

Western Pennsylvania Guide to Good Health

Health News You and Your Family Can Use

Special Focus:

HEALTHY BEGINNINGS

HOT FITNESS TRENDS • WEIGHT LOSS TIPS
HYPNOSIS FOR POSITIVE CHANGE
WINTER BLUES OR SOMETHING MUCH MORE?
HOW TO PREVENT HEARING LOSS & TINNITUS
IS YOUR CHILD HPV VACCINATED?

WOMEN'S HEALTH ISSUES
HEART HEALTH • STROKE

BONE & JOINT GUIDE
ROTATOR CUFF INJURIES
TIPS FOR MAINTAINING BONE HEALTH



Senior Guide

Resources for Aging Parents, Senior Living,
Home Care & More! See pages 36-45

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Helping a Senior Loved One This Winter

WINTER IS A SEASON OF MANY DELIGHTS FOR YOUNG AND OLD, BUT IT CAN ALSO BE ESPECIALLY TOUGH ON INDEPENDENT SENIORS.

If you're providing care for a senior loved one, friend or neighbor this winter, Giant Eagle Pharmacy provides services and resources that make your job easier — and his or her quality of life better. It's always a good idea to periodically speak with a pharmacist about prescriptions.

Our Pharmacists offer free consultations during which they can check for possible drug interactions and side effects, and to determine if generic alternatives are available. Bring in any expired medications as well — they can safely dispose of them.

This is also a good opportunity to make sure the senior under your care is registered in ePharmacy — an automatic prescription refill service that helps to ensure continuity of care.

As we age our nutritional needs change, and these needs may be further affected by conditions such as diabetes, high blood pressure or osteoporosis. Giant Eagle's Registered Dietitians are also available in select stores, or by e-mailing nutrition@gianteagle.com, for one-on-one consultations to discuss general senior health and nutrition needs, or offer more specialized advice pertaining to specific conditions or treatment regimens.



FOLLOWING ARE A FEW MORE IDEAS ABOUT HOW YOU CAN HELP SENIORS WEATHER THE COLDEST MONTHS:

- Offer to run errands or deliver meals, especially on cold days, or when road conditions are poor.
- Make sure walks and driveways are promptly shoveled and de-iced.
- Check smoke and carbon monoxide detectors for working batteries.
- Replace furnace filters and/or check that fireplace flues are open and unobstructed.

Just a few simple considerations like these can make a huge difference in the life an independent senior this winter.

> For more information, about making life easier for seniors, search "seniors" for related articles at GiantEagle.com.



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SPRING ISSUE DEADLINES:
EDITORIAL: MARCH 3
AD MATERIAL: MARCH 14

HOW TO REACH US:
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2574 Oldfield Ave, Pittsburgh, PA 15102

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PSORIASIS: *Separating the Myths from the Truth*

by Matthew Cichowicz

PEOPLE OFTEN IDENTIFY PSORIASIS BY THE RED INFLAMMATION IT CAUSES IN PATCHES ON THE SKIN. HOWEVER, HAVING THE POTENTIAL TO CAUSE JOINT PAIN, NAIL PITTING, DEPRESSION, ARTHRITIS AND INCREASED RISKS OF DIABETES AND CARDIOVASCULAR DISEASE, THE DANGERS OF PSORIASIS ARE NOT ONLY SKIN DEEP.

Although doctors do characterize the five types of psoriasis by the way they affect the skin, scientists now believe psoriasis to be a chronic disease of the immune system in which the body mistakenly speeds up the growth cycle of skin cells causing discoloration, flakes and itchiness. The most common type, plaque psoriasis, accounts for 80 percent of all cases.

It is unknown why the body develops psoriasis in the first place.

“No one knows if there’s a trigger earlier in life,” said Dr. Justin Vujevich, a dermatologist with Vujevich Dermatology Associates, “and there’s no evidence to suggest it’s airborne or contagious. We have seen that roughly one out of three patients reports a family history of psoriasis.”

Dr. Vujevich uses a variety of different methods to treat psoriasis at his offices in the South Hills and Washington County, including a relatively new type of systemic medication called biologics. Dermatologists are finding biologics to be more effective at treating psoriasis symptoms than previous approaches like anti-inflammatories. Biologics, which are taken by injection or infusion, have less risk of side effects than anti-inflammatories because



Healthy Skin Winter Survival Guide

HERE ARE SOME OF THE MOST EFFECTIVE WAYS TO DEAL WITH THE ADDED IRRITATION THE WINTER PUTS ON THE SKIN:

- **Take lukewarm showers** – hot water can irritate the skin even more.
- **Keep a bottle of moisturizer in the bathroom** – the skin starts to dry out almost immediately after a shower or bath. Apply moisturizer right after you finish drying off.
- **Invest in a cool mist humidifier** – turning up the heat dries out the air in your house. A humidifier will replace the moisture.
- **Use petroleum jelly on lips** – many name brand lip balms contain the waxy substance lanolin to lock in skin moisture. However, lanolin allergies are fairly common and can worsen skin irritation.
- **Drink a lot of water** – You may not be sweating in the winter, but staying well-hydrated can replace the skin’s moisture stolen by the dry air.
- **Avoid direct contact with wool** – when it comes to wool stick with layers. Direct contact between wool and the skin often causes irritation.
- **Use fragrance free detergents** – about 80% of skin reactions are caused by direct contact with an irritant. Scented laundry detergent and fabric softener are among the most common culprits of these irritations.
- **Wear sun screen** – Even though there may be less sunlight in the winter, the rays affect the skin the same way they do in the summer.

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they don’t lower the functioning of the immune system.

Other treatments include prescription corticosteroids, topical vitamin D, emollients and phototherapy. Dermatologists often use a variety of methods to treat psoriasis because no one treatment is effective for every patient. However, making a trip to a dermatologist can be an important first step in managing the symptoms of psoriasis.

“As of now, there is no cure for psoriasis, but the treatments have really improved over the past 10 to 15 years,” said Dr. Vujevich. “Untreated psoriasis can really affect self-esteem, but knowing the triggers and dietary factors can help ease your mind.”

The symptoms of psoriasis most often surface when people are in their twenties or thirties. The external appearance of irritated skin can often be a sign of something happening internally. Psoriatic arthritis affects up to 30 percent of psoriasis patients and causes pain, stiffness or swelling in the joints. There are studies that show the prevalence of depression in patients with psoriasis can be as high as 50 percent.

Due to the chronic nature of psoriasis, dermatologists refer to periods of intense discomfort and inflammation caused by the disease as flare-ups. A psoriasis patient may experience long periods of no symptoms and even apparent remission. However, external factors known as triggers can bring back symptoms cyclically. Some common triggers of psoriasis include stress, injury to the skin, cold weather, smoking, heavy alcohol consumption, an unbalanced diet, obesity and certain medications, but each patient will experience different triggers.

Treatment of psoriasis starts with a simple visit to a dermatologist. There are no blood tests required for diagnosis, and biopsies are necessary only in rare cases. As skin conditions often worsen in the winter, pay attention to any irregularities in your skin and seek a dermatologist if you think you might have psoriasis. Early detection is key when it comes to preventing psoriasis, especially the long-term damage caused to joints by psoriatic arthritis.



For additional information on psoriasis, log on to www.psoriasis.com. You can reach **Vujevich Dermatology Associates** at (412) 429-2570 or (724) 228-7006.



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Winter Blues or Something Much More?

Identifying and Treating Seasonal Affective Disorder

By Anne T. Murphy, Ph.D.

"I prefer winter and fall, when you can feel the bone structure in the landscape - the loneliness of it - the dead of winter. Something waits beneath it, the whole story doesn't show." -Andrew Wyeth, American Painter

Do the shorter days of the winter season lead you to feel more sluggish and less energetic and creative? Do your cravings for foods high in carbohydrates peak during the colder months? If you answered yes to one or both of these questions, you may be experiencing some common seasonal changes in your mood and behavior. Referred to as the winter blues, many of us experience these minor seasonal changes in mood and behavior during the winter season when the days are shorter with less exposure to sunlight. In a mild form, the winter blues do not interfere significantly with our usual activities. And fortunately, the winter blues usually go away as springtime approaches.

For some, however, seasonal changes in mood and behavior are much more than the winter blues. Possibly linked to a biochemical imbalance in the brain triggered by a lack of sunlight exposure, Seasonal Affective Disorder (SAD) is a condition involving symptoms of clinical depression that begin during the fall and winter months and typically last until spring. The difference between seasonal and non-seasonal depression may be the trigger: seasonal depression is likely triggered by lack of exposure to sunlight and non-seasonal depression is not.

Symptoms of SAD can involve fatigue; social withdrawal; a lack of interest in usual activities; cravings for food high in carbohydrates; and weight gain. The symptoms of SAD may come about gradually or all at once. Not surprisingly, SAD is more prevalent in northern climates. Women tend to be more likely to develop SAD than men; and young adults are at a greater risk for developing SAD than other age groups.

Other medical conditions such as thyroid dysfunction may share some symptoms associated with SAD. For this reason and others, it is wise to consult with a medical professional if you are wondering about whether you or a loved one may be suffering from SAD. Medical evaluation can rule out other conditions that may resemble SAD. Once a diagnosis is made, there are several treatment options for SAD that have been shown effective:

MENTAL HEALTH

• **Light Therapy** has been shown to be an effective treatment for SAD. This form of therapy involves varying amounts of exposure to light through a light therapy box with ultraviolet rays filtered out. Morning time is the most

recommended time of day for exposure to a light therapy box and exposure can occur while engaged in a sedentary task. It is important to consult your physician before beginning light therapy. Certain autoimmune disorders, medications and other conditions may increase sensitivity to light. Light therapy may not be recommended when one of these conditions exist.

• **Anti-depressant medication** has also been shown to be an effective treatment intervention for SAD. Some studies have shown that certain anti-depressant medication may work to prevent an episode of SAD from occurring in its most marked form. Psychiatrists and primary care physicians can discuss the benefits and risks associated with anti-depressant medication including the side effects.

• **Psychotherapy** including cognitive-behavioral therapy has also been shown to be an effective treatment for SAD. Cognitive-behavioral therapy focuses on the ways our thinking patterns influence our mood and behavior. Improvement in SAD symptoms can result from making adjustments in our thinking patterns. Psychotherapy can be the treatment of choice or it may be combined with light therapy and/or medication to provide added support.

Seasonal Affective Disorder is a manageable condition in most cases, despite the presence of a clinical depression. Accurate diagnosis and treatment of Seasonal Affective Disorder may help more individuals participate in and enjoy the beauty of all four seasons.

For further information about SAD: Rosenthal, N. E. (2006). *Winter Blues: Everything you need to know to beat Seasonal Affective Disorder*. New York, NY: Guilford Press.

> **Dr. Anne T. Murphy** is a licensed psychologist at **Washington Health System Behavioral Health**. To make an appointment with a psychiatrist at Washington Health System Behavioral Health, call (724) 579-1075 or visit www.washingtonhospital.org.



Post-Holiday Routines Can Require a Little Extra Effort During Dreary Winter

With the excitement and cheer of the holiday season slipping away, it's no wonder that it can be a struggle to return to regular schedules once the holidays end.

The holidays are full of excitement and activities; enjoying school and work vacations, exchanging gifts, and celebrating time-honored traditions with family and friends. But once January begins to settle in, it's common to feel a bit sluggish for a while. From taking down decorations and resolving to be healthier after too many holiday cookie indulgences, to work commitments and waking the kids up early for school, returning to regularly scheduled routines can require a little extra effort during this time of the year.

"There can be disappointment following the end of the holidays, and it can take some effort to get back on track once they're over," said Wendy Levin-Shaw, a licensed clinical social worker and therapist with Squirrel Hill Psychological Services (SHPS).

At SHPS, Levin-Shaw works with individuals, couples and families on a variety of challenges, including those related to relationships, parenting, marital conflict and interfaith marriage. She sometimes helps her clients settle back into their daily routines in the weeks following the holidays.

"It's easy to get caught up in your everyday routines during the year," she said, "but when something comes along to interrupt them, like the holidays, it is a wonderful opportunity for reflection. Think about the choices you've made during the past year and whether you are satisfied or want to make some changes."

Rather than making resolutions related to specific aspects of your life, Wendy suggests regular "reflections" as a way to keep track of the decisions you are making and to ensure that you and your family are happy and

healthy throughout the entire year. Considering the following advice can help make the most of the new year and ease the transition back to regular routines.

1. Take notice of how you spend your time

– How an individual spends their time is an indicator of what is important and of value in that person's life. While we have commitments and obligations to attend to, take note of how you choose to spend your free or leisure time and whether those activities are fun or meaningful to those you care about.

2. **Make sure you are taking care of yourself** – Incorporate healthy activities into your daily routines. Consider your priorities when it comes to health and wellness, and see if there is room to change a few things in your life to help you and your family feel healthier and more fulfilled-spiritually, mentally and physically.

3. **Seek out additional resources** – Most individuals and families are able to manage getting back into their pre-holiday routines on their own. However, if you or your family feels there is a need for counseling or advice, seek assistance from a therapist.



Wendy Levin-Shaw, a therapist with Squirrel Hill Psychological Services, works to help individuals and families through life's changes and challenges. (PHOTO CREDIT: ELIZABETH WAICKMAN)

> For additional counseling or therapeutic needs, call **Squirrel Hill Psychological Services** at (412) 521-3800 or visit the website www.squirrelhillpsych.org.

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Hot Fitness Trends for 2015

By Amanda Budzowski

Being fit never goes out of style, but that doesn't mean that fitness is unaffected by trends. Each season, new fitness ideas come into fashion while others fade in popularity.

If you're looking for some interesting new ways to be active and stay fit in 2015, you will want to know what's trending in fitness for the coming year.

Here's a sample of what's "new" in fitness that you can look for in the new year:

Body Weight Training

In fitness, as in fashion, sometimes an old style can look new and experience a resurgence in popularity. That's the case with body weight training, which includes such old standbys as push-ups, sit-ups, planks, squats and lunges. This type of training uses the body as the resistance and is the perfect storm for active individuals because it requires no equipment and can be done anywhere. Body weight training can provide a total body solution without spending big bucks at the gym or on equipment.

HITT (High Intensity Interval Training)

This type of workout is increasing in popularity because it enables you to maximize your time in the gym through shorter, yet higher intensity workouts, which yield the same, if not better, results than longer sessions. Participants complete short bursts of high intensity exercise followed by a rest period. It's popular because with so many options, it's harder to get bored. Options include: body weight, rowing, running, biking, dumbbells, medicine balls, kettlebells and many more!

CrossFit

The "sport of fitness" is an increasingly popular strength and conditioning program with "boxes" (gyms) popping up everywhere. CrossFit workouts are called WODs (Workout of the Day). WODs target cardiorespiratory fitness, flexibility, power, speed, endurance, agility, balance, coordination, and accuracy for a workout like no other. They are short, intense, and constantly changing. Workouts are scalable; you can increase the difficulty as you get stronger. WODs focus on improving your time or reps, so you

are competing with yourself for a newer and stronger you.

Yoga

Yoga continues to be popular because of its great variety -- there are more than 100 types of yoga. Most classes also incorporate breathing exercises, meditation, and postures that stretch and flex various muscle groups and leave you feeling relaxed and stronger. Without a doubt, every form of yoga improves your health from head to toe and most gyms and private studios offer them. You can also get exercise DVDs and participate in online classes. Some popular forms of Yoga include Power Yoga, Yoyalates, and Bikram Yoga (becoming extremely popular because of its hot and humid environments).

Functional Fitness Training

This involves motor skills such as balance, agility, and coordination. This kind of exercise can improve physical fitness and how you perform daily living activities.



Amanda Budzowski is an On-Site Health Coaching Manager for **UPMC Health Plan** and **UPMC WorkPartners**. For more information about these and other WorkPartners services, call **1-866-229-3507** or email **info@workpartners.com**.

