hepatitis A and B, measles, mumps, pneumatic and rubella, shingles, tetanus and human papilloma virus. Every year, 42,000 adults and 300 children die from these diseases. Vaccine-preventable diseases can have terrible consequences: for example, measles can cause severe illness and even death; shingles can lead to blindness and lifelong pain. The current CDC recommendations are that all adults should receive an annual flu vaccine. In addition, all adults should get Td/Tdap (tetanus-diphtheria, tetanus-diphtheria-pertussis) if they are unvaccinated or if their vaccine history is unknown; Td boosters are recommended every ten years and sometimes in the event of a wound. Beyond those, individual needs are determined by a host of factors: age, lifestyle, occupation, existing health conditions, previous vaccination history and travel habits. Every year, the CDC updates their recommendations and this information is easily accessed at www.cdc.gov.

Amanda Michael, M.D., an infectious disease specialist at St. Clair Hospital, says that vaccinations are an important form of self-care as well as a way of caring for your family, neighbors, co-workers and community. “For those who have chronic conditions, such as diabetes, heart disease or lung disease, vaccinations are especially important, as these conditions, even when well-managed, make one more vulnerable to complications. Vaccines are safe, effective and available. Talk to your PCP about your vaccination history and get the vaccines you need. Do it for yourself; do it for your loved ones.”

Adults Need Vaccines Too

“"For those who have chronic conditions, such as diabetes, heart disease or lung disease, vaccinations are especially important, as these conditions, even when well-managed, make one more vulnerable to complications.”

-Dr. Amanda Michael

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Wilfred R. Cameron Wellness Center
Focuses on Four Pillars of Health

By Vanessa Orr

One of the biggest New Year’s resolutions that people make is to get healthy. They join a gym, begin a workout program, and maybe even start watching what they eat. But while intentions are good, it’s often hard for many people to commit to a long-term fitness goal.

“Many times, people begin to lose motivation, and their efforts fall off after a few months,” explained Stephanie Sedar, sales and marketing manager at the Wilfred R. Cameron Wellness Center. “That’s why we encourage members to focus not just on exercise, but on being well all over.

“We follow a four pillars approach that connects people to the things that matter the most to them,” she adds of the center’s focus on Mindset, Nutrition, Movement and Recovery. “The mind-set pillar is especially important in light of New Year’s resolutions as well as along each step of the journey.”

The first day that a member joins the center, they are asked to read through a set of statements and pick the ones that best describe them at that point in time. They are also asked to set goals, and at subsequent appointments, go through an assessment to figure out what changes need to be made to help them progress.

“We’re unique in that we are here to help our members wherever and whenever we are needed. We want to make sure that they know that they’re not doing this on their own,” said Sedar.

The Wilfred R. Cameron Wellness Center has been partnering with EXOS for the past two years, which makes its staff uniquely qualified to work with members at any level from novice to professional athlete. “EXOS has developed fitness programs for professional athletes, the U.S. Armed Forces and Special Forces first responders,” said Sedar. “This partnership has made our staff’s skills even better—they can work with any type of person from a highly trained athlete to a person who just wants to lose 10 pounds.

“People have a wide variety of goals—everything from wanting to eat better to gaining more energy—and we have the ability to help them meet those goals,” she added.

The center has three registered dieticians on staff.

(Continued on following page.)
Dr. Mark Sperry and Washington Hospital Can Help You Become ‘Smoke Free for Life’

By Nancy Kennedy

If you feel ready to stop smoking, Washington Hospital System (WHS) can help you succeed, with a comprehensive smoking cessation program called “Smoke-Free for Life.” This program is offered through the WHS Wilfred R. Cameron Wellness Center and provides strategies for successful smoking cessation as well as free nicotine replacement. “Smoking cessation can be difficult but it is vital to a healthy lifestyle,” says Mark Sperry, M.D., a pulmonologist and critical care medicine specialist on the medical services staff of WHS. “People often believe that they must quit “cold-turkey,” on their own, without help, which is very difficult and is usually unsuccessful. Research has proven that you are far more likely to achieve long term success when you join a smoking cessation program.”

As a pulmonologist, Dr. Sperry sees many patients with chronic lung disease as a consequence of smoking. When he talks to patients about the risks of continuing to smoke and recommends the smoking cessation program, patients frequently tell him that they have stopped smoking before, on their own, and they intend to do that again. He gently points out that they have resumed smoking – so it’s probably time to try a different, proven approach. “It’s very hard to stop smoking,” he says. “Nicotine is so addictive. A few patients are able to quit with relatively little assistance but most will try to quit multiple times before succeeding. Some of the factors that make success more likely are strong support from family and friends and joining a smoking cessation group. If the people close to you smoke, it’s going to be more difficult.”

Dr. Sperry also recommends enlisting the help of your primary care physician. He says that physicians should always ask their patients about their tobacco use, assess their willingness to quit, provide materials and possibly smoking cessation medications, and should follow-up with the patient. Dr. Sperry says that there is no magic bullet, but there are a number of nicotine replacement products on the market as well as pharmacologic therapies such as Chantix and Zyban.

There have been studies of these medications that have shown that patients are more roughly four times more likely to quit with Chantix and two times more likely to quit with Zyban. Although some side effects such as nightmares and irritability have been reported, these are actually rarer than previously thought.

When a smoker is diagnosed with cancer or a pulmonary disease such as emphysema, smoking cessation obviously takes on more importance. “Treatment of lung disease is often not effective in patients who continue to smoke and continued smoking causes a decline in lung function,” Dr. Sperry explains. “In patients with a new diagnosis of cancer, continued smoking can make chemotherapy side effects worse and can lead to other complications.”

When you stop smoking, Dr. Sperry says, you are likely to begin feeling better quickly: you will probably cough less and symptoms like shortness of breath will improve. However, your lung function is not likely to improve; pulmonary function testing results will most likely continue at the same level. This is not a reason to keep smoking, however; if you continue to smoke, your pulmonary function test results will decline and your symptoms will worsen.

Dr. Sperry is a Pittsburgh native who attended Drexel University College of Medicine and completed a residency at Tufts University in Boston. He finished his fellowship in pulmonary and critical care medicine at the University of Maryland earlier this year. He is committed to helping people stop smoking, and would like to see more smoking cessation programs in the workplace along with incentives for smoking cessation, such as discounts for medications and other rewards. He encourages parents to have calm and clear discussions with their teenagers about the harm of smoking, and to provide them with as much information as possible.

“There are more and more gateways to smoking today,” he says. “Smoking rates are down among teenagers, but they are more likely to take up vaping and other potentially harmful habits.”

According to the Centers for Disease Control (CDC), smoking rates have declined over the past decade from 20.9% of all adults to 15.1%. This is a result of tobacco control (including increasing tobacco prices) and government-sponsored anti-smoking advertising campaigns. Most groups have seen a decline in smoking rates, but the highest rates continue to be seen in men, those with mental illness, and those of lower education levels.

Wilfred R. Cameron Wellness Center Focuses on Four Pillars of Health

(Continued from previous page.)

staff to assist members with a variety of nutritional needs. Exercise physiologists help members learn how to move safely and effectively, and close to 100 group exercise classes are offered each week that are included with membership. The 70,000 sq. ft. facility also includes a physical therapy pool, lap pool and whirlpool, basketball court and walking track.

Members are also coached on the recovery aspect of the four pillars, which includes taking care of oneself.

“It doesn’t matter if you exercise all the time if you eat poorly and are stressed out; you won’t get the outcome you want,” said Sedar, adding that the center’s Spa Harmony, which is open to the public, offers a full range of day spa services including acupuncture, massage and Reiki.

“You need a combination of all four pillars to be healthy,” she added. “People need to exercise, eat well, destress and get enough sleep—and that all comes back to mindset.”

Smoke Free for Life Smoking Cessation Classes FREE and Open to the Public

Smoke Free for Life smoking cessation class includes a customized quit-plan; weight management strategies; stress relief techniques; relapse prevention techniques; and a positive, supportive environment. Classes are free of nicotine replacement gum or patches.

To register, go online to www.wrcameronwellness.org/programs-services/resources or register in person; or contact Shane Bombara at 724-250-6269 or sbombara@whs.org

You do not need to be a member to take the classes. The classes are held at the WHS Wilfred R. Cameron Wellness Center, 240 Wellness Way, 15301. For directions, call 724-225-WELL.
Women's heart health differs from that of men in many significant ways, and while the genders have in common that heart disease is the #1 cause of death for both, there is a tendency for women to give greater attention to breast cancer, and perhaps to fear it more, but the reality is that women are much more likely to develop heart disease than breast cancer. The good news is that heart disease is largely preventable and within one's own control, and Michael Nathanson M.D., a board-certified cardiologist with Jefferson Cardiology Associates, wants to empower women to take charge of this and improve their heart health.

Women experience heart disease differently, he says. “Women tend to have heart attacks later in life than men,” says Dr. Nathanson. “On average, they have a first attack when they are about ten years older. For women, heart attack is mostly a post-menopause phenomenon.” In addition, says Dr. Nathanson, heart attacks are likely to be deadlier for women – more severe, and more likely to be fatal. There are numerous reasons for this. A primary one is that symptoms of heart disease are often more subtle in women, and as a result, they are less likely to be recognized as heart symptoms. Fatigue, shortness of breath, a general feeling of weakness and nausea are among the symptoms that women often experience, rather than the obvious “classic” squeezing chest pain that radiates to the left arm. Because the more subtle symptoms can also be indicative of other problems, or simply be due to fatigue, women are less likely to seek medical help. Thus, their heart disease goes undetected.

