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to her family after her
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SPOTLIGHT: St. Mary Medical Center
Clinic is designed to help manage heart failure and COPD patients' symptoms.

CARING FOR YOU AT EVERY STAGE OF LIFE

Community Healthcare System offers innovative treatments for physical and mental conditions



We turn our attention toward healthy moms and babies in this issue with Joanna Gaines, of “Fixer Upper,” featured on the cover.

The Family Birthing Centers at the hospitals of Community Healthcare System provide compassionate and individualized care for women, infants and their families throughout Northwest Indiana.

As part of the Community Healthcare System, Community Hospital, St. Catherine Hospital and St. Mary Medical Center share resources and expertise to guide expectant mothers and families facing high-risk or complicated pregnancies safely through challenges. On page 6, three moms tell about their unique delivery experiences at our hospitals.

Whether you are a young woman, an expectant mother or a mature adult facing medical challenges, we are here to serve your health needs for life.

Patient L.E. bravely talks about the fierce struggle with bipolar depression that almost ended her life. She has found her way back from the depths with the help of advanced treatment that she received through Behavioral Health Services at **St. Catherine Hospital** (page 50).

St. Mary Medical Center is working to reduce hospital readmissions for patients with chronic conditions, including congestive heart failure (CHF) or chronic obstructive pulmonary disease (COPD). The CHF/COPD Clinic assists cardiologists and pulmonologists in proactively managing chronic conditions so that patients like Virgil Jackson can remain at home and enjoy a better quality of life (page 52).

For patients with tremors resulting from Parkinson’s disease and essential tremor, like Russ Nelson, a procedure called deep brain stimulation, now offered at **Community Hospital**, is providing relief and putting them back in control of daily activities (page 54).

We are here with quality and innovative treatments when you need us. We will continue to be focused on how we can work with you and your family to keep you healthy and out of the hospital.

Donald P. Fesko
President and Chief Executive Officer
Community Foundation of Northwest Indiana, Inc.



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WALKING FOR A CAUSE

Heart Walk benefits programs of the American Heart Association



Community Healthcare System teams participated in the American Heart Association Heart Walk last September in both Lake and Porter counties. The Heart Walk raises much-needed funding for the association's research, educational and awareness programs in the fight against cardiovascular disease and stroke, the nation's No. 1 and No. 2 leading causes of death.

Teams from across the system, including Community Hospital and St. Catherine Hospital's cardiac rehab and St. Mary Medical Center's cardiopulmonary care departments, turned out to show their support. ■



Members of St. Mary Medical Center's cardiopulmonary care department turned out to show their support at the Porter County Heart Walk this past September.



Teams from Community Hospital and St. Catherine Hospital's cardiac rehab departments walked for the American Heart Association in Lake County.



WEBSITE



Sign Up Today

To learn more about the American Heart Association's annual Heart Walk, visit **heartwalk.org**.

Healing HEARTS

For cardiac patients, rehabilitation offers education, camaraderie and a safe environment for healing **BY CHRIS SHEID**



For heart patients, recuperation and recovery are not finished when they come home from the hospital. At that point, the real work of healing has only just begun. A good support system can make all the difference in recovery.

The hospitals of Community Healthcare System—Community Hospital in Munster; St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart—each offer inpatient and outpatient cardiac rehabilitation services for cardiology patients managing heart disease or recuperating from heart attacks, cardiac arrests, open-heart surgery and even heart transplants. St. Mary Medical Center and Spectrum of St. Mary Medical Center in Hobart offer a combined outpatient cardiac and pulmonary rehabilitation program. The hospitals' rehabilitation programs bring exercise and education together with counseling and constant monitoring to help individuals improve and maintain a healthier, more productive quality of life.

St. Mary Medical Center

Hobart resident Deb Shurr, 66, suffered a heart attack during her brother's funeral last spring. She entered Phase 2 cardiac rehabilitation at St. Mary Medical Center's cardiopulmonary rehabilitation.

"I went three days a week," Shurr says. "We all would warm up together and then we would exercise on the machines together. The staff was very supportive. When I started out I could only walk 15 minutes a day. In a month, I was able to walk for 30 minutes."

"They have it down to a science. They got me through it," she says. "I dropped 25 pounds. I am better now than I was before I had the heart attack."

"Cardiac rehab provides many benefits to patients beyond risk factor modification," says Lori Turco, supervisor, cardiopulmonary rehabilitation, St. Mary Medical Center. "Other benefits include improved functional capacity and quality of life. Patients receive support from other participants, which provides another layer of psychosocial support for making lifestyle changes."



Cardiopulmonary rehab patient Deb Shurr discusses her progress in the Phase 2 program at Spectrum of St. Mary Medical Center with the program director, Felix Gozo, MD.

Community Hospital

Hammond resident Thomas Michna, 63, is very familiar with the cardiac rehabilitation program at Community Hospital; he's gone through it three times, beginning in 1997. His most recent stint in the program took place following a heart transplant in 2017.

"I was very comfortable with the fact that I was monitored," Michna says. "If you develop an arrhythmia (irregular heartbeat), they can tell. If your heart beats erratically or too fast, they can have you slow down. They take your blood pressure multiple times. You learn your limits of what you can do and you feel that you are safe to exercise."

Michna says the rehab staff is not shy about pushing you harder or slowing you down as needed.

"Cardiac rehab is about helping the patients begin a healthier lifestyle and making a commitment to maintain those changes for the future," says MaryAnn Kolodziej, supervisor of cardiac rehab Phase 2, Community Hospital. "Exercise and education are the keys to success!"

Kolodziej says Michna has chosen to "pay it forward" and share what he has learned through cardiac rehab by becoming a Mended Hearts volunteer and visiting patients who are going through heart procedures and similar situations.

St. Catherine Hospital

Portage resident Mike Matthew suffered cardiac arrest in December 2016. He now has an implanted defibrillator to guard against future cardiac arrests. After his discharge, Matthew opted to enter cardiac rehab at St. Catherine Hospital in East Chicago, as it was close to his workplace at Inland Steel.

"When I first came in, I felt a shortness of breath and tiredness," he says. "As I was coming in three days a week, I felt that tired feeling starting to leave. By the end of the two months, I felt considerably better in regards to my overall physical and mental well-being."

Matthew retired June 1 of last year, but he continues to participate in Phase 3 at St. Catherine Hospital, where he says his fellow patients have become a kind of family. His wife, Cathy, now joins him for his workouts.

Fran Clark, cardiac rehab supervisor at St. Catherine Hospital, says the supportive environment created by the staff and the camaraderie among the patients plays a large role in the program's success.

"We try to increase their functional capacity and strength," she says. "But it's also about the support, motivation and gentle encouragement that we give them to do a little bit more."

"This is like their own little family," she says. ■



Hammond resident Thomas Michna works out with the cardiac rehabilitation Phase 2 program at Community Hospital as exercise physiologist Mike Strabavy monitors his vitals and progress.

WEBSITE



Do Your Heart Good

Cardiac rehabilitation uses education and supervised exercise to help heart patients. To find out how cardiac rehabilitation specialists can custom design a plan to meet your needs, visit comhs.org/services/heart-care/cardiac-rehab.

Portage resident Mike Matthew liked the proximity of the cardiac rehab Phase 3 program at St. Catherine Hospital because it was close and convenient to his workplace. Now that he has retired, he continues to go to the same location because of the family-style atmosphere.