Activities include yoga, tai chi, or others that include balance, agility, and coordination. This is becoming increasingly popular with baby-boomers as they age into retirement and want to keep their activities of daily living as long as possible.

Kettlebell Training

This type of workout is becoming more and more popular because it only requires a small space and just one piece of equipment for a total body workout. Using a kettlebell, a person can focus on strength and cardio all in one class for convenience and improved results. Kettlebell training can burn up to 20 calories per minute, which can add up to one heck of a workout. Options include taking a class at a gym, or purchase a kettlebell and work out anytime at home. This high-intensity exercise routine will leave you feeling great and looking amazing.

Therapeutic Hypnosis for Positive Change

By Felicia Palazzola, LSW

Therapeutic hypnosis has a long and proven history of benefitting people suffering from chronic pain, anxiety and stress, weight issues, sleep disorders, and a myriad of unwanted problematic behaviors and habits. Despite its beneficial use for decades, people still may be wary of hypnosis.

What I have experienced in my years of practicing hypnosis is the continued misunderstanding about what hypnosis is and what it is not.

Hypnosis is not a trance or sleep. It is unfortunate that the entertainment industry and "stage" hypnosis has contributed so much to this misconception. Many people are surprised to discover that during hypnosis they remain fully aware of their surroundings and everything that is being said.

When used for therapeutic purposes, hypnosis is a very deep state

of relaxation. It is in this deep relaxed state that the subconscious mind more readily processes suggestions.

Our conscious mind often dictates our behaviors based on judgment, emotion, distorted perceptions, experience or trauma. To change our perceptions and thus to bring about behavioral change it is beneficial to go deeper into why we may have developed a certain behavior or feel as we do. In hypnotherapy the conscious mind simply takes a back seat and lets the subconscious mind do the driving.

Hypnosis cannot change any behavior that an individual truly does not want to change. Hypnosis cannot make someone act against their own belief system, ethics, or morals.

To be most effective, therapeutic hypnosis does not use negative suggestions. Most people already know the negative consequences of their behaviors or thought patterns.

Hypnosis should consistently build an individual's inner strength and improve self-esteem and confidence.

Conducted in this way a person seeking hypnosis for one specific issue (e.g. smoking cessation or weight management) may find that other areas of their life begin to improve as well. This is the result of personal empowerment.

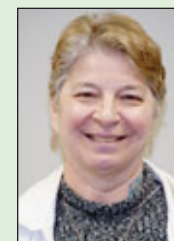
Hypnosis is not magic. Hypnosis does not (nor should it) make someone happier in an unhealthy or dysfunctional situation. Neither does hypnosis change a chronic issue with just a single session. Typically four to eight sessions are needed for longer lasting results and



to avoid possible replacement behaviors—those behaviors that can begin when another behavior is removed quickly without resolution.

Hypnosis is a drug-free, empowering method of lasting change. In the years I have been practicing, I have yet to encounter anyone who has not experienced a significant level of positive change.

Felicia Palazzola is a certified hypnotherapist and licensed social worker. She has been in practice for over 30 years. Felicia works with individuals and groups at **Pittsburgh Integrated Mental Health** in Oakland. Check **www.pimhservices.com** for upcoming classes on smoking cessation and weight management. Or call to schedule appointments with Felicia Palazzola **(412) 687-1234**.





Swim into the New Year

By Eric Schmalzried,
BS, ACSM-HFS, WSI, LGI

The New Year is here, and with it often comes a slew of new aspirations, hopes, and dreams in the form of resolutions. Frequently these resolutions are health-related and take on a generic form such as “lose weight,” “get fit,” or “be more active.” Unfortunately, many people don’t stick to their resolutions long enough to see lasting, positive results.

The good news, however, is there is a way to set yourself up for long-term success, and there is a ready solution to many common resolutions. First, you should be using the SMART acronym as a framework for a successful New Year’s resolution. That is, your goal should be specific, measurable, attainable, relevant, and time-anchored.

Second, there is a straightforward answer for reaching common health-related resolutions like “weight loss.” The answer is swimming. Swimming enhances overall physical fitness, including cardiovascular endurance, muscular endurance, and flexibility. It’s also an excellent activity for weight loss and weight management, burning more calories than walking while being easier on the joints.

This last point is important, because a common

barrier for individuals beginning a new exercise program is experiencing musculoskeletal injuries such as joint pain or muscle soreness. While some soreness is expected and is actually a positive sign that your body is adapting to the new challenges you are imposing on it, joint pain should be avoided. Swimming is an excellent way to achieve your physical fitness and weight management goals while avoiding issues with joint pain.

Applying the SMART goal-setting tool to the activity of swimming would result in a resolution like the following: Swim 10 laps on 3 days of the week for a total of 21 days. Be sure to mark your calendar with the days you plan on swimming, and re-evaluate after one month of adherence to increase the challenge appropriately as your body adapts. A general rule of thumb is that it takes at least 21 days of adherence to develop a habit, so use that as your initial time frame.

If you’re having a little trouble getting started with your swimming routine, the Wilfred R. Cameron Wellness Center offers private lessons and group swimming classes in addition to an excellent swimming program for kids. You are never too young or too old to make swimming a part of your healthy lifestyle.



“Swimming is an excellent way to achieve your physical fitness and weight management goals while avoiding issues with joint pain.” -Eric Schmalzried



“A general rule of thumb is that it takes at least 21 days of adherence to develop a habit, so use that as your initial time frame.” -Eric Schmalzried

Eric Schmalzried is Wilfred R. Cameron Wellness Center Aquatics Supervisor. For more information on the WRCWC aquatics program, visit www.wrcameronwellness.org or call (724) 225-WELL.



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Healthy Beginnings

Weight Loss: More Than Just Another New Year's Resolution

By **Melissa Mattucci Lindberg, M.S. Exercise Physiology**

Tis the season for New Year's resolutions, and I'm sure you know someone who is vowing to lose weight ... again. With so many products and plans out there claiming to be the best way to lose weight, it's not surprising a lot of people overlook the basics. Though one size does not fit all when it comes to diet and exercise for weight loss, consider these simple guidelines, and you'll be on your way to a fitter, trimmer you!



SET A SMART GOAL

"I want to lose 20 pounds" may sound like a good plan, but that goal is missing some key content. How long will it take you to lose that weight? How are you going to do it? Always set a SMART goal for yourself- specific, measurable, attainable, realistic, and timely. Your new and improved goal: "I'm going to lose 20 pounds in 5 months by jogging for 30 minutes a day, 4 days per week."

CHOOSE THE RIGHT EXERCISE

What is the best exercise to lose weight? According to Dr. Timothy Church, professor of biomedical research at Pennington University, the answer is obvious: "the exercise you'll do." There is much debate regarding the effectiveness of resistance training vs. aerobic exercise for weight loss. Though there is clearly a benefit to both, a recent study published in the Journal of Applied Physiology suggests that aerobic exercise (running, biking, and swimming) is the most efficient method to decrease body mass and fat.

MONITOR WHAT YOU EAT

Diet is a 4 letter word that can make almost anybody cringe, so why diet? Look at food as fuel to get you through the day. Re-evaluate what your current eating patterns are before making any drastic changes. Keep a food log for a week to figure out your strengths and weaknesses. Be honest with yourself, and address those bad habits that need to change. Remember, these changes are not meant to be temporary. Choose small steps that you can maintain for months or even years beyond your weight loss goal.



Melissa Mattucci Lindberg is Marketing/Membership Services Supervisor at the **Community & Recreation Center at Boyce Mayview Park**

LAST, BUT CERTAINLY NOT LEAST, SEEK HELP!

Attempting to lose weight (especially if it is a significant amount) can be a very daunting and overwhelming task. Trying to go at it alone will give you an easy out when the going gets tough, so look to friends and family members to join you along the way. If you're not sure where to begin or hit a plateau, seek professional help such as an exercise physiologist or dietician.

The **Community & Recreation Center** located at 1551 Mayview Road is open to both Upper St. Clair AND surrounding community residents. For more information, visit our website at www.twpusc.org/crc/crc-home or call **(412) 221-1099**.

Does Watching TV Make You Lose Weight? A GUIDE FOR TV WATCHERS

RxTV Prescriptions for Healthy Eating and TV Viewing

TV viewing is a source of great enjoyment, education and social activity. But it may influence your health habits in ways that you need to know.

TV Sports

What do we know about watching TV and weight? We know that when you socialize while eating, either at a sports bar or restaurant or at home with a group of sports lovers, you will eat more. And you will eat things you see advertised during the show as well as other foods because your appetite has been aroused! There seems to be a natural association between watching TV with a group, and drinking more, according to a study reported by American Psychological Association. Drinking makes your resolve even weaker. To assure that you won't add a food hangover or extra pounds to your day, take a look at this tip below on building willpower.



But if you have a bite to eat and then get on the treadmill before watching TV, you are more likely to have the willpower to finish your workout!

After Work

When you get home from work and are tired and hungry what do you do first? If you turn on the television you may be more tempted to eat than to exercise. Food ads are very powerful when you are hungry. But if you have a bite to eat and then get on the treadmill before watching TV, you are more likely to have the willpower to finish your workout! Why? Because eating, even just a small snack can increase your stores of willpower that have become depleted during the day.

This willpower tip can help during sporting events too. Before the football game or sporting event, have a snack and avoid drinking too much, as it will lower your inhibitions and increase snacking.

Kids, TV and Obesity

Screen the ads your kids watch during children's TV programs. Statistics show that kids view 15 food ads daily during the average viewing period, mostly for foods high in fat, salt and sugar. Talking to your kids about their health is important. When they see you eat healthy foods and understand why, you can model positive eating behaviors for them and encourage them to follow your lead.



Nancy Mramor is a Health and Media Psychologist and motivational speaker who breaks down how media effects your mental emotional and spiritual health. Find out how to **GET REEL: Produce Your Own Life** at www.realconsciousliving.com or contact **Dr. Nancy** at drnancy@realconsciousliving.com.





Packing on the Pounds As You Age?

By Mary E. Peterson, M.D.

YOU KNOW THE COMPLAINT - "I CAN'T EAT THE WAY I USED TO". WELL IS THIS TRUE OR IS IT JUST AN EXCUSE? AS THE INTERNET TRUTH FINDER SNOPEs WOULD SAY "PARTLY TRUE, PARTLY FALSE".

In the United States, obesity is definitely a growing problem, particularly as we age. Approximately 66% of women aged 40-59 are overweight and that number increases to 73% in women over 60. While the menopause transition or hormonal therapy is often blamed for this weight gain, it is actually related to aging itself. As we age, we lose muscle mass and the muscle that we have is not as healthy as it used to be. Muscles consume calories. Loss of muscle mass decreases your calorie usage, so it becomes more difficult to maintain your previous weight, even if nothing in your diet has changed. Furthermore, studies show that the hormonal changes of menopause make you more likely to deposit this extra fat around your abdomen. This belly fat makes you more likely to suffer from diabetes and heart disease.

Genetic factors play a role in weight gain as well, so if many of your close relatives have a problem with weight gain as they age, you are more likely to as well. Finally, stress and lack of sleep can be contributing factors. Sleep deprivation can increase certain hormones that increase hunger. Studies

Studies have demonstrated that women who sleep only five hours a night gain more weight than those who get at least seven hours of sleep.

have demonstrated that women who sleep only five hours a night gain more weight than those who get at least seven hours of sleep.

So this sounds like a lot of bad news, confirming that weight gain is an inevitable part of aging. But you can fight and win this battle! Go back to the basics. Exercise more with both aerobic exercise and strength training. Remember that building up muscle mass means you burn more calories even when you sleep! The Department of Health and Human Services recommends moderate aerobic activity, such as brisk walking, for at least 150 minutes a week or vigorous aerobic activity, such as jogging, for at least 75 minutes a week, with strength training exercises at least twice a week.

Eat less. Because your metabolism has dropped, you need about 200 calories less per day than you did in your 40s. Don't just cut calories, but choose your foods wisely. Eat from the periphery of the grocery store - more fruits and vegetables and lean protein and less processed foods and sugars.

Sleep more and stress less. Yoga is one activity that can increase flexibility and bring serenity to your life. Connect with friends and cultivate activities that support lifestyle changes that will improve your health. Losing just ten percent of your body weight is associated with a lowering of blood pressure.



> Dr. Mary E. Peterson, Director, Women's Midlife Health Center at Magee, can be reached at (412) 641-8889.



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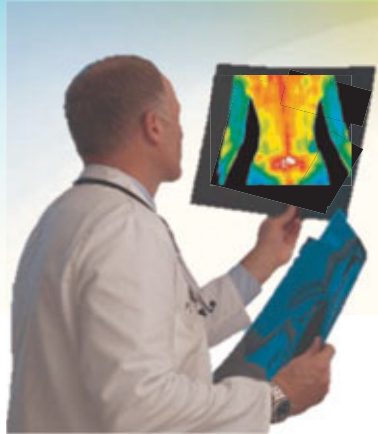
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A Heart Care Team for Women of Every Age

Women are busier than ever today. Work, family, and personal commitments leave women little time to think about their own health. But neglecting your health can have serious consequences.

Most women are not aware that they are at risk for developing heart disease, stroke, or other cardiovascular diseases. But the facts tell a different story. Heart disease is the leading cause of death in American women, killing almost twice as many women as all forms of cancer combined. Being proactive about the health of your heart can save your life. Women's symptoms may not be classic for a heart attack and can go unrecognized, thereby leading to dire consequences.

At the Allegheny Health Network's Women's Heart Center, they make it easier to stay heart healthy. Their team of experienced cardiovascular specialists provides a wide range of services that address specific heart-related issues women encounter throughout their life span. Indu Poornima, MD, director of nuclear cardiology at Allegheny General Hospital and director of the Women's Heart Center, says, "Regardless of age or lifestyle, our expert team of women's heart care specialists is ready to meet your unique needs." Board-certified by the American Board of Internal Medicine in Cardiovascular Disease, Dr. Poornima received her medical degree from Stanley Medical College in India, followed by her residency at Wayne State University Health Center in Detroit, Michigan, and fellowships at both Medical College of Wisconsin and Mayo School of Graduate Medical Education in Rochester, Minnesota.

Contraceptives and Heart Health

While birth control pills and the birth control patch are generally safe for young, active women, they can have cardiovascular risks for women over the age of 35, particularly women with high blood pressure, high cholesterol, diabetes, or who smoke. At every stage of a woman's life, smoking is the single most important preventable risk factor. Young women with cardiovascular conditions or risk factors should be assessed prior to initiation of oral contraceptives to assess their risk. **Pregnancy and Heart Health**

If you have a heart condition and are considering pregnancy, you will need special care. The Women's Heart Center offers a variety of services to help pregnant women avoid complications and deliver a healthy baby. Pregnancy-related heart conditions include:

Heart Murmurs

Most of the time, a heart murmur (caused by extra blood flowing through the heart) is a harmless condition. However, in rare cases, a new murmur can indicate a problem with a heart valve. Your physician can determine the cause of a heart murmur and decide if treatment is necessary.



Indu Poornima, MD, director of nuclear cardiology at Allegheny General Hospital and director of the Women's Heart Center.

Arrhythmias

During pregnancy, a woman with a normal heart can develop an arrhythmia, a fast or slow heartbeat that may be regular or irregular. This may be a temporary condition related to pregnancy or the result of a previously undiagnosed heart condition. If your physician decides that further examination is necessary, the experts at the Women's Heart Center will perform tests to better understand your heart rhythm and determine if treatment is needed.

High Blood Pressure

If you have rapid weight gain, swollen ankles, and protein in your urine, you may be experiencing a form of high blood pressure called preeclampsia. This condition can cause premature birth and lead to a life-threatening condition called eclampsia. Dr. Poornima says, "We will work with your physician to monitor your high blood pressure and determine which form of treatment is most appropriate for you."

