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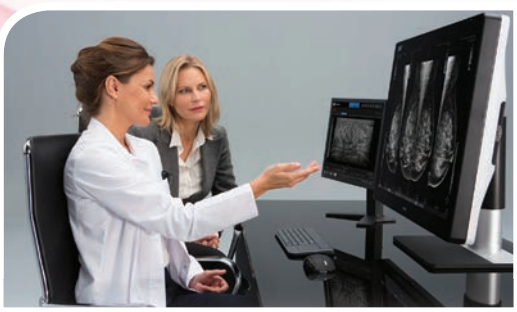

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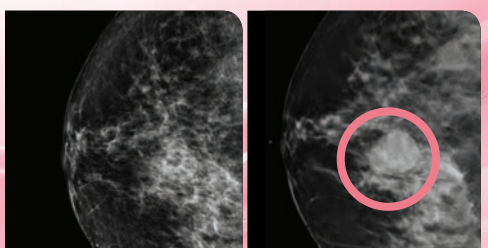

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A Season for Exciting Growth

QUALITY CARE CONTINUES AT MGH WITH ADDED EXPERTISE AND NEW SERVICES

Stephanie Hilton-Siebert, president/CEO

Spring is that glorious time of year when nature emerges with new growth and vibrance. Like spring, Marion General Hospital is coming on strong this year with growth in quality care and the emergence of new services.

We are blessed with a new board-certified general surgeon who has joined our Marion Surgeons practice. Mary Otoo, MD, has a variety of patients in the clinic, hospital and emergency department. She offers a full range of surgical services.

Also, we are now partnering with Summit Radiology to provide general radiology services and interventional radiology services for the first time at MGH. Learn more about these new interventional services on page 5.

We have expanded our wound services to include hyperbaric chambers. The chambers are used to treat chronic wounds that will not heal using traditional treatments. Read more about it on page 8.

We are providing excellence in cardiology care with our longtime St. Vincent Medical Group partnership. MGH's dedicated cardiologists are backed by a national network of cardiology specialists trained in best practices and the latest technology for heart care.

In this issue, I invite you to discover more about the expanded services at Marion General Hospital, where we continue to focus on the most important part of our community: you.

Stephanie Hilton-Siebert
President/CEO
Marion General Hospital

Vim & Vigor

MARION GENERAL HOSPITAL

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Marion General Hospital
Welcomes New Practitioners

Mary Otoo, MD, earned her medical degree from the State University of New York (SUNY) Upstate Medical University in Syracuse. She also completed her internship and residency at SUNY. Dr. Otoo is certified by the American Board of Surgery. She joins the surgeons and staff of Marion Surgeons at 330 N. Wabash Ave., Suite 370, in Marion.

Amber Banks, NP-C, earned her Master of Science in nursing (nurse practitioner) and bachelor's degree from Indiana University Kokomo. She is board certified by the American Academy of Nurse Practitioners. Banks began her employment with MGH in 2005, working as a registered nurse in telemetry and the critical care department and later as a unit shift manager in critical care. She also teaches adjunct at Indiana Wesleyan University in Marion. Banks joins the physicians and nurse practitioners of the MGH Hospitalist Program.

MGH's Chief Information Officer
Named to Prestigious List

Emmanuel J. Ndow, MBA, chief information officer at Marion General Hospital, has been named to the "71 Community Hospital CIOs to Know" list for 2019.

The CIOs on the list all lead the health IT teams at community hospitals and health systems. Ndow and the others highlighted have implemented electronic health record systems, led cybersecurity initiatives and overseen telehealth and telemedicine programs. These CIOs must be skilled at building teams and working across departments to deliver a successful health IT infrastructure.

Ndow's career in information technology spans 25 years, with 14 years at MGH. He earned his bachelor's degree from Wabash College in Crawfordsville, Indiana, and his Master of Business Administration degree from Indiana Wesleyan University in Marion. Ndow is a member of the American College of Healthcare Executives, the College of Healthcare Information Management Executives and the Health Information and Management Systems Society.

Staff Accomplishments

Lisa Wallace, hematology and oncology, has received her post-master's certification in oncology from the Oncology Nursing Certification Corp.

Wallace earned her Master of Science in nursing and bachelor's degree from Ball State University in Muncie, Indiana. In addition to her oncology certification, she is board certified in adult health by the American Academy of Nurse Practitioners. She has 17 years of experience in oncology and has been a part of MGH for the past four years.

She and her husband, Rob, have three grown children, Kayla, Hannah and Austin, and two German shepherds, Ricca and Mila. She loves spending time with her family and enjoys going to the gym and participating in 5Ks, 10Ks and half-marathons with her family. She also enjoys hiking and spending time outdoors with her shepherds.

She says she enjoys working at the MGH Cancer Center because "the size of our clinic allows us the ability to develop special relationships with our patients and their families in addition to providing the most current hematologic and oncologic care."

Shelly Rodabaugh, a certified EKG technician in the cardiovascular lab, is now a certified cardiovascular technician from Cardiovascular Credentialing International. She holds a bachelor's degree in nursing from Indiana University Kokomo.

Rodabaugh lives in Marion with her husband, Jeremy; son, Ty; daughter, Jerico; and dog, Remus. She enjoys spending time with her family, her parents, Larry and Cindy Korporal, and friends; reading; and vacationing.

A 17-year MGH employee, Rodabaugh says, "I love my co-workers and being able to help others. I also enjoy the department I work in and being educated about the heart."

Radiology Services Recognized for Highest Quality

Marion General Hospital has been awarded a three-year term of accreditation in magnetic resonance imaging and breast ultrasound as the result of a recent review by the American College of Radiology (ACR).

MRI and ultrasound imaging are non-invasive medical tests that produce images of internal body parts to help physicians diagnose and treat medical conditions.

The ACR gold seal of accreditation represents the highest level of image quality and patient safety. It is awarded only to facilities meeting ACR practice parameters and technical standards after an evaluation by board-certified physicians and medical physicists who are experts in the field.

The ACR is a professional medical society serving more than 37,000 diagnostic and interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists with programs focusing on the practice of medical imaging and radiation oncology and the delivery of comprehensive healthcare services.

When you see the gold seal of accreditation, you can rest assured that the facility meets the highest level of image quality and patient safety.

Interventional Radiology Services Now Available at MGH

Summit Interventional Radiology Clinic is now open in Suite 470 of the MGH 330 Building in Marion. Clinic hours are Monday by appointment only—call the scheduler at **765-660-7688** from 8 a.m. to 4 p.m. Monday through Friday to arrange a time.

With interventional radiology, images such as X-rays and MRIs are used to guide medical procedures in a minimally invasive way.

MGH welcomes Summit's clinic and looks forward to expanding the services provided in the radiology and interventional radiology/cath lab departments. MGH will keep you updated as additional procedures and services become available.

PHOTOS BY GETTY IMAGES

Thank You, Volunteers

YOUR CONTRIBUTIONS ARE VITAL TO THE AUXILIARY'S GOOD WORK

BY KELLY SNYDER

As my final term as president of the Marion General Hospital Auxiliary comes to an end, I am honored to have been able to serve in this role. I want to thank the board of amazing people who worked hard and surrounded me with support. I am grateful for a wonderful hospital that continues to serve our community with exceptional care. As I relinquish my role as president, I ask that the residents of this great area continue to support the Auxiliary. Volunteers profoundly affect people's lives, and your support will enable that effort to continue. ●

Kelly Snyder, MGH Auxiliary president

Become a Volunteer

To learn about the many opportunities to serve at MGH, call the volunteer services office at **765-660-6410**.

Buy a Gift, Support Marion General Hospital

The MGH gift shop is the perfect place to find gifts for all occasions—cards, magazines, flowers, balloons, stuffed animals, baby items, jewelry, scarves, fashion items, and seasonal decor for home and garden. The gift shop is the major fundraiser of the MGH Auxiliary, with all profits donated to the hospital for patient and hospital needs.

When someone you care about is a patient at Marion General Hospital, it is not always possible to be there in person. The friendly volunteers in the MGH gift shop will help you choose a gift by phone and deliver it for free to the patient's room. You may place your order by calling **765-660-6416**. For your convenience, you may pay for your purchases using Mastercard or Visa.

FLOWER PHOTO BY GETTY IMAGES

MGH Memorial Garden

HONORING FORMER MGH EMPLOYEES, PHYSICIANS AND VOLUNTEERS

The Marion General Hospital Memorial Garden, in the courtyard west of the cafeteria, was built in memory of former Plant Engineering Supervisor Fred Gause and made possible by a generous donation and support from the MGH Auxiliary. The garden honors MGH employees, physicians and volunteers who have passed by displaying their names and departments on engraved bricks set around the base of a tranquil fountain. Honored at press time were:

Coleen Vermilion, nursing
Barbara Eltzroth, volunteer

Marion General Hospital Endowment Fund

In 1994, the Marion General Hospital Endowment Fund was started to accept donations to support the hospital's mission and vision for our Healthcare Community. Donations to the fund are sincerely appreciated. Call **765-662-0065** or mail to:

The Marion General Hospital
Endowment Fund
Community Foundation of
Grant County, Indiana Inc.
505 W. Third St.
Marion, IN 46952

Purchase a Memorial Brick

Bricks to honor MGH employees, physicians and volunteers who have passed can be purchased for a minimum of $50. Call Volunteer Services at **765-660-6410** for more information.

Engraved bricks set around the base of a tranquil fountain in the MGH Memorial Garden honor MGH employees, physicians and volunteers who have passed.

Hyperbaric Oxygen Therapy

BY JAMES McCULLAUGH

Q What is hyperbaric oxygen therapy?

Hyperbaric oxygen (HBO) therapy is a medical treatment that exposes body tissues to concentrated amounts of oxygen to promote healing.

Q How does HBO therapy work?

During HBO therapy, a person is placed in a clear acrylic chamber that is pressurized with pure oxygen. When the person breathes, the oxygen enters the bloodstream, allowing red blood cells to pass more easily through the plasma into a wound to heal from the inside out.

James McCullaugh, program director, MGH Advanced Wound Ostomy & Hyperbaric Medicine Center

Q What is this therapy used to treat?

Oxygen-enriched blood can offer distinct benefits and be used to treat a variety of illnesses. The most common benefits of hyperbaric oxygen therapy are wound healing, preservation of damaged tissues, infection control and increased blood vessel formation.

Q What is the process to get HBO therapy?

Hyperbaric oxygen therapy is available through a referral from your provider. Your provider will be responsible for your general medical management and will work closely with the HBO therapy team of specialists. A consultation will be scheduled for you at the MGH Advanced Wound Ostomy & Hyperbaric Medicine Center to review your health history, medications, lab work, electrocardiogram and chest X-ray and to discuss the risks and benefits of HBO therapy. Therapy starts after consent and authorization forms are completed and the HBO and primary physicians have approved.

Q How many treatments will I need?

The number of treatments administered depends on your specific condition. Your hyperbaric oxygen therapy team of specialists will discuss your treatment plan before you begin therapy. Some conditions may require as many as 40 treatments. The course depends on your body's response to the therapy. •

Ask About This Treatment at MGH

The MGH Advanced Wound Ostomy & Hyperbaric Medicine Center is in Suite G-70 on the ground floor of the 330 Building at 330 N. Wabash Ave. in Marion. Hours are 8 a.m. to 5 p.m. Monday to Friday. For more information, call **765-660-6670**.

TOP PHOTO BY GETTY IMAGES

Looking Forward

A QUICK GUIDE TO THE FEATURES IN THIS ISSUE

PHOTO COURTESY OF STEPH GREEGOR

> When you're starting at a high number, like 300, 400 or 500 pounds, you've just got to start one thing at a time. You have to start turning the ship.
>
> **—Steph Greegor,** on her approach to losing more than 100 pounds
> Page 28

Features

BALLOON PHOTOS BY STOCKSY

HEART ATTACKS CAN HAPPEN AT ANY AGE—AND THEY'RE ON THE RISE AMONG THE YOUNG

BY SHELLEY FLANNERY

ILLUSTRATION BY DAVID MILAN

Fully recovered from his heart attack, Bearett Wolverton enjoys family time with his wife, Jennifer, and their children, Jude (left) and Jennaleigh.

At age 28, Bearett Wolverton had a lot on his plate: He was a husband, a father and a student nearing the end of seminary school. Who could blame him, then, when he decided to take a break and sit on his couch at home in Texas to switch on some football? "I was watching a playoff game and felt a jolt in my chest and thought it was strange. But I really just thought it was indigestion or heartburn; it would come for about 10 or 15 minutes, and then it would go away for a couple of hours," Wolverton says. "So it wasn't until the next evening that I went to the ER to have it checked out." Although he knew chest pain was a classic symptom of heart attack, neither he nor his wife, Jennifer, thought that's what it could be. The couple agreed Wolverton would drive himself to the hospital and she would stay home with their young daughter.

AN UNLIKELY CANDIDATE FOR HEART TROUBLE

When Wolverton got to the emergency department, he described his symptoms and the triage team ran an electrocardiogram, or EKG. The test didn't show anything of immediate concern.

Because of his age and therefore low likelihood of having a heart attack, Wolverton was sent to the waiting room.

It was five hours before he would see a physician, while doctors treated patients they deemed more urgent, based on industry standard protocols. Wolverton's chest pain kept getting worse.

Eventually, emergency staff ran bloodwork and contacted the hospital's on-call cardiologist. Wolverton ended up staying the night, and the cardiologist saw him the next day.

During the exam, the cardiologist told Wolverton that, given his age, he probably had

FAMILY PHOTOS COURTESY OF BEARETT WOLVERTON

A third of heart attack survivors say chest pain wasn't one of their symptoms, according to the American College of Cardiology

ILLUSTRATION BY DAVID MILAN

inflammation of the membrane surrounding the heart that typically resolves on its own, and he shouldn't worry. He scheduled Wolverton for a heart catheterization, a diagnostic exam that involves inserting a thin tube through a blood vessel to internally examine the heart.