Great Expectations

Family Birthing Centers deliver extraordinary care for pregnant moms and infants BY **ELISE SIMS**



Three new moms with three different stories of pregnancy, labor and delivery all wanted the same outcome: to have a healthy baby. Byanca Tiggs Jackson, Tracy Sharp and Lisa Bailey chose to deliver their babies at the hospitals of Community Healthcare System. They found that Community Healthcare System hospitals are committed to doing everything possible to ensure the health of new moms and their babies, from conception through postpartum care.

Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart have been nationally recognized for patient safety by the Women's Choice Awards. The awards recognize excellence in patient safety based on criteria that considers patient satisfaction and clinical excellence and is unique and specific to women.

Whether you are an expectant mother interested in a natural delivery or are a woman with a high-risk pregnancy, our team of experts provides leading-edge care and can accommodate your one-of-a-kind birth experience.

BACKGROUND BY GETTY IMAGES

Community Hospital

Byanca Tiggs Jackson, 34, of Chicago, was willing to drive to Munster to get personalized care and attention that she feels she did not get some 10 years ago when she was pregnant with her first child.

“Because of the number of patients in Chicago, you do not have a chance to build a personal relationship with your doctor,” she says. “I didn’t want to go through the same experience again with my second child. I lived in Dyer for a few years and liked the care I received from Anthony Gentile, MD. I went back to see him. It really worked out in so many different ways that I can’t even believe it! My daughter, Marley, was born in August 2018 at Community Hospital. She was 7 pounds, 9 ounces at birth. We went through a lot just to get her here.”

At first Jackson says she had normal pregnancy symptoms like vomiting and nausea, but then she experienced bleeding. A fibroid on her uterus that was small at the beginning of the pregnancy unexpectedly grew so big that it began tearing the placenta. There was only a window of time that allowed oxygen for the baby growing inside.

CALL



Come See Us

For a free tour of our Family Birthing Centers at Community Hospital, Munster, St. Catherine Hospital, East Chicago, or St. Mary Medical Center, Hobart, call **219-703-2020**.



After complications arose, Byanca Tiggs Jackson of Chicago drove to Munster three times a week during her pregnancy to get personalized care and attention for daughter Marley until she was born safe and healthy at 39 weeks.

“I’m a person of faith,” Jackson says. “At that point, I knew God would take care of everything.”

Jackson was put on complete bed rest. Community Hospital’s maternal-fetal medicine specialists, in partnership with University of Chicago Medicine, continued to monitor the baby’s oxygen levels. Jackson saw them three times a week, from 29 weeks in the pregnancy until delivery at 39 weeks. These maternal-fetal specialists on staff work in tandem with the expectant mother’s primary care physician to provide counseling, screening and fetal diagnostic testing.

“There were so many people who cared for us during this time and came to support us,” Jackson says. “So many nurses on the team and imaging techs were reassuring, took time with me, were informative and attentive,” she says. “I couldn’t ask for more. The whole team was so welcoming and just a pleasure to be around. They treat you with respect and knew me by name and that made all the difference in my care.”

St. Catherine Hospital

Unexpectedly, at age 40, Tracy Sharp, a Schererville resident, found that she was expecting again. Ten years earlier in 2007, she had her first child, a son, at St. Catherine Hospital in East Chicago.

“Because I was over the age of 35, I fell under the category of ‘advanced maternal age,’” Sharp says. “Moms in this category have an increased risk for elevated blood pressure and other chronic age-related conditions, such as an infant with Down syndrome or birth defects. Since I had pre-eclampsia with my first pregnancy, that was definitely a concern my second time around, as the risk increases with subsequent pregnancies.”

Because of the high-risk factors associated with her pregnancy, she opted for genetic counseling available through the High Risk Clinics at the Women’s Diagnostic Centers of Community Healthcare System.

“Counseling with geneticist Janice Zurich, MD, gave me a wealth of information and most importantly, peace of mind,” Sharp says.

At 38 weeks, Sharp delivered a healthy baby girl, 8 pounds, 4 ounces, at St. Catherine Hospital, the hospital that her family had trusted for years.

“I was born here and my mom and dad were born here,” says Sharp, who also happens to serve as nurse manager of the Family Birthing Center at St. Catherine Hospital. “We’re a hidden gem with a very tight-knit family bond. When you come in as a patient, we treat you as though you are part of our family. As a patient and an employee, to me that is priceless and I wouldn’t go anywhere else.”

St. Mary Medical Center

Through the years, Valparaiso resident Lisa Bailey has learned to prepare for the unexpected. As a nurse in the Emergency Department at St. Mary Medical Center, she has seen just about every type of medical emergency. When she was pregnant with her son and three years later, her daughter, both of their deliveries were early and quite a surprise.

“I had my son at 32 weeks,” Bailey says. “He made his appearance eight weeks early. He was in the Level II at St. Mary Medical Center for a month and during that time I got to know all the nurses. His neonatologist, Sudhish Chandra, MD, was absolutely phenomenal.”

With a certified obstetric nursing staff and 24-hour neonatology coverage, the Family Birthing Center’s Level II Nursery is able to handle emergencies that may arise during childbirth and care for babies born up to two months premature.

“He was only 3 pounds, 5 ounces when he was born,” Bailey says. “We had to get to 5 pounds in order to go home. He had tube feedings for the first 3 ½ weeks. The way he’s growing now you would never know he was a premie.”



Nurse Tracy Sharp, left, and her family—son, Christopher, daughter, Chloe, and husband, Mike—say they trust in the care provided by the Family Birthing Center at St. Catherine Hospital and wouldn’t go anywhere else.



Lisa Bailey and baby Brinleigh visit with certified nurse midwife Colleen Sahy and perinatal coordinator Racquel Krause in the Level II Nursery of St. Mary Medical Center’s Family Birthing Center.

Bailey’s daughter was delivered in a similar way.

“I was actually on weekly steroid shots to help prevent me from going into early labor again,” she says. “I guess she wanted to take after her brother and she came five weeks early at 35 weeks. She came out healthy and was a good size, 5 pounds, 8 ounces. The first 12 hours went really well, but then she had

feeding issues and her body temperature was too low. That is why she needed to go into the Level II nursery.

“I have friendships with the nurses to this day because of being in the nursery for a month after my son was born,” she says. “When I ended up back in the Level II nursery after I had my daughter, it was like being back with old friends again.” ■

The Breaking Rules Issue

Times change,
and so do we.

CHANGING NORMS



Human beings and their health are always evolving.
What might change in the next 50 years?

15.5%

Smoking: In 1954, 45 percent of American adults lit up. Today, it's **15.5 percent**. Credit increasing public education about smoking's risks.



↓39%

Breast cancer: Death rates **dropped 39 percent** from 1989 to 2015. The decline is thanks to improvements in treatment and early detection.



0

Vaccines: Because of the polio vaccine, this disease is on the verge of worldwide elimination; **there have been no cases** originating in the United States since 1979. In 1952, nearly 60,000 U.S. children were infected with the virus.



26.6

Pregnancy: In 1970, the average age of a first-time mother was 21.4. **In 2016, it was 26.6**. The teen birth rate is nearly 70 percent lower than it was in 1991.