Chest Pain

Chest pain – before, during, or after pregnancy – can be the sign of something serious, such as a blood clot or a tear in the arteries supporting the heart muscle. These conditions require urgent attention and can be fatal if not identified in a timely manner. The physicians at the Women's Heart Center will address the cause of your chest pain and begin prompt treatment.

Heart Failure

Although uncommon, a sudden onset of shortness of breath in the last few months of pregnancy – or in the first weeks after delivery – can be the sign of peripartum cardiomyopathy. This condition results from a sudden onset of weakness of the heart muscle that seems to be related to the pregnancy. While the exact cause is still unclear, it can be completely reversed if detected and treated early.

"At the Women's Heart Center, we assist the gynecologists in ensuring that hormone replacement therapy is safe by assessing the risks and benefits for each individual woman."

-Indu Poornima, MD

Menopause and Heart Health

Menopausal hormone therapy (MHT) can help with some symptoms of menopause, including hot flashes, vaginal dryness, mood swings, and bone loss. But there are also risks. "For some women, taking hormones can increase their chances of having a heart attack or stroke," says Dr. Poornima. "However others may benefit from short-term treatment to help with their menopausal symptoms and yet be safe from the cardiovascular standpoint. At the Women's Heart Center, we assist the gynecologists in ensuring that hormone replacement therapy is safe by assessing the risks and benefits for each individual woman."

The rates of heart attacks and stroke in women increase with the onset of menopause in close relation to onset of high blood pressure and changing levels of lipids. It is critical that women stay well ahead of the game by watching their weight, caloric intake, practice stress reduction and stop smoking to reduce their risk of experiencing a cardiovascular event.

Risk Factors for Heart Disease

A number of factors may put you at risk for heart disease including:

- Smoking • Diabetes • Obesity
- Physical inactivity • Stress
- Ethnicity, particularly African-American

Women's Heart Center


When you turn to Allegheny Health Network's Women's Heart Center, you are entrusting your heart health to the very best. "Our experienced team of board-certified physicians uses the latest technology and tools to give women a comprehensive, gender-specific action plan for preventing and treating heart disease," comments Dr. Poornima. They provide a wide range of patient-centered services, including:

- Assessment of cardiovascular risk through a physical, lab work, and non-invasive testing
- Treatment tailored to individual risk assessment
- Dietary counseling
- Physical activity prescription
- Mental stress reduction

"If more advanced treatment in the areas of congestive heart failure, pulmonary hypertension and electrophysiology are necessary, we will refer you to one of AHN's subspecialists," adds Dr. Poornima. The Women's Heart Center also makes other related referrals to endocrinologists, psychiatrists, and vascular specialists.



For your convenience, consultations are offered at a variety of community-based locations, including **Allegheny General Hospital** in Pittsburgh, **Wexford Health and Wellness Pavilion**, **AGH McCandless** on McKnight Road, **Canonsburg Hospital** in Washington County, and **Peters Township** in the South Hills. For more information or to make an appointment, call **1-877-97-HEART(43278)**.



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Time is of the Essence When Dealing with Stroke

By Vanessa Orr

STROKE IS THE THIRD LEADING CAUSE OF DEATH IN WOMEN, AND THE FIFTH LEADING CAUSE OF DEATH IN MEN, AND YET MANY WOMEN DON'T RECOGNIZE THE SYMPTOMS OF STROKE WHEN THEY HAPPEN.

"I can't stress enough that if a person feels like there is something wrong, they need to get to a hospital right away," explained Toni Behanna, Stroke Coordinator, Washington Health System. "Many people just lie down and hope that it will go away, but getting to the hospital quickly can make a huge difference in improving outcomes."

Stroke is more prevalent in



"A stroke can be reversed if a person is treated right away. In some people, all of the symptoms completely resolve, and in others, the symptoms partially resolve—it all depends on the person and how soon they get treatment."

*Toni Behanna, Stroke Coordinator,
Washington Health System*

women than in men, with 60 percent of cases happening in female patients, and the majority of strokes take place in people over age 65. A stroke occurs when a blockage—either a blood clot or a piece of plaque—either temporarily blocks a blood vessel or causes it to burst. Some strokes can be caused by heredity, as well as by modifiable risk factors such as diet, smoking and hypertension.

According to the American Heart Association/American Stroke Association, stroke is the number four cause of death and a leading cause of adult disability in the United

States. On average, someone suffers a stroke every 40 seconds; someone dies of a stroke every four minutes; and 795,000 people suffer a new or recurrent stroke each year.

SIGNS OF A STROKE

The best way to determine if a person is having a stroke is through a FAST (face, arms, speech and time) assessment.

• **FACE** – Check to see if one side of the person's face is drooping, or if one side of their lips stays down when they are smiling. Someone having a stroke also can't raise his or her eyebrows.

• **ARMS** – One arm works while the other doesn't, or the person feels weakness or numbness in the arms.

• **SPEECH** – The person has trouble getting words out, or speech is garbled. They may also have problems understanding someone else speaking.

• **TIME** – If any of these symptoms are present, get the person to the hospital right away.

According to Behanna, time is of the essence in the case of stroke. "A stroke can be reversed if a person is treated right away," she explained. "In some people, all of the symptoms completely resolve, and in others, the symptoms partially resolve—it all depends on the person and how soon they get treatment."

Patients can be treated with the drug TPA, though not all patients are able to receive it. Patients need to be evaluated before the drug is given, and it can be administered up to four-and-a-half hours after the onset of symptoms. "Because we are a primary stroke center, we can administer TPA," said Behanna. "If the person reaches us after the window has closed for administering the drug, there are other options that are available such as a mechanical procedure to unblock the blood vessel



In addition to being designated as a primary stroke center certified through the Joint Commission, Washington Health System was also recently honored with the Get With The Guidelines® – Stroke Gold Plus Quality Achievement Award for implementing specific quality improvement measures outlined by the American Heart Association/American Stroke Association for the treatment of stroke patients. This is the fourth year in a row that the health system has received this award at the Gold Plus level.

"This award demonstrates our hospital's commitment to ensuring that our patients receive care based on internationally respected clinical guidelines," said Behanna.

Washington Health System earned the award by meeting specific quality achievement measures for the rapid diagnosis and treatment of stroke patients, including aggressive use of medications and risk-reduction therapies. The hospital's staff also implements prevention measures, including educating stroke patients to manage their risk factors and to be aware of warning signs for stroke, and ensuring that they take their medications properly.

➤ For more information on Washington Health System's stroke program, contact Toni Behanna at (724) 223-3261 or tbehanna@whs.org or visit www.whs.org.

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Bethany Narey
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WOMEN

All women can benefit from thermography breast screening. However, it is especially appropriate for women (ages 22-55) whose denser breast tissue makes it more difficult for mammography to be effective. It is also appropriate for women of all ages who do not want exposure to radiation, are fibrocystic, have had a mastectomy, or are unable to undergo routine mammography. Women who have a family history of breast disease, yet may be outside the standardized age group for annual screening, are able to schedule a thermography screening without a referral.

Thermography can provide a 'clinical marker' for a specific area of the breast that needs particularly close examination. This helps in avoiding a potentially dangerous gap in preventative health screenings. Additionally, thermography provides women with an overall baseline on their breast health. Because thermography is a screening tool that is meant to be added to your routine breast health evaluation, the screening is able to increase detection rates often times at earlier stages.

CHILDREN & YOUNG ADULTS

Thermography is an ideal medical imaging tool because there is NO compression and NO radiation making the test 100% safe. Pain, discomfort, or inflammatory related issues are some of the most common reasons for children and young adults to get thermography screenings.

The most common application for thermography screening among younger age groups is due to injuries. Instead of looking for a break like almost all other medical imaging tools, thermography looks for cellular and vascular dysfunction through temperature patterns. This offers an invaluable window into the sympathetic response to pain and injury. As a medical imaging procedure that does not involve contact with the body there are no imaging restrictions due to pain. This makes thermography an ideal tool to assess injuries and inflammation that will aid your physician in making a diagnosis and providing the next step in your health plan.

> For additional information regarding thermography or how it can be useful in your preventative healthcare plan, visit our website at www.heat-images.com. To schedule an appointment or speak with a Certified Clinical Thermographer call, **855-254-4328(HEAT)**.

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Midlife Health Center at Magee-Womens Hospital of UPMC

Q: "I am having trouble remembering things. Is this due to aging or menopause?"



Dr. Katherine Scruggs

Certified Menopause
and Physician
Midlife Health Center

Women do tend to complain more of memory problems during the menopause transition. The perceptions of worsening memory and difficulty paying attention are higher in women who also experience more hot flashes, anxiety and moodiness during this time.

Those perceptions do reflect reality to a certain extent: women who report memory problems are likely to perform less well on tests of memory function, though these differences are usually not dramatic. It is not normal to have difficulty completing routine tasks, to be confused about time or place, or to have memory problems that interfere with daily life. If this does occur, evaluation by a neurologist may be appropriate. So you may forget where you put your car keys, but you shouldn't forget how to use them! These complaints are usually temporary, and improve as women proceed further into the menopause transition.

Having memory problems associated with menopause does not increase one's risk of dementia in the future. Things you can do to improve your memory include: exercising, getting enough sleep (7-9 hours per night for most of us), learn new skills, and eat food high in Omega 3 fatty acids, such as salmon, sardines, walnuts, tofu and flax seed. Using memory tools such as making lists, using reminder apps, etc., can also be helpful.

> For more information, call **(412) 641-8889** or visit www.upmc.com/locations/hospitals/magee/services/midlife-health-center/.

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BONE & JOINT GUIDE



Active Seniors Can Stay Active, Even with Rotator Cuff Injuries

By Nancy Kennedy

In the spring of 2005, 11,000 senior citizens descended upon Pittsburgh. They came for a two-week long event known as the National Senior Games Association, also known as the “Senior Olympics.” Ranging in age from 50 to 103, these elite older athletes came to compete in 18 different sports ranging from archery to volleyball. It was the largest gathering in the twenty-year history of the organization and it generated a lot of regional interest.

Patrick J. McMahon, M.D., was among those happy to see this convocation of healthy, vibrant older adults. As an orthopaedic surgeon and sports medicine specialist who treats problems of the shoulder, elbow and knee, he has a clinical interest in this population and he took advantage of the opportunity to conduct a study of rotator cuff injuries among the senior athletes. “We know that rotator cuff injuries are common in people over 60,” he says. “Approximately 25 percent of them have a full-thickness rotator cuff tear. We wanted to find out if these very active seniors had more severe rotator cuff injuries than the general population of seniors, or did they have fewer, because they are

elite athletes?”

Dr. McMahon and his colleagues found plenty of volunteers among the athletes, who had a median age of 70. “We assessed pain and shoulder function in 141 elite athletes at the Senior Olympics who volunteered to participate in the study. An ultrasound evaluation of the rotator cuff of the dominant shoulder was performed on each of them by an experienced musculoskeletal radiologist. We then determined the relationship between ultrasound findings and shoulder pain and function.”

To Dr. McMahon’s surprise, only 14 percent had normal rotator cuffs. Full thickness tears were present in 21 percent and of that group, just 25 percent reported experiencing pain. The other 75 percent had tears that were asymptomatic.

“The people who did report having pain were able to tolerate it and did not let it keep them from being active. I met a woman who was the shortstop on the ‘80 and older’ softball team who had a rotator cuff tear but she coped with it and continued to play. My conclusion was that rotator cuff injuries do not preclude you from participating in sports, even at the elite, competitive level. These people are proof of that.”

The study, which was published in the *Journal of Clinical Orthopaedics and Research*, proves that pain is not always present with a rotator cuff tear, and that when there is pain, it is not predictive of the severity of an injury. Although rotator cuff tears are common, one does not necessarily need surgical repair in order to participate in sports.

Rotator cuff injuries may cause pain, weakness and sometimes loss of motion, Dr. McMahon says. Many injuries will heal on their own, and physical therapy can be



“My conclusion was that rotator cuff injuries do not preclude you from participating in sports, even at the elite, competitive level.”

-Patrick J. McMahon, M.D.



helpful. “Just about 10 percent will need surgery,” he says. “If you know you have a rotator cuff injury, you need to monitor your pain and if it gets worse, come in to be re-evaluated with strength testing and perhaps an MRI. Don’t dismiss aches and pains if you have a tear and have chosen to not get it fixed, because they might mean your tear is worsening.”

Rotator cuff repairs are generally done arthroscopically in an outpatient surgery setting. Dr. McMahon performs a range of shoulder surgeries as well as knee arthroscopy and other orthopaedic procedures at St. Clair Hospital. He is board-certified in orthopaedic surgery and is a fellow of the American Academy of Orthopaedic Surgeons. He is a graduate of Temple University School of Medicine and completed an internship at New York University Medical Center, followed by a residency in orthopaedic surgery at UPMC and a sports medicine fellowship at the Kerlan Jobe Orthopaedic Clinic in California. Dr. McMahon has a solo practice,

McMahon Orthopaedics and Rehabilitation, and serves as an adjunct associate professor in the department of bioengineering at the University of Pittsburgh.

Shoulders are easily injured, he says, and those injuries seem to be more prevalent in the U.S. “It may be that Americans partici-

participate in more ‘overhead’ sports, such as tennis, football, basketball and baseball. An injury sustained at a younger age can become a problem once you reach middle age; it can take years for a rotator cuff injury to get worse. You have to use common sense: for example, baseball players have to monitor their pitch count and not exceed about 100 pitches per week. Coaches need to be more vigilant with kids.”

Seniors, says McMahon, have changed – for the better. “Most seniors over 50 are doing something to stay in shape and that’s a very positive trend. Be active, but be reasonable; if you get injured, it can be quite a setback. You don’t do yourself any favors by overdoing it. But the overall health benefits of doing something are significant. Even walking has tremendous benefits for your heart and lungs.”

> To make an appointment with **Dr. McMahon**, call **(412) 431-7342**.

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BONE & JOINT GUIDE

PREVENTING OSTEOPOROSIS: Tips for Maintaining Bone Health



Bone health is something that few of us wake up and think about, but the impact bone loss and subsequent fractures can ultimately have on our quality of life is significant. Osteoporosis, or porous bones, is a disease that causes bones to become thinner and weaker than normal. Occurring in the hips, spine, wrists, or other bones, it currently affects 10 million Americans; eighty percent are women.

Samantha DeMauro, M.D., who specializes in the treatment of osteoporosis at Allegheny Health Network, says, "There are many risk factors that contribute to developing osteoporosis. Some you can control, some you can't." Board-certified in endocrinology, diabetes, metabolism, and internal medicine, Dr. DeMauro has a special interest in polycystic ovary syndrome, parathyroid and other thyroid disorders, and osteoporosis. "Factors that you cannot control include gender, age, ethnicity, and family history," comments Dr. DeMauro. "But there is much we can control."

Factors You Cannot Change That Increase Your Risk of Osteoporosis:

- **Gender:** women are at a much higher risk than men
- **Age:** risk increases as you get older
- **Ethnicity:** women of Caucasian and Asian descent
- **Family History:** parents or siblings with osteoporosis or hip fractures
- **Menopause:** post-menopausal or experiencing early menopause
- **Sex Hormones:** reduced estrogen levels at menopause or during certain cancer treatments

Factors You Can Change To Reduce Your Risk of Osteoporosis:

- Eating a diet high in calcium and vitamin D
- Replacing a sedentary lifestyle with an active one
- Limiting alcoholic drinks to two per day
- Quitting smoking

Dr. DeMauro recommends several types of exercise to help maintain strong bones and muscles as you age:

- Weight-bearing exercises, including walking, dancing, hiking, and stair climbing
- Strength exercises, such as free weights, elastic bands, rubber tubing, and weight machines

- Flexibility exercises, including stretching and gentle yoga
 - Balance exercises, such as tai chi
- If your bones are porous, a simple fall could cause a fracture. By taking a few precautions, Dr. DeMauro adds, you can help prevent falls. Suggestions include:

- Keeping a clutter-free environment
- Installing sturdy handrails on all stairs
- Repairing loose or broken flooring and torn rugs
- Cleaning up spills immediately
- Using non-skid floor wax
- Using rubber mats in your tub or shower
- Making sure you have enough light
- Using night lights
- Wearing non-slip shoes

During your annual physical exam, you should be checked to see if you have lost height, weight or if you have back pain. Dr. DeMauro recommends, "Starting at age 50, it is extremely important to be tested for your height to determine bone loss and to begin screenings for post-menopausal women over 65, men over 70, and women and men 50-70 with risk factors for osteoporosis."