Finally, during the heart catheterization, the cardiologist discovered the scary truth: Wolverton had experienced a massive heart attack in his left anterior descending artery, a blockage so often deadly that physicians refer to it as the "widowmaker."

"All of a sudden, [the cardiologist] just goes, 'Oh, my God! Your widowmaker's 99.9 percent blocked,'" Wolverton says. "He said he'd only seen that one other time in a patient so young."

WHAT'S CAUSING EARLY HEART ATTACKS?

Heart attacks are declining overall, including in adults 65 and older, but they're on the rise in younger people.

The annual number of first-time heart attacks in adults ages 65 and older has been declining since the 1960s.

But the number of heart attacks that occur in people younger than 40 is increasing. Of the people who have a heart attack before age 50, 1 in 5 are age 40 or younger, and the proportion has increased each year for the past 10 years, according to a study co-authored by Ron Blankstein, MD, a member of the American College of Cardiology's Prevention of Cardiovascular Disease Section.

"When you look at why there are fewer heart attacks in general, some of it we attribute to wider use of medications like blood thinners and statins that lower cholesterol. And some of it has to do with the fact that there's less smoking than there used to be," Blankstein says. (Smoking is a contributor to heart disease.) "But then we ask, 'With the advances we've made in the field of cardiology, why do they seem to be less applicable to individuals who are younger than 50?'"

In reality, it's not that the advances are less applicable. It's that people are doing more damage to their hearts earlier in life by eating

Opioids Could Cause Heart Trouble in Young Adults

Opioids are prescribed by doctors to help people manage pain, but the drugs have a dark side, too. Abuse of opioids—which include the pain medicines OxyContin and fentanyl and the illegal substance heroin—leads to a host of health problems, such as addiction and death from overdose.

What's more, new research shows opioid use also can increase the risk of a heart condition that leads to stroke in younger adults, according to findings presented to the American Heart Association in 2018.

A study analyzed health data from 857,000 U.S. veterans ages 25 to 51 and found a correlation between opioid use and increased incidence of atrial fibrillation (AFib), an irregular and rapid heartbeat that usually doesn't show up until after age 65. Researchers calculated that opioid use raised study participants' risk of AFib by 34 percent, "drastically" increasing their risk for stroke, according to the American College of Cardiology.

If you have chronic pain or have an illness, an injury or a procedure for which you require pain management, talk to your doctor about opioid alternatives. If opioids are prescribed, take the smallest dose for the shortest time possible to avoid dependency.

Oh my God! Your widowmaker's 99.9% blocked

Bearett Wolverton recalls his cardiologist's shock after discovering one of his arteries almost totally obstructed at such a young age.

poorly and being inactive, and the consequences are showing up sooner.

"It's very important for young individuals to be aware of their blood pressure, it's very important for them to be aware of their cholesterol levels, and it's important to pay attention to all modifiable risk factors," Blankstein says.

"The vast majority of heart attacks that happen to individuals of a young age are attributable to the same modifiable risk factors that cause heart attacks in older patients, which is good news," he says. "That means you can do something about it."

Those modifiable risk factors are being overweight; smoking; having high cholesterol, high blood pressure and diabetes; being inactive; and having a history of recreational drug use. In other words, even someone who is young can cause enough heart damage to lead to a heart attack.

"Fatty deposits in arteries can begin in individuals in their teenage years and progress throughout their 20s," Blankstein says.

Women appear to be even more susceptible to the trend. The number of heart attacks in young women has increased, according to the American Heart Association. And young women are even less likely than young men to get the proper diagnosis and treatment, so it's particularly important for women to advocate for their heart health.

HOW GENETICS PLAY A ROLE

Modifiable risk factors don't make up the whole story. According to Blankstein's research, about 10 percent of early heart attacks occur in people who have familial hypercholesterolemia, which is a genetic predisposition for elevated cholesterol.

"Much of your LDL cholesterol—that's your bad cholesterol—is genetically determined," says John Osborne, MD, PhD, a preventive cardiologist and American Heart Association volunteer. "Some people, fortunately, have low cholesterol because of genes, while other people, despite exercising, eating right and doing all the right things, can have very high cholesterol."

Osborne says cholesterol screening should begin in childhood to check for familial hypercholesterolemia. American Academy of

Pediatrics guidelines say children should have their cholesterol checked between ages 9 and 11 and again between 17 and 21, but very few kids are screened. One study found only 18 percent of pediatricians were ordering cholesterol tests for their preteen patients. More pediatricians—31 percent—ordered cholesterol tests for their 17- to 21-year-old patients.

"It's just not on many pediatricians' radars," Osborne says.

Young adults have a better chance of being screened if they're regularly seeing a physician, but that isn't often the case.

"In their 20s or 30s, most people are pretty healthy and so they don't see doctors," Osborne says. "If you don't show up to the doctor in the first place, then you can't get your cholesterol checked."

All adults at increased risk for heart disease should begin cholesterol screening at age 20, according to the U.S. Preventive Services Task Force. Men at average risk should begin screening at 35, and women at average risk should start at 45.

No matter what the cholesterol screenings indicate, people should still strive to live a heart-healthy lifestyle by being physically active at least 30 minutes a day five days a week, eating a diet rich in whole foods and not smoking.

"If you look at LDL cholesterol specifically, diet and exercise can offer about a 5 to 10 percent reduction," Osborne says. Even more important, a healthy diet and exercise prevent diabetes and high blood pressure, conditions that increase risk for heart disease.

EARLY HEART ATTACKS AND LONG-TERM HEALTH

The unfortunate truth is that people who have a heart attack early in life are much more likely to have another one. But the news isn't all bad. With cardiac rehabilitation, medication and lifestyle changes, people who had a first heart attack at a young age can live a long and healthy life.

"With the knowledge we have of what causes heart attacks and the current tools we have available," Osborne says, "at least 80 percent of subsequent heart attacks are preventable."

Completing a cardiac rehabilitation program can greatly reduce survivors' future risk of heart attack and rehospitalization. In fact, the American Heart Association reports cardiac rehab has been found to reduce risk for not only heart disease but all causes of death by up to 47 percent. And yet, less than a third of heart attack patients participate in cardiac rehab, according to Million Hearts, an initiative by the Department of Health and Human Services.

Million Hearts recommends heart attack survivors look for a rehab program that consists of 36 one-hour sessions for optimal risk reduction and include supervised exercise, education on nutrition and heart-healthy living, individual treatment planning, psychological assessment and final outcomes assessment.

After Wolverton's cardiologist opened his artery and placed a mesh stent inside to keep it from collapsing, Wolverton was released with a bevy of medications and a prescription for cardiac rehabilitation. He diligently followed his doctor's advice and attended every rehab session. And though he didn't see himself as that out of shape at the time of his heart attack, Wolverton dropped more than 50 pounds by exercising and living a life of moderation.

"I'm not going to be a vegetarian, but I have cut way back on red meat to about once a quarter," he says. "I still have fast food sometimes, but not daily like I used to."

Wolverton, now 31, is also on a lifelong regimen of aspirin, cholesterol medication and blood pressure medication. He doesn't mind. He has another reason to stick to a heart-healthy lifestyle: He and his wife welcomed a second child—a baby boy—a year to the week after his heart attack.

"You can't let a heart attack be the end of the world," Wolverton says. "All you can do is try your best to find out what caused it and learn what you can do to prevent it from happening again." •

Do You Know the Health of Your Heart?

Check out the American Heart Association's My Life Check interactive assessment to get a better understanding of your risk for heart attack and stroke. Visit **heart.org** and search "my life check."

Symptoms You Should Never Ignore

Because Bearett Wolverton was young and his chest pain came and went, he didn't seek treatment for his heart attack right away. But heart attacks can happen at any age.

Chest pain is the most common heart attack symptom in both men and women. Other symptoms include:

- **Chest pressure or discomfort**
- **Discomfort or tingling in the arms, back, shoulders or jaw**
- **Shortness of breath**
- **Cold sweat**
- **Fatigue**
- **Nausea or vomiting**
- **Fainting or dizziness**

If you experience these symptoms, even if they come and go, call 911.

If you've already had a heart attack, it's important you familiarize yourself with all of the symptoms. Not all heart attacks feel the same, even in the same person, according to the American College of Cardiology. So your next one might be very different from your first.

ILLUSTRATION BY DAVID MILAN

THE POWER OF THE HPV VACC

PHOTO BY GETTY IMAGES

As experts imagine a future without cervical cancer, other HPV-related cancers are on the rise

BY LAURA ARENSCHIELD

Brian Hill was 49 years old when he was diagnosed with stage 4 oropharyngeal squamous cell carcinoma—cancer of the throat, specifically the part of the throat at the back of the mouth.

It was 1997. Hill had never smoked and didn't drink alcohol—two main risk factors for this type of cancer—and, at the time, neither he nor his doctors understood that the human papillomavirus, the most common sexually transmitted virus, could cause throat cancer.

"Even the best medical institutions were calling my cancer an unknown," says Hill, who is founder and executive director of the Oral Cancer Foundation. "They really didn't know the origin of it."

Much has changed since then. People generally understand that HPV causes cervical cancer in women. But many still don't know that HPV can lead to five other types of cancer, including cancers of the back of the throat, like Hill's, as well as anal, vulvar, penile and vaginal cancers.

Eliminating Cervical Cancer

Global health experts say it is possible that cervical cancer could be eliminated in the next few decades—as long as HPV vaccination becomes widespread.

That would mean a better chance at a longer life for women around the world, especially those in less developed countries: Cervical cancer killed some 311,000 women in 2018; more than 85 percent of those lived in low- and middle-income countries, according to the World Health Organization.

In the early 1900s, cervical cancer killed more American women than any other cancer. But once the Pap test became widespread in the 1950s, cervical cancer rates dropped—and continued dropping. Now, about 4,250 U.S. women die each year from cervical cancer.

Eliminating the cancer is not necessarily eradicating it completely: Public health officials say cervical cancer will be eliminated when fewer than 4 in 100,000 women have it.

Global health groups, including the United Nations and the World Health Organization, have been working to speed up the elimination of cervical cancer. To get there, experts say, more children younger than 15 will need to be vaccinated; screening for cervical cancer will need to improve and be offered to more women; and treatment for both cervical cancer and precancerous lesions will need to be more widely available.

HPV is widespread—if you have had sex, you have likely been exposed to it. About 79 million people in the U.S. have HPV—and the Centers for Disease Control and Prevention estimates 14 million are newly infected each year. In most cases, the body's immune system attacks the virus and kills it, and a person never knows it was there. But sometimes, it causes serious problems, laying the groundwork for future cancers.

HPV-Positive Throat Cancers Increasing

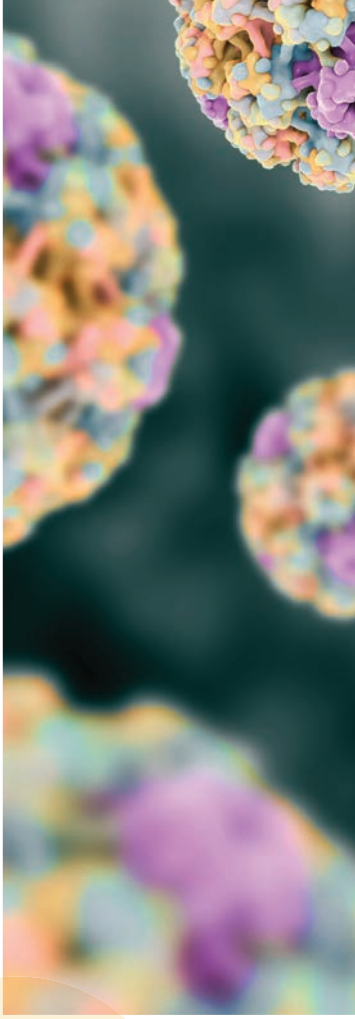
Each year, about 34,800 cases of cancer are found that are probably caused by HPV, according to the CDC. A little less than a third of those are cancers of the cervix. More than a third are cancers of the oropharynx, the back part of the mouth that includes the back third of the tongue, the tonsils, the soft palate and the side and back walls of the throat.

The rate of oral and throat cancers that are not caused by HPV has been dropping, while oropharyngeal cancers caused by HPV are increasing. From 1988 to 2004, one study found, the rates of oropharyngeal cancer where signs of HPV were present increased by more than 200 percent.

And oral cancers that show signs of HPV disproportionately affect men.

"In a 15-year period, the number of men diagnosed with oral cancer in the United States has doubled, and we think it is because of HPV," says Anna Giuliano, a research professor for the American Cancer Society. "So, we do of course still care about preventing cervical cancer—absolutely, that is a major global problem. But in the United States, what is emerging is this significant rise in the incidence of oral cancers associated with HPV. This is not just a female disease."

And even though researchers say the most effective way to prevent HPV—and HPV-associated cancers—is through the HPV vaccine, many people still don't get vaccinated or choose to vaccinate their children. As of 2017, the most recent data available, about half of adolescents in the U.S. were up to date on HPV vaccines.



How to Check for Throat Cancer

Cases of HPV-related oropharyngeal cancers—cancers of the back of the throat, tongue and tonsils—affect almost 11,000 men per year. But you can monitor your mouth at home for changing cells. Learn how at **checkyourmouth.org**.