Read on, and challenge some of the things you might believe about your health. ➔

Sources: American Cancer Society, Centers for Disease Control and Prevention, Gallup, National Public Radio, World Health Organization



JOANNA PHOTO BY
LARSEN AND TALBERT/GETTY

ADDING ON

Design star **Joanna Gaines** became a mother of five at 40 BY SHELLEY FLANNERY



HGTV fans admire Joanna Gaines for her creative vision. She can see potential in a space when no one else can. But it was a new addition to her own family last year that she didn't see coming. Gaines and her husband, Chip, had just decided to call it quits on their wildly successful home renovation show, *Fixer Upper*, when they found out she was expecting.

"It was a total surprise," Gaines told *People* magazine. "But when we found out, it solidified that it was the right decision to leave [the show] when we did."

Gaines was 39 when she discovered she was expecting her fifth child, eight years after the birth of the couple's then-youngest daughter, Emmie Kay. The Magnolia mogul and author of *Homebody* turned 40 during her third trimester.

And when she welcomed a baby boy, Crew, on June 21, she joined a growing club: women who give birth in their 40s.

Babies at 40 and Beyond

Despite moms-to-be older than 35 being labeled as "advanced maternal age," women ages 40 to 44 saw the largest increase in birth rate between 2016 and 2017, up 2 percent, according to the Centers for Disease Control and Prevention, while other age groups saw decreases or stagnation. That modest gain is part of a long-standing trend: The birth rate for women in their early 40s has generally risen since 1982. (That said, women in this age group still gave birth to just 3 percent of the 3.85 million babies born in 2017.)



Joanna Gaines with her newborn, Crew.



There are several reasons for the increase. A study published in the *International Journal of Healthcare* reported the reason most commonly cited by women for delaying childbearing was “being able to financially support a child,” which often correlates with waiting to complete college and establish a career. Women who participated in the study also mentioned waiting to be in a stable relationship, finding the right partner and having a home as other top reasons for waiting to have kids into their 30s and 40s.

Another reason women may be taking more time is because they can, or at least they think they can. While Gaines says she conceived naturally—Chip, in a tweet, attributed the pregnancy to a romantic date night—female fertility decreases significantly around 40 (male fertility reduces with time too, but at a slower rate). Of course, fertility problems are more likely to be kept private, while pregnancies are out in the open.

“I do think, based on what we’re seeing on social media about women having children later in life, there is a bit of a false sense of security thinking you

can delay childbearing indefinitely,” says Shannon Clark, MD, a spokeswoman for the American College of Obstetricians and Gynecologists. “And women may not necessarily recognize that it’s not always easy.”

Fertility After 40

As evidenced by Gaines, women can—and do—get pregnant naturally after age 40, but it’s much more difficult. While a 30-year-old woman has about a 20 percent chance of conceiving each month, the chances drop to 5 percent 10 years later, according to the American

Society for Reproductive Medicine. The decline is attributable to both egg quantity and quality.

“Even though women are born with more eggs in their ovaries than they will ever ovulate, most of these eggs are lost without ever maturing and being released,” says Christos Coutifaris, MD, PhD, president of the American Society for Reproductive Medicine. “The other thing you have to remember is these eggs have been sitting in the ovaries since the woman was a fetus. Over time, the quality of the eggs decreases, resulting in chromosomal abnormalities or genetic defects that raise the risk of failed implantation and miscarriage.”

And conception is only half the battle. After 40, women are more likely to experience pregnancy-related complications.

WE DELIVER...

Preparing for the birth of a child is a unique, life-changing experience. Expectant mothers want the best for their babies. That’s why a great place to start is the Family Birthing Centers of Community Healthcare System. Our expert staff offers unparalleled care to support your birthing experience.

From prenatal care to labor and delivery to recovery, your and your baby’s health and safety are top priority. Our highly

skilled team of obstetrician/gynecologists and specialized nurses ensures the highest level of care for your birthing experience. We have everything close to home, from the region’s most advanced neonatal intensive care unit to water birthing facilities.

Families can take comfort in knowing that our hospitals offer access to perinatal and neonatal intensive care and therapy services for premature infants, care for high-risk pregnancies, maternal fetal medicine, laborists and midwives, along with support and education for breastfeeding and safe sleep practices.

As your baby’s birth approaches, Community Hospital, Munster, St. Catherine Hospital, East Chicago, and St. Mary Medical Center, Hobart, offer free childbirth classes and prenatal programs to help you feel empowered, well-prepared and confident.

We nurture you and your newborn every step of the way!

WEBSITE

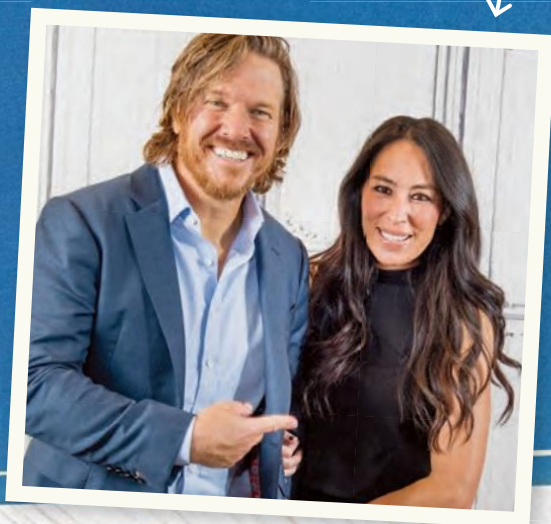


Healthy Start

Find out more about healthy baby initiatives such as delayed bathing, kangaroo care, skin-to-skin contact and more at Community Hospital, St. Catherine Hospital and St. Mary Medical Center. Visit the Family Birthing Centers of Community Healthcare System online at comhs.org/baby.

7 THINGS

You (Probably) Don't Know About Joanna Gaines



Joanna and Chip Gaines are the parents of five children.

- 1 While she calls Waco, Texas, home today, Gaines is from Wichita, Kansas.
- 2 Growing up, Gaines always wanted to be on TV, but as a broadcast journalist, not a home makeover star.
- 3 Her first job was at an all-you-can-eat buffet.
- 4 Gaines and her husband, Chip, both attended Baylor University but didn't meet until after they graduated.
- 5 She worked in her father's tire shop after college and met Chip when he brought his truck in for servicing.
- 6 Gaines has no formal design training. She's honed her style over years of flipping houses with Chip.
- 7 HGTV approached the couple about filming the pilot of *Fixer Upper* after a producer saw Gaines' design blog.

Sources: Texas Monthly, PopSugar, Insider

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Complications Can Arise

Crew was born a bit ahead of schedule.

"He made an unexpected (and speedy) entrance into the world two and a half weeks early—which is fitting given he was a sweet surprise from day one," Gaines posted on Instagram on June 23.

Early delivery can be a complication for older moms. Fortunately, Crew arrived in good health and Gaines' pregnancy was complication-free as far as we know. But some women who have babies in their 40s aren't as fortunate.

Older moms are at higher risk for low birth weight, gestational diabetes, preeclampsia, birth defects, miscarriage and stillbirth, as well as getting pregnant with multiples.

"They also have an increased risk of needing a cesarean section at the time of delivery," Clark says.

Additionally, older moms need to consider any preexisting medical conditions, Clark adds.

"As we age, we can develop medical conditions, whether it be high blood

pressure, diabetes, cardiovascular disease or obesity."