Bone density testing can be done several different ways. The most common and accurate way is a dual-energy x-ray absorptiometry (DEXA) scan that uses low-dose x-rays. Bone mineral density (BMD) tests are used to:

- Diagnose bone loss and osteoporosis
- See how well osteoporosis medicine is working
- Predict your risk of future bone fractures

"With information from a bone density test, you and your physician can decide what prevention or treatment steps are best for you," adds Dr. DeMauro.

After receiving her medical training at the University of Medicine and Dentistry of New Jersey Medical School, Dr. DeMauro completed an internal medicine residency at Yale New Haven Hospital and an endocrinology and metabolism fellowship at Yale University.



For more information or to make an appointment with **Dr. Samantha DeMauro**, call **(724) 941-7490**.



Getting Enough Calcium and Vitamin D

The recommended daily dosage of calcium for premenopausal women and men is 1000mg, while post-menopausal women and men over 70 should aim for 1200mg. For vitamin D, 800 to 1000 international units (IUs) are recommended for all ages. Check with your doctor to determine what levels are best for you.

Foods rich in calcium include:

- Milk
- Hard Cheeses
- Yogurt
- Sardines
- Bread
- Kale
- Okra
- Spinach
- Broccoli
- Watercress
- Dried Apricots
- Dried Figs
- Rice Pudding
- Ice Cream
- Custard
- Baked Beans
- Enriched Orange Juice
- Tofu
- Chickpeas
- Almonds
- Brazil Nuts
- Sesame Seeds

Foods rich in Vitamin D include:

- Salmon
- Tuna
- Trout
- Mushrooms
- Fortified Milk
- Fortified Orange Juice
- Egg Yolks
- Beef Liver
- Fortified Cereal

Try this Calcium-Rich Recipe:

TUSCAN WHITE BEAN SOUP

- 2 tablespoons extra-virgin olive oil
- 1 medium onion, finely diced
- 2 medium carrots, finely diced
- 2 ribs celery, finely diced
- 4 cloves garlic, minced
- 1/2 teaspoon dried red pepper flakes
- 1 quart homemade or low sodium canned chicken broth
- 2 – 15 ounce cans white beans (cannellini or great northern) with liquid
- 4 – 6" sprigs rosemary leaves, finely chopped
- 1 teaspoon of savory herb
- 1 – 3-4" chunk Parmesan rind
- 2 bay leaves
- 3 to 4 cups roughly chopped kale or Swiss chard leaves
- Parmigiano-Reggiano cheese for serving

Directions:

Heat olive oil in a large saucepan over medium-high heat until simmering. Add onions, carrots, and celery. Cook, stirring frequently, until softened but not browned, about 3 minutes. Add garlic and dried red pepper flakes and cook, stirring constantly until fragrant, about 1 minute. Add chicken broth, beans and their liquid, rosemary stems, savory, parmesan rind, and bay leaves. Reduce to a bare simmer. Add kale, cover and cook for 15 minutes.

Discard the bay leaves and rosemary stems. Ladle into bowls, sprinkle with reserved chopped rosemary leaves, drizzle with extra-virgin olive oil and a grating of Parmigiano-Reggiano, and serve with crusty toasted bread.

Nutrition Information:

Calories: 208 **Fat:** 12 g **Carbohydrates:** 41 g
Fiber: 11 g **Protein:** 17 g **Calcium:** 208 mg



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Dr. Kelly Zbanic, General Surgeon

medical profiles

Helping People Heal from the Battlefield to Ohio Valley Hospital

By Daniel Casciato

From the time she was a young girl, Dr. Kelly Zbanic was always interested in medicine and helping people. Her parents fostered that aspiration by persuading her to pursue activities and educational experience that leaned towards that discipline.

A graduate of West Virginia School of Osteopathic Medicine, Dr. Zbanic completed her Internship and Residency at Largo Medical Center in Florida. Upon completion of surgical residency, Dr. Zbanic was a Major in the United States Army. She deployed to Afghanistan, where she worked in combat trauma for nine months. Her forward surgical team—the first stop when soldiers get injured on the battlefield—would stabilize the wounded and prepare them for safe transport to the next level of care.

She calls her tour of duty overseas

the proudest accomplishment in her career so far. “It was a wonderful feeling to be able to help wounded soldiers when they were in their most dire need.”

Dr. Zbanic returned to civilian life in August of this past year to work as a general surgeon for Ohio Valley Professional Services General & Vascular Surgery, which is part of Ohio Valley Hospital. She loved the idea that Ohio Valley was a community-based hospital.

“That was an important criteria,” she notes. “Also, when I began looking for a job, I wanted to return home to the Pittsburgh area. My husband and I have twin babies and we want to ensure they grow up with snow. After my medical training in Florida and being stationed in South Carolina for the military, we didn’t see snow for several years. We knew when we had children we wanted to come back north. When I heard Ohio Valley was looking for a

general surgeon, I was really excited.”

Now back in civilian life, Dr. Zbanic says the big difference in treating non-military patients versus soldiers, is that in the military, she never had to worry about anyone not being able to afford the health care they required.

“I see now how difficult it is for some patients,” she says. “Sometimes money is a big factor in being able to afford their medication. That’s a big struggle because we want everyone to receive the care they need. But we try to find ways to make things work and recommend various programs that can assist patients.”

She encourages people to not delay in seeing their physician when health issues arise. Based on her experience, some people don’t want to see their physician because they are afraid of the information they are going to receive.

“They fear receiving bad news,” she says. “So they push things off a bit longer than they should because they are worried what they might find out about their health. Even though you may not like some of the information you are told, it’s best to get the problem diagnosed and treated early. That way it’s not as complicated.”

Whether it’s helping steer her patients to programs that could offer assistance or treating a patient’s diagnosis, Dr. Zbanic fully enjoys this patient care part of her profession. “It’s very gratifying when someone comes in who doesn’t feel well and you help them feel better. For example, when a patient comes in with acute appendicitis, you can see how much pain they are in. I take them into surgery, fix their problem and when they wake up, they feel so much better.”

While Dr. Zbanic’s schedule keeps her pretty busy these days, she always looks forward to spend-



Even though you may not like some of the information you are told, it’s best to get the problem diagnosed and treated early. That way it’s not as complicated.”

-Dr. Kelly Zbanic

ing as much time with her family as possible.

“I have 14-month-old twins—a boy and a girl—so I don’t have time for hobbies,” she says with a laugh. “They’re my biggest priority. Kids take a lot of time and I really enjoy playing with them and being a mom. It’s a lot of fun.”

Even with her busy schedule and enjoyment of family life, Dr. Zbanic always finds great fulfillment in performing surgery and helping her patients feel better. The care and dedication she provided in the military, and is now providing at OVH, is a testament to this.

➤ For more information or to make an appointment with Dr. Zbanic, call (412) 777-4332 or visit www.ohiovalleyhospital.org.

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Left to right: Anthony J. Kirby, MD; Maureen Murphy-Ginsburg, DO; Aleksandr V. Mikhaylovskiy, MD; Rachele Scott, PA-C; Rajesh Mehta, MD



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Dr. Ron Thomas Brings His Perinatal Expertise to St. Clair Hospital

By Nancy Kennedy

Ronald L. Thomas, M.D., one of the region's most highly regarded perinatologists and known nationally in the specialty of diagnostic prenatal screening, is providing his expertise in the assessment and management of pregnancy risk factors and complications at St. Clair Hospital in Mt. Lebanon.

"My specialty is addressing risk factors in mothers and infants, and how they interact," Dr. Thomas explains. "As a perinatologist, I am an obstetrician-gynecologist with expertise in genetics and ultrasound, as well as in medical conditions that may impact the health of the mother and infant. That includes hypertension, diabetes, heart disease, cancer and other conditions. My work is primarily diagnostic, and the work that my team and I do most often provides reassurance to prospective parents. We usually find that all is well and the delivery can safely take place."

Adds Dr. Thomas: "In very rare instances, there may be a risk, such as finding through ultrasound that the infant has a cardiac anomaly that

will require immediate surgery by a pediatric heart surgeon. If this is the case, we are able to prepare the family and help them make plans. The goal is always to have the best outcome possible – a healthy baby."

Ultrasound, which uses high-frequency sound waves to produce visual images of internal organs, has evolved to such a degree that it has extensively reduced invasive diagnostic prenatal testing. It is the primary diagnostic tool that Dr. Thomas employs to assess fetal health, growth and well-being. St. Clair's OB-GYN Ultrasound Suite, on the Second Floor of the hospital, has one of the region's most advanced ultrasound systems. "St. Clair has excellent resources and the most up-to-date technology and equipment, as well as a team of experienced obstetric sonographer technologists," says Dr. Thomas. "It's a wonderful facility and I'm pleased to be at St. Clair."

Dr. Thomas also utilizes "non-invasive prenatal testing," known by the acronym NIPT, which enables him to perform genetic analysis of fetal DNA in maternal blood. Ultrasound imaging and NIPT have



Dr. Ronald L. Thomas

become so advanced that perinatologists rarely need to perform amniocentesis or chorionic villi sampling (CVS), two invasive diagnostic procedures that carry some risk to both the mother and the fetus. "Amnio has almost disappeared," Dr. Thomas says. "We used to do several hundred a year; now we do very few. We have the capacity, thanks to advances in obstetrics, to learn a great deal about the infant using just a blood sample from the mother. We can screen for the most common fetal chromosomal anomalies – Trisomy 21, 13 and 18. This is done when we have identified increased risk, such as advanced maternal age or an abnormal ultrasound in which

medical profiles

the infant appears to be structurally abnormal."

Patients are referred to Dr. Thomas by their obstetricians, although patients occasionally self-refer. A Certified Genetic Counselor is also part of his team and offers parents counseling, education and support.

Dr. Thomas is a western Pennsylvania native who was once a high school math and physics teacher. He attended the University of Pittsburgh School of Medicine and completed a residency at Bethesda Naval Hospital, followed by a fellowship in maternal-fetal medicine at Johns Hopkins. "In medical school, I met a surgeon who was an incredible role model, and I was planning to become an orthopaedic surgeon. In our third year, we had our OB-GYN rotation. My first delivery was a tremendous experience; it sent such a charge through me - a release of adrenalin - that I knew this was what I wanted to do."

To make an appointment with Dr. Ronald Thomas, call (412) 942-2628 or visit www.stclair.org.

Dr. Eric Milie Discusses Pneumonia and Its Symptoms and Risk Factors

Are shortness of breath and a cough signs of a mild cold or the flu? Or, could they be something much more serious, like pneumonia? Making an accurate determination can be difficult without all the facts. While most people are familiar with pneumonia, not as many are aware of the symptoms associated with this potentially dangerous lung infection. Eric J. Milie, D.O., director of the internal medicine residency program at Millcreek Community Hospital and a 2004 graduate of the Lake Erie College of Osteopathic Medicine (LECOM), discusses how understanding the signs and symptoms of pneumonia can help you stay healthy this winter.

Warning Signs of Pneumonia

"Pneumonia is a lung infection marked by inflammation of the air sacs in one or both lungs," Dr. Milie said. "It often develops after a viral infection, like the flu, so people tend to confuse its symptoms with those

of the flu or common cold."

So, what are some of the specific symptoms of pneumonia? "Once the lungs are infected or become inflamed, sufferers may experience cough with phlegm, fever, chills, chest pain, nausea and vomiting, or difficulty breathing," Dr. Milie explains. He advises visiting an emergency room if the symptoms persist or if they become more severe, such as:

- Blood in phlegm
- Bluish-toned skin
- Labored and heavy breathing
- Mental confusion or reduced mental function (in the elderly)
- Rapid heart rate
- Weight loss

"The severity of the symptoms tends to vary among children, adults and the elderly," notes Dr. Milie. "While newborns may not show any signs, or they may vomit, have a fever, and have difficulty breathing or eating, older adults may experience sudden changes in their mental awareness and experience lower

body temperature and energy levels." For both infants and adults alike, Dr. Milie said it is imperative to seek medical attention at the first sign of symptoms, and see their primary health care provider if the symptoms linger or worsen.

Diagnosis and Treatment

When diagnosing pneumonia, your physician will ask about symptoms and conduct a physical examination; they may also suggest a chest x-ray or blood test. "For most people, pneumonia will clear up in two to three weeks with antibiotics, cough medicine, and rest; however, for older adults, infants, and people with other chronic illnesses who have become extremely ill, hospital treatment is usually necessary," Dr. Milie said.



Dr. Eric J. Milie

Stopping the Spread of Pneumonia

"Pneumonia can be spread through respiratory droplets transmitted by sneezing, coughing, and exhaling," Dr. Milie said. Consequently, individuals who are at-risk should take extra precautions to protect themselves – before they become infected. "Individuals who are at least 65 years old and smoke, or have a heart or lung problem, should get a pneumococcal vaccine and a flu shot," Dr. Milie recommends.

Winter Wellness Tips

According to Dr. Milie, taking good care of yourself can help prevent the spread of the viruses and bacteria that cause pneumonia and other illnesses. "If you're healthy, avoiding people with the flu, colds, measles, or chickenpox will decrease your risk," he said. "If you are sick, proper hand washing is important, along with common-sense things like covering your mouth and nose when you sneeze, drinking lots of fluids, getting plenty of rest, and most importantly, staying home when you're sick."



Diagnosing and Treating Your Pain

By Daniel Casciato

EXPERIENCING ANY TINGLING, MUSCLE WEAKNESS, NUMBNESS OR SOME TYPE OF MUSCLE PAIN? IT COULD BE SOMETHING MINOR LIKE CARPAL TUNNEL SYNDROME OR AN EVEN MORE SERIOUS CONDITION SUCH AS A NERVE DISORDER.

An electrodiagnostic study is a useful way to find the cause, or causes, of your symptoms and is considered to be the most reliable way to assess nerve damage. It can also be used to study the effects of diseases such as diabetes.

"It determines what pathology there is and help guide what further diagnostic study needs to be performed as well as guide what further treatment is needed, if any," says Dr. Anthony Kirby, a pain management physician with South Hills Pain & Rehab.

Think of your body as an electrical generator where your nerves and muscles create electrical signals that deliver messages to and from your brain. Injuries affecting your nerves and muscles can slow these electrical signals. If you suffer from any pain, weakness or numbness in your back, neck or hands, measuring the speed and degree of electrical activity in your muscles and nerves through an electrodiagnostic study can help your physician diagnosis your condition.

Only physical medicine and rehab doctors and neurologists will conduct an electrodiagnostic study, making South Hills Pain & Rehab one of the few practices in the region to conduct this non-invasive procedure. The electrodiagnostic test is comprised of two separate tests: nerve conduction studies (NCS) and electromyography (EMG). During the nerve conduction study, electrodes are tape in various places along the nerve pathway.

"Your nerves are like wires. We use a small current of electricity at one end of the wire to stimulate the wire to assess the function of the nerve," explains Dr. Kirby, one of the pain management physicians who conducts the electrodiagnostic study, which is an extension of his physical exam.

As the signal propagates along the wire, Dr. Kirby records the signal at the other end of the wire. If a nerve is a pinched at the wrist or elbow, there will be changes. In healthy nerves, electrical signals typically conduct electricity at the same rate. If the nerve is damaged, however, the signal is slower

Only physical medicine and rehab doctors and neurologists will conduct an electrodiagnostic study, making South Hills Pain & Rehab one of the few practices in the region to conduct this non-invasive procedure.