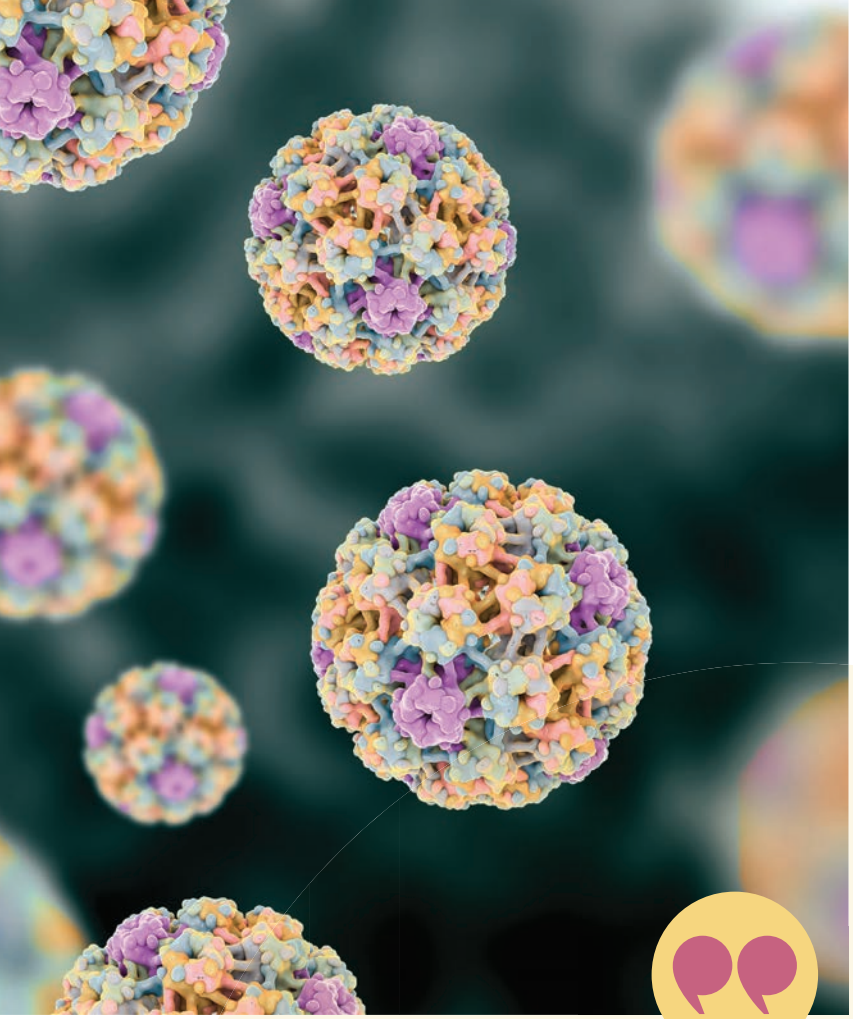


PHOTO BY GETTY IMAGES

HPV Vaccine Is Well-Studied and Safe

Concerns about the vaccine's safety are unfounded, says Debbie Saslow, senior director of HPV-related and women's cancers at the American Cancer Society.

"There have been more than 100 studies with more than 2.5 million people in at least six countries—that's a lot of safety data," Saslow says. "And all of them have shown that this vaccine is extremely safe and that there aren't any serious side effects."

Researchers are so certain of its effectiveness that they believe the HPV vaccine can prevent more than 90 percent of cancers caused by HPV—and that, largely because of the vaccine, cervical cancer might be the first cancer to be eliminated.

The HPV vaccine, first approved by the Food and Drug Administration in 2006, was initially approved for girls and women ages 9 to 26. It was later approved for boys and men in that same age range. In 2018, the FDA approved the vaccine through age 45 for all genders.

> In the United States, what is emerging is this significant rise in the incidence of oral cancers associated with HPV. This is not just a female disease.
>
> **—Anna Giuliano, research professor for the American Cancer Society**

Age at Vaccination Matters

The vaccine works best if it is given before a person has a sexual encounter. The CDC recommends vaccinating around age 11 or 12, but researchers say it can also be given to children as young as 9. That can be difficult for parents to think about, but it is necessary to keep children safe from cancers later in life.

"There are parents who are giving their kids other shots and not giving them the HPV vaccine," Saslow says. She says some parents think that by giving their kids the HPV vaccine, they are giving them a license to have sex.

"We don't tell our kids 'Don't wear seat belts or don't wear bike helmets, because if you do, you'll be a more reckless driver or bike rider,'" she says. "We need to be protecting our kids from this virus."

Adults can benefit from the vaccine, too. While most adults have been exposed to some types of HPV, they probably haven't been exposed to all types yet. Of the more than 100 types of the virus, 14 can cause cancer, and two strains cause 70 percent of cervical cancers. The most common vaccine prevents against the four strains most likely to lead to any type of cancer.

"To prevent all of the other cancers—oropharyngeal, vaginal, anal, penile and vulvar—vaccination is the centerpiece," Giuliano says. "We have a lot of research that's ongoing to develop screening tests for the other cancers, but we don't have any in routine practice right now."

Until routine screenings are established, people need to be aware of their bodies and monitor where they can for changes.

Hill speaks in a raspy, gravelly voice—a daily reminder of his radiation therapy, which killed the cancer and also damaged his vocal cords. And since his last treatment in 1999, he has devoted his life to helping people understand that HPV can cause cancer.

"You're not going to avoid being exposed to HPV if you're having sex at all—it's not possible," Hill says. "But this vaccine, it allows us to prevent children from ever getting the virus. And if you can't get the virus, you can't get the things the virus causes, and that means all these cancers." ●

OW, MY OINTS!

Understanding your pain—and how to beat it

BY ALINA DIZIK

Achy joints can make everyday activities feel like a chore.

Whether you're preparing dinner, picking up a child or simply climbing the stairs, pain from knees, hips, wrists and other joints can limit our ability to lead a full life.

Fortunately, there are solutions. But investigating where your joint pain is coming from takes time. There are many steps to take, including imaging tests such as X-rays or MRIs. And you may need to visit several experts—from family doctors and physical therapists to orthopedic surgeons—before finding relief.

PHOTO BY GETTY IMAGES

Persistence is worth it. Understanding the source of your joint pain will make it easier to come up with a treatment plan that really works.

Feeling achy? Here's what to know.

Why Joints Are Prone to Aches and Pains

Because joints help keep the body in motion and are constantly in use, they are prone to damage. Pain within the joints of the back, knees, hips, ankles and hands is often due to osteoarthritis caused by deteriorating cartilage (the padding between bones). Other times, an injury or even persistent bad posture can lead to chronic pain or cause a sprain (a stretch or a tear in the ligament that connects the bones at the joint).

"You could have joint pain in any joint in the body for a variety of reasons, so it's not always easy to understand the pain," says Sanjeev Bhatia, MD, a board-certified orthopedic surgeon and consulting team physician for the U.S. Ski Team.

Pain can come from multiple parts of the joint, including ligaments that connect to the bones to form a joint, tendons that connect the joint to the muscle to help keep bones in place, cartilage that reduces the friction in the joint and fluid-filled sacks called bursas that provide cushion, Bhatia says.

When Acute Injury Is the Culprit

If joint pain comes on suddenly, a timely doctor visit is critical. Whether you strained your elbow on the tennis court or pulled your back after a car accident, a sudden injury can develop into joint pain that may be harder to treat down the line.

"If it's an acute injury, it's usually a good idea to get diagnosed early," Bhatia says.

The First Question Your Doctor Will Ask

Distinguishing between pain that occurs outside of the joint (i.e., extra-articular) from pain that occurs within the joint (i.e., intra-articular) can help inform your diagnosis and what you need to do to feel better, says Sanjeev Bhatia, MD, a board-certified orthopedic surgeon and consulting team physician for the U.S. Ski Team. "Asking that question of where the pain is coming from is always where we start."

For example, bursitis and hip abductor tears are considered extra-articular because they occur outside the joint and often show that there's an issue with the structure. If not treated, extra-articular pain can result in chronic pain that may require surgery.

Intra-articular pain is caused by something from within the joint, such as a loss of cartilage for those with osteoarthritis. In many instances, Bhatia says, intra-articular causes of pain can result in further damage as we age and may require a joint replacement down the line.

Where Does It Hurt?

Arthritis pain can happen throughout the body. To learn more about what can go wrong where, and how to feel better, visit **arthritis.org** and search "where it hurts" for an interactive tool.

Much of the time, sudden-onset joint pain will go away in weeks with proper conservative care, including physical therapy, anti-inflammatory medication, like ibuprofen, and rest. Ignoring the pain can make it linger or cause additional damage.

Many acute injuries can resolve without the need for surgery, Bhatia says. "The first-line treatment is a physical therapy program. That's always where we start. Then we look at injections and medications."

To Test or Not to Test

Imaging tests can help providers diagnose some types of joint pain. For instance, a simple X-ray can be beneficial to better understand whether cartilage has degenerated, says David Konstant, DPT, a physical therapist and member of the American Physical Therapy Association. Additionally, an MRI can give a more detailed picture of some types of abnormalities or disease. But while the source of arthritis-related pain is often visible on these images, a strain may be harder to spot, he adds.

PHOTO BY GETTY IMAGES

In certain circumstances, it's best to wait on X-rays and MRIs. "For some patients, imaging can just add to the confusion," Konstant says. Besides imaging, he uses physical therapy exercises to conduct a thorough evaluation of the joint before developing a diagnosis.

Also, the American College of Physicians has found that conducting imaging including MRI and CT for pain in the lower back (which includes the sacroiliac joints) is not associated with better patient outcomes.

Understanding the Hips and Knees

When it comes to joint pain, hips and knees tend to take the spotlight because they are more commonly affected by osteoarthritis.

In 2014, nearly 15 million people reported arthritis-related joint pain, an increase from 10 million in 2002, according to data from the Centers for Disease Control and Prevention. Arthritis presents with stiffness, aches and difficulty switching positions or moving, says Sean Dingle, MD, a fellow of the American Association of Orthopaedic Surgeons. "It's fairly easy to differentiate an arthritic kind of pain" from joint pain caused by an injury, he says. (Rheumatoid arthritis can cause similar symptoms but is an autoimmune disorder that can develop at any age.)

Hip pain also can result from bursitis or hip abductor tears, which often hurt on the outside of the hip. Another common cause is femoroacetabular impingement, a condition in which extra bone grows alongside the hip joint. As for the knees, buildup of synovial fluid that lubricates the knee joint, meniscus or cartilage tears, tendinitis and bursitis from overuse are especially common causes of pain. When the joint in a nonarthritic knee is causing pain, you may also experience some locking and catching as you use the knee, Dingle says.

Since hips and knees support a significant percentage of body weight, the extra stress from carrying your body weight means it's possible to experience joint pain even in your younger years, he adds.

7

Joint pain is considered severe when a person rates it a 7 on a scale of 0 (no pain) to 10 (unbearable pain)

Source: Centers for Disease Control and Prevention

Finding Relief

For people with joint pain, conservative measures are often the first line of treatment. Start with over-the-counter medications such as NSAIDs that can decrease inflammation, pain and stiffness. Make an appointment with your doctor if symptoms are getting worse or not resolving after a few days.

In some cases, cortisone injections can help with joint inflammation. While some newer experimental injectable options such as platelet-rich plasma and stem cells are increasingly offered to patients, there is only anecdotal evidence that these may work, Dingle says.

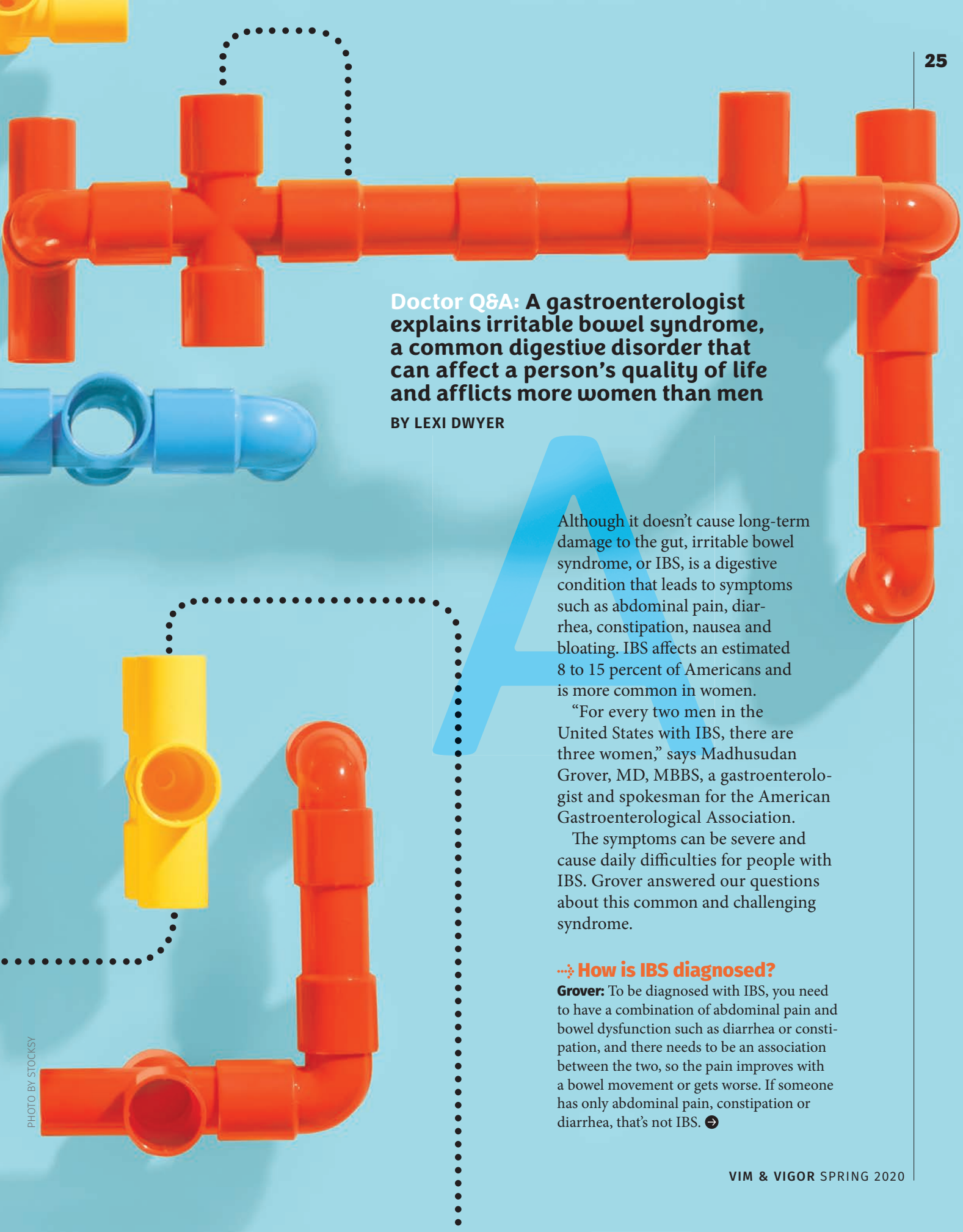
Don't discount time as a healing factor, Konstant adds. Sometimes pain can spontaneously resolve on its own, even after several years. For instance, frozen shoulder (also called adhesive capsulitis), which is common with women in middle age because of a tightened joint capsule (the sac that envelops the end of the bones), often resolves on its own.