Dr. Nathanson states that when women do seek help in the Emergency Room or at their physician’s office, they may not be treated as aggressively as men are treated. He attributes this to the fact that women’s symptoms are not associated with exertion, as men’s are. The delay in identification of heart disease in women means that when they are finally diagnosed, their disease is more advanced, they are older and they may have acquired additional risk factors that complicate the picture, such as diabetes, or hypertension. This is the reason why heart attacks tend to be deadlier for women. According to the American Heart Association, 26% of women age 45 or older will die in the year following a first heart attack, compared to 19% of men.

One in four women with heart disease have “microvascular” angina, which means that the tiny arteries in the heart are occluded by plaque. But these small arteries can’t be seen on a cardiac catheterization or CT scan. “We are unable to visualize the decreased blood flow at that microscopic level,” explains Dr. Nathanson. “It actually appears normal. One of the ways we detect microvascular disease is by testing the way blood flow responds to medication; we diagnose it clinically but it’s a difficult diagnosis.”

Risk factors for heart disease include:
• Family history
• Sedentary lifestyle
• Age over 55
• High blood pressure
• High blood cholesterol level
• Diabetes
• Smoking
• History of medical problems during pregnancy: gestational diabetes or high blood pressure

(Continued on following page.)
HEART HEALTH

At St. Clair Hospital, Cardiac MRIs Are Transforming the Diagnosis of Heart Disease

By Nancy Kennedy

A Mt. Lebanon hospital on the cutting edge of advanced cardiology, at a university-hospital level, offering ground breaking, state-of-the-art technology for the diagnosis and treatment of heart disease: that is St. Clair Hospital in 2018, thanks to the addition of a remarkable new cardiac imaging technology and an exceptionally qualified cardiac imaging specialist, Christopher Pray, M.D. Cardiac MRI is revolutionizing the field of cardiology, and Dr. Pray is uniquely prepared to deliver the benefits and advantages of that transformation to patients in St. Clair Hospital’s service area.

“Cardiac MRI is a new imaging technology that combines the best aspects of echocardiography and nuclear cardiology,” Dr. Pray explains. “It’s a fantastic tool; it uses radio waves, magnets and computer technology to create detailed images of the heart and precise measurements of heart size and function, including the size and functioning of the valves and blood vessels in the chest. It’s as easy for the patient as an x-ray, and is safer than an x-ray, as it does not use any radiation.”

Empowering Women to Improve Their Heart Health

(Continued from previous page.)

Obesity is itself not a primary risk factor, Dr. Nathanson says, unless it is the abdominal, “apple” pattern of fat; obesity is however, related to many of the other risk factors.

Dr. Nathanson emphasizes that a major risk factor is a sedentary lifestyle. “Those who get no regular exercise are at risk for heart disease, but fortunately changing this does not require a major alteration. It only takes a modest amount of exercise to have a significant effect: the AHA recommends a 20-30 minute walk, five times a week. Most people are capable of that. Those who make modest changes actually gain the greatest benefit.”

Women need to become aware that heart disease is a greater risk to them than cancer, and they need to be vigilant about their heart health. Most heart disease is preventable, as it is mostly due to risk factors that can be modified. “You have a lot of control over your heart health,” Dr. Nathanson says. “The same is not true for most other diseases. There are many ways to improve your heart health; one that I recommend, in addition to exercise and healthy eating, is getting a puppy. Pet ownership is associated with reduction of risk.”

According to Dr. Pray, cardiac MRI allows cardiac imaging specialists like himself to visualize any scarring of the heart muscle that might indicate a prior heart attack or other condition. Cardiac muscle can be scarred not only by heart attacks, but also by viral infections, infiltrative diseases, or autoimmune diseases that can attack the heart. Cardiac MRI is now the preferred diagnostic study for the identification of congenital heart disease and for hypertrophic cardiomyopathy, the condition that causes thickening of the heart muscle that can lead to heart failure and sudden cardiac arrest. “Before we had cardiac MRI, the only way to acquire this kind of information was by doing a biopsy of the heart muscle, an invasive procedure with greater risk,” Dr. Pray says. “When you have a cardiac MRI, you’ll have an IV but we don’t use any radiation and we don’t use CT contrast, so there is no risk of injury to the kidney.” Cardiac MRI can also detect heart failure, coronary artery disease, and heart aneurysms.

Cardiac MRI imaging takes place at St. Clair’s Outpatient Center in Peters Township, where the Hospital’s most modern MRI scanner has been updated to perform it.

The hour-long test is an interactive test, meaning that the patient is awake and responding to directions from the MRI technician. “A regular MRI requires that there be no patient movement. The challenge with cardiac MRI is that the heart is always in motion: it’s beating all the time, and the chest is moving with breathing. This made it challenging to do heart MRIs in the past. New technology plus the patient: technician interaction make it possible now; the tech tells you when to hold your breath, and when to breathe again.”

Many cardiac conditions can be missed by standard diagnostic tests, notes Dr. Pray, but cardiac MRI provides remarkable detail. He can see damage to the heart muscle as soon as a coronary artery is blocked; the Cardiac MRI can even show the edema (fluid infiltrate) of the injured muscle.

Cardiac MRI has such tremendous value to patients, and to their physicians, that the demand for it is expected to increase rapidly. “At St. Clair, we are in on the early stages of this revolutionary development in the diagnosis of heart disease; the indications for cardiac MRI are constantly expanding. Currently, we get referrals from PCPs and cardiologists, mostly, and also from pulmonologists and oncologists. Lung disease can lead to heart disease, and chemotherapy medications can injure and scar the heart. Eventually, cardiac MRI technology is expected to serve as an alternative to nuclear stress tests.”

The availability of cardiac MRI further distinguishes St. Clair among the region’s hospitals, Dr. Pray says. “It’s exceptional to be able to offer this remarkable technology, so close to home. It’s an important advance, and it’s exciting that we are able to provide it here. St. Clair is uniquely situated to provide this service.”

Dr. Pray has extensive training in cardiac imaging. He is considered to be “Level III” trained, meaning that he is qualified to train other cardiologists to interpret cardiac MRIs.

To contact Jefferson Cardiology Associates, visit www.jeffersoncardiology.com or call (412) 469-1500.

Many cardiac conditions can be missed by standard diagnostic tests but cardiac MRI provides remarkable detail.

-Christopher Pray, M.D.

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Winter 2018 www.guidetogoodhealth.com
With very few exceptions, we only get one heart. February is Hearth Health Month, and it’s a good time to take another look at what makes us tick.

Ask the Experts

The American Heart Association has a few core recommendations for a heart-healthy diet and lifestyle. First, you don’t want to skip exercise. AHA recommends 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise. If you can get your heart rate up for 30 minutes a day, five days a week, you’ve got that covered. As Dr. James Levine famously said, “sitting is the new smoking,” so get on your feet if you can!

When it comes to your diet, it’s quality over quantity. Limit your intake of sodium, red meat, sugars, and saturated and trans-fats. Figure out how much food your body needs per day, and stick close to that number of calories. Keep these guidelines and your personal needs in context when you think about food author Michael Pollan’s mantra for a healthy diet: “Eat food. Not too much. Mostly plants.”

Chill Out

Scientists are still studying the relationships between stress and heart health, but one thing’s for certain: managing stress helps you manage all sorts of other things that make your heart unhappy. Chronic stress can lead to hypertension (high blood pressure), poor eating habits, or the desire for damaging substances to deal with it, like drugs and alcohol.

Take some time to think about simple things that relax you and make you happy. Quiet meditation, a brisk jog to clear your head and get your endorphins going, a quick phone call to check in with a loved one, or even a favorite (heart-healthy!) snack can all put you at ease during a stressful time. Laughter has been shown to lower stress hormones and inflammation levels, so even catching a funny movie can go a long way.

And the Beat Goes On

It’s 2018. You’ve got the rest of the year and the rest of your life ahead of you. Listen to your heart and keep it happy, and it’ll do its best not to let you down.

Submit by Mike Eaton, Marketing and Member Services, at East End Food Co-op.

East End Food Co-op is the last natural foods co-op left in Pittsburgh from those original, back-to-nature stores. The Co-op offers all of the products of a full-service grocery store, but with a natural and local touch. For more information, visit www.eastendfood.coop

Reduce Your Sugar Intake This Year

One of the healthiest changes you can make in the new year is to reduce your sugar intake. The American Heart Association recommends limiting sugar to six teaspoons a day (100 calories) for women and nine teaspoons (150 calories) a day for men. Excess sugar intake is linked to an increased risk of stroke, heart disease and diabetes. Avoid sweetened beverages including sodas, energy drinks, fruit drinks and coffee drinks.

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All of us, even physicians, have had the experience of being a patient. We’ve all faced the cold waiting room littered with old tattered magazines, and wrestled with the niggling worry in the back of our minds about what the visit might bring. Going to the doctor, even a trusted family physician, can be a time-consuming and stressful experience for anyone.

Because physicians see patients every day, we sometimes lose sight of the anxiety that accompanies you to our office. But we would like to make the experience as efficient, helpful and worry-free as possible for you. So the next time you are scheduled for a doctor visit, consider these 5 tips that may help improve the experience.

1). Bring a written list of your concerns for the visit. In the bustle of the visit, it is easy to forget something that has been bothering you. If we don’t discuss it at the visit, you’ll either keep worrying about it, or spend valuable time playing phone or email tag with your doc after the visit – which is definitely less helpful for all involved.

2). Don’t worry that there are too many items on that list. I find even long lists useful. Even if we can’t address every concern on it at the visit, we can use it to prioritize the most pressing worries or symptoms to focus on and schedule a return visit soon to handle the rest.

3). Bring up your most embarrassing concern first. Physicians are all familiar with the “by the way, Doc, there is one more thing…” that tends to happen at the end of the visit when we have our hand on the door knob. I understand that it may take that long to work up enough courage to mention it, but by then we cannot give this symptom the attention it deserves. And you don’t need to worry about embarrassing us; we’ve heard it all before.