South Hills Pain & Rehab specialists include (l. to r.) Anthony J. Kirby, M.D., Maureen Murphy-Ginsburg, D.O., Aleksandr V. Mikhaylovskiy, M.D., Rachele Scott, PA-C, and Rajesh Mehta, M.D.

and weaker.

"I can tell by how much of the signal gets through and how strong of a signal I get at the other end," says Dr. Kirby. "And if a nerve is pinched, I can tell how severe it is."

The second part of the test is the EMG which records and analyzes the electrical activity in your muscles. During an EMG, small, pin electrodes containing a teflon coating are placed in the muscle to record the electrical activity. Dr. Kirby explains to patients that he is listening to the electrical (E) activity inside their muscles (M) while using a machine that gives him a signal he can see and hear (G for graphy). A normal muscle at rest is electrically silent. There will be irregularity if the muscle is diseased or injured.

"This test allows me to listen to individual muscle fibers within the muscle," he says. "If there's a problem with the muscle itself or with the nerve that goes to the muscle, I can tell by listening to the muscle. Although it's not necessarily a comfortable test, most people tolerate the test very well."

The combined tests take about a half hour total and Dr. Kirby notes that there are no residual effects or pain from the test.

"The patients are informed of the results and treatment recommendation before they leave the office," he adds. "They always know the results before their own doctor."

> To schedule an appointment with South Hills Pain & Rehab, call (412) 469-7722. Their main office is in Jefferson Hills and they have satellite locations in Bethel Park, Monessen and Brentwood.

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Eating Shouldn't Be A Guilty Pleasure



By Jesse Sharrard

As we open a new calendar, we often declare that we will eat more vegetables and whole grains and give up sweet, salty, and fatty snacks. But come February, most of us are singing a different tune.

If you want to make a healthy eating resolution that will stick into the summer months and beyond, think about how you can enjoy making these changes. Perhaps a salad will never take the place of a steamy bowl of macaroni and cheese, no matter how hard you try. But that's not to say that you can't find comfort foods that are both flavorful and healthy!

Beans and greens are a perfect example: they combine two superfoods into a satisfying plate. Turkey enchiladas can be saucy, delicious, and packed full of vegetables. There are thousands of ways to make a hearty, stick-to-your-ribs soup that is good for you.

Vegetable	Oven Temp	Suggested Spices	Cooking Time
Broccoli, Green Beans, Asparagus	375°	Salt, pepper, cinnamon, ginger	12-15 minutes
Cauliflower, Brussels Sprouts	375°	Salt, pepper, mustard powder, paprika	15-20 minutes
Beets, Turnips, Garlic, Onions, Mushrooms, Yams, Winter Squash	375°	Salt, pepper, ginger, cayenne pepper	30-45 minutes; stir every 15
Potatoes	450°	Salt, pepper	40-45 minutes, stir every 15

Try adding healthy twists to your favorites. Adding vegetables is a great idea whether you're following your grandmother's recipe or making a kit from a box. It's an easy way to make the meal better for you than it would be otherwise. For instance, adding broccoli and sweet potatoes into macaroni and cheese is an easy way to add color, flavor - and nutrition.

Roasting vegetables is a snap. Simply cut your veggies into half-inch pieces, toss them with oil and spices, then bake according to the chart above. Healthy eating has never been easier - or tastier!

More Recipes and Cooking Tips

For more great recipes and cooking tips, visit **Greater Pittsburgh Community Food Bank's** Recipe Rainbow page. This database of healthy recipes will allow you to search for recipes based on ingredients with which you want to cook. Let us help you get your New Year's resolution off to a satisfying - and delicious - start.

Jesse Sharrard is a Food Safety & Nutrition Manager for Greater Pittsburgh Community Food Bank—and a classically trained chef. He can be reached at jsharrard@pittsburghfoodbank.org. To get help or give help through the food bank, visit www.pittsburghfoodbank.org



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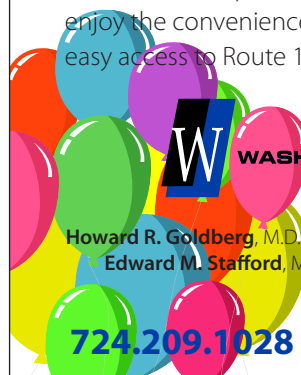
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CHILDREN'S HEALTH

Immunizations Important In Battle Against Measles & Polio

By **Nicholas DeGregorio, MD, FACP, MMM**

HOW EFFECTIVELY WE IMMUNIZE OUR CHILDREN IS IMPORTANT.

According to an April, 2014, study by The Centers for Disease Control and Prevention (CDC), it is estimated that 20 years of childhood vaccinations would prevent 322 million illnesses, 21 million hospitalizations, and 732,000 deaths.

Because immunization practices have been very effective over the past few decades, certain diseases have largely been eliminated from the United States, most notably polio and measles. These viruses however, remain omnipresent, resilient, and always ready for a return. International travel and lapses in immunizations can provide openings for viruses.

In May, 2014, the World Health Organization (WHO) declared the spread of wild polio virus as an international public health emergency. The greatest risk is from adult travelers who visit Pakistan, Cameroon, and Syria. Residents, long-term visitors (persons who stay more than four weeks), and travelers to these countries should receive a dose or oral polio vaccine (OPV) or inactivated polio vaccine (IPV) between four weeks and 12 months in advance of international travel. Urgent travelers not immunized within the previous four weeks to 12

months, should at least receive a dose of OPV or IPV by the time of departure.

Measles was declared eliminated from the U.S. in 2000, but that does not mean the disease has disappeared, or that there is no longer a need to vaccinate children against it. Since 2000, outbreaks have increased in the U.S. The CDC confirmed 288 cases of measles from January to May, 2014. Previously, the highest annual total was 220 in 2011.

Almost half of the cases were reported in people traveling from the Philippines. Approximately 90 percent of measles cases were in people previously unimmunized or with unknown immunization status. The ages of infected individuals ranged from 2 weeks to 65 years and 15 percent of the cases required hospitalization.

Parents and physicians must remain diligent in maintaining high levels of immunizations. It is important to know the international hot spots of viral re-emergence and protect yourself with immunization before travel to those areas.

Adequate vaccination rates can prevent most of these types of outbreaks. However, if vaccination rates drop, "imported" cases of preventable diseases can begin to spread again. Until permanently eradicated, polio and measles – anywhere it exists in the world – remains a real threat to children everywhere.



Dr. Nicholas DeGregorio is Senior Medical Director for **UPMC for You**, the largest Medical Assistance program in Western Pennsylvania. For more information, visit upmchealthplan.com.

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CHILDREN'S HEALTH

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ESY (Extended School Year) is designed for children with special needs who qualify for ESY services. Watson offers ESY programs at 2 locations:

ESY at The Education Center in Sewickley, PA, in accordance with a student's IEP, consists of adapted educational and therapeutic services for children with autism, cerebral palsy, muscular dystrophy, neurological impairments, developmental delays, brain injuries and other impairments. Age ranges are 5-21.

ESY at Friendship Academy is designed for children with emotional needs who qualify for ESY services and who would benefit from educational/therapeutic programming. In accordance with the student's IEP, Friendship Academy's ESY program is designed to facilitate progress towards individualized academic and behavioral goals throughout the summer within a structured learning environment. Age ranges are 5-21.

SCALE (Social & Community Activities for Life Experiences) is an ESY program specifically designed for adolescents in their transition years who are currently participating in Autistic Support and Life Skills curriculums. The SCALE program offers a "hands-on" approach to developing vocational, social and functional community skills while promoting awareness and independence in the community.

STAT (Summer Therapeutic Activities for Teens) is offered at The Watson Institute's Sewickley, Sharpsburg and Upper St. Clair sites for teens with Asperger's or High-Functioning Autism.

WISP (Watson Institute Summer Program) is offered in several locations throughout the Pittsburgh area, providing children with autism spectrum disorders ages 6-14 an opportunity to enjoy a summer camp setting with their typically developing peers.



Visit our website for more information www.thewatsoninstitute.org.

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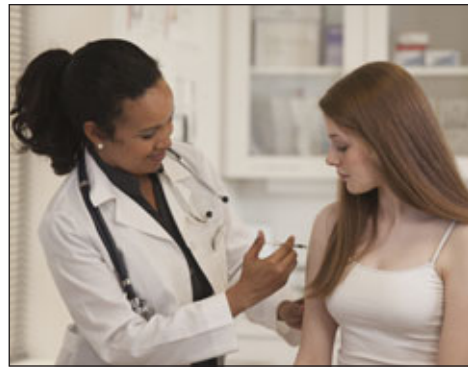
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Too Few Taking Advantage of HPV Vaccine

By Lois Thomson



If you knew about a vaccine that your kids could get to help prevent them from getting cancer, you'd take advantage of it, wouldn't you? Of course you would. But what if you didn't know about such a vaccine? Or what if you did know about it, but you thought there might be a certain stigma attached to it?

Those two scenarios are what many physicians believe are keeping parents from having their children vaccinated with the HPV vaccine.

HPV – or human papillomavirus – is a virus that can cause a host of cancers. It has been named by the Centers for Disease Control and Prevention as the fourth-largest public health threat in the United States for 2014. The vaccine was introduced in 2006, but the problem is that in 2013, only 57 percent of girls received it, and only 35 percent of boys.

Dr. Alan Finkelstein, director of the UPMC Shadyside Family Health Center, believes he knows the reason for the low figures: "I think the number one reason has to do with the fact that HPV is a sexually transmitted infection, so there's a lot of stigma around that. And the age the immunization is recommended is 11 and 12, before exposure to HPV and when the vaccine produces the best immune response, and I believe a lot of parents are not comfortable thinking about the sexuality of their 11- and 12-year-olds."

Additionally, the vaccine is administered in three stages. Dr. Finkelstein said that to get the immunization properly, once you receive the first dose, the next one should be in two months, and the third, four months after that. "But most kids aren't coming to the doctor that often. They come in for colds

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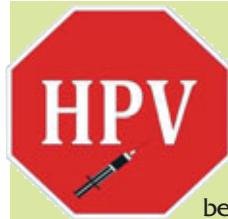
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HPV Fact Sheet

- Approximately 79 million Americans are infected with HPV
- Approximately 14 million people will become newly infected each year
 - HPV often has no visible signs or symptoms, so many people who have it don't know it
 - Certain types of HPV can cause cervical cancer, vaginal and vulvar cancer, anal cancer, oropharyngeal cancer (back of the throat, including the base of the tongue and tonsils), and genital warts
 - Exposure to HPV can happen with any kind of adolescent experimentation that involves genital contact with someone who has HPV
 - The vaccine is administered in three doses and is recommended for boys and girls ages 11 to 12, or 13 through 26 who have not yet been vaccinated or completed the three-dose series

or viruses or sports physicals or whatever, and those are golden opportunities for us to get them caught up with this vaccine, and we're not doing that as well as we could."

For that reason, the Jewish Healthcare Foundation is running a public health campaign to educate parents and providers about having children vaccinated against the virus. Along with Dr. Finkelstein, William Isler, president of the Fred Rogers Company that produces preschool programs for PBS, is one of the co-chairs of the task force the JHF has put together. "I was on the board of the JHF at one time and I have been involved in a lot of their projects that deal with youth," Isler said. "Right now we're working on what we can do to get more parents and families to understand the importance of this immunization for the health of their children. We really have to inform parents of changes in what we know about preventive health."

Isler continued, "I don't think there's an excuse out there that's worth the risk. It's like saying my children aren't in groups with other children, so I don't have to worry about measles. (Years ago) parents would not allow children to go to swimming pools in the summer, but children still got polio."

Dr. Ana Radovic, adolescent medicine specialist and pediatrician at the Center for Adolescent and Youth Adult Health at Children's Hospital of Pittsburgh of UPMC, recently participated in a Q&A session with the inaugural members of Grandmother Power. "It was a group of grandmothers who wanted to become involved in the movement," she said. "One of the pieces I shared with them was that not only does the vaccine prevent cervical cancer, but it can also prevent the need for procedures that are done to prevent cervical cancer from progressing from precancerous lesions. They felt a desire to be more educated about the vaccine because they were motivated to share that information with their communities."

Dr. Radovic pointed out that the vaccine is the only vaccine that can prevent a number of cancers – including cancer of the cervix, vulva, and vagina in women; of the penis in men; and of the anus and throat in both men and women – yet despite that, one of the main reasons parents reported not vaccinating was not receiving a recommendation from the health care provider. "And although health care providers can have a lot of influence on patient decisions by making recommendations, I think the community – and especially other women in the family – are important in terms of sharing their advice and their opinions."

Dr. Finkelstein concluded, "There are a lot of different strategies to prevent cancer, and many of them are difficult. Convincing smokers to stop smoking, for example, is a huge challenge. But this is simple, this is a simple immunization, and so to not take full advantage of it is an enormous missed opportunity."



Dr. Ana Radovic



William Isler



For more information, call the Jewish Healthcare Foundation at (412) 594-2550 or visit www.jhf.org.

Power to the PARENTS: “I started using marijuana when I was 13...”



Power to the Parents is a regular feature that has appeared in every issue of *The Guide to Good Health* for the past year. The purpose of the column is to present advice and support from expert professionals at Gateway Rehabilitation Center to help parents and guardians who are concerned about young family members and substance misuse. With this issue, we have consulted an “expert” who has lived the experience. His name is “Nick,” he is 19, and he is eager to share his journey with readers, with the hope of offering others insights about substance abuse and recovery that may help them as they struggle with challenges within their own families.

Can you tell me about how you came to enter a recovery program at Gateway Rehab’s Youth Center?

I started using marijuana when I was 13 or 14. It was a social thing, I was doing it with my friends, but it was also a way to escape from stress. I was reluctant to come to Gateway at first. It wasn’t voluntary; I was court-ordered to come, because I got into some trouble. I knew I needed it, but at first I didn’t like it; I didn’t want to stay. Eventually, I realized it wasn’t bad.

What made you start to like being at Gateway?

The best thing about Gateway was that I acquired skills to deal with difficult things. Instead of using to escape stressful things, I learned how to control my emotions and express myself in healthy ways. I learned how to speak to people.

I came to understand the importance of structure – having a routine helps a lot. It’s actually a life skill. My day there was organized; I knew what to expect, what was going to happen. We had three big meals and really good food; that part was great. We had group meetings, classes and sessions with our therapists. The other really great thing about my time at Gateway was my relationship with my therapist, Jeremy. He taught me how to deal with my anger.

Did you learn things about yourself at Gateway?

You definitely learn a lot. There are others all around you; some you will like and some you won’t. But that’s how it is in real life. Sometimes, other kids frustrated me. They made me want to leave. But over time, I learned that reacting to them was one of the reasons I ended up there in the first place. I needed to learn to deal with negative people who provoked me. You have to practice your new skills with the other kids. Now I know what my triggers are – the things that upset me. I have the skills to walk away, distract myself, or play basketball to work it off. I don’t yell at people anymore; I talk in a calm voice. I try to do my best every day.

Commentary from Richard Foster, Ph.D., Executive Vice-President for Treatment Programs at Gateway:

Most often, those who come to the Youth Center come with an external motivation, like Nick. That can serve as a jump start. Nick was able to go on to develop internal motivation. He had to work hard, progress through levels of the program and earn privileges. Our 90-120 day program helps with the transition; it’s a long stay, but it takes a long time to make changes. Less time generally means less likelihood of success.

If parents think their child is using drugs or alcohol, they need to remember that they not only have a right to question their child and check up on his activities, but also a responsibility to do so.

What has been hardest for you, now that you are home?

I had to leave old friends behind and that was really hard. I need friends who are in recovery like me. I need positive people around me. The friends I made at Gateway are still my friends. But it was tough.

How has this experience changed your life?