But even though some joint pain can go away without serious intervention, don't wait to see a doctor. Especially for younger people, joint pain signals an increased risk of arthritis later in life, so getting an early diagnosis is critical, Bhatia says. For instance, hip pain that comes from increased friction within the joint can ultimately make that joint prone to arthritis-related inflammation.

"Hip impingement is usually a precursor to hip arthritis later in life," he says.

For older people living with arthritis, working with your doctor to create a road map for how to maintain your joints through an exercise regimen is key, Dingle says. "As a general rule, arthritic joints like some activity, but don't overdo it." ●

CONNECTING ON IBS



Doctor Q&A: A gastroenterologist explains irritable bowel syndrome, a common digestive disorder that can affect a person's quality of life and afflicts more women than men

BY LEXI DWYER

Although it doesn't cause long-term damage to the gut, irritable bowel syndrome, or IBS, is a digestive condition that leads to symptoms such as abdominal pain, diarrhea, constipation, nausea and bloating. IBS affects an estimated 8 to 15 percent of Americans and is more common in women.

"For every two men in the United States with IBS, there are three women," says Madhusudan Grover, MD, MBBS, a gastroenterologist and spokesman for the American Gastroenterological Association.

The symptoms can be severe and cause daily difficulties for people with IBS. Grover answered our questions about this common and challenging syndrome.

How is IBS diagnosed?

Grover: To be diagnosed with IBS, you need to have a combination of abdominal pain and bowel dysfunction such as diarrhea or constipation, and there needs to be an association between the two, so the pain improves with a bowel movement or gets worse. If someone has only abdominal pain, constipation or diarrhea, that's not IBS.

PHOTO BY STOCKSY

Are there different kinds of IBS?

Grover: Yes. When we look at patients with IBS, we divide them into three categories. About a third have diarrhea-predominant IBS, a third have constipation-predominant IBS and the rest have mixed IBS, meaning they can have symptoms of both. We have learned from long-term studies that these symptoms can fluctuate. Somebody may have more problems with bloating, but if you survey them many years later, they might say that nausea or diarrhea is their most bothersome symptom. And people can sometimes switch categories, so if somebody has IBS with diarrhea, we may see them many years later and find they have IBS with constipation.

Why are women more commonly diagnosed with IBS?

Grover: Studies have suggested that there are clear differences in terms of physiology in the gut bacteria in men and women and that women are more vulnerable to injury from infections or foodborne illnesses, which have been associated with IBS. So it is possible that due to differences in microbiota (the living organisms inside the digestive tract), women react differently to an infection than men do.

Another thing is hormonal differences, and IBS could be triggered through a hormonal mechanism. Some studies are looking at men's and women's levels of serotonin (a chemical that helps influence well-being and regulate bowel function).

The other important paradigm is that a history of abuse (and the resulting psychological effects of the trauma) has been associated with IBS. Abuse can happen to both men and women, but it's more common in women, so that may be one of the factors that drives the higher number of cases.

How do you treat patients with IBS?

Grover: We use a multi-tier approach. Sixty percent of patients have mild IBS. This means that they would likely improve with dietary changes, avoiding foods that trigger symptoms or some simple treatments. If they have diarrhea, they might take an over-the-counter medication like loperamide. If they have constipation, they might take a fiber supplement, increase their water intake or exercise more regularly.

Then we move up the ladder and deal with people who have more moderate to severe symptoms, which tend to be patients who are seen in the gastroenterologist's office. What is interesting with these patients is that stress plays a heavier role. The brain has a stronger influence. And many of these individuals have had long-term symptoms that affect their work productivity, their quality of life, things they can't do with their kids and grandkids and so forth. So that's the group that we may offer prescription medications.

On the severe end of the spectrum, if someone is on disability leave and can't work, for example, or is in a lot of pain, then we think about partnering with a psychologist or a pain rehabilitation center (where patients can learn techniques, such as cognitive behavior therapy, to manage pain) to get them the treatment they need.

OUR EXPERT

Madhusudan Grover, MD, MBBS, gastroenterologist and spokesman for the American Gastroenterological Association

ILLUSTRATION BY MONICA HELLSTRÖM

PHOTO BY STOCKSY

Track Your Symptoms to Find a Solution

People with digestive issues can help their doctors help them feel better by keeping a log of their daily habits. The **MyGiHealth GI Symptom Tracker** app, available from Apple's App Store, lets you track symptoms and chart their progression.

You mentioned cognitive behavior therapy. What about prescribing antidepressants for IBS?

Grover: Antidepressants and behavioral therapies have been shown to be helpful in IBS, especially in the moderate to severe spectrum when pain is frequent or there is difficulty with quality of life, or both. Tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) have been tested in IBS. Typically, tricyclic antidepressants such as amitriptyline and nortriptyline are helpful in patients with IBS with diarrhea. SSRI drugs are more frequently used for IBS with constipation. These are usually prescribed in low doses, and we watch carefully for side effects. Psychotherapies like cognitive behavior therapy and hypnosis are also effective, especially if provided by therapists with an expertise in IBS and gastrointestinal disorders.

What foods make IBS worse?

Grover: It depends. It's not always easy to understand whether a food causes IBS or whether the body has developed a hypersensitivity to the food over time. So we have to be careful when looking at the diet.

I would say, typically, fatty, greasy foods and carbonated beverages can have an impact. We realize that things containing either high fructose corn syrup or artificial sweeteners can make symptoms worse, so regular soda and diet soda are equally bad when it comes to IBS. And, of course, if somebody has bloating or a lot of gas, carbonated beverages like beer and soda will make things worse. Another factor is the caffeine in cola and other drinks, which people may not realize is a problem.

What's the difference between IBS and IBD?

Grover: Inflammatory bowel disease (IBD) comprises two main subsets—ulcerative colitis and Crohn's disease. The mechanisms are quite different, and in active IBD, there is inflammation that can be seen during endoscopy and through biopsies, whereas in IBS, inflammation is not present. Symptoms like bloody stool, weight loss and fever should raise alarm for IBD and prompt additional work-up by a doctor. That being said, IBD patients can have overlapping IBS symptoms as well.

How Is Irritable Bowel Syndrome Diagnosed?

Figuring out that someone has IBS isn't always straightforward. "We don't have one blood test or an imaging scan to diagnose IBS, so we use symptom-based criteria," says Madhusudan Grover, MD, MBBS, a spokesman for the American Gastroenterological Association.

A doctor might use a variety of strategies, including:

- **Asking questions about symptoms and your family members' history of gastrointestinal issues**
- **Performing a physical exam and feeling the abdominal area**
- **Possibly ordering bloodwork, stool sample testing, a colonoscopy or an endoscopy**

Once the testing is complete, if no cause is found, a person might be diagnosed with IBS if he or she is having diarrhea, abdominal pain and constipation more than three times a month for three months and if the symptoms are affecting quality of life.

A Lifelong Journey to Weight Loss

Steph Greegor lost more than 100 pounds after decades of struggle

BY JEANNIE NUSS

In 2003, when Steph Greegor was 27 and pregnant, she weighed her heaviest: 318 pounds.

After she gave birth to her daughter, Kerrigan, she decided she had to make a change.

"I'm sitting there looking at my kid, and I'm like, 'What kind of mother do I want to be?'" she says. "'Do I want to be an active, healthy mom and set a good example?'"

So Greegor started making small physical changes—like eliminating soda and following a walking program—as she addressed underlying mental health issues that she says contributed to her weight gain.

Five years later, after making more changes to her diet, adding more strenuous workouts and striving to manage her anxiety and depression, Greegor was down to 183 pounds—135 pounds lower than her highest weight.

Now, the 43-year-old writer and independent filmmaker who lives in Columbus, Ohio, fluctuates between 180 and 200 pounds and has learned to make healthier choices.

Greegor is not alone in her struggle with weight. Nearly 40 percent of adults in the U.S. are obese, according to the Centers for Disease Control and Prevention. And excess weight comes with serious health risks.

Not long after she topped out at 318 pounds, Steph Greegor decided to make healthy changes in her life. Today, Greegor, who is 5 feet, 10 inches tall, maintains her weight between 180 and 200 pounds.

PHOTOS COURTESY OF STEPH GREEGOR

"People who are obese or overweight have an increased risk of heart disease, hypertension and diabetes," says Mary Ann Bauman, MD, a spokeswoman for the American Heart Association.

Enduring Body Shaming

Ever since she was a little girl growing up in the Midwest, Greegor struggled with her weight—and insults about her size.

When she was in elementary school, her father repeatedly called her fat.

"I didn't even know what fat meant," she says. "He was calling me that, and I didn't realize there was a negative connotation to what my body shape was."

Her father apologized later in life, but the comments took a toll.

"It was probably the first time in my life when I realized that the way I look had something to do with how much I was loved," Greegor says.

Her classmates joined in on the meanness. In third grade, when she asked a crush to be her boyfriend, he replied, "I wouldn't be your boyfriend. You're fat."

In eighth grade, another classmate said, "Why don't you lose some weight, fatso?"

"It was a pretty devastating time for me," Greegor says.

In high school and college, she struggled with anxiety and depression, which manifested in substance abuse, suicidal thoughts and weight gain. Things got better for a while after she changed colleges; she made a few friends, lost some weight and later met the man she went on to marry in 2000.

But a couple of years into the marriage, her mental health problems flared up again—this time with severe panic attacks and overeating.

"I couldn't drive. I couldn't leave the house," she says. "I was eating constantly."

Then, Kerrigan arrived in 2003, and the new mom decided to change her life.

"My approach to weight loss was: I want to fix the root issues," she says. "In order to fix my weight, I actually have to fix me, and that's going to require all of these massive changes."

Greegor got a divorce, moved and changed careers, leaving a job that made her miserable. She dove into filmmaking and writing.

My approach to weight loss was: I want to fix the root issues. In order to fix my weight, I actually have to fix me, and that's going to require all of these massive changes.

—Steph Greegor

Decode Nutrition Labels

If you want to eat healthier, it's important to be able to read a nutrition label. Check out a simple guide on how to do it from the American Heart Association at **heart.org**; search "nutrition facts label infographic."

Steph Greegor, inspired by her daughter, Kerrigan (top left), made healthy changes in her life, including kayaking and running, and switched from an unsatisfying job to a career in filmmaking (bottom).

She also addressed her mental health, using a workbook program to deal with anxiety and depression, and problems from her childhood. Slowly, she noticed a difference in her mood—and on the scale. She felt more positive, and the weight started to come off.

Eating to Lose and Starting to Move

While she was making big changes in her life, Greegor was making small changes to her diet, focusing on one food or habit at a time.

One week, she would stop drinking soda. Then, a week or two later, after adjusting to that change, she would tackle another habit, like eating too much candy or potato chips.

"When you're starting at a high number, like 300, 400 or 500 pounds, you've just got to start one thing at a time," she says. "You have to start turning the ship."

When Greegor got down to 250 pounds, she cut calories to about 2,500 per day—compared with the 4,000 or so a day she estimates she was consuming before.

As she lost more weight, she gradually reduced her caloric intake and paid more attention to portions and nutritional information.

When Bauman heard about Greegor's story, she applauded the approach to losing weight in such a healthy and sustainable way.

"It can seem daunting to say, 'I've got to lose 100 pounds,' but to say, 'I'm not going to have soda this week' is something you can do," Bauman says.

Greegor incorporated movement gradually, too, starting with walking and adding weightlifting and later running. She started running races, collecting a bunch of 5K medals before tackling two half-marathons.

"I felt like I could breathe easier," she says. "I literally had nothing weighing me down."

Dealing with Plateaus and Finding a New Normal

After steadily losing weight for five years, Greegor hit a plateau at 183 pounds. No matter how she ate or worked out, the scale would not budge. "Weight plateaus are super frustrating," Greegor says.

She talked to a doctor, who advised her to be patient and give her body time to adjust to the massive amount of weight she had lost.

She waited and kept up her healthy habits. Finally, after about a year, she got on the scale and saw a different number: 179. She kept losing weight and eventually got down to 151 pounds. That weight didn't last, though.

"That was hard to maintain, because I was not eating a lot," she says.

In the past decade, Greegor, who is 5 feet, 10 inches tall, says her weight has fluctuated a bit, currently sticking between 180 and 200 pounds.

"I did gain some weight back, but I got control of it much faster," she says.

Along the way, as Greegor has worked to maintain her new lifestyle, her daughter has followed her lead. The two work out together, and Kerrigan, now 17, says she's been inspired by her mom to be healthy.

"She's definitely a good role model," Kerrigan says. "I'm really proud of her." ●

3 Realistic Goals for Weight Loss

Losing weight isn't easy, but it helps if you set small, realistic goals rather than trying to change everything at once.

If you're not sure where to start, Mary Ann Bauman, MD, a spokeswoman for the American Heart Association, has a few suggestions.

1. **Avoid sugar-sweetened beverages.** Things like soda and sports drinks "add up very easily, and their sweetness can cause you to crave more," Bauman says.
2. **Eat at home more often.** "When you eat out, you're getting high-fat, high-salt, high-sugar food," she says. But at home, you can control what you're consuming.
3. **Start moving.** Aim for 150 minutes per week of moderate exercise, like walking. And if you work in a sedentary job, be sure to get up from your desk now and then. "Our bodies were made to move," Bauman says.