4). Bring a support person with you, if you are worried that you may not be able to remember the plan. Health care is complex, and even with written-after-visit summaries, there often is confusion about how tests can be scheduled, or how to take new medications. Having a copilot in the room to take notes and ask questions for you, can help.

5). Bring a good book or other activity in case you have to wait. I never plan to keep my patients waiting or get behind on my schedule, and I think most doctors agree with this. However, there is a constant conflict between staying on schedule and giving patients the time they need. Some days we may have to handle unforeseen or urgent situations, which puts us behind for the next patients. Having something to do that is not just looking at your watch can make that waiting a little less loathsome.

The best care happens when patients and their physicians communicate directly, honestly and fully. See if these strategies can help make your experience more pleasant and beneficial.

Dr. Amy Crawford-Faucher is a family physician and the program director for the Forbes Family Medicine Residency Program of Allegheny Health Network and a member of the board of directors for the Family Medicine Education Consortium.
Ohio Valley Hospital Welcomes Endocrinologist Kaye-Anne Newton., M.D.

By Nancy Kennedy

Kaye-Anne Newton, M.D., has joined the staff of Ohio Valley Hospital, where she will specialize in the care of patients with diabetes, thyroid disorders and other problems of the endocrine system, which is the body’s complex system of glands and hormones. Dr. Newton is from Bermuda and earned her medical degree from Howard University College of Medicine in Washington, D.C. During her training, she became interested in the endocrine system and chose to make that her clinical specialty. She completed a residency in Internal Medicine and then a fellowship in Endocrinology and Metabolism, both at Howard University Hospital.

From an early age – during elementary school – Dr. Newton knew she would seek a career in medicine. She found inspiration in all the doctors with whom she came into contact as a child, and she has never regretted her choice. “My greatest satisfaction comes from seeing my patients taking control of their health conditions and doing their part to improve their health,” she says.

Dr. Newton treats a wide range of endocrine disorders in her practice, including Type 1 and Type 2 diabetes, hypothyroidism, hyperthyroidism, thyroid nodules and disorders of the pituitary and adrenal glands.

By far, however, diabetes is the most common condition that she treats, due to its prevalence in the U.S. population. According to the Centers for Disease Control (CDC)’s National Diabetes Statistics Report 2017, 30 million adults, or 9.4% of the adult population, has diabetes. In adults age 65 and older, that swells to 25%, and most of these people have Type 2 diabetes.

Diabetes can result in serious complications, including cardiovascular disease, lower leg amputations, kidney disease and vision loss; it is the seventh leading cause of death in the U.S. To prevent or reduce the risk of such complications, diabetes must be managed meticulously, and that means both medical management by a highly credentialed specialist like Dr. Newton, and vigilant self-care by the patient. “Patients often underestimate the significant improvement that can occur in the control of their diabetes simply by making lifestyle changes,” she says.

One of those lifestyle changes is weight reduction. “I help my overweight patients create a reasonable goal based on their physical capabilities. The most effective way to lose weight is a combination of restricting your calorie intake and increasing your activity level. In patients who are obese, there are also some prescription medications that can be added to their dietary restriction and exercise regimen to aid in further weight loss.”

Ohio Valley Hospital offers a comprehensive Diabetes Education program with a certified Diabetes Educator and an American Diabetes Association-accredited program. The program, “Living Well with Diabetes,” consists of a series of monthly classes covering all aspects of diabetes management. Interested persons will need a referral and signature from their physician. A second program, a Diabetes Support group, also meets regularly and provides peer support, education, socialization and featured speakers. Anyone who is interested may join this group.

Dr. Newton believes that every individual patient has unique health requirements. That’s why she feels strongly that they should create a healthy lifestyle and diabetes management plan for themselves based on their own identified needs, abilities, and health conditions. “Our society has become too focused on what others are doing,” she states. “Often, you will see articles in the media about what certain celebrities are eating or how they are losing weight. For some people, this may be a motivation, but for most, it is actually a deterrent. It’s important for patients to avoid comparing themselves to others and to create their own individual plan.”

Dr. Newton also treats many patients with thyroid disorders and says that this condition is being identified more frequently than in the past. “This is primarily due to the fact that more screening is being performed and many thyroid nodules are being identified accidentally, through imaging studies performed for other reasons.”
Ohio Valley Hospital now has an Endocrinologist!

OVH Welcomes Dr. Kaye-Anne Newton to our Physician Services Staff!

Dr Newton will be treating patients with a variety of ailments, including:

- Type 1 and Type 2 diabetes mellitus with insulin pump management
- Thyroid disorders such as underactive thyroid, overactive thyroid and thyroid nodules
- Osteoporosis
- Pituitary disorders
- Adrenal gland disorders
- Medical weight loss therapy

Ohio Valley Hospital also has an Outpatient Dietitian and Diabetes Educator, Susan Zikos, on staff.

If you would like more information on the classes and support groups offered by Susan, please call 412-777-6205.

Ohio Valley Hospital
Physician Services
27 Heckel Road
Medical Office Building, Suite 205
Kennedy Township, PA 15136

Office Hours
Monday - Friday • 8:00am - 4:30pm
To make an appointment call 412-777-4364.
Making resolutions is a New Year’s tradition for, many people, that means making a commitment to lose weight by going on a diet and starting an exercise program. For those with a serious weight problem, however, diet and exercise alone may not be enough.

Monongahela Valley Hospital (MVH) offers a “Weight Control and Wellness Program” for patients who need help in gaining control of their weight. Started two years ago, the program offers a structured diet and exercise program and, if needed, bariatric surgery.

Hiram A. Gonzalez-Ortiz, M.D., a general/gastrointestinal surgeon on staff at MVH, is director of the program. A fellowship-trained bariatric surgeon, Dr. Gonzalez-Ortiz has extensive experience with weight management programs.

“The problem with obesity is that it not only decreases your time alive, but it significantly decreases your quality of life,” he says.

Obesity or the abnormal or excessive accumulation of body fat, according to the World Health Organization, is measured by Body Mass Index (BMI). “The calculation for BMI is the person’s weight in kilograms divided by the square of his or her height in meters. There are now online calculators and graphs that can help you calculate BMI. A BMI of 25 or more is considered overweight. A BMI of 30 or more is considered obese,” says Dr. Gonzalez-Ortiz.

According to Dr. Gonzalez-Ortiz, the incidence of obesity is increasing. “Approximately 35 percent of all adults in the United States are obese. At the current rate by the year 2030, 44 percent of all adults will be obese. The causes for obesity are multiple and include increased food intake (portions), unhealthy food (calories and food choices), physical inactivity, and urbanization,” he says.

Dr. Gonzalez-Ortiz notes that obesity is associated with “heart disease, hypertension, diabetes, high cholesterol, obstructive sleep apnea, arthritis, and psychiatric disorders (depression, eating disorders).”

When a patient who is overweight or obese is referred to the MVH Weight Control and Wellness Program, physicians and clinicians evaluate the patient based on lifestyle, diet, culture, physical activity, age and gender, as well as certain environmental, psychological, and genetic factors that contribute to obesity. They also review other illnesses or conditions that may be a result of, or made worse by, the obesity.

The team of physicians, dieticians, physical therapists and exercise physiologists design a personalized weight management program for the patient that includes, among other activities, nutritional counseling, a medically-supervised weight loss plan, and physical activity. These services are offered either at MVH or at the MVH HealthPlex in Belle Vernon.

For patients who are not successful in managing their weight in the personalized weight management program, bariatric surgery may be indicated.

“Bariatric surgery is a discipline within surgery that specializes in patients struggling with obesity,” says Dr. Gonzalez-Ortiz.

“Bariatric surgery is recommended for patients with a BMI of 35 and a medical disease associated with obesity, or a BMI of 40 without a medical condition associated with obesity. An ideal candidate for bariatric surgery is a patient in the age range of 18 to 65, a BMI between 35 and 70, and at least one medical condition associated with obesity. Patients outside this range could be candidates for bariatric surgery at some specialized centers,” he notes.

The problem with obesity is that it not only decreases your time alive, but it significantly decreases your quality of life.”

Dr. Hiram A. Gonzalez-Ortiz

Bariatric surgery is not without risks, particularly considering that obese patients may have other health complications. “Just like other surgeries, there are risks of bleeding, infection, heart/lung complications or blood clots. Specific to bariatric surgery is a risk of leakage of gastric content or, in some specific surgeries, the non-healing of new connections in the gastrointestinal tract made during surgery,” Dr. Gonzalez-Ortiz says.

“Nutritional deficiencies are also possible after bariatric surgery. Since this operation is now done mostly laparoscopically (a camera and small incisions), the risk of complications is less than five percent in most cases,” he adds.

Recovery and Lifestyle Changes

As a minimally-invasive surgery, recovery time from bariatric surgery is usually less than traditional surgery. “The recovery time varies between patients. The majority of the patients are discharged from the hospital within two days after surgery. The average recovery time is two to four weeks, specifically for any lifting,” says Dr. Gonzalez-Ortiz.

Bariatric surgery does not eliminate the necessary lifestyle changes that patients need to make in order to lose pounds and maintain a healthy weight. “There are some lifestyles changes to follow after bariatric surgery. Bariatric surgery is only a tool for the patient to get where they need to be. It helps them feel full with less food. Initially, they need to concentrate on a high protein/low fat diet. They have to drink plenty of water (64 ounces per day) and they have to increase their level of activity (60 minutes per day). The patient then creates a series of routines that helps them maintain the weight loss,” explains Dr. Gonzalez-Ortiz.

Weight Loss Goals

How successful are patients in achieving their weight loss goals following bariatric surgery? “The weight loss expectations depend on the type of surgery performed and the patient’s adherence to the rules after surgery. They range from 50 to 75 percent of the excess weight at two years after surgery. More than 80 percent of patients can maintain the weight loss after surgery as long as they maintain their routines and a healthy lifestyle. If they don’t adhere to the lifestyle after bariatric surgery, they could start to regain weight within two years after surgery,” he says.