I have better control of my emotions. In many ways, I’m a different person. I practice the things I learned at Gateway every day. You have to; if you don’t you might slip back into old behavior.

I feel that I made huge strides. After being at Gateway, I completed my probation perfectly, passed all my drug tests, got a part-time job and started taking classes at a community college. My relationships with my family are better. I try to help my younger brother by telling him to stay in school, get a job, and stop doing weed.

What would you like to tell parents about how Gateway can help their kids?

It’s a really nice place. Everything at the Youth Center is brand new; there’s a gym, fitness center, and a basketball and volleyball court.

I think parents should first try to be nice about it, offer to take your child to Gateway for a visit. If that doesn’t work, you might have to force them

to go. I’m glad I was forced to go; it was worth it. There’s no question that I’m a more mature person and my life is better because of Gateway. It’s the best facility around. If you work at it, your life will change for the better.



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Yelling! Does It Work?

By Barb Levenson

Soft voice vs. loud commands ... which works better with our dogs? Are you shouting commands or "asking" your dog for behaviors? In a beginner class one night I had an opportunity to show this to some of my students.

One of the dogs was anxious during class. I noticed that the owner was "barking" commands to the pup. I asked the owners to WHISPER their signals to the dogs. The impact was amazing! All the dogs were calmer, quieter and paying better attention to their handlers.

Think about this for yourself. How do you feel when your boss yells at you and tells you to do things in a loud, COMMANDING voice? Let's take that same boss and now he comes over in a calm, low, non-threatening voice and ASKS you to do something. Which will have the best response from you? Of course, the soft asking voice. Our dogs are no different. They respond better to calm, soft cues.

Let's look at some studies and you can draw your own conclusions.

Yelling!!! And Children

A study conducted at the University of Pittsburgh(i) concluded that the use of harsh verbal discipline may actually aggravate problematic behavior. The effects of verbal discipline were comparable to effects of physical discipline. The effect of the verbal discipline was either zero change or it increased the problem behaviors! This is the same results I see with my students who yell and "correct" their dogs.

Yelling!!! And Our Dogs

Similar results for dogs were found in a study conducted at the University of Pennsylvania and published in The Journal of Applied

Animal Behaviour(ii). The researchers concluded "If you're aggressive to your dog, your dog will be aggressive too." Frequently used "NO!" was shown to produce aggression in 15% of the dogs studied.

Karen Overall, MA, PhD, DVM, a highly regarded behaviorist, in the Manual of Clinical Behavioral Medicine for Dogs and Cats(iii) puts this into a perspective. According to Overall, behaviors that are rewarded are more likely to be repeated. Overall believes "the most valuable reward for our dogs is good information. Overall indicates Types of Rewards in box (right). In addition, it is important for handlers of dogs competing in obedience, agility and rally to understand the best way to deliver the information.

According to Overall, learning is the acquisition of information or behavior through exposure and repetition. With that in mind reinforcement is the catalyst to effective learning.

Why does positive reinforcement work for our dogs? Simply put, "the repeated reinforcement insures better, more numerous and more efficient connections between the neurons in the brain."

So why be concerned about yelling? As long as one reinforces, won't everything be OK? The answer is an unequivocal and LOUD (I'M YELLING!!!) NO!! Aversive stimuli interfere with learning at the cellular level.

Dogs trying to learn skills for agility, obedience or rally become stressed, upset and fearful when we yell at them. As the Penn study showed, even "NO" can evoke enough fear that the dog may become defensive, aggressive and even fight back. Our training programs should not rely on aversives or fear; and that includes yelling at the dog.

Yelling - Not

What then can we do about the inappropriate or incorrect behavior in our dogs? Here are some suggestions:

- 1. PREVENT:** This includes management - crates, exercise pens and especially leashes.
- 2. KNOW YOUR CRITERIA:** What do you WANT the dog to do? Break the behavior down into small bite-size pieces and train using operant conditioning. Karen Pryor's first Law of Shaping is "Raise criteria in increments small enough so that the subject always has a realistic chance of reinforcement." This is good advice.
- 3. TEACH ONE THING AT A TIME:** Another suggestion by Karen is, "Train one aspect of any particular behavior at a time. Don't try to shape for two criteria simultaneously." I watch people try to train several criteria at one time. Susan Garrett calls this "lumping" and suggests we become "splitters."
- 4. USE A SOFT GENTLE VOICE WITH YOUR DOG.** It has a calming effect and will enhance learning.
- 5. BECOME A DOGGY EXPERT:** The most important thing I can do for my dog is become a better handler/teacher. Taking the time to advance your doggy education through reading good books, attending seminars and classes is crucial if we want to bring out the best in ourselves and our dogs. So many people are training the exact same way they did in the 80's and 90's. Our knowledge and understanding of dog training has grown by leaps and bounds. And the only detriment to becoming a better trainer is our energy and creativity.



TYPES OF REWARDS

- Information, especially about risk
- Food
- Touch
- Praise
- Play
- Attention
- Social access
- Chewing or access to special chew toy
- Avoidance of discomfort

A Final Thought

My friend, Jane is a therapist and her favorite saying is, "Nothing changes if nothing changes." This very simple statement sums it all up. It's up to us as teachers and trainers to change our thinking and behavior to enhance our relationship and training of our dog. If we don't, well... nothing changes. Let's start today!



If you would like to attend a class at **Barb Levenson Dog Training Centers**, call (412) 795-9642 or email info@BarbLevensonDogTraining.com For more information, go to www.BarbLevensonDogTraining.com.

i Wang, Ming-Te and Kenny Sarah; Longitudinal Links Between Father's and Mother's Harsh Verbal Discipline and Adolescents' Conduct Problems and Depressive Symptoms; Child Development, March/April 2014

ii Herron, Meghan E., Shofer, Frances S., Reisner, Ilana R.; Survey of the use and outcome of confrontational and non-confrontational training methods in client-owned dogs showing undesired behaviors; Journal Applied Animal Behaviour Science, February 2009. iii Overall, Karen L, Manual of Clinical Behavioral Medicine for Dogs and Cats, 2013

iv De Quervain, DJF, Aerni A, Schelling G, Roozendaal B. Glucocorticoids and the regulation of memory in health and disease. Front Neuroendocrinol 2009



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Giant Eagle Pharmacy Now Offers a Whole Assortment of Medication for Your Pets

By Daniel Casciato

TODAY, AN INCREASING NUMBER OF PET OWNERS ARE OPTING TO HAVE PRESCRIPTION REFILLS FOR PET MEDICATION SENT TO RETAIL PHARMACIES, WHERE LESS EXPENSIVE GENERIC ALTERNATIVES ARE OFFERED. TO MEET THIS CONSUMER DEMAND, GIANT EAGLE PHARMACY IS NOW FILLING VETERINARY PRESCRIPTIONS FOR THE FURRY ONES IN YOUR LIFE.



This is yet another way for Giant Eagle to make its customers' lives a bit easier. Pet owners can already purchase pet food and other supplies, and now they can take care of another pet necessity as well.

While Giant Eagle has been offering select human medications for your pet with a veterinary prescription, they now can

fill prescription for hundreds of animal-specific medications covering many common pet conditions. Giant Eagle Pharmacy is also offering a full assortment of flea and tick and heartworm medication which were not available previously.

This program helps complement and provide the full gamut of medications that are out there

for your pets - just bring your vet's prescription to your local Giant Eagle pharmacy - and earn fuelperks!, too.

Many pet owners are still unaware they do not have to purchase their pet medications from the veterinarian who prescribed them. However, pet medications require a prescription from your vet, so customers will still need to ask their vet to write a script.

The newly available pet medication offerings are one of many ways the Giant Eagle Pharmacy delivers service and value to customers. Giant Eagle pharmacists can even prepare flavored pet medications, for those pets with particular tastes.

➤ For more information, call your local **Giant Eagle pharmacy** or visit www.gianteagle.com.

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Potential Cognitive Decline From Hearing Loss Could Be Avoided

By *Nicole Wasel, Au.D.*

People who choose to seek treatment for hearing loss will be happy to know that they have also reduced their risk of serious cognitive disease. According to recent research by the Johns Hopkins University School of Medicine, depending upon the severity, people with hearing loss may face a 36% increase in the risk of dementia and other cognitive diseases. These findings appear to reinforce the results of another recent study of 2,000 adults in which individuals with mild to moderately severe hearing loss were found to be 24% more likely than those with normal hearing to see their cognitive function diminish early.

As audiologists, we are concerned about the possibility that the hearing loss we are treating, in some instances, might be a leading indicator for other health concerns. We know that some individuals become increasingly isolated when hearing loss becomes a problem, and that's another risk factor involved with dementia and other cognitive diseases. The great part about this discovery is that more people are getting their hearing checked at

According to recent research by the Johns Hopkins University School of Medicine, depending upon the severity, people with hearing loss may face a 36% increase in the risk of dementia and other cognitive diseases.

younger ages and finding out that the solutions for hearing loss are simpler than they may have first thought, and that actions can be taken that yield positive results.

According to the Johns Hopkins study, those with a hearing loss greater than 25 decibels are most at risk. The potential for cognitive decline increases with greater levels of hearing loss. At our practice, we encourage anyone, even young adults, to have a baseline hearing exam, if they've noticed any decline in their hearing.

What we're seeing as the science of hearing loss continues to expand is a leap in the number of people who are excited about the possibility of better hearing health. So far the evidence seems to suggest that better hearing helps keep the brain sharp, and as more people seek better-hearing solutions, we end up with a mentally sharper, healthier population as a whole.



Nicole Wasel, Doctor of Audiology, Washington Ear, Nose and Throat, can be reached at (724) 225-8995 or nwasel@washingtontent.net, or visit www.washingtontent.net.



The Misery and Mystery of Tinnitus: How Hearing Aids Can Help

By *Justin Braver*

Tinnitus is most commonly defined as a ringing heard in the ears, where no external sound source is present. The sound can manifest itself in many different forms, such as hissing, whooshing, whistling or even pulsing like a heartbeat. Nearly everyone will experience brief episodes at some point in their lives, perhaps the morning after a rock concert, and over 50 million adult Americans have experienced some form of intermittent or persistent tinnitus. One in five of those people contend with bothersome tinnitus to the extent where their quality of life and well-being are compromised. If this sounds like you, then get examined by an otolaryngologist (ENT) as soon as possible.

Tinnitus in itself, is not a disease. It is a symptom of a disease, but not always. When it is possible to associate the tinnitus with other problems identified in the outer-middle-inner ear systems, then the tinnitus is referred to as "secondary". The good news is that it can often be alleviated by treatment of its underlying cause. Unfortunately, the majority of cases are classified as "primary", where there is no clearly identifiable cause or origin. Miserable, mysterious, and frustrating to the afflicted, indeed.

Even stranger are the cases where tinnitus is "objective", which means that the examiner can actually detect and listen to the sound being produced by the patient! The known and theoretically causes for these very rare cases go well beyond the scope of this article, but they do speak to the mysterious nature this vexing condition.

The garden-variety tinnitus is "subjective", meaning that only the afflicted can hear the sound. Subjective tinnitus is commonly caused by damage of the cochlear nerves located within the inner ear. This type of nerve damage is usually the result of exposure to loud noise or simply the aging process, but some medications can have ototoxic effects on these delicate

nerves. Cochlear nerve damage is the most common culprit for hearing loss as well.

Most people who suffer both tinnitus and hearing loss report a drastic reduction in their tinnitus through the use of hearing aids. Some scientists postulate that the brain compensates for the "missed sounds", deprived to it by a hearing loss. Unable to detect and process the desired and expected environmental sounds, the brain fills the void by producing an undesirable phantom sound. And when proper hearing is restored (or a least significantly improved), the brain ceases to create the annoying tone. Furthermore, when desired environmental sounds are being amplified and blended in, the tinnitus sound will become less prominent in the aural mix. The best way to determine if your tinnitus can be alleviated is to visit a hearing professional for a hearing test. Reduction of tinnitus is merely one of the many reasons to use hearing aids should you determine that your hearing has declined.



Most people who suffer both tinnitus and hearing loss report a drastic reduction in their tinnitus through the use of hearing aids.



Justin Braver is the owner of **Zounds Hearing in Monroeville** and **Zounds Hearing of South Hills**. Contact Zounds at (412) 835-7000 to schedule a free hearing examination and consultation.

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Regular Eye Exams Critical to Early Diagnosis, Treatment of Glaucoma

By Louis A. Lobes, Jr., M.D.

Primary open angle glaucoma is a chronic and progressive eye disease occurring mostly in adults. It is the second leading cause of blindness worldwide affecting approximately 2 percent of adults 40 years and older. The 2.2 million patients affected in the United States are expected to rise to 3.3 million by 2020.

The disease occurs when increased pressure within the eye, combined with currently unknown other factors, leads to damage to the optic nerve. The optic nerve is the large nerve at the back of the eye that carries the entire message of vision back to the region of the brain that allows us to see what the retina has recorded. It most often affects both eyes, but the severity of the damage may be different in each eye.

Most patients with glaucoma do not have any symptoms, but as the disease progresses the ongoing damage to the optic nerve gradually reduces the peripheral field of vision which, in its severe form, can significantly restrict mobility and quality of life. Because of its silent presentation, the only way to detect it in its early stages is to have a comprehensive eye examination every two years, and perhaps yearly after the age 65.

There are many treatments that have proved successful in helping to preserve the visual fields and optic nerve of patients with glaucoma. These include daily drops, laser treatments and various types of surgery.

As with other chronic and progressive diseases, the best outcomes are possible when the disease is diagnosed in its earliest stages, and the patient is able to persist with the continued, accurate use of the medicines prescribed by the treating physician, even though the patient has no actual adverse visual symptoms during that time.

Therefore, the best way to discover if you are a glaucoma patient and the best way to diagnose the disease in its early stages is to regularly have comprehensive eye exams even if you have no visual symptoms. And, if you are diagnosed with glaucoma, you must follow up as recommended by the treating ophthalmologist, and accurately and persistently use the prescribed medications.



Dr. Louis Lobes, Jr., a board certified ophthalmologist in Pittsburgh, Pennsylvania, is board chairperson of **Blind & Vision Rehabilitation Services of Pittsburgh**. For more information, call (412) 368-4400 or visit www.bvrpittsburgh.org.



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Memory Training Program Helps Older Adults Make Brain Gains

Forgetting where you put the car keys or your glasses or forgetting why you walked into the room are some of the most common - and annoying - signs of aging that many older adults begin to notice as the years tick by.

"Memory problems can begin to develop as early as age 45, and as many as 85 percent of older adults complain about common memory annoyances, like having difficulty remembering names," said Ellie Bruner, program coordinator at Jewish Family & Children's Service of Pittsburgh (JF&CS). "Many times though, older adults are unsure of what, if any, options exist to maintain or improve their memory and cognitive function as they age."

Through AgeWell Pittsburgh, a partnership of JF&CS, the Jewish Association on Aging (JAA) and the Jewish Community Center (JCC), a new program exists that is designed to do just that. The UCLA Memory Training Program, administered through JF&CS and funded by the Lawrence and Rebecca Stern Family Foundation, is an innovative, research-based program designed for older adults ages 60 years and older. The four-week program focuses on strategies that develop good memory habits, techniques to improve memory and targets the most common memory complaints of older adults: forgetting names and faces; forgetting to do things in the future - like keeping an appointment; forgetting why they walked into a room; forgetting where they put things - like keys or glasses; and "tip of the tongue" memory challenges.

"This is a program designed to provide really practical solutions for everyday life, and it addresses the real world things that bother people when dealing with memory challenges and aging," Bruner said.

In the Memory Training Program, Bruner, a certified program trainer, helps participants learn what memory is and how it works, how memory enhancement techniques work, techniques and strategies to improve memory and how to make general improvements to memory habits. Participants also monitor memory with group discussions, memory checks and memory awareness questionnaires, practice applying memory techniques to real life situations and practice techniques learned with home-based skill builders. Memory Training is designed for older adults with mild memory concerns who wish to improve their memory ability. The course is not intended for people with Alzheimer's disease or other forms of dementia.