Of course, being older won't automatically lead to complications, and younger women can have complicated pregnancies as well. A German study of nearly 9,000 women found those over 40 had similar outcomes to younger women as long as they regularly attended prenatal checkups, received proper medical treatment for underlying conditions, adhered to healthy lifestyle recommendations and delivered at a hospital that specializes in high-risk pregnancies.

Benefits to Being an Older Mom

Pregnancy at 40 and beyond may sound daunting, but there are plenty of positives to having a child when you're more mature.

Research has shown that, in general, women who begin having babies later in life earn more over their lifetime than women who enter motherhood earlier. There are medical advantages

to the older mother as well. A study of women in the U.S. and Denmark suggested that those who have children later in life are more likely to live longer and less likely to develop cognitive decline as compared with women who have children at younger ages.

The biggest benefit might simply be having a different perspective.

Referring to her fifth pregnancy, Gaines told *People*, "I feel like I can really take this one in and relish these moments."

She wrote in her Magnolia blog, "Since it's been over eight years since I was pregnant with Emmie Kay, I joke with my friends that it feels like it's my first time being pregnant. The best thing about all of this is the excitement that my kids have shown for their new baby brother ... They love my growing belly (and boy is it growing), and they cannot wait to meet him. I truly believe this baby is a gift from God for our family in this season."

We can't wait to see what's in store for Gaines' next season—and beyond. ■

THE BIG STORY

The Rules

DON'T APPLY



PHOTO BY GETTY IMAGES



*When it comes to health,
we can't control everything
that happens to us. But being
aware of the risks may help us
live longer and better*

BY **STEPHANIE R. CONNER**



Lung cancer is the top cancer killer, and non-smokers aren't immune.



‘But I Never SMOKED’



Lung cancer may be more common in smokers, but yes, nonsmokers can get it, too

Smoking causes about 90 percent of lung cancers. But the American Cancer Society reports that as many as 20 percent of Americans who die from lung cancer have never used tobacco.

“To get lung cancer, all you really need is lungs,” says David Tom Cooke, MD, a volunteer spokesman for the American Lung Association and co-founder of #LCSM (Lung Cancer Social Media).

Because only a small number of people qualify for lung cancer screening, it helps to understand the warning signs and know when it's time to call your doctor.

SCREENING AND RISK

There is a test that screens for lung cancer—a low-dose CT scan. But it's not standard for everyone of a certain age, like mammograms or colonoscopies.

“When you're screening people who are asymptomatic, there are potential benefits and harms,” says Ella Kazerooni, MD, chair of the American College

of Radiology Lung Cancer Screening Committee and ACR Thoracic Imaging Panel.

Lung cancer screening is recommended for those considered at high risk for the disease—those who are 55 to 80 years old, still smoke or have quit within the last 15 years, and have a 30-pack-year history of smoking (one pack a day for 30 years, or two packs a day for 15 years, and so on). But Kazerooni notes there is ongoing discussion in the medical community and research exploring the potential benefits of screening based on other risk factors.

After all, while smoking is a major contributor to lung cancer, it's not the only one. Other factors that can put you at risk for the disease include:

- **Radon gas.** This naturally occurring gas is harmless in small amounts, but when it becomes concentrated, it can pose a risk. You can hire a professional to test for radon in your home, or you can purchase an inexpensive kit to do it yourself. According to the U.S. Department of Health and Human Services, 1 in 15 homes has a high radon level. If you find you have high radon levels in your home, you can install a vent system or fan to pull the gas out.

- **Secondhand smoke.** If you're frequently around others who smoke, you may be putting yourself at risk. In fact, nonsmokers who are regularly exposed to secondhand smoke have a 20 to 30 percent greater chance of developing lung cancer. In those who have never smoked but breathed secondhand smoke as a child, lung cancer is more common as well.

- **Exposure to cancer-causing materials.** Asbestos, which is a concern for those who work in certain industries like shipbuilding and insulation, and diesel exhaust, which we can inhale at work or while traveling, are agents that can cause lung cancer. To help lower your risk, wear a protective respirator to filter the air you breathe. In addition, try to reduce your exposure by limiting the time you spend near idling machines.

- **Air pollution.** In the U.S., the risk of lung cancer as a result of air pollution is lower than in many other countries, but people should still beware of indoor and outdoor air pollution. To limit your exposure, watch for the air quality index in your area and avoid outdoor activity when pollution is at high levels. Take your walks or runs along lower-trafficked routes, and keep your windows closed during rush hour. An air purifier inside your home can help, too.

- **Genetics.** A family history of lung cancer may increase your risk, regardless of whether you ever smoked.

WARNING SIGNS TO WATCH FOR

Be sure to talk to your doctor about any of your risk factors and concerns. It's also important to know the warning signs. Without a standardized screening, your ability to identify changes in your body and see a healthcare provider is essential to identifying lung cancer early. Those symptoms include: a cough that doesn't go away and worsens over time, hoarseness, constant chest pain, shortness of breath, regular lung infections and coughing up blood.

If you experience these symptoms, talk to your doctor. He or she will recommend tests to look for any signs of

lung cancer or other conditions that might be causing your symptoms. Note that the early symptoms of lung cancer are subtle—if they are present at all—and can indicate something else.

Cooke says it's important to change the way we think about lung cancer to help people get the care they need, whether they smoke or not.

"Lung cancer is considered a lifestyle disease versus a disease of bad luck. But most cancers are bad luck, and most smokers don't get lung cancer," he says.

Of course, smokers don't deserve lung cancer, either. "But there's stigma with lung cancer," Cooke says, "and we need to stop that." ■

CALL



Low-Dose CT Screening

This noninvasive procedure to screen the lungs for cancer requires an order from a provider. Call **800-809-9828** for more information and to schedule an appointment.

Are You a Candidate for Lung Cancer Screening?

Lung cancer is the leading cause of cancer death in both men and women. The disease often shows no symptoms until it has spread and become more difficult to treat. Low-dose CT scans can detect lung cancer in its earlier stages. The screenings are recommended for those who meet the following criteria:

- ▶ No signs/symptoms of lung cancer **AND**
- ▶ Between the ages of 55 and 80 years old
- ▶ Have at least a 30 pack-year smoking history
- ▶ Currently a smoker or have quit within the past 15 years

Screenings are available through the hospitals of Community Healthcare System—Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart and at outpatient locations in Hobart, Munster, Portage, Schererville, St. John and Valparaiso.

Younger people with dementia may feel caught in a cycle of forgetfulness and confusion.



When Dementia **STRIKES YOUNG**



Knowing the signs can help you prepare for the future

Forgetting our keys or struggling to find the right word ... who can't relate? Some memory loss is normal as we age. But more serious cognitive challenges can be a sign of dementia. And it can begin younger than you might think—even in a person's 40s or 50s.

Of the 5.7 million Americans living with Alzheimer's disease today, about 200,000 of them are classified as younger-onset, meaning they started developing symptoms before age 65. Because developing a cognitive disorder like Alzheimer's is rare in our younger years, it's easy for the symptoms to be mistaken for other conditions, including stress, menopause or thyroid problems.

"Diagnosis becomes difficult," says Monica Moreno, senior director of

care and support for the Alzheimer's Association. "For a clinician to see someone in their 50s having issues with cognition, Alzheimer's disease is not the first place they go."

But getting a diagnosis is important to ensure a person has access to treatments for their symptoms as well as support resources. Knowing what signs to look for can help you understand when to see a doctor and get help.