PHOTOS COURTESY OF STEPH GREEGOR


Reading is a
wise way to
de-stress

PHOTO BY GETTY IMAGES

Brain Savers

7 SMART WAYS TO PROTECT YOUR COGNITIVE HEALTH

BY ALLISON THOMAS

Eat right. Exercise. Get enough sleep. You know what it takes to keep your body healthy. But what about your brain?

Physician, nutritionist and author Steven Masley, MD, has studied arterial plaque—the fatty deposits in your blood that can clog your arteries and lead to heart disease, heart attack or stroke—and its connection to lifestyle factors that accelerate memory loss. In his book *The Better Brain Solution*, he shows how it's possible to safeguard your cognitive and physical health by taking the same healthy actions.

Here are seven things you can start doing today to help you stay sharp as you age.

1 Tame your stress.

Stress can increase your risk for heart disease and harm your brain in much the same way: through the damaging effects of the stress hormone cortisol. Besides increasing blood pressure, cholesterol and triglycerides, "high cortisol levels will literally shrink your brain, so keeping your stress in check is critical, but it's not always easy to do," Masley says. Find healthy de-stressors that work best for you, whether it's meditation, exercise, massage, reading or working on a puzzle.

2 Monitor your blood sugar.

Arterial plaque growth and cognitive decline are closely linked to poor blood sugar control. "The same unhealthy diet and lifestyle choices that keep insulin from regulating blood sugar [i.e., risk factors for diabetes] also hurt our cognitive function," Masley says. "It actually starves our brains' nerve cells, which can lead to memory loss and dementia." Have your care provider test your blood sugar regularly.

3 Don't smoke.

Everyone knows smoking causes lung cancer and heart disease, but it's also bad for brain health. Even if a cigarette seems to make the smoker feel more alert in the moment, that temporary attention boost is negated by a decline in problem-solving and cognitive function caused by tobacco over time.

4 TAKE A MULTIVITAMIN.

Masley recommends choosing a quality multivitamin that includes nutrients essential for optimal cognitive function: magnesium, chromium, and vitamins D, B9 and B12.

5 STAY ON THE MOVE.

The idea that greater aerobic fitness and strength lead to better brain performance is more than just a hunch. Masley's research in the *Journal of the American College of Nutrition* found that fitness was the strongest predictor of overall cognitive function and decision-making. Aim for moderate aerobic activity two or three days per week and a day or two of strength training. He also recommends core strength and balance activities, such as Pilates, yoga or tai chi, once or twice per week.

6 Eat a Mediterranean-style diet.

Research shows it can help reduce the risk of cardiovascular disease and stroke while improving your HDL ("good") cholesterol. Focus on leafy greens and other nonstarchy vegetables, as well as nuts, beans, berries and omega-3-rich seafood, like salmon. And get your fat from monounsaturated sources, like olive or avocado oil. A glass of red wine and a square of dark chocolate per day are not only permitted but also thought to offer protective health benefits.

7 Get your zzz's.

If you're not getting seven to eight hours of sleep per night, take action to safeguard your slumber. Set a consistent bedtime, avoid screens (TV, tablet, etc.) for at least an hour before bed, and make your room as dark as possible or wear a sleep mask. Limiting caffeine to your morning routine and being moderate with alcohol (no more than two daily drinks for men and one for women) can also help. ●

Harvest the Power of Plants

PILING YOUR PLATE WITH plant-based foods on a regular basis can lower your risk of type 2 diabetes.

Researchers found that consistency is key: Those who most adhered to a diet of predominantly plant-based foods and consumed little or no animal-based foods had a 23 percent lower risk of type 2 diabetes compared with people who ate plant-based diets less faithfully, according to a study in *JAMA Internal Medicine*. The benefits of the diet increase even more when the plant-based foods are healthy ones, such as fruits, vegetables, whole grains, legumes and nuts, rather than less healthy options, such as potatoes, white flour and sugar.

Healthy plant-based foods improve conditions that contribute to type 2 diabetes, including insulin sensitivity, high blood pressure and inflammation. One of the most important protections a plant-based diet offers against type 2 diabetes is weight control—it helps with short-term weight loss and prevents long-term weight gain.

28M

Approximate number of Americans who have type 2 diabetes, meaning they are not able to regulate blood sugar

Source: Centers for Disease Control and Prevention

→ ACT ON IT Incorporate more healthy plant-based foods in your diet. An easy way to start: Eat one meatless meal each week built around beans, whole grains or vegetables, and have fruit—with its natural sweetness—in place of processed desserts. For more information about healthful eating, food planning and prep, visit the Academy of Nutrition and Dietetics website at **eatright.org/food.**

PHOTOS BY GETTY IMAGES

Vets with PTSD Are Especially Vulnerable to Certain Causes of Death

MILITARY VETERANS with post-traumatic stress disorder are more likely to die from suicide and accidental injury than the general population.

A study in the *American Journal of Preventive Medicine* explored causes of death among veterans with PTSD so that help can be tailored to their needs. The study covered veterans who sought treatment for PTSD at Veterans Affairs facilities from 2008 to 2013.

The veterans in the study group died at a rate 5 percent higher than the general population. Those ages 18 to 34 died most often from suicide and accidents, including poisoning. In veterans ages 35 and older, the leading causes of death were heart disease and cancer.

Because the majority of the deaths are from preventable causes, targeted treatments from medical and mental health providers could save lives.

→ ACT ON IT

Veterans in crisis can talk to a responder with the Department of Veterans Affairs:

- **CALL** **800-273-8255** and press 1.
- **VISIT** **veteranscrisisline.net** to chat online.
- **TEXT** 838255.

Each option provides free, confidential support 24 hours a day, seven days a week, to veterans, active-duty service members, National Guard and Reserve members, and their family and friends.

Veterans can also find a PTSD therapist on **ptsd.va.gov** or use the Department of Veterans Affairs website **maketheconnection.net** for links to resources.

Death from Falling on the Rise for Older Adults

FALLS HAVE LONG BEEN A THREAT TO the health of older adults, but their devastating impact seems to be getting worse. Over 16 years, the number of falling deaths tripled for people ages 75 and older—from 8,613 in 2000 to 25,189 in 2016, according to a study in the *Journal of the American Medical Association.*

1 in 4

Number of Americans ages 65 and older who fall each year

Source: Centers for Disease Control and Prevention

The increasing number of falls could be attributed to adults living longer with serious health conditions, including diabetes, which can lead to loss of balance, and to their taking medications such as opioids, which affect the nervous system and cause fatigue and dizziness.

→ **ACT ON IT**

Older adults concerned about falling should:

- **Get a comprehensive fall risk assessment.** These assessments, given by a primary care provider, measure factors including gait, balance and muscle strength.
- **Use Medicare as a resource.** When you enroll in the federal insurance program, you're entitled to a "Welcome to Medicare" visit in your first year and an annual wellness visit in subsequent years. Use these opportunities to evaluate your risk of falls with a medical provider.
- **Work with a doctor to review medications** that could cause falls, including opioids and sleep aids.

HIV Testing Rates Are Low in the U.S.

YOU CAN'T TREAT HIV OR PREVENT its spread unless you know you have it, but more than 60 percent of Americans have never been tested for the virus, according to a report by the Centers for Disease Control and Prevention.

Diagnosis and treatment are key to extending life expectancy among those with HIV. About 40,000 Americans are diagnosed with HIV each year.

Some people with specific risk factors—including sexually active gay and bisexual men, injection drug users and those with multiple sex partners—should be tested once a year, the CDC recommends.

Many who should be tested annually are not. For example, in 50 locations where more than half of the country's HIV infections are diagnosed, less than 35 percent of those who should be tested annually had been tested in the prior year. And in rural areas, only 26 percent of people who are recommended for annual testing were tested in the prior year.

15%

Percentage of Americans who have HIV but don't know it

Source: HIV.gov

→ **ACT ON IT**

Get tested for HIV.

The CDC recommends that everyone ages 13 to 64 be tested at least once. Testing is available at any time through your healthcare provider's office, community health clinics, local health department and Veterans Affairs medical centers. Many pharmacies also offer testing. Check **locator.hiv.gov** to search for testing sites in your area.

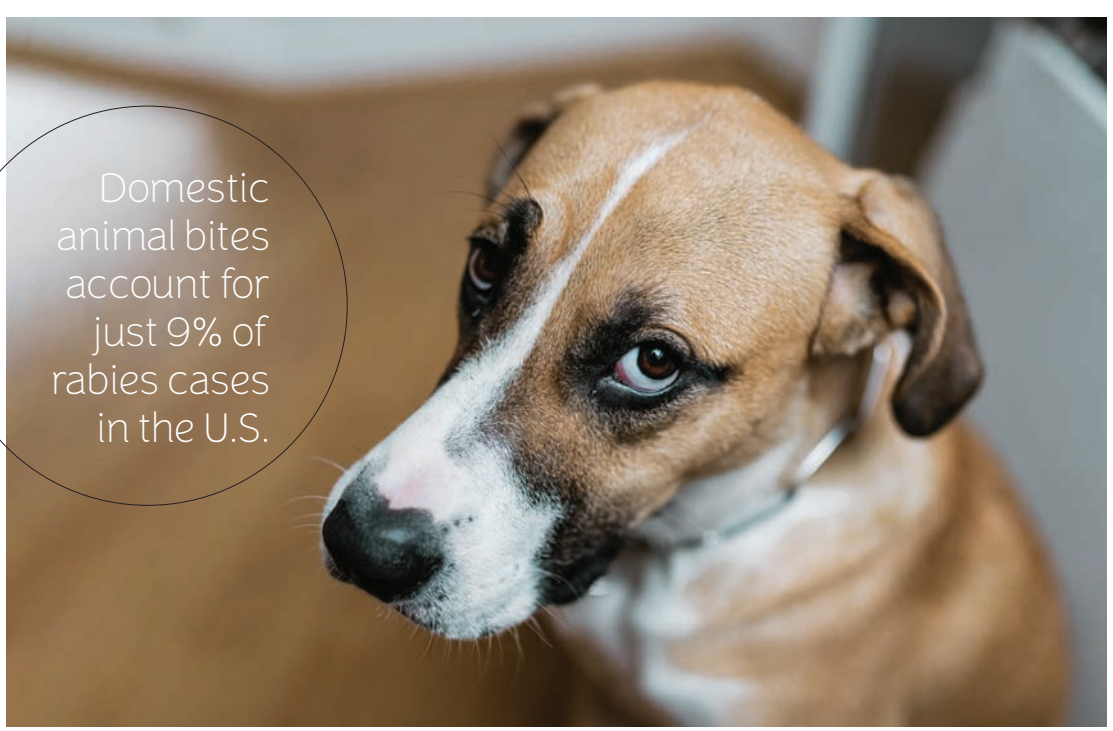
Stop Giving Fido a Suspicious Look—Bats Are the Real Rabies Culprit

THE IMAGE OF A RABID DOG foaming at the mouth is an enduring and terrifying one—think Stephen King's *Cujo*. But it turns out the animals to fear are bats. The winged mammals are the leading cause of rabies deaths among people in the U.S., accounting for about 7 in 10 deaths, according to a report from the Centers for Disease Control and Prevention.

It used to be true that dogs posed the most danger. Before mass pet vaccination programs began in the 1950s, most human cases of rabies were from dog bites. In 1938, domestic animals accounted for 99.5 percent of cases of reported rabid animals, while wild animals accounted for only 0.5 percent. By 2017, the ratio had more or less flipped.

Dogs still pose a danger, but not in the U.S.: Rabid dogs encountered during international travel are the second-leading cause of rabies deaths in Americans.

→ ACT ON IT The CDC advises people to leave all wildlife alone. At home, make sure your pets are vaccinated. If you are bitten or scratched by a wild animal, contact a healthcare provider about post-exposure prophylaxis, a treatment that can include rabies vaccine and medication to fight infection.



Domestic animal bites account for just 9% of rabies cases in the U.S.

PHOTOS BY GETTY IMAGES

THE TRUTH ABOUT

Lung Cancer Screening

A SIMPLE PROCEDURE GREATLY INCREASES THE CHANCES OF SURVIVING LUNG CANCER, BUT THE TEST ISN'T FOR EVERYONE

BY JOSH JARMANNING

Lung cancer kills more men and women worldwide than any other kind of cancer. That's because by the time most people show symptoms, the disease has spread, making treatment next to impossible.

"Most people don't realize how big of a problem lung cancer is," says Andrea McKee, MD, a radiation oncologist and spokeswoman for the American Lung Association. "Because there are not a lot of treatment options, we've been fatalistic about it. People have not wanted to think about it."

Thankfully, annual lung cancer screening in the form of low-dose CT scans (a series of chest X-rays) has rewritten the rules on survivability. When lung cancer is discovered at its earliest stage through screening, more than 90 percent of cases are curable, McKee says, a fact that few people know.

Early screening, clearly, is critical. But there is more to the issue. Here's what to know.

If you're older than 55 and smoke a pack a day, you should probably be screened.

FACT. Low-dose CT scans as a method of reducing lung cancer deaths gained credibility after a National Cancer Institute trial of more than 50,000 current and former smokers showed a 15 to 20 percent lower risk of dying from lung cancer for people who had CT scans versus standard chest X-rays.

As a result, the American Lung Association and other experts recommend annual screening for people ages 55 to 80 who meet certain criteria: They have a 30 pack-year history of smoking (one pack a day for 30 years or two packs a day for 15 years, for example) and are currently smoking or have quit in the past 15 years.

"Age and tobacco use are the top two risk factors for lung cancer," McKee says.

It's expensive to get a lung cancer screening.

FICTION. Medicare and most private insurers will cover the initial scan with no out-of-pocket costs for patients. That's because the results of the clinical trial led the U.S. Preventive Services Task Force (an independent, volunteer panel of national experts in disease prevention) to recommend that everyone in the high-risk group be screened.

What Are the Symptoms of Lung Cancer?