The curriculum requires a two-hour per week commitment for four weeks of training at JF&CS's offices in Squirrel Hill, but the program is also designed to be portable. Bruner and additional certified volunteer program

trainers have conducted off-site sessions at senior living centers and community centers throughout Pittsburgh.

Many research studies, including those conducted by UCLA, have shown that the strategies taught to participants of the Memory Training course are effective in improving memory in older adults with normal, age-related memory challenges. The benefits of memory training can last well beyond the actual course—studies show anywhere from six months to five years.

"The program is really interactive and fun," Bruner said. "It's an educational atmosphere, but there's a socialization element to this as well. It's a great way for older adults to not only work on improving their memory but also to get out in the community, socialize and build friendships, which is so important as we age."

Additionally, the AgeWell Pittsburgh partnership offers information, resources and a network of services regarding a number of issues related to aging—all designed to help older adults remain healthy and independent. AgeWell Pittsburgh provides services regardless of race, color, religion, ancestry, national origin, place of birth, sex, sexual orientation, familial status, age, handicap or disability.



JF&CS is currently accepting new participants into the UCLA Memory Training Program for seniors for the winter session. For more information about the Memory Training Program or to participate in the upcoming winter session, contact Ellie Bruner at ebruner@jfcspgh.org or (412) 904-5960.

> To learn more about additional resources for older adults and loved ones, visit www.jfcspgh.org or call the **AgeWell Pittsburgh hotline at 1-877-243-1530** (toll-free) or **(412) 422-0400**.

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The Parent Trap:

Boomers Help Mom and Dad Avoid a Home's Potential Pitfalls

Baby Boomers may dream of owning a second home as they head into their retirement years. But instead of caring for a vacation house, adult children often find themselves helping an aging mom and dad avoid the safety pitfalls of the family home.

There's no doubt where seniors want to be as they age. The majority of seniors polled in recent industry surveys – typically 90 percent – say they want to stay at home. But in a 2007 AARP independent living study, two-thirds of Boomer women surveyed said they are concerned about their parents' ability to live independently as they get older, with 43 percent being very concerned and 26 percent somewhat concerned.¹

It's a legitimate fear. "Many seniors and their families don't think about the fact that homes must adapt to the changing needs of seniors as they age until an accident happens," said Reed Kovalan owner of the Home Instead Senior Care office Greater Pittsburgh.

"There are many potential pitfalls that we've seen during the home safety reviews that our company conducts before starting service in a client's home. Our reviews cover 50 different items throughout a home including the entrance, living areas, kitchen, bedroom, bathroom and stairways. Important safety areas to highlight in a senior's home run the gamut from accessibility to lighting to trip and fall hazards. A lack of attention to those details can jeopardize an older adult's ability to remain at home," Kovalan said.

Home Safety Checklist

- 1 Ensure adequate lighting throughout the house
- 2 Avoid monochromatic, hard-to-see color schemes
- 3 Reorganize storage space for easier access
- 4 Make sure all rooms are well ventilated
- 5 Look for ways to simplify everyday tasks
- 6 Install safety devices on thermostats and stoves
- 7 Repair areas suffering from daily wear and tear
- 8 Make sure entries and thresholds are safe
- 9 Remove tripping hazards and other obstacles

Source: Home Instead Senior Care, www.homeinstead.com

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- Mobile Stool for Kitchen \$100

Source: Home Instead Senior Care, www.homeinstead.com

Many home safety improvements are simple and inexpensive, experts say. Convincing seniors, on the other hand, is another story. Danise Levine, assistant director of the IDEA Center at the SUNY (State University of New York) Buffalo School of Architecture, said that denial often comes into play with seniors.

"We see a lot of seniors who don't want to admit they're getting older so they don't want to make changes in their homes," Levine said. "Secondly, consumer education is an issue. If older adults do need help they often don't know where to go or how much things cost."

Those issues can result in seniors' adapting behavior to their environment, creating a potentially dangerous situation, said Levine, whose IDEA Center is dedicated to improving the design of environments and products by making them more usable. "If a senior has problems getting off the toilet, he could develop a several-step process of using a window sill, shower curtain and towel bar to get up." However, a window sill and towel bar will eventually pull away and break, and a shower curtain will tear under the strain, creating the potential for an accident.

Unfortunately, many home makeover changes are responsive rather than proactive, noted Peter Bell, president of the National Aging in Place Council, a Washington-based advocacy group dedicated to helping seniors remain at home. "Too often changes aren't made until someone has had a stroke or other type of condition that begins to impair their mobility," Bell said. "It's a shame, too, because that's a difficult time to be making a renovation."

Bell said that it's important for a senior-care professional to conduct a home review to identify various safety pitfalls from poor lighting to the need for adaptive devices in a home. While many fixes are simple and inexpensive, others might involve a remodeling project to help a senior remain at home.

"That first, important step is to make an objective review of what needs to be done to keep them at home," Kovalan said. "It's one of the most important services that Home Instead Senior Care provides."

¹ Are Americans Talking with Their Parents About Independent Living: A 2007 Study Among Boomer Women; http://assets.aarp.org/rgcenter/il/boomer_women.pdf



For more information, contact the local Home Instead Senior Care Office at (412) 731-0733.

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New Joint Venture Combines Home Health and Hospice Assets in Western PA

By Daniel Casciato

This past fall, officials of Allegheny Health Network and Celtic Healthcare's hospice and home health operations in Western Pennsylvania announced the formation of a joint venture combining each organization's home health and hospice assets in western Pennsylvania to create a new, fully integrated provider of post-acute care services.

"This expansion allows us to provide a higher level of support with specialized programs for our customers," says Bill Gammie, president of the new joint venture, which is still in the process of being named. "Not only will our current programs be strengthened, but it will add new specialized programs and activities which will provide a more robust continuum of care in regards to health, hospice, and community-based services. This will help us provide better and higher level of care in the community."

Founded in 1995, Celtic Healthcare is a comprehensive, Medicare-certified skilled home health and hospice service organization with operations throughout

Western, Central and Northeast Pennsylvania, Montgomery and Baltimore counties in Maryland, and parts of Missouri and Illinois. This joint venture contributes only its Western Pennsylvania locations.

This new Hospice and Home Health Joint Venture will provide a complete spectrum of home health, palliative and hospice services across its Western Pennsylvania geographic footprint, including medical, surgical, wound and mental health nursing; physical, occupational and speech therapy; medical social services, dietitians and home health aides; palliative care; and physical, emotional and spiritual end-of-life hospice care and support. Celtic currently employs about 175 people in the greater Pittsburgh region and Allegheny Health Network employs about 200 in its home care and hospice divisions. All will be united as employees of the joint venture and branded under an AHN name.

With Medicare and payment reform moving toward an integrated delivery model, Gammie believes they will be prepared to operate more successfully in that environment as a result of this joint venture.

"We've been looking for different ways to support or become a part of a health system that shared a similar vision of how to benefit in this changing landscape," he says. "We found this with AHN and built momentum as we started talking about our goals. AHN has been moving rapidly towards creating a strong post-acute network. They have a vested interest and a forward-thinking strategy around post-acute care design and supporting the care continuum needs of current and future payment models. Since we had similarities and a shared vision, we knew a partnership would have been wise."

As 2015 begins with this new partnership firmly in place, Gammie knows there will be some challenges, particularly in making sure the organization is in a continuous state of improvement because of the various changes in the healthcare industry.

"You have payment pressures, structural pressures, regulations, integration and challenges in all of that," he says. "Through all of the changes and everything happening, managing the culture in the organi-



Bill Gammie

zation is becoming increasingly important. We founded the company when there were significant changes happening at the time in the industry as well. By performing at high levels that meets the needs of each of these areas,

we can improve our ability to perform well in the marketplace."

Based on Congressional budget reports, post-acute care is quickly increasing in the cost areas of Medicare. One of those reasons is because the care is not coordinated. When that occurs, what results is a higher cost and a lower quality of care, notes Gammie.

"The ultimate goal was to bring all of our services together with the idea that it is going to provide a better service for the patient at an affordable cost," says Gammie. "Our partnership will allow both organizations to evolve into a more coordinated post-acute continuum which in turn will yield lower cost, and a higher quality of care. This will ultimately impact the patient and the families who require those services in a good way."

For more information, visit www.ahn.org.



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The Virtual Dementia Tour was created by Atlanta-based Second Wind Dreams®, a national non-profit organization founded by Virtual Dementia Tour author, P.K. Beville, M.S. in 1997 to fulfill dreams for those living in elder care communities and to research ways to improve their quality of life. All donations from tours are given to Second Wind Dreams to continue funding their elder dreams program*.

If you are interested in setting up this experience for the healthcare professionals in your office, please call LOCUST GROVE to set up an individual tour.

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LOCUST GROVE: A Place You'll Love to Call Home

By Daniel Casciato

Most seniors want to remain independent for as long as possible, as they age, but someday the time may come when they are unable to be completely self-sufficient. Today, there are many living options designed to support their independent living, including senior-friendly housing, personal care homes and 24-hour skilled nursing facilities.

"Someone is ready for personal care when they can no longer manage the upkeep of a home, have mobility issues or need help with activities of daily living such as bathing, dressing, toileting, preparing meals, and even with socializing," says Sharon Caporali, Sales and Marketing Director of Locust Grove Senior Living.

As a state-of-the-art personal care and memory care provider located in West Mifflin, PA, Locust Grove offers seniors a blend of personal care and hospitality tailored to meet their individual needs, from more independent living to traditional personal care services. Locust Grove recently underwent a major renovation that included new construction and renovation of the existing building which is housed in a former two-story elementary school. They added a new wing in the lower and upper floors while renovating the rest of the facility to make it all look the same.

At Locust Grove, the care coordinators believe in giving residents control over their lives and encouraging independence and socialization all while providing exceptional care.

"What sets us apart is that we are a family-oriented community," says Caporali. "Our residents come from within the community; so many already know each other and the employees. It's a very family-oriented building."

She adds that the biggest surprise people often have of Locust Grove is the look and feel of a social model, versus a medical model like most skilled nursing facilities.

"Some seniors tend to think they are losing their independence and control by moving into a community. However they are often pleasantly surprised when they come here," she says. "It's very homey; we have inviting living spaces with comfortable furniture and a newly renovated dining room. I think the fact that they still are able to maintain and be independent,

with assistance as needed, comes as a surprise to most."

By offering a variety of living arrangements—three styles of personal care apartments—seniors are still able to maintain their independent lifestyle. There are three types of rooms to choose from: semi-private; deluxe semi-private with a shared common space; and private. Every room here has its own bathroom and kitchenette. They also offer a memory care neighborhood to provide a supportive environment where individuals living with dementia have the opportunity to live a fulfilling and dignified life.

Some of the benefits of a personal care facility such as Locust Grove include:

- Assistance with bathing, dressing, and medication management
- Convenience of restaurant-style dining
- Housekeeping and professional laundry services
- Proximity to shopping, dining and medical services
- Variety of activities on site and out on the town, such as cooking, art, crafts, and exercising

"We also offer an extra set of eyes and hands to help with their care," notes Caporali. "Being around our residents every day, we notice subtle changes in their health conditions that can get checked on sooner than if they lived on their own."

Once someone has identified long term care is necessary for their loved ones, it's often difficult to have that conversation. Caporali says that they can assist in that process. "We are here as a community resource so by coming to us, we can help you with those difficult conversations with your loved one."

Since the health and well-being of their residents is important, Locust Grove maintains on its staff an RN who is the director of health and wellness and a memory care coordinator who specializes in dementia and activities. In addition, three physicians currently come to the campus regularly as a convenience to residents.

"As a resident in a building like ours, you can certainly continue seeing your own physician, but to make it a bit easier for some residents, our physicians will make house calls," says Caporali.



For more information or to schedule a tour, call (412) 228-4843 or visit www.locustgrovesrliving.com.

RESPIRE CARE: Giving Caregivers a Break

Going away for a couple weeks? Need some relief in caring for a loved one? While taking care of a senior can often be rewarding, it can sometimes become physically and emotionally draining. Respite care offers caregivers the opportunity to reduce stress and restore energy.

Locust Grove provides respite care to families in the community. It's a great option for seniors who need some daily supportive services, but still desire social stimulation, engagement and activities. Respite care is a short-term stay, typically less than 30 days. Locust Grove offers both private and semi-private rooms for a daily flat rate which includes all fees.

The same services and amenities available to the residents are also available to respite residents. These services and amenities include:

- Restaurant-style dining
- Medication management
- 24-hour supervision and security
- Assistance with personal care needs such as bathing, dressing, toileting and grooming
- Laundry service
- Housekeeping
- Activities and outings

ON THE WEB: For more information and advice for seniors and caregivers, log on to www.guidetogoodhealth.com

Ask The Experts

Consulate Retirement Village
of North Strabane

Q: What does it mean to be a home caregiver for a loved one with Alzheimer's or dementia?



Illness can shake a family with overwhelming dread and instability, and it's times like these when people reach points in their lives where they must depend on others. For some, caring for a loved one is a task they take on themselves; for others, it's a calling.

Whether you are making the decision to care for your loved one at home or you have decided to place their care into the hands of others, Consulate Health Care wants to be sure you're equipped with the information you need to get the most from this precious time together.

It is critical to get an understanding of your role as a caregiver and the needs of your loved one in the early stages by preparing a complete plan with their doctor. If you are caring for someone diagnosed with Alzheimer's or dementia, your role is more of a care partner than a caregiver. You provide support and companionship by helping them keep appointments, remembering names or words, recognizing familiar places or faces, performing familiar tasks and encouraging them to stay involved in activities they enjoy.

Since there is no cure for Alzheimer's disease, the most important goals of treatment are to maintain quality of life, to maximize function in daily activities, to enhance cognition and behavior, to foster a safe environment and to promote social engagement when appropriate.

As a caregiver, you may find yourself tasked with so many responsibilities that your own health may suffer. Therefore, it's important to also keep your own doctor appointments, exercise at home, eat well and take advantage of activities that you can do together with your loved one, benefiting you both. One of the most important tips for you is to stay positive, manage your stress and laugh as often as possible.

> For more information or assistance with your at home caregiving plan or to find the right care center for you and your loved one, **Consulate Retirement Village of North Strabane** provides support and offers compassionate care in their Secured Memory Care Unit with a focus on personalized behavioral management plans. Call (724) 746-0600 or visit www.consulatehealthcare.com.



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Tips To Avoid A Hospital Readmission

by Gwen Bronson, RN

The last thing most patients want to do after leaving the hospital is to return anytime soon. Nonetheless many patients find themselves back in an inpatient setting within 30 days. Many of these readmissions are unavoidable but some hospital readmissions are preventable and are believed to be due to poor care transitions and communication.



It is estimated that Medicare readmissions within 30 days of discharge account for over \$15 billion in spending. Identifying and reducing preventable hospital readmissions represents an exceptional opportunity for payers and providers to reduce costs and at the same time provide better patient care.

Hospitals and their provider partners are working diligently to reduce 30 day readmissions. They have stepped up efforts to improve communications between the different levels of care. Information regarding post hospitalization procedures and protocol are now shared among the various providers to improve coordination of patient care. Some hospitals now have specific patient advocates that work solely on improving communications and smoothing out care transitions. Physical rehabilitation centers and skilled nursing facilities have made changes that can also reduce the risk of readmissions. They are training all employees in regards to changes in conditions that may lead to an unnecessary re-hospitalization. They are also notifying their patients and families on the topic of their clinical capabilities and ability to treat the patient without another trip to the hospital.