WHAT TO LOOK FOR

A lot of people believe that the symptoms of Alzheimer's and other types of dementia are a normal part of aging.

"That is not true," Moreno says, because it's not just forgetting something here or there. "We're talking about cognitive impairments that start to affect daily life."

She shares examples of an award-winning chef who can't recall how to make a simple omelet or individuals who can't remember how to get to the job they've held for years. Sometimes a person might not recall where they are or what year it is.

"It's these types of events that cause people to be concerned," Moreno adds. If you notice these symptoms, it's time to see a doctor.

It can take time to diagnose dementia, especially in a younger adult. The doctor may ask questions about medical history and do a physical exam. In addition, he or she may order lab work as well as cognitive tests and a brain MRI or CT scan. Part of the doctor's goal is to rule out other possible problems before confirming a diagnosis of Alzheimer's disease or another form of dementia.

LIFE AFTER DIAGNOSIS

A diagnosis is essential to benefit from treatments and resources. But it's important to recognize that there is no cure.

"There is no way to prevent, cure or slow its progression," Moreno notes. "There are treatments that address the symptoms but not the underlying disease."

For younger adults, there are financial benefits to a timely and accurate diagnosis. Individuals with younger-onset disease can start to struggle at work and earn poor reviews—they might even get fired.

"While they were employed, they might have had access to benefits like long-term disability," Moreno says. "But once they've been relieved, they no longer have access to those benefits. If they are the primary breadwinner for their family, that can have a significant impact. There are a lot of implications in not getting a diagnosis."

With the disease identified, a family can also start to make legal or financial plans, such as who will make decisions when the person with Alzheimer's no longer can. And, as Moreno points out, understanding what they're dealing

with allows a family to have difficult but vital conversations early on and begin to know what the loved one wants and expects in the future.

Alzheimer's disease looks different in every individual and progresses differently, too. But once you have a diagnosis, you can take steps to provide your loved one comfort and quality of life. ■

APPOINTMENTS



Need a Screening?

Hartsfield Village Senior Living Community, 10000 Columbia Ave., Munster, offers free memory screenings. At the end of the screening, participants receive the results and information regarding Alzheimer's and dementia. Appointments are required. Call **219-703-5131**.

Memory Matters

If a loved one seems more forgetful than usual or family and friends have noticed changes, it may be time for a memory screening. Symptoms of Alzheimer's disease and other types of dementia may be mistaken for normal aging.

Hartsfield Village Senior Living Community in Munster offers screenings as a designated memory screening site for the Alzheimer's Foundation of America.

"A memory screening is a simple confidential screening tool that takes approximately 10 to 15 minutes," explains Jill Keilman, director of Resident Services at Hartsfield Village. "The test consists of a series of questions that gauge memory, language and other thinking skills. While it is not intended to be a diagnosis, it can suggest whether additional follow-up with a physician may be needed."

Early detection and recognition of mild cognitive impairment is important to improving quality of life. Adults with memory concerns, a family history of Alzheimer's or a desire to have a baseline for future comparison are encouraged to schedule a screening.

Don't sideline your fitness because of an injury.



Back in the **GAME**



Don't let a sports injury keep you on the sidelines

You know the feeling: Something moved in a way it shouldn't have—a twist, a wrench or a pop. Maybe it was poor form on the elliptical, landing wrong during pickup basketball or an awkward twist while getting dressed.

Injuries can be devastating to avid exercisers, weekend warriors and fitness novices alike, because when we take a break from our workout regimen, we risk losing our strength and endurance—and perhaps, just as important, our momentum toward better health.

If you've suffered a sports (or not-so-sportsy) injury, it's important to first identify the injury and treat

it properly. Then, after you heal—or sometimes, as you heal—you can rehabilitate the problem area while finding other ways to maintain your fitness.

“Everyone will have some sort of deconditioning,” says Ryan Balmes, PT, DPT, a spokesman for the American Physical Therapy Association (APTA), but just how much will depend on the severity of the injury and how fit you were beforehand. Fortunately, there’s a way to regain your strength. “That’s the art of rehabilitation,” he says.

Here are a few ideas for staying on track after three common injuries.

ANKLE **SPRAINS**

APTA notes that 45 percent of U.S. sports injuries are ankle injuries. If your activity involves running, jumping or changing directions quickly, you’re at higher risk for a sprained ankle, which happens when the foot twists beyond its normal range of motion, causing ligaments (tissues that hold our joints together) to stretch or even tear.

Help it heal: Immediately after a sprain, rest and ice are helpful. You might consider wrapping the ankle too, as compression reduces swelling. And you can start to walk on it as soon as you feel you can support your weight. Go slow and talk to a doctor or physical therapist about exercises you can do to work your way back into shape.

Stay in shape: Unable to bear weight to run, walk or jump? A great cardio exercise, Balmes says, is swimming. You can also consider trying an arm bike, which can help you maintain your cardiovascular endurance. Your gym may have one to try.

LOW BACK **STRAINS**

Back pain is a very common problem. Poor lifting technique (whether you’re lifting boxes at home or barbells at the

gym), weak core muscles and awkward movements can all come into play.

Help it heal: Ice, heat and rest can be helpful in the early days of a back strain. As you start to feel better, ask your doctor or physical therapist about whether massage might be beneficial and what exercises can help.

Stay in shape: As your back heals, you might not be able to handle heavy loads to squat or dead lift at the gym, but after the first couple of days, you’ll probably be able to at least walk.

TENNIS ELBOW (**LATERAL EPICONDYLITIS**)

It’s called tennis elbow, but you certainly don’t need to wield a racket to experience this painful condition. The muscles you use to grip or twist objects attach to parts of the elbow. So, anyone who uses their hands a lot (for any purpose, really) can aggravate the elbow.

Help it heal: As with a lot of injuries, rest, ice and wrapping the elbow

can be helpful in the early days afterward. Then, you can start to move your wrist and elbow (without using your muscles) before moving on to more active exercises.

Stay in shape: Fortunately, there are lots of activities you can engage in that are easy on your elbows. To maintain basic fitness, focus on walking or riding a stationary bike. ■

CALL



Recover to Your Fullest

The Concussion Clinic, located at three convenient locations throughout Northwest Indiana, can help you get back to your regular daily activities. For more information, call **219-836-4461**.

Specialized Care for a Special Condition

Getting your head in the game has a different meaning for those who sustain a concussion. Sports-related concussions sideline roughly 1.6 to 3.6 million people each year, according to the Centers for Disease Control and Prevention.

“The most common symptoms of a concussion are headache, dizziness, difficulty concentrating, confusion and light sensitivity,” says Mary Spina, supervisor of Community Healthcare System’s Concussion Clinic. “Others may deal with nausea, fatigue, irritability, visual problems and drowsiness.”

Rest is a vital important aspect in the healing process. “Both physical and cognitive rest are needed to let the brain heal,” she says. “Initially, patients should abstain from fitness exercises and brain-stimulating activities.”

With treatment, most people fully recover from a single concussion. “Multiple concussions lead to longer recovery and extended symptoms or disability,” says Spina.

The Concussion Clinic offers specialized care necessary for a quick recovery.

“We provide individualized rehabilitation care plans, from return-to-work management to academic accommodations and getting back in the game,” says Spina.

Is Sitting Smoking?