If you want further information on weight control and bariatric surgery at MVH, visit www.monvalleyhospital.com/bariatric-surgery.asp for more information and a list of dates.
LOW-CARB DIETS. WITH THE ATKINS AND OTHER SHARES MANY SIMILARITIES TO AS KETO, IS A VERY LOW-GENIC DIET, OFTEN REFERRED HEARD OF KETO? THE KETO-

>By Matt Mrazik RDN, LDN

The diet involves drastically reducing carbohydrate intake, and replacing it with fat. The reduction in carbs puts our bodies into a metabolic state called ketosis. Ketosis is a natural process the body initiates to help us survive when food intake is low and when this happens, the body becomes incredibly efficient at burning fat for energy.

Our bodies are extremely adaptive to what we put into them, so when we overload them with fats and take away carbohydrates, our bodies will begin to burn ketones as the primary energy source. Ketones are produced in the liver from fat. They are then used as fuel throughout the body, including the brain. The brain consumes lots of energy every day, and it can’t run on fat directly. It can only run on glucose… or ketones. The main concern with the ketogenic diet is that when the individual begins increasing their carbohydrate intake, the body begins to store it into fat as it has been using fat, or ketones, as the main energy source.

A ketogenic diet may help people who are overweight, have diabetes, or are looking to improve their metabolic health. There are over 20 studies that show that this type of diet can help in weight loss and lower risk factors for other diseases, but as with any other diet or meal plan, consult your physician first.

As this diet requires a drastic lifestyle change, it may be beneficial to also consider meeting with a registered dietitian to see if it is the right option for you. At the Wilfred R. Cameron Wellness Center, the registered dietitians meet with clients one on one to help make the right diet and lifestyle changes appropriate for each individual.

**FOOD:** Increase your ingestions of essential fatty acids from fish, eggs, flax, walnuts, almonds, broccoli and spinach. Some plants are more effective than SSRI drugs. As are amino acids like L-tryptophan and 5-HTP, and B vitamins.

**FLOWERS:** The flower essence Mustard has shown to lift the shadow of gloom from the light and joy of life. Flower essences can be applied directly to the skin or tongue, or added to your water and ingested.

**ESSENTIAL OILS:** Jasmine essential oil acts as an anti-depressant and euphoric. Citrus oils, like lemon, can stimulate feelings of happiness. Many people diffuse essential oils in their homes and offices.

**COLORS:** The colors yellow, orange, and red stimulate mood. These colors can come from foods, clothing, lighting, and room décor. Even music can be used to alleviate depression.

**EXERCISE:** In the winter months exercise can be challenging but very helpful. Bundle up, find a gym, or a buddy to help keep you motivated. A 20 minute walk outdoors at noon is all you need as this increases your exposure to natural light and can raise your spirits. Set your timer for 10 minutes and walk briskly.

When the timer buzzes, turn around and head back. Before you know it, you’ll be walking 140 minutes a week and experiencing the positive side effects.

**SUPPLEMENTS:** St. John’s Wort to promote restful sleep and enhance dreaming has been shown to be effective. This extract has been thoroughly researched as a natural anti-depressant. Studies have shown St. John’s Wort produces improvements in anxiety, depression, sleep disturbances, and without side effects.

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**How to Avoid Being SAD During the Winter Months**

**by Tracie L. Yautz**

Are you among 20% of the population who experience reoccurring depression/anxiety especially in the winter months? Seasonal Affective Disorder (SAD) is a common ailment due to the days being shorter, darker and rainier. People who have SAD report feeling “normal” in the summer months. Some common symptoms of SAD are: hopelessness, anxiety, social withdrawal, oversleeping, appetite changes, weight gain, difficulty concentrating, and loss of interest in activities you once enjoyed.

Medical treatment utilizes anti-depressant drugs called serotonin reuptake inhibitors (SSRIs) with side effects that are not appealing.

*If you want to avoid medication, here are some natural approaches for seasonal sadness.*

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When the timer buzzes, turn around and head back. Before you know it, you’ll be walking 140 minutes a week and experiencing the positive side effects.
At Arc Human Services, Community Participation Has Many Benefits

By Nancy Kennedy

Arc Human Services serves individuals with intellectual and developmental disabilities with programs that enable them to fulfill their potential, reach their personal goals and improve their quality of life, through satisfying and meaningful work and relationships. Arc accomplishes this with a range of innovative programs that address the unique abilities of each and present them with tailor-made opportunities to learn, work, gain confidence, develop increased independence, and contribute to the community.

It sounds like a lot, and it is. But Arc Human Services has a track record of remarkable success, and the Community Based Services Program is growing in size and expanding in mission. Audra Burd, Director of Community Based Services, says that community participation is strongly emphasized at Arc Human Services and has numerous benefits for both the individual and the community.

“Our Home and Community Habilitation Program includes services that focus on supporting individuals that live in the community at home with their families, independently, or with assistance. We assist them with various activities of daily living, development of social skills, safety awareness, and household management, recreational and volunteering opportunities.”

Employment Services includes a series of steps designed to ease the individuals into the working world gently and skillfully. According to Audra Burd, a component of Employment Services is the Supported Employment Program where the individual has a job coach, who helps with not only securing a job but also learning the requisite skills and becoming adjusted to the work environment. Each individual is initially given a thorough assessment to identify their capabilities and interests, and then they are matched to a workplace. Individuals have been able to secure positions in janitorial and maintenance work, bulk mailing, vehicle detailing, food service, and stocking merchandise. Many businesses in the Washington area are participating including Eat’n Park, K-Mart and the City of Washington.

There is a pre-vocational Training Center in Washington County, where individuals first learn basic job skills. A key component of the pre-vocational training is community participation – clients volunteer with various organizations as a step towards working, and a chance to build confidence as they interact with others. “Our individuals volunteer with several different groups every day,” Burd says. “We have adopted a Meals-on-Wheels route, we go to Thomas Campbell Apartments and we volunteer at City Mission. We are also assisting with the City of Washington’s beautification project... It’s enriching for them and gives them a sense

(Continued on following page.)
European Travel Tips for an Enjoyable, Accessible Vacation

Europe, Ah Europe…a country steeped in history, culture, cuisine…as well as cobblestones, stairs, and narrow passages. This can be daunting for individuals who have mobility concerns, whether in a wheelchair, use an assisting device or just prefer to walk a little slower. Don’t let this deter you from experiencing a great trip! Here are some tips for the relaxed pace traveler:

Plan Ahead – Edinburgh, Cologne, Versailles - many European sites are more accessible than you may think. Advance planning and research shed insight on many accessible attractions. Maybe you’re planning a family vacation and want to be sure everyone’s wants are covered – it’s always a good idea to prepare. Having a few back-up ideas comes in handy too. You never know when mother nature may interfere with a cruise on Loch Ness or whale watching excursion out of Reykjavik. And if you don’t have time to do the research, reach out to a travel professional – like us!

Map Your Path - Knowing your route ahead of time prevents your vacation from becoming a stressful struggle. Identifying wheelchair ramps, flat pavement, accessible building entrances and transportation stations make for an easier trip.

Be Prepared - Don’t let a flat tire on your scooter while sightseeing in picturesque, mountainous Switzerland ruin your trip! Pack according to your needs, and consider such items as spare parts for equipment, ample supplies and medications. Also, consider engaging a travel companion – this can be extremely valuable in unexpected situations.

Consider a Tour - Traveling with a group offers many benefits – you get to sit back and enjoy the trip, while all the plans, routes and details have been handled for you. Some companies – like us – cater to accessible and relaxed pace travel.

Whether you want to see something new - or very, very old - or simply relax and unwind, know that travel can be available to everyone. So go ahead, book that bucket list Mediterranean Sea cruise, family holiday in classic London, anniversary getaway in romantic Florence, once-in-a-lifetime exploration along the Normandy coast, or any other trip you envision and explore the world!

Patti and Kelley are the co-founders of The Relaxed Explorer, specializing in accessible, guided small group tours. Call at (412) 386-8730 or visit us online at www.therelaxedexplorer.com.
Rehabilitation Helps Police Chief Recover from Stroke

Jim Farringer has been the police chief for O’Hara Township for more than 12 years now. He also has experience as an EMT and volunteer fireman.

In February 2014, he had a stroke during work. He spent 12 days in the hospital.

“I was scared,” he said. “Will I ever get back to my job again? Will I ever ride a motorcycle again or play with the kids? It really had me worried.”

After he was released from the acute care hospital, he transferred to HealthSouth Harmarville, one of two HealthSouth hospitals in the Pittsburgh area. HealthSouth’s second hospital is in the town of Sewickley.

“I spent 28 days at Harmarville. They wheeled me in on a stretcher and I walked out of there with a walker,” he said. “My right leg was absolutely dead. They just kept encouraging me and eventually I was able to move it on my own. They actually got me up on a treadmill and got me walking and eventually they had me jogging.”

After discharge, Farringer underwent a series of tests to regain his position on the police force and today he is back to active duty. Perhaps the sweetest part of his recovery has been his return to his beloved motorcycle.

“I have a 2006 Harley Davidson Ultra Classic,” Farringer said. “I have a motorcycle trip planned after retirement. I want to do the four corners of the lower 48 states. It’s just the sense of freedom you have whenever you’re on a bike. After a busy day at work, I get on the bike and forget about the day’s events. It’s so relaxing.”

Farringer is thankful for the team that treated him at HealthSouth and his ability to both return to work and his bike. He added that he has a few words of advice to future patients of HealthSouth.

“Work with these people, give it 110% and they will put you back on your feet,” he said.