The lungs don't have many nerve endings, which means a tumor could grow without causing pain or discomfort. This makes lung cancer hard to detect in its early stages. According to the American Lung Association, some symptoms of lung cancer include:

- **A cough that doesn't go away and gets worse over time**
- **Hoarseness**
- **Constant chest pain**
- **Shortness of breath or wheezing**
- **Frequent lung infections, such as bronchitis or pneumonia**
- **Coughing up blood**

Other symptoms of lung cancer may not seem related to the lungs or breathing, because some symptoms do not appear until the cancer has spread to other parts of the body. These symptoms include:

- **Weight loss**
- **Loss of appetite**
- **Headaches**
- **Bone pain or fractures**
- **Blood clots**

Should You Get Screened?

The American Lung Association's "Saved by the Scan" website can tell you in seconds if you should be screened for lung cancer. Visit **lung.org/our-initiatives/saved-by-the-scan**.

ILLUSTRATION BY GERALDINE SY

Screening is so effective, everyone should get the scan.

FICTION. "For a screening test to be effective, we want to find the population of patients who do potentially have the cancer," McKee says. For the same reason doctors don't recommend breast cancer screenings for most 30-year-olds—data shows the risks outweigh the benefits at this age—she says it is important not to spend resources or cause undue stress by screening people who are unlikely to have lung cancer. There's a small risk of false positive results, she says, and some radiation exposure (about the same as a mammogram).

There are other ways besides screening to reduce your risk of dying from lung cancer.

FACT. If you smoke, quitting is your most important step. Talk to your doctor about smoking cessation methods that can work for you. Environmental factors such as exposure to radon also increase the risk of lung cancer; you can buy a simple radon test for your home at most home improvement stores. Finally, know that the science is always evolving. McKee says, "We're continuing to search for new ways to detect lung cancer early."

HOW TO

Deal with Negative People

WE ALL HAVE THAT ONE FRIEND—AND TOO MANY ADVERSE ENCOUNTERS WITH SOMEONE CAN HURT YOUR MENTAL HEALTH

BY CARRIE SCHEDLER

What makes someone a "negative person"?

On one hand, it could be someone who's just a chronic complainer. In more extreme cases, it could be someone whose constant pessimism is part of a larger psychological concern—anything from control issues to pathological narcissism.

The one thing these various types of negative people have in common? They're often entirely unaware of how their behavior comes off or influences others.

Luckily, Kesha Burch, PhD, a therapist and member of the American Counseling Association, has several strategies for making sure you don't get swept up in the wave of negativity.

Know when you're hitting your limits.

You can probably tolerate your chronically dissatisfied sister's rants on an occasional basis, but for your own sanity, it's best to know when she's starting to get to you.

"When you recognize you're constantly crabby around them, or if you feel like you're starting to behave in ways that don't feel like yourself, that's when you know," Burch says. Once you start to notice warning signs of becoming overwhelmed, it's OK to take a break—gracefully exit the conversation, hang up the phone or tell her you'll text her back later.

Recognize you can't fix a negative person's problems.

"You don't have to take people's issues on as your personal projects," Burch says. Rather than feel obligated to help solve issues every time your co-worker comes to you with a gripe about your supervisor, you can simply say: "Yeah, that really stinks," and leave it at that—it's a way of showing support without getting emotionally entangled.

How to Set Boundaries Without Guilt

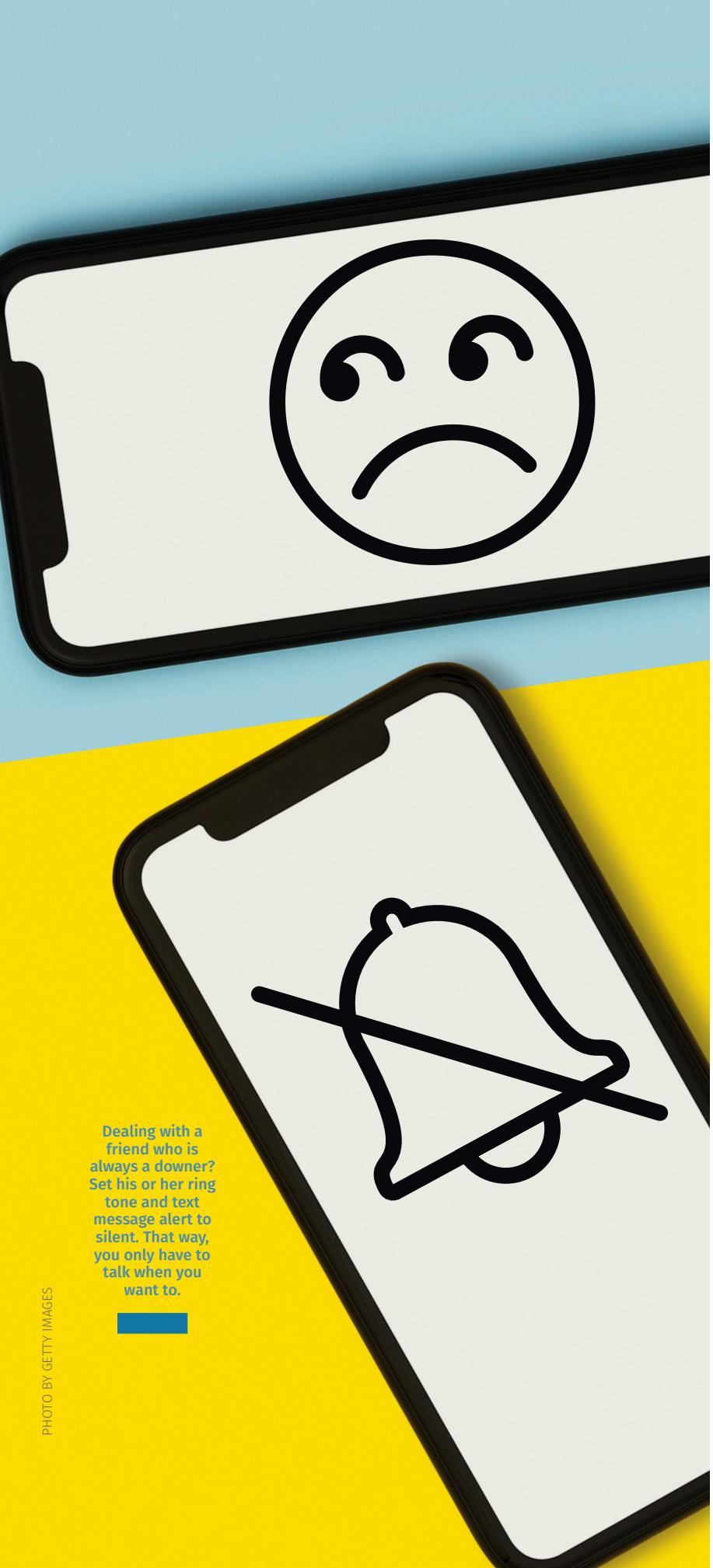
It sounds nice to step away from toxic types, but it can be hard to do. Therapist Kesha Burch, PhD, a member of the American Counseling Association, likes to tell her clients that shame or fear is often a passing feeling rather than a permanent state, and sitting with the discomfort can be restorative. Here's how she likes to help the process along.

TAKE TIME FOR SELF-CARE. A long walk, a soothing bath, a few breaks for deep breaths during the day—whatever you need to do to give yourself a break from draining interactions, do it. "This is the time to be really generous with yourself," she says. And seek out the relationships that do make you feel energized and valued.

ENLIST PROFESSIONAL HELP. Do you have a history of attracting judgmental people who cause you distress? It may be time to seek help from a counselor or other mental health professional. "They can help you strategize how to deal with problems," Burch says, "as well as look at that tendency to get drawn in."

A Quick Stress Reliever

To keep tabs on your stress level, a mindfulness-focused app can be a helpful tool. **MindShift CBT**, developed by Anxiety Canada, offers prompts to take a few deep breaths or guided meditations to keep your emotions in check after trying encounters. Find the app in Apple's App Store and on Google Play.



Dealing with a friend who is always a downer? Set his or her ring tone and text message alert to silent. That way, you only have to talk when you want to.

PHOTO BY GETTY IMAGES

Set digital boundaries.

Do your college friends use Facebook as their personal rage diaries? Mute them.

"Take control—unfriend, unfollow, whatever you have to do to give yourself some space," Burch says. If they're the types who text or call to air grievances, one of Burch's favorite tips is to set their ring tone and text alerts to silent—that way, you can engage on your own terms.

Try to have a little empathy.

Sometimes, negative people just want to be heard, and offering up some empathy while keeping them at arm's length can provide comfort for the complainer without forcing you to take on their burden.

"Simply acknowledging their feelings and saying something along the lines of 'Oh yes, that did happen,' and letting that be enough, can really be the most effective," Burch says. "You're not ignoring them, you're hearing what they're saying, but you're stopping there."

Take a hard line when you have to.

In instances where a person's behavior starts to mess with your head but you can't readily avoid them—say, with an overly dramatic co-worker—it can help to have a more direct conversation about particular triggering issues that might be easily controlled, such as keeping workplace conversations focused on work. Will it be a difficult conversation? Yes—but a necessary one.

"Be specific about problematic behaviors you'd like to see changed," Burch says. "And recognize that for some truly toxic people, they might not be able to change."

Are You a 'Helicopter Child'?

SEE WHETHER YOU'RE HELPING YOUR AGING PARENTS—OR HOVERING

BY LAURIE DAVIES

You've probably heard of helicopter parents, a phenomenon describing parents who hover over their kids and try to protect them at every turn. But have you heard of helicopter children? It's a more recent phrase describing—well, is it describing you?

If you're overprotective of your aging parents to the point you're overstepping your bounds, you could be a helicopter child.

"When you're concerned about your aging parents, your tendency is to want to limit them," says Amy Goyer, a family and caregiving expert for AARP. "We have to respect our parents and give them the ability to make their own decisions."

The next time you mutter something about parenting your parents, Goyer suggests flipping the script. "Our parents will always be our parents," she says. As we care for them during health crises or cognitive decline, it's also important to treat them like adults.

So, are you helping or hovering? This quick quiz can offer clues. (A heads-up: We're going to tell you which answer indicates you might be a helicopter child, but when it comes to a topic as complex as caring for aging parents, there's some nuance.)

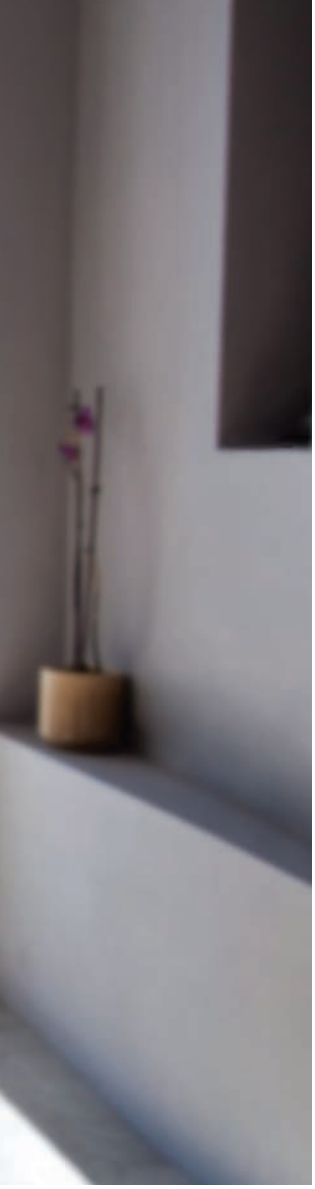


PHOTO BY GETTY IMAGES

33%

Percentage of heart attack survivors who use cardiac rehabilitation after leaving the hospital

Source: Centers for Disease Control and Prevention

1 If my dad's car has multiple dents, it is time to:

- **A.** Take away the car keys
- **B.** Ask him to schedule a physical
- **C.** Observe his driving patterns

If you flinched toward A right off the bat, you might be a helicopter child. While car dents can be serious, they don't necessarily indicate full-blown dementia or a need to take the car keys away. A health exam may reveal mental health decline—or it may lead to a cause you didn't consider, such as glaucoma or dizziness caused by medication. (For pointers on how to observe Dad's driving skills, see "Navigating the Driving Question.")

2 If my mom has started wearing mismatched or unclean clothes, I should:

- **A.** Let it go
- **B.** Observe her for hygiene-related issues
- **C.** Have her evaluated for dementia

If you're going straight to C, slow down. A cognitive evaluation may be needed if signs of dementia, such as memory loss or difficulty completing daily tasks, are present. If Mom is simply mismatching her ensembles, however, who is she really hurting? Gently investigate the reasons. Maybe dirty clothes have piled up because she can't reach the detergent. That's a pretty simple fix. Or, if personal hygiene is the bigger issue, maybe she would welcome home healthcare.

3 I fear my mom is at risk of falling. She has osteoporosis and doesn't balance like she used to, so I think it is time to:

- **A.** Install cameras in her home
- **B.** Install grab bars in her shower
- **C.** Evaluate her medications for side effects

Falls are nothing to trifle with. According to the Centers for Disease Control and Prevention, 95 percent of hip fractures are caused by falls; they're the leading cause of injury-related death for people older than 65. Installing grab bars and looking for side effects from medications can really help. But if you plan to monitor Mom's every movement (that's answer A), it's time to land the chopper. Your desire to know your mom is safe doesn't outweigh her right to privacy.

4 If my dad had a serious heart attack or stroke, it's time to:

- **A.** Encourage him through cardiac rehabilitation
- **B.** Move him to an assisted living facility
- **C.** Offer to help prepare heart-healthy meals

A big health diagnosis can be life-altering and scary. But making wholesale decisions about Dad's life without seeking his input may cause a rift (that would be B). Encouragement is good and so is meal help if wanted—but hold off on making decisions about Dad's address. Unless he has dementia, he can decide where he's going to live.

Navigating the Driving Question

If you think it might be time for Mom or Dad to hang up the car keys, a series of AARP videos titled "We Need to Talk" may help. Visit **aarp.org/auto/driver-safety/we-need-to-talk**.

5 My parents actually do need me to step in when:

- **A.** They forget to turn off the stove
- **B.** They let unopened mail stack up
- **C.** They forget to take medications

Trick question alert: Stepping in on any of these doesn't make you a helicopter child. But you may be able to help them in a way that limits your need to constantly intervene. A stove with an auto shut-off may solve the first problem. Simply asking if your parents want help with their mail might reveal that they do. A daily pillbox could keep them on track with medications.