There's no easy answer—but there's also no doubt being sedentary is lethal **BY ROSE SHILLING**

You drive to work or ride the bus. Your days often include hours in your office chair, seated meetings and lunch at your desk.

Exhausted after work, you sink into your couch to check your phone and then eat dinner at the table (or maybe back on the couch). You work out when you can, but, like three-quarters of American adults, you know you don't get enough physical activity.

If this describes your day, you're not alone. But a growing body of research in recent years suggests that all of this sitting is killing us.

That's why you hear recommendations not only to exercise more, but also to stand at your desk, take the stairs and choose the farthest parking spot from the store.

Sedentary science has a catchphrase: Sitting is the new smoking. The idea comes from research suggesting

that inactivity, like smoking, is responsible for millions of deaths worldwide.

Equating sitting with smoking—the country's No. 1 cause of preventable death—helps emphasize how serious of a health risk a sedentary lifestyle can be. After all, most Americans have heard the pervasive messages about how dangerous smoking is.

But is the comparison appropriate?

ing Really the New



Smoking vs. Sitting

For the overall population, calling smoking and being sedentary similar threats is fair based on research, says Kathryn Schmitz, PhD, MPH, president of the American College of Sports Medicine.

Researchers can estimate how many people develop diabetes, heart disease, cancer and other health problems from moving too little, and the number of related deaths stacks up frighteningly high compared with smoking fatalities, she says.

About 6 million people die annually worldwide from tobacco use. Physical inactivity causes more than 5 million deaths globally, considered a conservative estimate by researchers whose findings appeared in *The Lancet* in 2012.

Smoking, a habit of about 14 percent of American adults, is so damaging that it kills a big portion of people who light up, Schmitz explains. Being sedentary rivals smoking for number of deaths because the pool of people who don't meet minimum activity goals is huge: 75 percent in the U.S.



Consider the Individual

In other words, smoking and sitting don't have equal risks for an individual, despite their comparable effects on society, Schmitz says.

As a researcher who advocates exercise for cancer recovery, people expect her to say physical activity is the most important thing they can do for their health. But that is not true for smokers, she says.

A smoker's risk for cardiovascular disease, cancer and many other problems is at "a way ridiculous higher rate" than someone who sits too much. "If you have the choice between quitting smoking and sitting less, I'm going to say quit smoking," she says.

But for sedentary non-smokers, she ranks standing up and being active as their most important tool for better health.

Fixing Our Sitting Problem

With smoking, use started to decline after people learned how damaging it was in the '60s, points out John Maa, MD, a spokesman for the American Heart Association who works on tobacco policy.

In the same way, he hopes research on sedentary lifestyles will spur people to change patterns of inactivity that have hurt their health, driving down related deaths.

One priority to encourage activity should be providing accessible places to get exercise, such as bike lanes and paths for commuters, and safe parks and school walking routes for kids, Maa says.

"These are health patterns that you want to ingrain [in children], and those become healthy behaviors all through their adult life."

In the health field, patient-doctor discussions about physical activity are becoming more common, says Maa, a general surgeon who studies how tobacco affects surgical results.

Doctors often have their best chance to sway a person to quit smoking after a diagnosis of a major health condition, he says. Those "teachable moments" also should be used to inspire people to get active.

What Too Much Sitting Does to Your Body

When you sit or recline, your muscles go quiet and start to weaken, says Kathryn Schmitz, PhD, MPH, president of the American College of Sports Medicine. Over time, your muscle mass declines. "Muscle is a use-it-or-lose-it proposition," she says. Sitting too much sets off a chain reaction:

- ▶ With less active muscle, you need fewer calories as fuel to move.
- ▶ If you haven't cut back food, you gain weight.
- ▶ You might develop deep belly fat around your organs, which increases health risks.
- ▶ Your body has excess glucose (sugar) because you're overeating and produces more insulin in response.
- ▶ Insulin helps get glucose into your cells for fuel, but the cells are full.
- ▶ Your glucose level rises, along with risk for type 2 diabetes.

And for your heart, smoking and obesity that is worsened by sitting could put you on the same path to problems by hardening your arteries, says John Maa, MD, spokesman for the American Heart Association. Cigarette chemicals damage blood vessels, and fat can build up in overweight people's arteries. Both put you at risk of heart attack-causing clots.





Breaking Out of Bad Habits

To upend your tendency to sit too long, Schmitz offers advice that she gives people who use physical activity to help with cancer: Be as active as you can and know that “something is better than nothing.”

You don’t have to be fit, healthy or athletic to get moving. Schmitz tries to “meet people where they are” and provide individualized activity plans that they can handle. The same idea can work for anyone who faces roadblocks to getting active because of obesity, depression, poverty, overwhelming schedules, injuries or pain.

Schmitz understands that life gets in the way of exercise, as she has learned from personal experience. She stopped working out when her fiancé went through head and neck cancer. She moved and changed jobs,

and her parents died in recent years, all dragging down her activity level. She didn’t feel well and was embarrassed by her weight gain, she says.

When she restarted, she couldn’t exercise for a half-hour, but she gradually built back her cycling and weightlifting routine.

“I have never, ever seen a situation where somebody didn’t feel better after a workout than they did before. I am living that now,” she says.

She doesn’t want you to feel guilty that you have to sit for an hour in your car or feel doomed by stats that say you lose time from your life when you sit for hours. “People have lives, and lives are hard.”

And don’t worry about hiring a trainer, joining a gym, buying special workout clothes or even sneakers, she says.

Exercise Throughout the Workday

We sit more than ever, at work and during our commute. Many jobs require sitting at a desk for hours each day.

Working activity into your routine is important for maintaining overall health.

“As a general rule, you should stand up and move around every 30 to 60 minutes,” says Ashley Klakoski, physical therapist at St. Mary Medical Center. “Fill up your water bottle often and that will get you out of your seat.”

Klakoski suggests doing marches and kicks while seated to “keep legs moving and tap your toes to keep blood pumping in the lower legs.”

One of the most important things you can do while at your desk all day is to stretch often, particularly your neck and back, according to Klakoski. Sitting up straight and squeezing your shoulders in a downward motion and then back can improve posture while helping to alleviate neck pain and headaches, which can be common for people who work on a computer.

Some movement is better than none. Anytime you can get up out of your seat and stretch, walk or move around is a step in the right direction.

WEBSITE



Get Back to Your Best You!

Need to get moving again after injury or illness? Community Healthcare System offers outpatient physical therapy at hospitals and outpatient centers across Northwest Indiana. For your first move, visit comhs.org/services/therapy-services.

Changing Your Health

Try some of these ideas to inject more movement into your day:

- ▶ Don't look for a seat at a party. Stay standing instead.
- ▶ Take a brisk walk after meals to lower your blood sugar levels.
- ▶ Have a competition with co-workers to walk the most steps.
- ▶ Try a fitness tracker or step counter if you haven't yet.
- ▶ Maximize movement: Walk to talk to a co-worker in person or use a restroom on another floor.

▶ Set movement habits: Stretch after sending an email or text or pace when talking on the phone.

▶ Add motion to routine activities: calf raises while brushing teeth, leg lifts while cooking, arm and neck stretches at a red light.

For beginners and people with physical limits, Schmitz suggests these basic activities:

▶ Chair stands: This is a great starting point for people who don't feel like they can exercise. Without using your arms, see how many times you can stand from your chair. When you can do 20, add some walking.