For more information, visit demandhealthsouth.com or call 877-937-7342.
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ACCESSIBILITY SOLUTIONS
With almost 8 years of experience, Home Smart aims to inform the public & provide bathroom safety modifications such as walk-in baths & safety showers for seniors & those with limited mobility. We provide each customer with a safe bathroom environment, customized to fit their needs to keep them remaining safe & independent in their own home. We have converted bathtubs to showers, installed safety showers and converted both bathtubs and showers to KOHLER Walk-In Baths. These safety modifications usually include safety grab bars, non-slip floor surfaces and handheld shower sprayer wands that can be used while safely seated when bathing. The right bathroom remodeling can reduce the risks and frustration of having limited mobility and can allow seniors to live at home longer while remaining INDEPENDENT AND SAFE.

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**Q:** What is Thermography?

**A:** Digital infrared thermal imaging, also known as thermography, is a non-invasive test of our bodies’ physiology. In short - thermography studies how our body is functioning.

Unlike standard medical imaging tools, thermography doesn’t look at structure in the body i.e., lumps, breaks, etc. Instead thermography analyzes temperature and vascular patterns that provide an early indication of dysfunction and a unique look at how your body is functioning overall. Not only does thermography provide medical analysis outside of other diagnostic tests but also is, radiation-free, painless, and requires NO contact with the body.

The detection of dysfunction, diseases, and physical injury is achieved by displaying thermal abnormalities and patterns present in the body. The visual image that is created from a thermography screening is a Thermogram.

Thermograms are used to evaluate, and monitor thermal abnormalities present in a number of diseases and physical injuries. All Thermograms are interpreted by Medical Doctors (M.D.’s) and should be further evaluated by a medical professional that can then plan accordingly and layout a program to further diagnose and monitor your health.

Thermography is a valuable procedure for alerting your doctor to changes that can indicate early stage dysfunction or disease. Thermography screenings can be utilized for any area of the body but has particular sensitivity to aiding in the detection of subtle physiologic changes that accompany breast pathology, whether it is, fibrocystic disease, an infection, or a vascular disease.

For more information or to make an appointment at Health Enhancing Thermography at their new location in South Park, call (855) 254-4328 or visit www.heat-images.com.

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**Simple, Speedy Sauteed Chicken**

Heat 2 tablespoons of olive oil in a large nonstick skillet over medium heat until hot. Saute 1 pound of boneless skinless chicken breasts, about 4 minutes each side. Remove chicken from pan, and saute 4 sliced garlic cloves and (if you have it) ½ teaspoon fresh thyme for 30 seconds. Top the chicken breasts with the garlic and thyme and add a squeeze of lemon. Delicious and fast!
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24 Guide to Good Health www.guidetogoodhealth.com Winter 2018
By Luciana Randall

By now, many readers are familiar with autism characteristics – social and communication differences, repetitive movements, and a variety of other traits. While it may be good to be aware of these things, really understanding the basis and meaning of differences is most important to the lives of autistic individuals. Overall, though, it may be more important for us to recognize that, even given the autism “explanation,” people with autism also may have other medical issues happening that deserve primary attention.

Forty percent (40%) of autistic people also have epilepsy. So even though the use of eye contact may differ, (as a person with autism might direct their ear to the speaker instead of looking at them, which can hijack comprehension,) staring spells, rapid blinking, or other seizure-related behaviors deserve medical attention, just as they would in a non-autistic person.

People with autism generally don’t often participate in sports to the degree their same-age peers might. But instead of chalkin that up to “it’s the autism,” think about pain sensitivity, joint hypermobility, or energy deficits. Does the person have other reasons not to participate, making bike riding, swimming, running or skateboarding difficult? Do they fatigue easily, have chronic pain or other issues that might get more attention if they did not have autism? Those are factors to consider for any autistic person.

By the same token, some parents or caregivers tend to ascribe regular developmental issues (like only wanting to wear red, or having separation anxiety after the loss of a grandparent) to autism. They may see everything through the autism lens and try to deal with a regular phase with behavioral therapy methods, as if the phase or reaction is a pathological issue.

Reviewing something like Piaget’s developmental stages will help parents and caregivers of many kids with disabilities before they make a decision to tackle a new issue with behavioral intervention. A few visits to a grief counselor could really do the trick, for instance, when behavioral change follows loss, just as it would any child.

The list of “maybes” is long! Vision or hearing problems, food intolerances, migraines, phobias, anxiety, sinus conditions – these and many other factors can create behavioral change in any one of us. So, next time you (if you are autistic) or your family member experiences difficulties – think about what other things could be factors first before jumping to the autism conclusion.

Luciana Randall is Executive Director of Autism Connection of PA.

For more information on the Autism Connection of PA, call (412) 781-4116 or visit the website www.autismofpa.org.
By Nancy Kennedy

For parents of children with autism and related disorders, times of change and transition can be stressful. At Every Child, Inc., Pittsburgh’s pioneering non-profit organization that supports families and children with special needs through a range of services, challenges like these are addressed by the agency’s Family Based Mental Health program’s special Autism Team.

“Change is tough for kids with autism, even when it is well planned,” says Samantha Baillie, M.A., L.P.C., therapist and leader of the Autism Team. “The change may be a new house, a new baby, a new school, new teachers or even a new bus driver. Many kids will feel anxious as they anticipate changes, and their anxiety can be absorbed by the parents, who have concerns of their own.”

Baillie and her colleagues at Every Child help families identify and implement strategies to reduce stress, helping the whole family to navigate changes and adjust. For example, if the return to school is the source of stress, Baillie suggests that parents ask the school to let them bring the child to the school ahead of time to get acquainted – or reacquainted - with the environment, and perhaps meet the teachers and other staff. “A calm, controlled personal visit to the school can be very helpful. It promotes a sense of control. Another idea is to help kids manage changes is to keep bedtime routine and predictable, says Stacey Pfalzgraf, Family Based clinician. “For any transition, structure should be encouraged. It helps make things more manageable. It helps to use planners, calendars, pictures and a visual schedule so the kids know what to expect. We are available to collaborate with organizations and schools as they get to know the child and prepare to meet their needs.”

Every Child’s Family Based Services program emphasizes the uniqueness of every child and family, and approaches each with great respect for their individual needs and efforts. It is an intensive service, providing in-home intervention for families with a child that has significant behavior problems and has not progressed with less intensive services. The Family Based program is also offered to families with a child who is at risk for placement outside the home, in a psychiatric hospital or therapeutic residential facility. The program provides family and individual behavioral therapy, service coordination, skills training and advocacy. The Autism Program offers intensive support, education and therapy, provided by clinicians who have advanced training and expertise specific to the needs of children on the autism spectrum and their families. There is also crisis intervention available 24/7. Families receive home visits two or three times per week, for a period of 32 weeks.

According to JoJo Altebrando, the Family Based service is holistic and comprehensive. “We look at every angle and consider every factor that may be contributing to the family’s situation. We make an effort to get the whole story and learn what they think is going on. We explain the process and help them identify the goals; the family decides what they need and chooses their treatment, and this is quite powerful for them. Often, they experience systems, such as school systems and the healthcare system, as intimidating, so when they can find their own voice and power, it’s enormous for them and so satisfying for us to see.”

“Every transition, structure should be encouraged. It helps make things more manageable.”
- Samantha Baillie, M.A., L.P.C.

New Provider Joins Pediatric Alliance

Nicole Frost, CRNP joins Pediatric Alliance, PC, the largest independent medical physician group in the Greater Pittsburgh.

Nicole Frost, CRNP joined Pediatric Alliance, effective December 4, 2017. Ms. Frost will practice at our Fox Chapel Division which is located at 3394 Saxonburg Blvd. Suite 600, Building C, Glenshaw, PA 15166.

A graduate of the University of Connecticut, she received a Bachelor of Science degree in Nursing. She earned her Masters of Science in Nursing and her Certified Registered Nurse Practitioner (CRNP) license at Quinnipiac University in Hamden, CT.

As the largest physician owned group pediatric practice in the Pittsburgh region, Pediatric Alliance offers 18 different office locations. For more information, visit www.pediatricalliance.com.
The Importance of Support

By Justin Gerwick

Imagine a child with Autism Spectrum Disorder. Let’s say his name is Brock, he’s 15 years old, and he is a student at a public high school. Brock has tousled blonde hair, owns a rotation of t-shirts he likes to wear, and enjoys fantasy stories, such as Lord of the Rings and Harry Potter.

Just as any other student does, Brock has a daily routine. He puts on one of his favorite t-shirts, gets on the school bus at the edge of his driveway, and arrives at school around 7:30 a.m. But once Brock is in school, his day isn’t the same as others. He’s surrounded by the loud and busy hustle and bustle of students traveling to classes, he’s bothered by the piercing sound of bells ringing to signal the end of class, and he doesn’t concentrate in math quite the same way the other students do.

These factors, among others, affect the way Brock does many things within the school setting. They affect how he learns and the way he concentrates. But perhaps most importantly, Brock struggles to apply the skills and knowledge he gains in the classroom to his life outside of the school’s walls.

These things are important in the shaping of a human being. Children and young adults receive most of the skills and training they apply to everyday life within the school setting. After all, children spend one-third of their day at school. So, shouldn’t Brock’s time be spent wisely, receiving education in ways that he can actually learn?

Now imagine a school setting in which Brock could receive specialized supports in addition to his education. Instead of spending all eight hours of his school day learning math, science, and reading and writing, he might spend some of his time learning life skills. He could learn to properly do things such as sweep the floor, wash and fold laundry, make a bed or clean dishes. He could spend time with other students working on arts and crafts. And he could spend his time learning with professionals from many disciplines, such as Special Education Teachers, Speech and Language Pathologists and members of support staffs, in order to ensure that his individualized education plan is executed properly.

These additional supports will not only help Brock to truly grasp what he is learning in school, but it will also help him to apply the knowledge and skills he attained into his everyday life. The ultimate goal, after all, is to help Brock return to a normalized setting with the ability to excel.