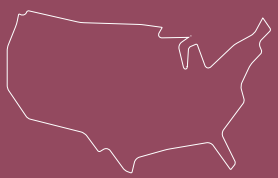
In the End

A little bit of problem-solving can alleviate your fears while preserving your parents' dignity. Remember, just because your parents need help with something doesn't mean they need help with everything.

The Stats on Organ Donation

ORGAN DONORS ARE ALWAYS IN NEED AND LIVES ARE WAITING TO BE SAVED

BY ALLISON THOMAS



114,000

people of all ages are waiting for lifesaving organ transplants in the U.S.

1 person can donate up to 8 lifesaving organs

Heart

Lung (2)

Liver

Kidney (2)

Pancreas

Intestines

When just one person donates his or her organs:

8
lives could be saved

2
people could have their sight restored via cornea donation

75
people could heal via donated tissue

ILLUSTRATION BY GETTY IMAGES

Every 10 minutes a new person is added to the national transplant waiting list

8,000

people die **every year** because organs are not donated in time

22

people die **each day** because the organ they need is not donated in time

Make the Decision to Donate

Registering to become an organ, eye and tissue donor takes less than a minute, and your donation could help multiple people in need. Register today at **donatelife.net/register**.

36,528
organ transplants were performed in 2018

95%
of Americans support organ donation, but just

58%
are registered as donors

Organ Donation Takes All Types

Registering to become an organ, eye and tissue donor is a lifesaving gift, and it takes individuals from every community stepping up to meet the infinite need. While people of different races can be a match for one another, the essential qualities for donor/recipient matching, like compatible blood types and tissue markers, are more likely to be found among people of the same ethnicity.

That is why it's important that people of all ethnicities register to donate.

"Nearly 60 percent of the patients on the national transplant waiting list are from multicultural communities," says David Fleming, president and CEO of Donate Life America. "The chance of longer-term survival may be greater if the donor and recipient are closely matched in terms of their shared genetic background."

58%
of people on the national organ transplant waiting list are of African American/black, Asian/Pacific Islander, Hispanic/Latino, American Indian/Alaska Native and multiracial descent

82%
of people awaiting donation need a kidney

33%
of them are African American

Sources: Donate Life America, U.S. Department of Health and Human Services, Gift of Life Donor Program

THREE WAYS WITH

Scallions

THESE ONION RELATIVES ARE BURSTING WITH NUTRITION AND FLAVOR

BY LEXI DWYER

Scallions are often either chopped finely and tossed into salads or used as garnishes to brighten up a finished dish. But it's also worth cooking these mild-tasting bulbs as you would other vegetables and making them their own dish. For one thing, they're packed with nutrients.

"Just a single scallion stalk has about half the daily requirement of vitamin K, which helps with blood clotting and also plays a role in bone health," says registered dietitian nutritionist Isabel Maples, a spokeswoman for the Academy of Nutrition and Dietetics.

Scallions also contain lots of vitamin C—1 cup of chopped raw scallions has about a third of the recommended daily amount—which Maples says is good for immunity, wound healing and disease prevention.

Finally, they're a way to pep up food without needing the saltshaker or lots of butter. "Scallions are high in fiber but low in calories," Maples says, "so they're great for someone who is trying to cut back on fat and sodium but still wants lots of flavor."

Here are three ways scallions can shine in your weekly menus.

1 ROAST THEM

Heat oven to 450 degrees. Arrange 2 bunches of scallions on a baking sheet and drizzle with olive oil, tossing to coat. Season with salt and pepper. Roast the scallions for 15 minutes, turning once about halfway through cooking, until tops are wilted and bulbs are slightly tender but not mushy.

2 MAKE A FRITTATA

Follow earlier directions for roasting, then cool and chop scallions. Decrease oven temperature to 350 degrees. Whisk 8 eggs together in a bowl until well-blended and season with salt and pepper. Heat 2 tablespoons of olive oil in an ovenproof skillet over medium-high heat. Add scallions, eggs and cheese (if desired) and cook for 5 to 7 minutes, until edges start to pull away. Transfer skillet to the oven and cook for about 15 minutes, until top is set.

3 PICKLE THEM

Trim scallions (about 1 to 2 bunches) so they fit into a pint-size canning jar. Over medium heat, bring 1 cup of vinegar, ⅔ cup water, ½ cup sugar and 2 teaspoons salt to a simmer in a saucepan. Stir until sugar and salt are completely dissolved. Allow brine to cool and pour over scallions. Add seasonings such as peppercorns, mustard seeds, allspice berries and cumin seeds. Refrigerate for at least one day. Pickled scallions can be used as garnishes, sandwich toppings or ingredients for a grain bowl. ●

PHOTO BY GETTY IMAGES

Recipes for Life

The free Yummly app, available in Apple's App Store and on Google Play, offers 2 million recipes, a shopping list feature, video tutorials and personalized recommendations based on your preferences and cooking skill level. Visit **yummly.com**.

The Scoop on Scallions

Don't call them green onions. Although many people use the names "scallion" and "green onion" interchangeably, the two are slightly different. Green (or spring) onions are regular onions that have been harvested early and have a small-but-bulbous end. Scallions are a different plant variety and their white end doesn't bulge outward. Both are tender and mild-tasting.

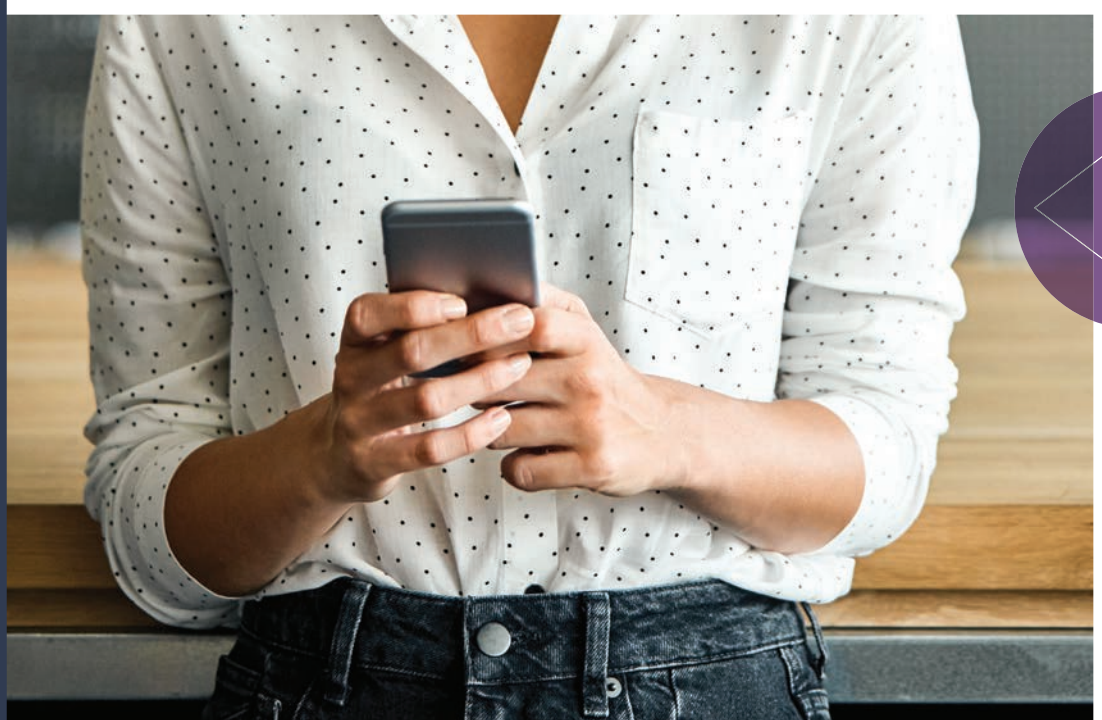
Be choosy. Scallions should have crisp stalks with a bright green color and firm white ends with no signs of browning.

Give them some TLC. Less hearty than their onion cousins, scallions only last in the refrigerator for about three days. To preserve moisture, store them in the crisper wrapped in a slightly damp paper towel.

Freeze them for later. If you bought more scallions than you know what to do with, chop them into small pieces and put in a freezer-safe plastic bag. They can last frozen for up to a year.

In Case You Missed It ...

FASCINATING FACTS AND FIGURES FROM THIS ISSUE OF *VIGOR*



Dealing with a friend who is always a downer?

Set his or her ring tone and text message alert to silent. That way, you only have to talk when you want to. Page 40

A woman's gut might be more susceptible to injury from infections and illness than a man's, increasing her risk for problems like irritable bowel syndrome. Page 24

A helicopter child is one who hovers over aging parents, preventing Mom and Dad from staying independent. **Are you one?** Page 42

Domestic animals are not your greatest rabies concern.

They account for less than 1 in 10 cases in the U.S. Wildlife—mainly bats—pose a much greater danger. Page 37

Heart disease is an old man's problem?

Hardly. Heart attacks are decreasing in people older than 65 and increasing in people younger than 40, especially women. Page 10

Nearly all Americans support organ donation, but only about half are registered. Page 44

PHOTOS BY GETTY IMAGES

ALL HEART

MGH has the cardiovascular care you need—close to home, family and friends

BY MELO-DEE COLLINS

Did you know Marion General Hospital offers expert invasive cardiovascular care close to home? The same level of care and expertise offered in bigger cities, at larger hospitals, is available in Marion. You can be close to your family and friends and avoid the problems associated with traveling out of town.

MGH has partnered with the experienced cardiologists and interventional cardiologists from St. Vincent Medical Group, as well as registered nurses and registered radiology technicians, to perform a number of procedures in state-of-the-art, totally digital cardiac catheterization/electrophysiology labs.

Melo-Dee Collins, MSN, NP-BC, administrative director of cardiovascular services

MAIN PHOTO BY GETTY IMAGES

1

Electrical Cardioversion

What it is: Pads are applied to the chest to send a low-voltage electric current through the body and set the heart's rhythm back to normal.
What it does: The electric current restores an irregular or fast heartbeat back to normal. Medication is used to control pain and cause relaxation before the procedure.
Procedure time: 5–10 minutes.
Required stay: 1–2 hours.

2

Cardiac Catheterization

What it is: A flexible catheter is inserted into the heart arteries. MGH staff have performed more than 6,000 of these procedures.
What it does: Dye is injected through a catheter inserted from the arm or leg into the arteries under X-ray to show narrowing or blockage.
Procedure time: Less than 1 hour.
Required stay: 1–4 hours of bed rest.

James P. MacKrell, MD, is part of the cardiovascular team providing the highest level of care.

M. Nabi Sharif, MD, right, and staff in the cath lab work as a team, making sure the best care is provided to patients.

3

Percutaneous Coronary Angioplasty and Stent Placement

What they are: If a cardiac catheterization shows a narrowing or blockage, this procedure can open the artery. Depending on the location and size of the blockage, one or both procedures may be done. These procedures often are performed immediately after the cardiac catheterization.
What they do: Both procedures use catheters similar to a cardiac cath. Angioplasty uses a balloon-tipped catheter to inflate and widen the artery. A stent (a mesh tube that is collapsed over the balloon-tipped catheter) is used to hold open an artery that has been widened by angioplasty and requires further support. When the balloon is inflated, the stent expands against the wall of the artery and forms a scaffold. The stent stays in the artery permanently when the balloon is deflated and removed.
Procedure time: Varies.
Required stay: Overnight.

4

Implantable Cardioverter Defibrillator (ICD) Insertion

What it is: An ICD is like a pacemaker with extra features.
What it does: When the heart's rhythm becomes too fast or too slow, the device sends out pacing impulses or bursts of energy in the form of an electrical "shock" to restore the heart to a normal rhythm.
Procedure time: 1–2 hours.
Required stay: Overnight.

Let Us Take Care of Your Heart

For more information about cardiovascular services at MGH, call the cardiac catheterization/electrophysiology lab at **765-660-6030**.

MAIN PHOTO BY GETTY IMAGES

5

Biventricular Pacemaker or ICD Insertion

What it is: This treatment option may decrease heart failure symptoms when the heart is weakened and doesn't pump as well as it should. A small pacemaker or ICD is inserted with leads placed in the lower chambers, or ventricles, of the heart.

What it does: Leads assist in synchronizing the squeeze of the heart, helping a weakened heart to maintain a healthy heartbeat and assisting the heart in pumping more effectively.

Procedure time: 2–4 hours.

Required stay: Overnight.

6

Pacemaker Insertion

What it is: A small electronic device is permanently placed just under the skin, usually on the left or right side of the upper chest. Leads from the device are advanced through a vein and into the heart.

What it does: It monitors heart rhythm. When the device detects a slow heart rate, it sends electrical signals to speed the heartbeat.

Procedure time: 1–2 hours.

Required stay: Overnight.

MGH's Cardiovascular Experts

- M. Nabi Sharif, MD, FACC, FRCP
- James P. MacKrell, MD, FACC
- Ihab Ajaaj, MD
- Melo-Dee Collins, MSN, NP-BC

MGH offers quality, expert invasive cardiovascular procedures to people in our Healthcare Community.