▶ Walk the commercials: Stride around the house or march in place during TV show breaks (pause a movie or streaming series without commercials every 15 minutes).

▶ Table laps: Walk around your table as many times as you can. Work up to laps around the house, and then walk to the corner of your street and eventually around the block.


"Exercise is a medicine," Schmitz says. "It has effects that are just as powerful as any medicine." ■



The **REAL** **DEAL** with **CARDIO**



PHOTOS BY GETTY IMAGES



Conventional wisdom says cardio is the way to lose weight. But can you really run your way thin?

BY **JEANNIE NUSS**



For decades, exercise trends have focused on cardio as a key to weight loss—from Jazzercise and aerobics to running and SoulCycle.

Now, though, many popular workouts, such as CrossFit and P90X, seem to drill down on strength training as the way to move the scale.

So, if you're looking to lose weight, what's your best option?

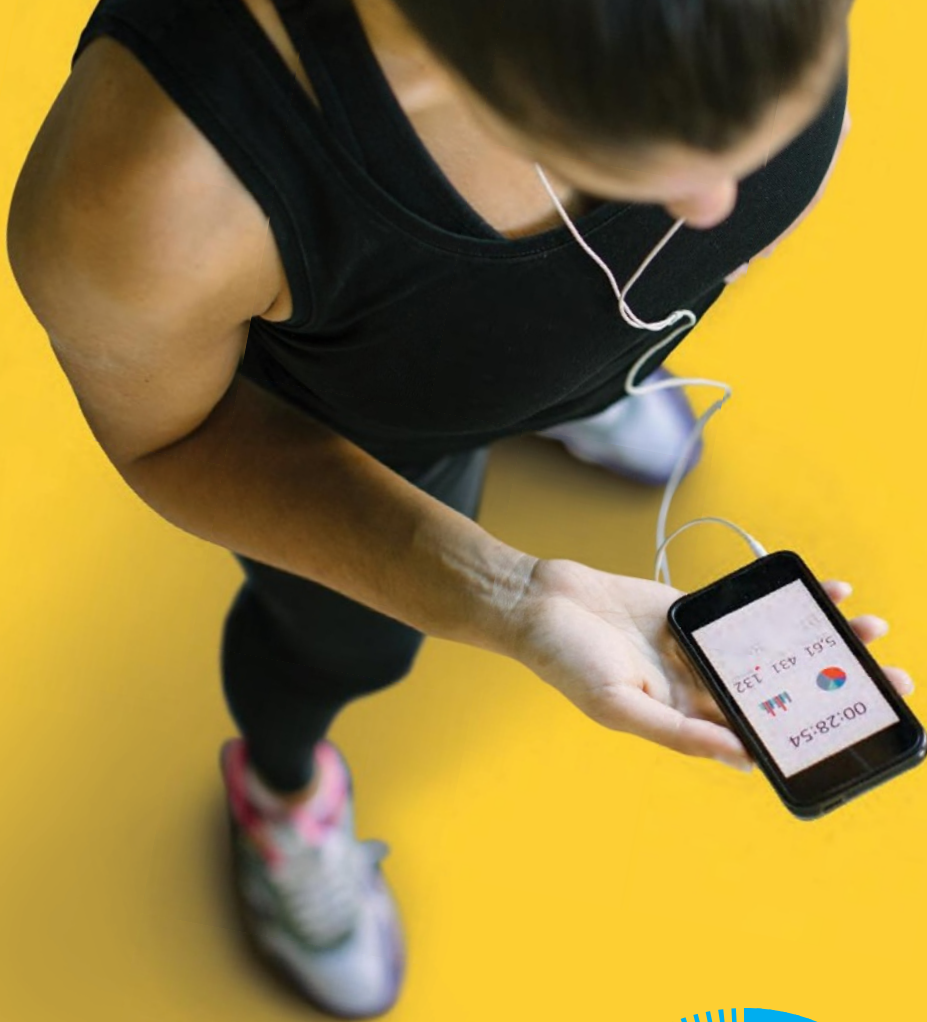
Ideally a combination of cardio and strength training, experts say.

"Doing some sort of cardiovascular exercise really is effective at burning calories," says Angela Fitch, MD, secretary and treasurer for the Obesity Medicine Association. "Strength training, on the other hand, helps you build and maintain muscle mass," which, in turn, helps you burn more calories at rest.

Current federal guidelines recommend at least 150 minutes of moderate to vigorous physical activity and two strength-training workouts per week.

We turned to Fitch and other experts to talk about how cardio and strength training work—and how to best spend your time at the gym if weight loss is your goal.





WEIGHT LOSS 101

It seems simple, really: To lose weight, you need to burn more calories than you take in.

And if you're looking to lose a pound a week, which experts say is a healthy goal, you'll want to cut 3,500 calories a week, or about 500 calories a day.

You can do this by following a healthy, balanced diet and by exercising—and, ideally, by doing both (more on that later).

But not all exercise is created equal.

Cardio tends to burn more calories during a workout. So, if you run for 30 minutes, you'll burn more calories than you would, say, lifting weights for 30 minutes. (Harvard Health Publishing says it's 335 calories for running versus 112 calories for weightlifting by a 155-pound person.)

**30
MINUTES**

A 30-minute run burns more calories than lifting weights for 30 minutes.

**500
CALORIES**

Cutting 500 calories out of your daily intake will help you lose a pound per week.

That's because people are able to do cardio for longer periods without a break compared with strength or resistance training, says Josephine Boyington, PhD, program director in the Division of Cardiovascular Sciences at the National Heart, Lung, and Blood Institute.

"When you do resistance exercises [such as strength training], generally what happens is the muscle is tasked to the extent that it needs to rest," Boyington says.

But strength training helps build more lean muscle mass, which burns more calories even when you're not working out, says American Board of Obesity Medicine Medical Director Rekha Kumar, MD.

Strength training is also increasingly important as we age, Kumar adds, because we tend to lose muscle mass and our metabolism slows as we get older.

GIVE HIIT A CHANCE

Traditional cardio and strength training aren't the only forms of exercise.

Recent studies show that HIIT—short for high-intensity interval training—is another effective way to torch calories.

That's because HIIT, which often includes cardio and sometimes features strength training, incorporates short bursts (or intervals) of very intense exercises with short periods of rest, rather than plugging along at a more comfortable pace for a longer stretch of time.

So, if you only have 20 or 30 minutes to work out, try mixing it up with some HIIT-style cardio and strength training.

For example, if you're at the gym, you can hop on the treadmill, set it on an incline and alternate between sprints and walking. And if you're outside, you can sprint to a landmark like a nearby tree or telephone pole, then walk to the next landmark.

With intervals, “in addition to increasing your heart rate, you’re stressing your muscles in a different way where you’re also building muscle,” Kumar says.

Spend the rest of your workout doing strength-training exercises that target big muscle groups, like holding a plank pose to work your core or doing squats to work your quads.

YOU CAN'T OUTFIT (OR OUTFIT) A BAD DIET

Although it can be tempting to think that the gym is a silver bullet for weight loss, exercise alone isn't enough to shed pounds.

“By doing only physical activity, you don't lose very much weight,” Fitch says. “You've got to combine exercise with some dietary changes in order to produce results.”

So, start keeping tabs on what—and how much—you're eating with a calorie tracker. Then, once you see what you're eating, you can cut back on calories and start making more healthful food choices (e.g., drinking sparkling water instead of soda or eating spaghetti squash instead of pasta).