For more information, you can reach Justin Gerwick at jgerwick@salisburymgmt.com at New Story. New Story’s private licensed schools offer an academic learning environment and multiple therapeutic services to help students achieve success while dealing with emotional, educational and behavioral challenges. For more information on New Story, call (877) 622-7245 or visit the website www.newstory.com.
Symptoms Parents Should Never Ignore in Children

By Kevin Brown

It’s certain that parents will be confronted with symptoms of illness in their children. Some of these symptoms may be harmless. However, others might be warning signs of serious illness that require immediate medical attention, or, at the least, a phone call to the pediatrician.

Katie Rich, MSN, CRNP-PC, IBCLC, a nurse practitioner with the Pediatric Alliance at their Allegheny North Side office, offers the following guidelines about medical symptoms in children, some possible causes, and when parents should seek immediate help, call the pediatrician, or simply treat at home.

Fever
“Fever is common in childhood and just means the body is working to fight off an infection,” Katie advises. “Most of the time, kids with fever can be watched at home for a day or two and given over-the-counter fever reducers. Head to the doctor within a day or two if the fever persists and the child has other symptoms such as pulling at ears, a sore throat or a cough,” she says.

According to Katie, one exception is a fever of 100.4 or higher in an infant less than three months old.

“Newborns have immature immune systems and can become very ill quickly. We do not recommend fever-reducing medications in this age group because we don’t want to mask the fever. Call your pediatrician right away.”

“Another exception is when a fever is present for five days in a row. Call the pediatrician in this case because, if there is no definitive cause, the child may need further evaluation,” she notes.

Abdominal Pain
“Abdominal pain is one of top reasons kids are taken to hospital emergency rooms and can be a tough symptom to determine the cause, especially in nonverbal children who can’t describe their symptoms,” Katie says.

“Often, it is related to common causes like gastrointestinal viruses, constipation, or stress. Mild symptoms can be treated at home with rest, diet modifications and monitoring.”

Katie cautions that parents should call the pediatrician when pain lasts over 24 hours, when pain is severe and unrelenting (child may be doubled over), or the presence of blood in vomit or stools, green-colored vomit, a hard or firm belly, or pain accompanied by a fever. These symptoms could indicate more serious ailments like “Newborns have immature immune systems and can become very ill quickly. We do not recommend fever-reducing medications in this age group because we don’t want to mask the fever. Call your pediatrician right away.” Appendicitis or rarely, an intestinal blockage.

Headache
“Headaches in older children can be related to other illnesses such as dehydration, lack of sleep or possibly, migraines. Minor headaches that are not persistent and aren’t associated with other symptoms can be treated with rest, hydration and over-the-counter medications.”

(Continued on following page.)
pain relievers like acetaminophen or ibuprofen,” Katie notes.

“Contact the pediatrician if a child younger than school age complains of a headache, as well as a child of any age who has neurological symptoms like balance problems, dizziness or visual disturbance; a child who is awakened from sleep due to head pain; or a child who has a headache accompanied by a stiff neck.”

“Headaches occurring two or more times per week requiring ibuprofen or acetaminophen and any headache that is increasing in frequency or severity need to be evaluated by your child’s doctor,” she cautions.

Vomiting and Diarrhea

At some point, a child will have vomiting and diarrhea – alone or together. The cause is usually a virus, particularly if they are occurring together. Many times, a trip to the doctor isn’t necessary and parents can manage symptoms at home with a regimen of rest; small, frequent meals; and fluids, according to Katie.

However, sometimes vomiting and diarrhea can be severe enough to cause dehydration.

“Children should see the doctor immediately if they go more than eight hours without a wet diaper or urinating, if they are listless, or are unable to hold down any fluids,” she cautions.

“Some other signs of dehydration include dry lips and mouth, lack of tears when crying or a depressed fontanel in an infant – the ‘soft spot’ on top of the head.”

Breathing Problems

“Breathing problems in a child should always be evaluated. Common causes include viruses such as respiratory syncytial virus, or RSV; the common cold; pneumonia; allergies; or a chronic respiratory disease such as asthma,” Katie says.

“If a child is congested or has a cough, but is able to eat well and play, parents could wait for a few days before going to the doctor. Cough and cold medications are not recommended for children. Speak to a pediatrician for advice on supportive care at home.”

“Parents should call 9-1-1 or go to the nearest hospital emergency room immediately if a child is having trouble catching his or her breath; breathing hard and fast; retracting (can see ribs when breathing in); or has any sort of facial or lip swelling, color change (pale or blue) or flaring nostrils,” she says.

Katie recommends calling the pediatrician if a child with asthma requires albuterol more frequently than every four hours.

Rash

“Rash is a very common complaint and most rashes are harmless. They can develop from viral infection, eczema or a reaction to a new substance. If a rash is widespread, not improving, or is itchy or painful, call the pediatrician for an appointment,” Katie says.

“Hives are a type of skin rash characterized by red, raised, itchy bumps. They can occur with a serious allergic reaction called anaphylaxis. Some causes of anaphylaxis include bee stings, medications, and certain foods such as nuts. Signs of anaphylaxis include hives, difficulty breathing and vomiting/diarrhea with abdominal discomfort. If these symptoms are occurring, it is important to be evaluated right away by calling 9-1-1 or by going to nearest hospital emergency room,” Katie recommends.

Education is the Best Medicine

Parents who educate themselves have an advantage in dealing with their children’s health challenges. Katie recommends new parents take pre- and post-natal educational classes along with basic CPR and first aid courses.

Pediatric Alliance offers baby prep courses and Baby 9-1-1 or Parent Panic classes that are geared toward new parents. It also offers a baby handbook on its website including important reasons to seek medical care. The website also displays a link to an online symptom-checker from the American Academy of Pediatrics.

“Our offices always welcome any questions,” Katie says. “Parents can call and speak to an experienced nurse.”

As a final bit of advice, Katie says that parents are not supposed to be the experts.

“Seeking advice through an online search engine can be terrifying and cause unnecessary worry. If parents have concerns, they should always consult their pediatrician for advice.”
By Nancy Kennedy

A lot of wonderful things happen at the Western Pennsylvania School for Blind Children, the region’s renowned institution dedicated to the education and development of children with visual impairment and other disabilities. It is an exemplar organization that has for 130 years pioneered numerous innovations and programs that have vastly improved the lives of children and families and it continues to do so in 2018.

Evidence of that leadership can be found in the WPSBC’s Cortical Visual Impairment Clinic, commonly known as CVI Clinic. CVI is a form of visual impairment in which the interference in visual function does not exist in the eye itself, but in the brain; the structures of the eye, including the optic nerve, are healthy. CVI occurs in the vision pathways and visual processing centers of the brain. Simply stated, cortical visual impairment is brain based, not a failure of visual assessment.

“The problem is in the transmission from brain to eye,” says Beth Ramella, Director of Outreach Services and CVI Project Leader, who oversees the CVI Clinic program. “CVI is the result of an insult to the brain or neurological disorder. It can be from anoxia (lack of oxygen), trauma, non-accidental trauma, stroke or brain hemorrhage, near-drowning, or ventricular shunt malfunctioning, or it may be due to a congenital brain anomaly. At WPSBC, 80% of the kids on our campus have been diagnosed with CVI. It is often undiagnosed or underdiagnosed; this is an underserved population because there has traditionally been a ‘wait and see’ approach but eye doctors and pediatricians are increasingly aware of it and are making referrals to us earlier. This is critical because early intervention makes a significant difference; the plasticity (ability to adapt and change) of the brain of an infant is even better than initially thought.”

Held several times throughout the year, the CVI Clinic provides expert assessments and recommendations for children who have been referred by ophthalmologists. Ramella runs the clinic, but she will see an individual child anytime. She and her colleagues perform CVI Range assessment and functional visual assessment and provide recommendations based on the results.

CVI CLINICS in 2018 will take place on FEBRUARY 9 and MARCH 2, with additional dates to be announced. To learn more, visit www.wpsbc.org. To contact Beth Ramella or make an appointment for CVI assessment, call (412) 621-0100 Ext. 379 or email her at ramellab@wpsbc.org.

Early Diagnosis Is Key To Saving Vision

By Louis A. Lobes, Jr. MD

A recent article in the journal, JAMA Ophthalmology, reminds us that severe vision loss is far more common than most of us realize. In the United States, more than a million persons over the age 45 are legally blind and 3.8 million suffer from permanently reduced vision of 20/40 or worse. Each year, we add a 100,000 persons who are legally blind to this group and half a million with vision of 20/40 or worse.

At Blind & Vision Rehabilitation Services, our first objective is to educate individuals on the importance of annual eye exams beginning at the age of 40. In addition, to help to meet the challenges associated with permanently reduced vision or blindness, our commitment at BVRS is to provide the most advanced technological and rehabilitative programs, leading our clients to achieve personal independence and live the most meaningful life they can.

We also know that the major causes of vision loss for adults in the U.S. are age-related eye diseases such as macular degeneration, cataract, diabetic retinopathy, and glaucoma. For children it includes strabismus and amblyopia.

The leading causes of blindness in those 45 years of age and older are all treatable to some degree and it is established medical science that early diagnosis and treatment leads to less vision loss from these diseases, even when the disease cannot be cured.

Our team at BVRS recognizes that because these diseases are treatable, we have a responsibility to work to reduce this large burden of visual loss. Our approach is two pronged. We are promoting and urging that routine eye examinations become an integral part of any annual health care plan. In addition, BVRS performs free vision screening tests to more than 15,000 preschool aged children in Allegheny County each year. These screenings uncover hundreds eye issues in children that may have gone untreated until their first or second year of schooling. This awareness allows the parents to get them proper treatment early on in the disease process potential reducing permanent vision loss.