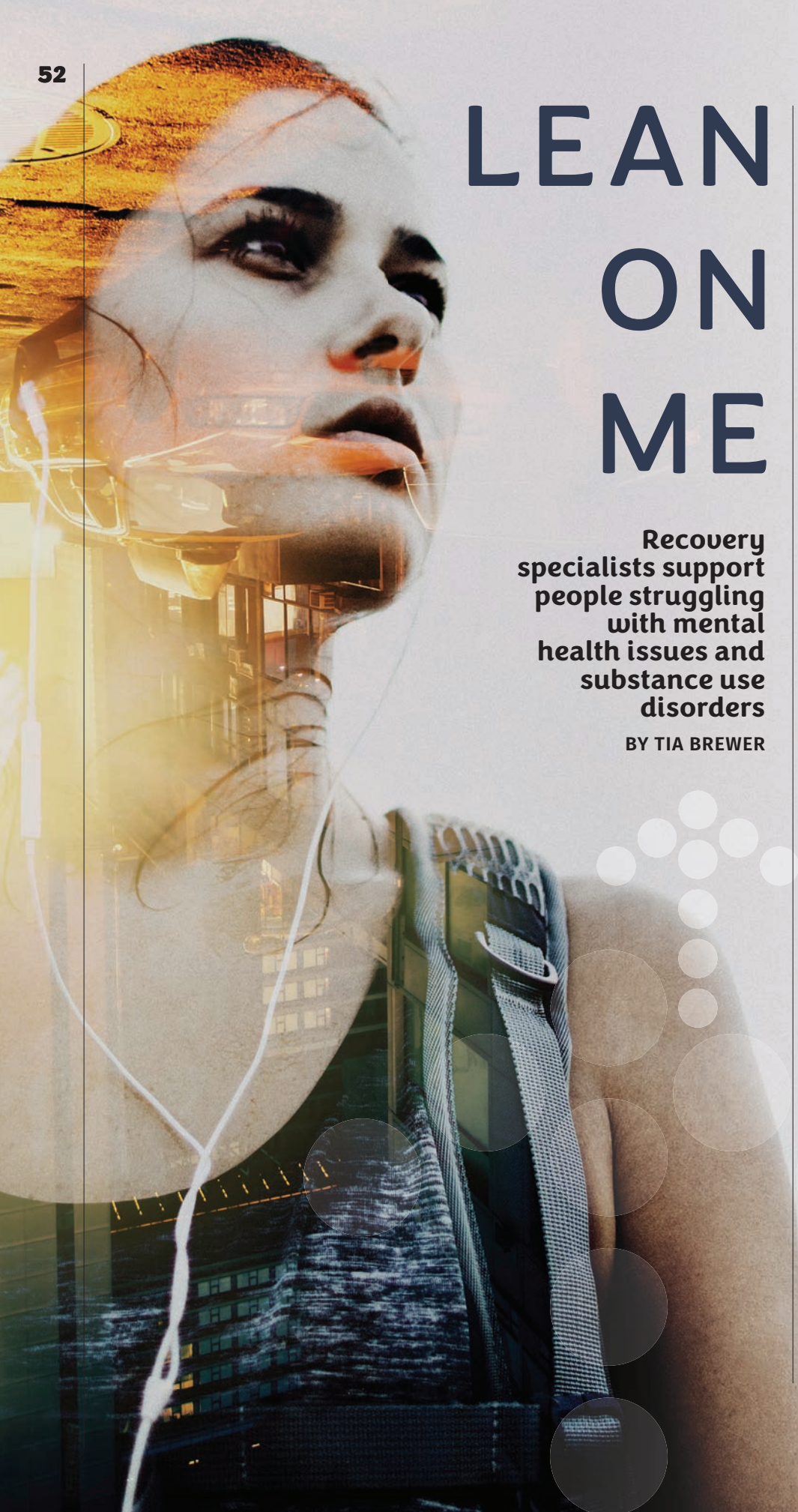
MGH's Partnering Interventional Cardiologists

(from St. Vincent Medical Group)

- Felix Alva-Valdes, MD
- Michael W. Ball, MD
- Navneet Lather, MD
- Kirk L. Parr, MD
- Thomas F. Peters, MD
- J. Mario Pyles, MD
- Bruce F. Schilt, MD

→ MORE ON HEART CARE IN THIS ISSUE

Men at average risk of heart disease should begin screening at 35, and women at average risk should start at 45. Page 10



LEAN ON ME

Recovery specialists support people struggling with mental health issues and substance use disorders

BY TIA BREWER

Certified recovery specialists, commonly known as peer support specialists, are people with a history of life-altering or lived experiences. These specialists support people who are struggling with mental health, psychological trauma or substance use (drug abuse and misuse).

Peer supports work to build connections among patients, treatment providers and community members that are supportive and conducive to recovery and growth. They offer motivation, encouragement and referral assistance to help create and implement social and pro-recovery activities, providing a safe environment where people can begin to connect with others. Peer supports have a unique opportunity to model health and well-being for people in recovery and, just as important, to the community at large to break down stigmas surrounding mental health issues and substance use disorders.

Taking Action

The Community Opioid Response Endeavor (CORE) program was developed to reduce mortality and morbidity of people who are using drugs and to deliver quality, patient-centered, affordable services to community members with substance abuse, overdose and mental health issues. People may be identified from the emergency and critical care departments and family birthing center as well as community locations to provide support for treatment and recovery.

CORE members include Marion General Hospital, Grant Blackford Mental Health, Bridges to Health, Grant County Sheriff's Office, Family Service Society Inc., Indiana Wesleyan University School of Nursing, Grant County Family Recovery Court, Grant County Systems of Care (more than 20 agencies) and Taylor University.

Peer support specialists provide a critical role in rural communities, where there are

PHOTO ILLUSTRATIONS BY GETTY IMAGES

often few treatment resources and few healthcare providers. Joining me on the CORE peer support team are Brian Blevins and John Humphries. More staff members will be added over time.

Offering Hope

From Blackford County, Brian Blevins has been active in the recovery communities of Blackford, Grant and Delaware counties since early in his four years in recovery. He founded the Hope House in Hartford City, Indiana, a faith-based recovery group centered on shared meals, shared worship and personal testimonies. Hope House has served more than 17,000 meals over the past 3½ years. Blevins and the Hope House team promote the philosophy that building healthy relationships through fellowship in Jesus Christ provides an invaluable support system with opportunities to learn and grow. As co-founder of Hope House Marion, a nonprofit organization providing transitional housing for men and women in recovery, Blevins is also a chaplain and facilitator in the Grant County Jail. Blevins hopes his involvement with the CORE team will bring hope to those who are struggling and help end the stigma surrounding drug use in our communities.

Connecting with Compassion

In recovery for seven years, John Humphries is a certified recovery specialist and founder of Basar Ministries and Lifted Addiction. Basar Ministries is geared to developing new leaders from within the recovery community, working on character development, building public speaking skills and providing a platform for people to share their stories through social media and in churches, organizations and recovery groups. Humphries is on the leadership team for Celebrate Recovery at Bethel Worship Center in Marion, a faith-based support group open to people who have struggles in life, including substance use, eating disorders and mental health issues. Lifted Addiction is Humphries' personal public speaking platform where he brings hope and encouragement to families, first responders, church communities and others who are directly or indirectly affected by substance use. Humphries hopes his work on the CORE team allows him to connect with people "right where they are" without judgment and with compassion and understanding.

Sharing Strength

In my first adult role, I was a practicing attorney in Grant County, and I've now served as a certified recovery specialist in recovery for 2½ years. Working closely with the Grant County Family Recovery Court, I am a member of the board of directors for Hope House Marion, and I am slated to be executive director of the women's transitional house scheduled to open in April in Grant County. I have had the opportunity to share my recovery story at churches, recovery groups, and inpatient and outpatient treatment centers. I hope that through the CORE program, I will offer my experience, strength and hope to others who are struggling, to help them connect to services they need. ●

From top: Through tireless community involvement, Tia Brewer, Brian Blevins and John Humphries raise awareness for mental health and substance use support services.

→ MAKING PROGRESS AT MGH

'Tears of Joy and Gratitude'

The Community Opioid Response Endeavor (CORE) program has been effective in providing support and aiding recovery for people struggling with mental health issues and substance use disorders. Here is one story from a CORE program member at Marion General Hospital:

"I had the opportunity to meet a young lady expecting a child in the family birthing unit who has struggled with opioid addiction for years. She wanted help. We cried together, we laughed, we found so many things about our stories that we had in common. She felt alone, abandoned and lost. She didn't know that help was available for pregnant moms. She didn't have transportation. She didn't have hope. We were able to find a program for her that allowed her to start her recovery in a safe, healthy environment for her and her unborn baby. I was able to take her there. When we arrived, she had tears of joy and gratitude. She found hope!"

POSITIVELY Amazing

MGH earns Magnet recognition and other honors for excellence in healthcare

Each day, Marion General Hospital continues the constant, never-ending pursuit of excellence, quality and safety in order to best serve our Healthcare Community.

It takes courage, commitment and fortitude from many people within the organization, as they believe it's worth it, because it translates into providing the best and safest care possible.

As MGH continues to pursue excellence, it has earned one of the highest levels of recognition a hospital can achieve, the designation for excellence in nursing services from the American Nurses Credentialing Center's Magnet Recognition Program.

The Magnet Recognition Program recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice, and it gives potential patients an immediate reference point for which hospitals provide the highest level of quality nursing.

MGH's pursuit of the highest level of quality and safety is also affirmed by accreditation from the Healthcare Facilities Accreditation Program (HFAP), an organization recognized by the Centers for Medicare & Medicaid Services.

MGH earned the HFAP Seal of Excellence after the independent organization conducted an extensive and objective review of the hospital's overall quality and safety standards.

MGH clearly demonstrates a commitment to quality patient care.

The decision is based on federal standards and recognized national standards for patient safety, quality improvement and environmental safety. MGH has met or exceeded standards in every case.

MGH has been named one of the Top 20 Rural Community Hospitals in the country by the National Rural Health Association. The determining factors for the top 20 rural community hospitals were based on inpatient market share, outpatient market share, quality, outcomes, patient perspectives, costs, charges and financial stability.

The efforts and dedication of physicians and members of the MGH staff have placed MGH in a position to receive these prestigious designations. ●

What It Means to Be a Magnet Hospital

MGH's designation as a Magnet hospital recognizes its excellence in nursing and demonstrates its commitment to high-quality healthcare. Research shows there are clear benefits to hospitals that are awarded Magnet status and to the communities they serve:

Healthcare consumers have more confidence in the overall quality of a hospital if it has achieved the level of excellence established by the Magnet Recognition Program.

Magnet-designated facilities consistently outperform other facilities in recruiting and retaining nurses, resulting in increased stability in patient care, patient safety and patient satisfaction.

Because quality nursing is an important factor in enlisting high-caliber physicians and specialists, Magnet status becomes an attractive force that extends to the entire facility.

"Magnet recognition is a tremendous honor and reflects our commitment to delivering the highest quality of care to this community."

—Stephanie Hilton-Siebert, MGH president/CEO

ILLUSTRATION BY GETTY IMAGES

Events & Activities

CONTINUOUS EDUCATION PROGRAMS AND SUPPORT GROUPS

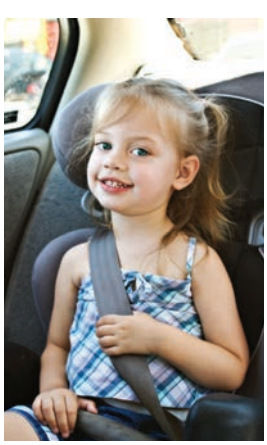
CLASSES

DIABETES
Classes are offered monthly. Physician referral is required. For more information, call diabetes education at 765-660-6690.

FREEDOM FROM SMOKING
Call Paige Linger at 765-660-6557 or email paige.linger@mgh.net.

PRENATAL EDUCATION
Classes provided in conjunction with Family Service Society Inc. Class times vary. For more details, call 765-660-7893 or visit www.mgh.net.

SAFE SLEEP CLASSES
Expectant parents and parents or caregivers of children younger than age 1 are invited to learn how to provide a safe sleep environment. Call 765-660-7893.
Dates: Meets the third Thursday of each month
Time: 4:30–5:30 p.m.
Location: South Marion Medical Building, conference room, 1410 W. Bella Drive



COMMUNITY SERVICE

CAR SEAT SAFETY
Free service for parents and caregivers for inspection, fitting and instructions on proper installation of a child car seat. (Both child and car seat must be at inspection.) Call 765-660-6860 for an appointment.
Date/Time: By appointment only
Location: MGH Parking Garage, 441 N. Wabash Ave.

Come Learn with Us
To register or learn more about our programs, please call the numbers listed or visit **www.mgh.net** (click "Events").

SUPPORT GROUPS

(All support groups are free)

BARIATRIC SUPPORT GROUP
Support group for people who have had bariatric surgery, or are interested in bariatric surgery, as well as those who are participating, or wish to participate, in medically supervised weight loss. Call 765-660-7133 for more information.
Dates: Meets the third Thursday of each month (does not meet in December)
Time: 6:30–8 p.m.
Location: MGH 330 Building, Conference Rooms 1–2, 330 N. Wabash Ave.

NEW MOM GROUP
A safe place to find support from other new and expectant mothers. Infant weight checks, feeding and nutrition, safety issues and postpartum depression are a few topics covered. Refreshments available. Call 765-660-6866.
Dates: Meets every Tuesday
Time: 4:30–6 p.m.
Location: South Marion Medical Building, conference room, 1410 W. Bella Drive

CANCER SUPPORT GROUP
For patients and families affected by cancer. Call 765-660-7800.
Dates: Meets the third Tuesday of each month
Time: 5–6 p.m.
Location: MGH Cancer Center, 831 N. Theatre Drive

TRAUMATIC BRAIN INJURY SUPPORT GROUP
Caregivers and survivors of all types of head injuries welcome. Discuss daily challenges of injured patients and their caregivers as they relate to independent living and returning to the workplace. The main focus is on providing social support. Call Ann Miller at 765-660-6360 for more information.
Dates: Meets the second Tuesday of each month
Time: 6:30–8 p.m.
Location: MGH Fifth Floor, Conference Room B, 441 N. Wabash Ave. ●

PHOTOS BY GETTY IMAGES

MGH NOW OFFERS

MGH EXPRESS URGENT CARE

1130 N Baldwin Ave
Marion, Indiana
765-660-7480

7 Days a Week
8 AM - 8 PM

Marion General Hospital
441 N. Wabash Avenue
Marion, IN 46952

Congratulations

MGH

TOP 20
RURAL COMMUNITY HOSPITAL

Top Performers EXCEL In:

Quality • Outcomes • Patient Perspectives • Costs • Charge
Financial Stability • Inpatient Market Share • Outpatient Market Share