As a consumer of health care there are steps that you and your family can take to reduce your chances of having to endure an unnecessary re-hospitalization. It is important to follow up on all physician appointments that were scheduled at the time of discharge. Meticulous management of medications is a requirement. Everyone involved needs to be aware of red flags that indicate a patient's condition is worsening. Maintain a personal health record that details your health care history. If hospitals, physicians, health care providers, patients and families work together they can and will generate significant cost savings and overall better patient outcomes.

Gwen Bronson, RN, is manager of Admissions at the **Kane Regional Centers** in Pittsburgh, PA. For more information please call (412) 422-6989 or email at gbronson@alleghenycounty.us.



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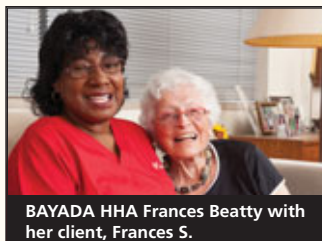
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Committees and clubs at Longwood at Oakmont, the Presbyterian SeniorCare premier continuing care retirement community in Verona, are filled with active, knowledgeable residents who have a desire to share their expertise with their neighbors.

With the rise in use of smart phones and tablets, Longwood residents found themselves as recipients of these new devices – many gifted by their technology savvy children and grandchildren as a way to keep in touch – but were often left at a loss, not knowing how to get started using the new technology.

Jane Garboden, a Longwood resident, has the "smarts" when it comes to these devices, and often found her friends asking "how do I do..." Garboden decided to revive a previous computer class that was held on campus and focus on the new wave of technology to help bridge the gap between residents and their family members.

The class was successful with over a dozen residents attending, so Garboden enlisted the help of the Plum High School Air Force JROTC to help with teaching.

Each month, the JROTC visits Longwood with a bus full of cadets eager to have the residents pick their brains. Residents learn how to see photos of their loved ones, work FaceTime and Skype and much more. It's a win-win - residents get their questions answered and learn about new technology, and students get to interact with residents, as well as volunteering their services – a great way to give back.



Rachel Swarts, a resident at Longwood at Oakmont, works with a student from the Plum High School JROTC. The JROTC visits the Longwood campus once a month to assist residents with their questions regarding technology. Residents bring their tablets and smartphones to class, along with a list of questions. A great example of bringing generations together for a little bit of learning and fun!



To learn more about living and care options at **Longwood at Oakmont**, visit www.LongwoodatOakmont.com or call (412) 826-5800.

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At Senior Living Communities, Lifelong Learning Promotes Healthy Aging

By Nancy Kennedy

For most people, the joy of learning never goes away, thankfully, and at many of the region's senior living communities, lifelong learning is both a pleasure and a part of a healthy lifestyle. The health benefits of lifelong learning are countless: it not only can help one stay mentally sharp but can also be critical to emotional health. Lifelong learning programs provide a means of stimulation and social engagement that can improve mood, prevent or reduce depression and motivate self-improvement. Lifelong learning programs for older adults foster a sense of community and connection that enhance quality of life and according to some experts, may even stave off illnesses and debilitating conditions.

Studies have shown that cognitively active seniors are 2.6 times less likely to develop Alzheimer's disease and dementia than seniors with less cognitive activity. Nanci Case, vice-president of sales, marketing, development and fundraising for UPMC Senior Communities, says that continuing education programs at UPMC help people develop new interests – and it's never too late for that. "If a resident enjoys learning about a particular topic at one of our seminars, he or she may go further with it, reading about it and researching it on their own. That happens often and keeps the brain active."

Activity programs at UPMC facilities, including lifelong learning programs, help prevent the social isolation that is all too common among seniors. "Withdrawal and isolation are unfortunately a response that we often see in older adults for whom getting out is challenging," Case explains. "It may be due to physical limitations, such as reduced mobility or chronic pain, or it may be the result of no longer being able to drive or find reliable transportation. When you reside in UPMC Senior Communities, those obstacles are reduced or absent."

Case believes that keeping the brain active promotes healthy aging, but that a sense of connection to others is critical. "If you've been living alone, always eating meals by yourself, you can feel disconnected from life. At our facilities, you never have to eat alone. You can eat with others in the Dining Room and enjoy a conversation."

Each UPMC Senior Community facility has its own schedule of programs offered throughout the month. Topics represent a wide range of interests: local history, health and aging, and nature topics are popular. "We had a program on the Irish potato famine that was a huge draw," Case states. "Pittsburgh history is always appealing. We've done the history of Kennywood and both the Heinz and Westinghouse corporations; programs like these draw as many as 200 people." UPMC Senior Communities also offers The Legacy Lineup, an annual schedule of music, seminars, theatrical productions and films that take place in the beautiful Legacy



Lowell Swarts



Lindsay Coulter



Nanci Case

Visit www.UPMCSeniorCommunities.com to learn more and to check for events that are open to the public. To stay up to date on upcoming Longwood programs, visit www.longwoodatoakmont.com.

Theatre at Cumberland Woods Village in the North Hills. Programs that are part of Living Legacy "go on the road," says Case, rotating to other facilities in the UPMC Senior Communities network.

At Longwood at Oakmont, a continuing care retirement community in Verona, lifelong learning is a part of everyday life. Longwood's program of diverse learning opportunities offers something for everyone's taste and is entirely resident-driven. The presentations feature highly credentialed speakers, often experts in their fields from the region's universities, museums and non-profit organizations. History, the arts, technology, politics, current events and science topics are popular at Longwood.

Lowell Swarts and his wife have lived at Longwood since 2007. He is co-chairman of the Continuing Education Committee, along with fellow resident Anne Ducanis, and says that planning the program is a collaborative process. "We have a group of ten who meet monthly. We solicit ideas and assign members to follow up. The quality of our program is high; some of the speakers attract 30 or 40 people. We charge a small fee because we are independent and have our own budget." Swarts enjoys the diversity of the presentations. "We have superb music programs, featuring advanced amateurs to professionals. We had a program on Scottish history that was quite popular, and presentations by the Audubon Society are well received. Recently, we learned about the roots of the conflict in Ukraine and about shale drilling."

Longwood's program provides not only a range of topics, but also a selection of learning formats. There's a monthly lecture program; a weekly selection from a library of The Learning Company DVDs; and an in-house television program on Fridays. Lindsay Coulter, director of sales and marketing at Longwood, says that the program is a highlight of life at Longwood. "Everyone is familiar with the phrase, 'use it or lose it.' At Longwood at Oakmont, our residents and staff have embraced 'using it' by developing and investing in fun and enriching lifelong learning programs. The programs are conveniently located right on our campus and the residents have taken ownership of creating opportunities for learning new things."

Some continuing education events at Longwood at Oakmont and UPMC are open to the public.



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Learn more about Respite Care in the Spring issue of the *Western Pennsylvania Guide To Good Health*.

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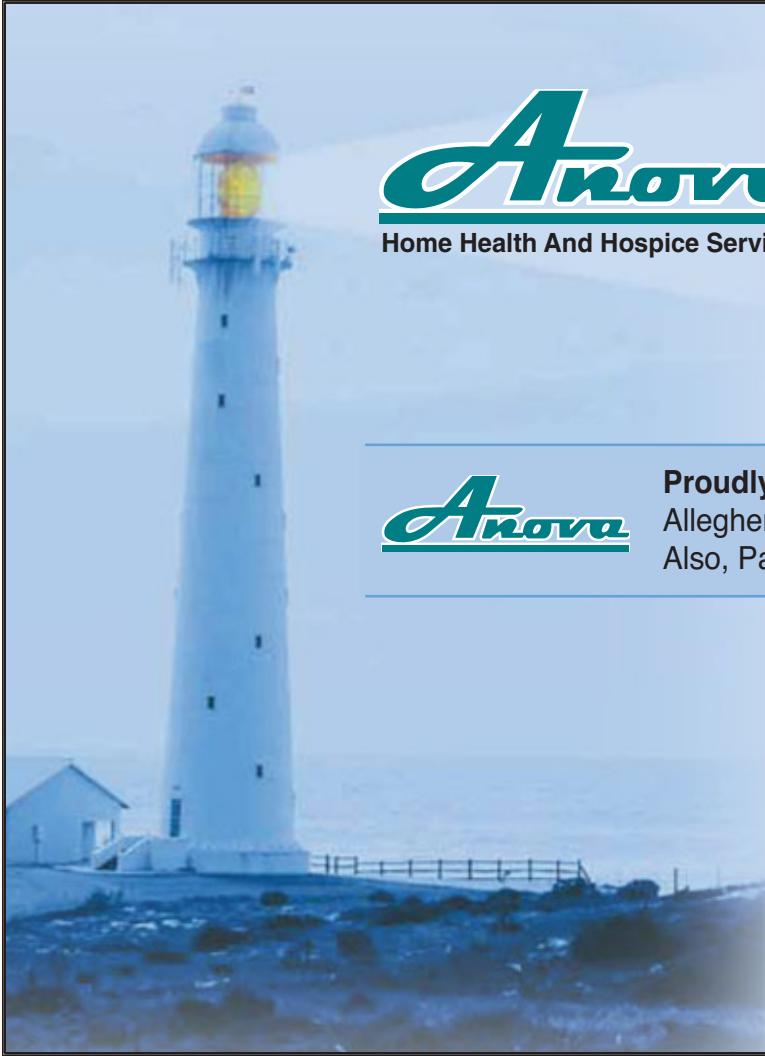
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Our team of Home health aides, CNAs, LPNs, and RNs will deliver medically-based care in the comfort of your own home. We provide assistance in: activities of daily living, including bathing, cooking, house cleaning, medication maintenance/administration, wound care, diabetic accu-checks, IV therapy, transportation to/from medical appointments, nutritionist, social worker and physical therapy.

Hospitals

Allegheny Health Network

- Allegheny General Hospital
- Allegheny Valley Hospital
- Canonsburg Hospital
- Forbes Hospital
- Jefferson Hospital
- Saint Vincent Hospital
- West Penn Hospital
412-DOCTORS
AHN.org

Ohio Valley Hospital

412-777-6161
www.ohiovalleyhospital.org

St. Clair Hospital

412-942-4000 • www.stclair.org

The Washington Hospital

724-225-7000
www.washingtonhospital.org

Imaging

Health Enhancing Thermography

1-855-254-4328 (HEAT)
www.heat-images.com

Medical Equipment

Eagle Medical Equipment Corp

7937 Steubenville Pike, Oakdale
724-218-1051
www.pittmedicalsupply.com

Mental Health & Wellness

Pittsburgh Integrative Mental Health

Judith Gusky, LPC, 412-687-1234
www.mentalhealthoptions.info

Orthopedics

Advanced Orthopaedics & Rehabilitation

1-800-828-CAST (2278)
www.advancedorthopaedics.net

UPMC Department of Orthopaedic Surgery

www.upmc.com/Ortho

Pain Management

Ohio Valley Pain Treatment Center

412-777-6400
www.ohiovalleyhospital.org

South Hills Pain & Rehabilitation Associates

412-469-7722
Maureen Murphy-Ginsburg, DO
Anthony J. Kirby, MD
Rajesh Mehta, MD
Aleksandr V. Mikhaylovskiy, MD
Rachelle Scott, PA-C

Pharmacy

Giant Eagle Specialty Pharmacy

GiantEagle.com/Specialty-RX

Physical Medicine & Rehabilitation

South Hills Pain & Rehabilitation Associates

412-469-7722
Maureen Murphy-Ginsburg, DO
Anthony J. Kirby, MD
Rajesh Mehta, MD
Aleksandr V. Mikhaylovskiy, MD
Rachelle Scott, PA-C

Physical and Spiritual Health

Westminster Presbyterian Church

2040 Washington Road
Pittsburgh, PA 15241 • 412-835-6630
www.westminster-church.org
Westminster seeks to be a caring community of faith committed to bringing people to Christ and developing their faith through worshiping God together, teaching the faith, and serving in mission.

Westminster Recreation & Outreach Center (WROC)

wroc.westminster-church.org
WROC Mission: "To reach out to people for Jesus Christ and develop their faith through recreational activities and Christian fellowship."
WROC offers a variety of fitness classes that range from beginner to advanced. Classes are held in our full sized gym or our fitness room. We offer quality instructors, low fees, flexibility, and child care for select classes.

Physicians

South Hills Pain & Rehabilitation Associates

412-469-7722
Maureen Murphy-Ginsburg, DO
Anthony J. Kirby, MD
Rajesh Mehta, MD
Aleksandr V. Mikhaylovskiy, MD
Rachelle Scott, PA-C

Washington Physician Hospital Organization Provider Network

See pages 24-25

Physical Therapy

Interim Health Care

800-447-2030
www.interimhealthcare.com

Ohio Valley Hospital's The Balance Center

412-777-6231
www.ohiovalleyhospital.org

Psoriasis Support

AbbVie

www.psoriasis.com

Psychologist

Nancy Mramor Ph.D.

412-445-5352
drnancy@realconsciousliving.com
www.realconsciousliving.com
Nancy Mramor Ph.D. is a Media and Health Psychologist, On-air Media Expert, a Real Conscious Living Coach and Therapist, an International Speaker and Author of the award winning book, *Spiritual Fitness*

Rehabilitation

Novacare Rehabilitation

159 Waterdam Road, McMurray
724-942-1511
Physical, Occupational and Aquatic Therapy. Incontinence Rehab. Massage Therapy open to the public.

Presbyterian SeniorCare

1-888-448-5779
www.SrCare.org

Spa Services

Spa Harmony At the Wilfred R. Cameron Wellness Center

240 Wellness Way
Washington, PA 15301
724-250-5238
www.spaharmony.org
www.facebook.com/spaharmonyCWC
Pamper yourself at Spa Harmony. We offer an array of treatments and services including massage therapy, acupuncture, reflexology, reiki, manicures/pedicures, waxing/sugaring, skincare and body treatments.

Special Needs, Adults & Children

Blind & Vision Rehabilitation Services of Pittsburgh

412-368-4400 • www.blindvr.org

Wigs

Greg Jockel Hair Colour Dezin

724-934-0211
www.gregjockel.com

Wound Care

LECOM Institute for Advanced Wound Care & Hyperbaric Medicine

814-863-3999

Ohio Valley Hospital's The Wound Care Center

412-250-2600
www.ohiovalleyhospital.org

Yoga & Pilates

Live Well Yoga & Pilates At the Wilfred R. Cameron Wellness Center

240 Wellness Way
Washington, PA 15301
724-225-WELL (9355)
www.wrcameronwellness.org
www.facebook.com/CameronWellness
Challenge your mind and body with Yoga and Pilates Mat classes. For beginners through the experienced participant, classes range from Gentle Yoga to Power Flow.

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Arnold J. Sholder, M.D.

Jeffrey R. Wilson, M.D.

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Jeffrey R. Wilson, M.D. joins a team specializing in advanced diagnostic and surgical urology procedures, including robotic-assisted, minimally invasive surgery. At St. Clair, Drs. Sholder, Bordeau, and Wilson combine state-of-the-art technology, skill, and compassion to make a difference in the quality of patients' lives every day.



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Sholder and Bordeau Urologic Associates Division



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1145 Bower Hill Road
Suite 105
Pittsburgh, PA 15243

PETERS TOWNSHIP

St. Clair Hospital Outpatient Center – Peters
3928 Washington Road, Suite 270
McMurray, PA 15317

TO SCHEDULE AN APPOINTMENT, PLEASE CALL 412.572.6194 • WWW.STCLAIR.ORG

Kevin P. Bordeau, M.D. earned his medical degree at Tufts University School of Medicine in Boston and completed a residency in urology at the Eastern Virginia Medical School. Dr. Bordeau is board-certified by the American Board of Urology.

Arnold J. Sholder, M.D. earned his medical degree at the University of Illinois College of Medicine and completed his residency and fellowship at Northwestern University-affiliated hospitals in Chicago. Dr. Sholder is board-certified by the American Board of Urology.

Jeffrey R. Wilson, M.D. earned his medical degree at The Ohio State University College of Medicine and Public Health, Columbus. He completed residencies in general surgery and urology at The Ohio State University-affiliated hospitals.