Providing the most advanced rehabilitative programs for our clients, both those legally blind and those with low vision, and promoting the necessity of regular eye examinations throughout our lifetime are the cornerstones of the BVRS mission. We look forward to continuing this hard work at the highest level achievable, for the people of Western Pennsylvania.

Blind & Vision Rehabilitation Services offers comprehensive and personalized computer instruction, employment and vocational services, personal adjustment to blindness training, in-home instruction, low vision services, vision screenings for children and adults, and an industrial employment program.

Blind & Vision Rehabilitation Services also offer employment support services in Fayette, Greene, and Washington counties, and in Somerset County we offer vision screening and transportation services. BVRS is accredited by the National Accreditation Council for Blind and Low Vision Services (NAC).
More than 25 years ago, Presbyterian SeniorCare Network opened the first dementia-specific personal care community of its kind, Woodside Place of Oakmont. The goal was to enrich the lives of persons living with Alzheimer’s disease or related dementias by offering choice, freedom and the ability to live in the moment. Soon after Woodside Place opened its doors, it became apparent that Woodside Place was different. Woodside is more than a “place.” Woodside is a model of care that offers each resident and their family member an experience.

The Woodside model is distinguished in its offerings because of one fact: our teams go into the world of persons living with Alzheimer’s. In addition to entering the world of the person with dementia and supporting them in their reality, the Woodside model is leading the way in many areas:

- **Physical environment:** The Woodside model features a continuous floor plan so that residents may walk freely without feeling as if they are confined. The décor is intentional—each has a distinct color and quilt display so residents can easily identify where they live via these visual cues.

  - The community is secure, but offer lots of natural light and easy access to a secure outside area offering a continuous walkway that makes return to home easy and stress-free.

- **Person-centered programming:** 24-hour programming and care systems are individualize, allowing team members to support residents in their reality. Montessori programming techniques are utilized to stimulate mental and physical activity and help each resident regain a sense of purpose. Adaptive technology is also used, such as It’s Never too Late (iN2L), which engages residents with integrated features that connect them to people and content. Through the Music and Memory program, we provide personalized playlists on iPods, which help to rekindle positive memories and minimize anxiety and challenging behaviors. Other non-invasive technology (no disruptive alarms or bells) is used to mitigate resident falls by providing real-time data about resident activities.

- **Expertise of the team:** Each employee at every level of our organization is certified through the National Alzheimer’s Association. Woodside team members receive even more hours of specialized training. Additionally, more than 70 team members share their expertise as certified dementia care practitioners.

These three elements add up to the Woodside Difference: a groundbreaking social model of dementia care that has set the standard, providing flexibility and a level of individualization to care and services. The Woodside model of care has been replicated more than 100 times worldwide.

**To learn more about Alzheimer’s and dementia-specific care and service options at Presbyterian SeniorCare Network, please visit www.SrCare.org.**

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**Individuals with Dementia and Caregivers Invited to Attend Memory Café**

Memory Café is a casual gathering designed exclusively for people with dementia and their caregivers. The Memory Café is a place where individuals with memory loss and their caregivers can get together in a supportive and engaging environment. The Memory Café is full of laughter, support and even the sharing of concerns—all without the feeling of being embarrassed or misunderstood. Plus, we provide cookies and coffee! The Memory Café is free to attend and no RSVP required. Just pop on in! Questions? Please call 877-851-1440. This event repeats on various days monthly at Somma Pizza & Sports Bar, 380 Route 909, Verona, and Eat’n Park, 320 Oak Spring Road, Washington.

**MEMORY CAFÉ – OAKMONT AREA**

- **WHEN:** 2nd Wednesday of the month
- **WHERE:** Somma Pizza, 380 Route 909, Verona, PA 15147
- **January 10, February 14, March 14, April 11, May 9, June 13, July 11, August 8, September 12, October 10, November 14, December 12**
- **TIME:** 11:30 am to 1 pm

**MEMORY CAFÉ – WASHINGTON AREA**

- **WHEN:** 3rd Saturday of the month
- **WHERE:** Eat’n Park, 320 Oak Spring Road, Washington, PA 15301
- **January 20, February 17, March 17, April 21, May 19, June 16, July 21, August 18, September 15, October 20, November 17, December 15**
- **TIME:** 10 am to 11:30 am
Give Good Health a Shot This Winter

by Rebecca Cochran, MSN, RN, CPHQ, Quality Insights Quality Innovation Network Director

As snowflakes fall from the sky and we bundle up for chilly weather, it’s a great time to make sure you and your loved ones are ready for toasty get-togethers.

Every year, tens of thousands of Americans become sick, are hospitalized and even die from diseases that could have been prevented with a vaccine. It is important to know that vaccines aren’t just for children. Even if you received all of your childhood immunizations, protection can wear off over time.

Getting your recommended vaccines is an important part of staying healthy. Being sick is never fun and for adults it can mean medical bills, missed work and not being able to take care of yourself or your family.

Certain conditions such as heart disease and diabetes can make it harder to fight illness and can increase your risk for complications. For example, the flu can increase your risk of heart attack and raise your blood glucose levels. Chronic lung conditions put you at risk for developing pneumonia. Vaccination is the best prevention.

The Centers for Disease Control and Prevention recommends the following vaccines for older adults:

- A yearly flu vaccine
- Two pneumococcal vaccines beginning at age 65
- A shingles vaccine for those aged 60 years and older
- Tetanus, diphtheria, pertussis (also called Tdap or Td)

You may need other vaccines based on your age, health conditions, job, lifestyle, or travel habits.

You have the power to protect yourself and those you love. Not sure which vaccines you’ve had and which you need? Talk to your healthcare professional today to find out which vaccines are recommended for you.

Visit us online at bit.ly/QI_Immunize to learn more.

THIS WINTER,
GIVE GOOD HEALTH A SHOT

This is the perfect time to make sure you and your loved ones have all of the vaccines needed to stay healthy.

As we get older our immune systems begin to weaken, which puts us at risk for vaccine preventable diseases such as flu and pneumonia.

Talk to your doctor about which vaccines are recommended for you. Vaccines are safe, prevent disease and save lives.

Learn more. Visit...
Presbyterian SeniorCare Network™ is western Pennsylvania’s largest aging services provider. Whatever service or setting you need—at-home, independent living, personal care, skilled nursing, Alzheimer’s care, short-term rehabilitation, income-eligible affordable housing and more—you’ll find the respect and person-centered experience you deserve!
Gout: Do’s and Don’ts

Gout is a form of arthritis which typically affects one joint at a time, causing severe pain and inflammation. Most often, the big toe joint is affected, although gout can also show up on finger, ankle, knee and other joints. It can happen once, or it can become a chronic condition; if untreated, it may lead to joint damage. High blood levels of uric acid cause gout; doctors usually recommend a “gout diet” to keep uric acid levels in check.

If you have gout, these are the foods to avoid:
- Saturated fat, as in red meat and high fat dairy
- Organ meats – liver, kidneys
- Processed foods such as frozen dinners and snack foods
- White bread, cake and products with high fructose corn syrup
- Beer and other types of alcohol
- Anchovies, mussels, sardines, scallops, tuna and herring

DO eat these healthy foods:
- Vegetables and fruit, especially cherries
- Whole grains
- Coffee, as long as you have no coffee prohibition for other reasons
- Plant oils
- Low fat dairy
- Water, lots of it – at least 8 cups of water per day, plus additional fluids like coffee

It’s Your Healthcare. Choose the Provider That’s Right for You.

Pennsylvania is changing how Medicaid services are delivered. The new mandatory plan is called Community HealthChoices. Senior LIFE is an alternative option for those 55 and older who meet eligibility guidelines.

If a healthcare plan has already been assigned to you or if you’ve selected a plan, you can still choose Senior LIFE as your alternative Community HealthChoices option. Your health is important. Compare the Senior LIFE Program to see why it could be the best choice for you.

Senior LIFE is the local LIFE (Living Independence for the Elderly) Program that provides healthcare and personal support services for seniors living in their homes. Services include medical care, home care, medications, transportation and much more. Plus, LIFE coordinates all Medicare and Medicaid benefits through one single network. There is no cost to enroll in Senior LIFE.

For more information, call SeniorLIFE at 1-877-998-5433 or visit the website SeniorLIFEPA.com. SeniorLIFE has locations in Washington, Greene, Unighton and Greensburg.

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Cost is (and should be) a major factor in any senior living search. But sometimes, the anticipated cost of Personal Care or Memory Care is such a deterrent that seniors and their families decide that staying at home is best, without taking the time to compare costs. Before you start your senior living search, be sure to take these hidden costs of aging in place into consideration.

**Home Health Care**
For a lot of seniors, help with bathing, dressing, and medication management is a must. Although the cost of services vary, average cost tends to hover around $19/hour, or $44,497 a year. If your loved one needs daily assistance, be sure to get several local home health quotes as part of your senior living search.

**Transportation**
Scheduled transportation is a staple in Assisted Living and Memory Care (so be sure to ask about it during any community tours.) Although the price of transportation fluctuates per family, the average American spends $2,000 a year on gas alone. The cost of gas, coupled with maintenance, insurance, and any unanticipated repairs, adds up quickly.

**Utilities**
Utility bills, including electric, water, sewer, and gas, can really pack a punch, especially if you live in an area that requires heat in the winter or air conditioning in the summer. Americans spend an average of $2,000 on electricity each year, not to mention other utilities, (yikes!) so finding a senior living community that includes some utilities with the monthly rent payment can lead to big savings in the long run.

**Meals**
According to a Gallup poll, Americans spend an average of $151 on food a week, which is equivalent to over $7,800 a year. As a standard, Personal Care or Memory Care communities offer meals as part of the monthly rent cost. When touring, be sure to ask what meals are included (namely, if they offer three full meals a day) if meal plans are flexible, and if you can see a sample menu.

**Hidden Housing Fees**
If your Mom or Dad’s mortgage is paid, then it’s easy to assume their housing costs are next to none. Don’t be fooled – be sure to know what they’re paying in property taxes, HOA fees, and homeowners insurance.

Since senior living communities offer the added security of 24-hour emergency aid, weekly housekeeping services, and social engagement, comparing the cost of senior living to the cost of aging in place may never be apples to apples, but factoring current living costs into your senior living search will help your family make the decision that’s right for you.
We think of grief as something that happens after someone we love dies. But grieving begins long before that.

When your loved one is first sick; when he or she is struggling through doctors’ appointments, therapies and trips to the hospital; when you realize curative care is no longer effective; when your loved one becomes a hospice patient—through all of that you are feeling “anticipatory grief.” It is as debilitating as the grief that follows death. Is it any wonder that those coping with grief are also coping with anxiety.

What is Anxiety?

Anxiety is a state of distress or uneasiness about future uncertainties. An anxious person may be tense, restless and/or jittery, unable to sleep, unable to concentrate, short of breath or numb. These physical signs may overshadow the psychological symptoms of fear, worry or apprehension.

Look for:
• Difficulty solving problems
• Excitability
• Muscle tension
• Trembling
• Nightmares
• Difficulty breathing
• Feeling tightness in your stomach
• Feeling like you are losing control

How to Prevent Anxiety

• Get the facts
• Talk with someone who has been through a similar situation
• Increase pleasant, distracting activities
• Increase companionship and time spent with friends and family
• Learn a relaxation technique

Things to Consider

• An anxious person is often a demanding person
• Anxiety may lead to sleep deprivation

If you previously coped with anxiety by becoming busy and are no longer able to be so active, you may need to seek other coping strategies.

What to Do

• Try to determine exactly what thoughts make you feel anxious
• Talk to someone about your worries and fears
• Know that it is OK to feel sad and afraid
• Seek help through counseling, support groups, minister, priest or rabbi
• Recall how you have coped with similar feelings in the past
• Try relaxation techniques
• Try visualization techniques
• Keep a log of your moods and thoughts throughout the day
• Take a medication prescribed by your doctor for anxiety

For more information, contact VITAS Healthcare at 866-759-6695 or visit VITAS.com.

Grief is complicated.
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There are spiritual and emotional questions. There are issues surrounding family traditions and cultural expectations. There can be money worries and family dysfunctions. And feelings of grief and loss long before there is death.

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Professionals

Kalpana Char, M.D., is a board-certified internal medicine specialist who is the Medical Director of Community LIFE. She has extensive experience in geriatric medical care and has a passion for caring for older adults, guiding them and their families through the many transitions of aging. Dr. Char is a graduate of the University of North Carolina – Chapel Hill and completed her residency in Internal Medicine at the University of Pittsburgh Medical Center. Recently, the Western Pennsylvania Guide to Good Health spoke with Dr. Char about the numerous benefits of the Community LIFE program, and the unique environment of care provided there.

What is Community LIFE?

Community LIFE is a community-based program that offers a comprehensive range of services to older adults in a patient-centered environment. Community LIFE provides everything you need in one spot, under one roof. It is an alternative to nursing home care for persons who have medical challenges or are frail, but prefer to remain in their own homes, in their community, with as much independence as possible. For many people, this can be accomplished when supportive services are offered. Our program is available at our day health centers, which is not adult day care but a medical care provider, in four locations.

What services does Community LIFE offer?

Our high-quality services include top-notch, person-centered medical care, consisting of both primary care and specialty care; this includes vision care, dental care and podiatry. We provide physical therapy, occupational therapy, and pulmonary rehab, plus care coordination. We have an on-site pharmacy at our health centers, and we provide your daily medications, with no co-pays. We have on-site x-ray and lab. We provide transportation, not only to and from the day center, but also to medical appointments for diagnostic tests or services that are located elsewhere. These medical services are provided at our health centers by our physicians and team of registered nurses, therapists, dieticians, assistants and others. In addition to medical services, Community LIFE offers social activities and recreational and entertainment opportunities.

What makes the program unique?

Our program is especially helpful for those who are medically complicated and have multiple diagnoses. Our approach to their care is practical and individualized, and that simplifies things for the older adult and the family. When you join our program, you don’t have to worry about the practicalities of getting to appointments, ordering and picking up prescriptions, or arranging for daily help with dressing and grooming. Our services are all-encompassing.

Of equal importance, we keep ‘medical necessity’ at the core of our services. We define that broadly: it includes physical well-being, and also psychological and functional well-being. Our focus is on getting you the care

(Ca - Continued on following page)
you really NEED – care that is essential to your quality of life, functioning and independence. It is a more pointed and humane kind of care, in contrast to aggressive, high tech care that may not be in the person’s best interests. We help people through the transitions of aging, and our program includes transportation, wellness services and other forms of infrastructure which are usually lacking in traditional care. Good geriatric care is pre-palliative; it is focused on quality of life, but without sacrificing good medical management.

What is the philosophy of Community LIFE?

We are always patient-focused and act as advocates. We provide an approach where our participants are greatly respected and cherished, and treated with reverent care. That is the philosophy of the PACE (Program of All-inclusive Care for the Elderly) program, the prototype for our program. LIFE stands for Living Independence for the Elderly, and we believe that by providing a nexus of medical, social and daily living support services, we can help older adults remain in their homes with as much autonomy as possible. Our staff has a strong commitment to this mission, and we help our participants to be their authentic, true selves. In the unfamiliar environment of a nursing home or hospital, older people can develop delirium and deteriorate; they are at risk for infections, falls and other safety issues. When they remain in the comfort and familiarity of home, they are likely to be healthier and to live longer.

What is a typical day like at Community LIFE?

You have the option of coming to the day health center or remaining at home with in-home services. At the day center, you get good healthy meals, see your doctor or therapist if needed, take a class, watch a movie with friends, exercise or take a nap. It’s a social environment, and that’s healthy. Persons who have chronic pain often find that their pain is decreased when they come to the center; diversion is a form of pain management, whereas isolation and boredom can make pain worse. We have a great staff to participant ratio, and we get to know people well.

To learn more about eligibility and enrolling in Community LIFE, visit www.commlife.org or call 1-866-419-1693.
3 Dementia Caregiving Tips

By Arden Courts of Jefferson Hills

During the winter season, there are special precautions to be aware of when caring for someone living with dementia. Changes such as bitter cold temperatures, snow and early darkness present special concerns for someone living with dementia. Below are three simple dementia caregiving tips to help you get through the winter season.

**Dress appropriately for cold weather**

Cover as much of exposed skin as possible, provide several layers of clothing, and provide several layers of lightweight clothing for easy movement. Try to wear a hat or scarf since so much body heat escapes from an uncovered head. Also don’t forget to cover the neck area with a scarf to cover up the exposed neck area. Using mittens might work better than gloves since they are easier to get on the hand.

**Avoid slippery situations**

A loved one living with dementia will not necessarily dress to avoid slips and falls, so be sure boots are non-skid when purchased. There are many types of boot styles - try and look for a Velcro or zipper style of boot. Always look before you walk on a surface area to ensure the area is cleared from ice and snow. Perception problems can make it difficult for the person with dementia to see ice on the sidewalk or realize the ice is slippery or that snow is not a solid surface.

**Manage the winter blues and Sundowning**

Sundowning is the term which refers to increased anxiety, confusion and the increased sleepiness due to the decreased sunlight. Wandering is the most challenging problem caregivers will face in the winter months. About 67% of the people with dementia wander and become lost during the course of the disease, and most will do so repeatedly. Wandering may be triggered when a person with dementia:

- Searches for familiar objects, surroundings or people when they no longer recognize their environment.
- Is fearful of unfamiliar sights, sounds or hallucinations.
- Tries to fulfill former obligations, such as going to work or taking care of a child or family member.
- Escapes stress caused by noise, crowds or isolation.
- Is not getting enough physical activity or socialization.
- Searches for something specific such as food, drink or companionship.

It only takes a moment for someone to leave the house, and the confusion and disorientation which accompanies the disease means a friend or loved one can get hopelessly lost in a matter of minutes.

For more information about Arden Courts of Jefferson, a Memory Care Community, contact Terrie Eger at (412) 384-0300.
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Guide to Good Health 41
Directory

In order to choose a health professional who is right for you, you need information. The following guide is a good place to start.

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www.ohiovalleyhospital.org

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WHS Women’s Center Imaging
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www.whsdocs.org

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Washington Physician Hospital Organization Provider Network
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42 Guide to Good Health www.guidetogoodhealth.com Winter 2018
At only 19 years old, Marty Brown received a devastating diagnosis: He was in congestive heart failure and would need a heart transplant to save his life.

Marty was hooked up to a mechanical heart pump and began what would become a nearly four-year wait. As he became sicker and sicker, he worried his transplant wouldn’t come in time.

But a heart did come — and just in time.

On Marty’s 1,694th day on the national transplant waiting list, a generous donor gave him the second chance at life that he so desperately needed.

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“I finally feel like I have a future.”

saved marty

be a hero
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MARGARET | DOUBLE HIP REPLACEMENT

BACK TO 10,000 STEPS. EVERY DAY.

For Margaret Robertson, walking and running are a way of life. For the past 35 years, she's been exercising to keep her body fit and her mind clear. A hip replacement in 2014 didn’t slow her down. So when she experienced pain in her other hip and started to limp, she once again consulted her orthopedic surgeon, Brett C. Perricelli, M.D. After a second hip replacement and three months of rehabilitation, Margaret is back on the move. Dr. Perricelli is one of nearly 40 leading orthopedic specialists who practice at St. Clair, where advanced technology, skill, and compassion make a difference in the quality of people’s lives every day.