Calorie trackers can also include a log of your exercise and help keep you from overestimating the calories you burn when you're working out. It might show you, for example, that a half-hour workout is quickly negated by a single-serving bag of potato chips, Fitch says. ■

WALK THIS WAY TO HEART HEALTH

With warmer weather just around the corner, it's time to get up off the sofa and spring into shape. St. Catherine Hospital has the perfect solution with Well Walker's Club.

Well Walker's Club member Mary LeVan, 90, of Highland, says the club keeps her moving.

“It's fun,” she says. “We encourage each other and it's good for us all, spiritually, mentally and physically. I've worked my way up from taking only a few steps six years ago to 5 miles a day.”

Well Walker's Club is open to adults over age 18 in generally good health. The club meets monthly. Members participate in indoor and outdoor walking sessions, hear from health experts and get a chance to participate in health screenings and special chair yoga, dance and summertime treks.

It's a great way to slim down, improve your heart rate and gain new buddies. New members get a pedometer and a logbook to chart their steps through foreign countries and club walk. A year-end party is held to award prizes to high-steppers.

CALL



Who Can Join?

Well Walker's Club can help you walk your way to fitness. To learn more about the monthly club that offers free tips, wellness talks and walking or exercising opportunities in East Chicago, Whiting and Highland, call **219-392-7135**.



10 WAYS TO BE HEALTHY IN AN UNPREDICTABLE LIFE



1

If you start having respiratory symptoms—persistent cough, chest pain, lung infections—tell your doctor.

Don't accept memory loss or confusion as a normal sign of aging. Get it checked out.

2

3 Remember that delaying childbirth comes with risks but also the benefits of being a more mature mom.



Get your house tested for radon gas to help prevent lung cancer.

4

5

When you get hurt, don't be afraid to take it easy. Your body needs rest to heal.

Injured and can't do weight-bearing exercises? Try swimming to stay in shape.

6



7

Know that you don't need to belong to a gym or be in shape to exercise.

Stand up. Too much sitting has proved fatal.



9

Start identifying ways to move in your daily life, like taking a walk after every meal.

10

Use a food tracker to see what you're eating and how much. Once you know, you can make healthier choices.

8



WANT MORE HEALTHY IDEAS? Check out our summer issue, all about lifelong improvement.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



ALCOHOL GUIDELINES CALLED INTO QUESTION

Men, you know those guidelines that say you can drink more than women, safely? New research disputes that.

Drinking more than 100 grams of alcohol per week (about one drink per day) is the threshold for health risks, no matter your gender, according to a study published in the journal *The Lancet*. That differs from previous guidelines with higher consumption limits for men than women.

The large-scale study conducted in Europe showed that those who drank more than 100 grams per week had a higher risk of death from certain heart-related issues, such as heart failure and stroke.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

FDA APPROVES MIGRAINE-PREVENTION MEDICINE

The Food and Drug Administration has approved the first medicine to prevent migraines.

Aimovig is a monthly injection intended for use by people who have multiple migraines a month. It works by blocking a protein fragment that prompts migraines.

Before the new medication, people trying to prevent migraines had to rely on medicines that were developed for other purposes, like treating high blood pressure. Those medicines often were not effective for migraines and had troublesome side effects. During clinical trials for Aimovig, users did not report any serious side effects.

SOCIAL MEDIA



Get Migraines? Join the Club

The Move Against Migraine Facebook group, run by the American Migraine Foundation, provides a place for people with headaches to come together. Join at facebook.com/groups/moveagainstmigraine.

Peanut Butter vs. Almond Butter

• Which butter is better for your health?

Answer: Almond butter, by a sliver.

When you're choosing a nut butter to slather on your apple slice, almond butter is the winner, with better stats for fats.

Almond butter has slightly less saturated fat—the kind that raises cholesterol levels and the risk of heart disease—than peanut butter. It is also high in heart-healthy monounsaturated fats. As a bonus, almond butter is lower in sodium and higher in calcium than peanut butter.

Keep in mind that peanut butter is still a healthy choice, but it's easy to overeat; people don't always realize a serving size is typically a tablespoon or two. Eating peanut butter in moderation has been linked to increased heart health. Some experts think peanut butter comes out ahead when weighing both health benefits and affordability, since almond butter tends to be much more expensive.

Just keep it simple—choose peanut butters with only a few ingredients, such as peanuts and salt, and skip those with added sugar or oil.



► TRUE OR FALSE

Nearly 9 in 10 of all cancers in the United States are diagnosed in people ages 50 and older.

TRUE. Cancer typically is diagnosed in older people. But factors other than age also come into play:

- Some behaviors increase the risk of cancer—for example, smokers are 25 times more likely to develop lung cancer.
- Unhealthy eating and lack of physical activity can affect risk.
- Family history and genetics matter, too.



GESTATIONAL DIABETES LINKED TO KIDNEY RISK

Women who develop diabetes during pregnancy may be at increased risk of early-stage kidney damage, according to a study in the journal *Diabetes Care*.

Those with gestational diabetes who later developed diabetes were nine times more likely later in life to have a high rate of blood per minute passing through the kidneys. The high rate is often a predecessor of early kidney damage.

Researchers recommended that women who had gestational diabetes now consider regular checkups for early-stage kidney damage and treatment.

STATS: ATRIAL FIBRILLATION



2.7–6.1M

people in the U.S. are thought to have atrial fibrillation, called AFib for short, which is a quivering or irregular heartbeat.

9%

of people 65 and older have AFib.

15–20%

of people who have strokes have AFib. That's because when the heartbeat is erratic, as with AFib, it increases the risk of blood pooling and clotting, which can lead to stroke.

>750K

hospitalizations occur each year because of AFib.

Sources: American Heart Association, Centers for Disease Control and Prevention

Get to Know the New Colorectal Screening Guidelines

The American Cancer Society now recommends that colorectal cancer screening start at age 45, rather than the long-standing threshold of 50 years old.

The society made the move because its national cancer registries show a dramatic increase in colorectal cancers, mostly among people ages 40 to 49. The new guidelines mean an additional 22 million American adults would be routinely screened.

The new recommendations suggest that doctors give patients a choice among several screening options, ranging from a colonoscopy to a lab test of stool samples collected at home.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

ANSWERS WHEN YOU NEED THEM

At the Women's Diagnostic Centers of Community Healthcare System, we know that waiting for test results can be stressful. That is why we offer same-day mammography results at all of our accredited centers, supported by the expertise of fellowship-trained breast radiologists Mary Nicholson, MD, and Janushi Dalal, MD.

Our centers offer advanced imaging technology including 3-D mammography, breast ultrasound, nonsurgical breast biopsy technology, breast MRI and more. A physician order is not required for a screening mammogram.

If results are abnormal, a navigator will coordinate follow-up care and any additional required testing. Patients who undergo a biopsy receive their results the next day, including Saturdays, for peace of mind.

APPOINTMENTS



Don't Delay

Community Healthcare System's Women's Diagnostic Centers are located in East Chicago, Hobart, Munster, St. John and Valparaiso. To make an appointment for your mammogram, call **800-809-9828**. For more information on women's care at the hospitals of Community Healthcare System, visit comhs.org/services/womens-care/womens-diagnostic-centers.

It's not just
for kids.

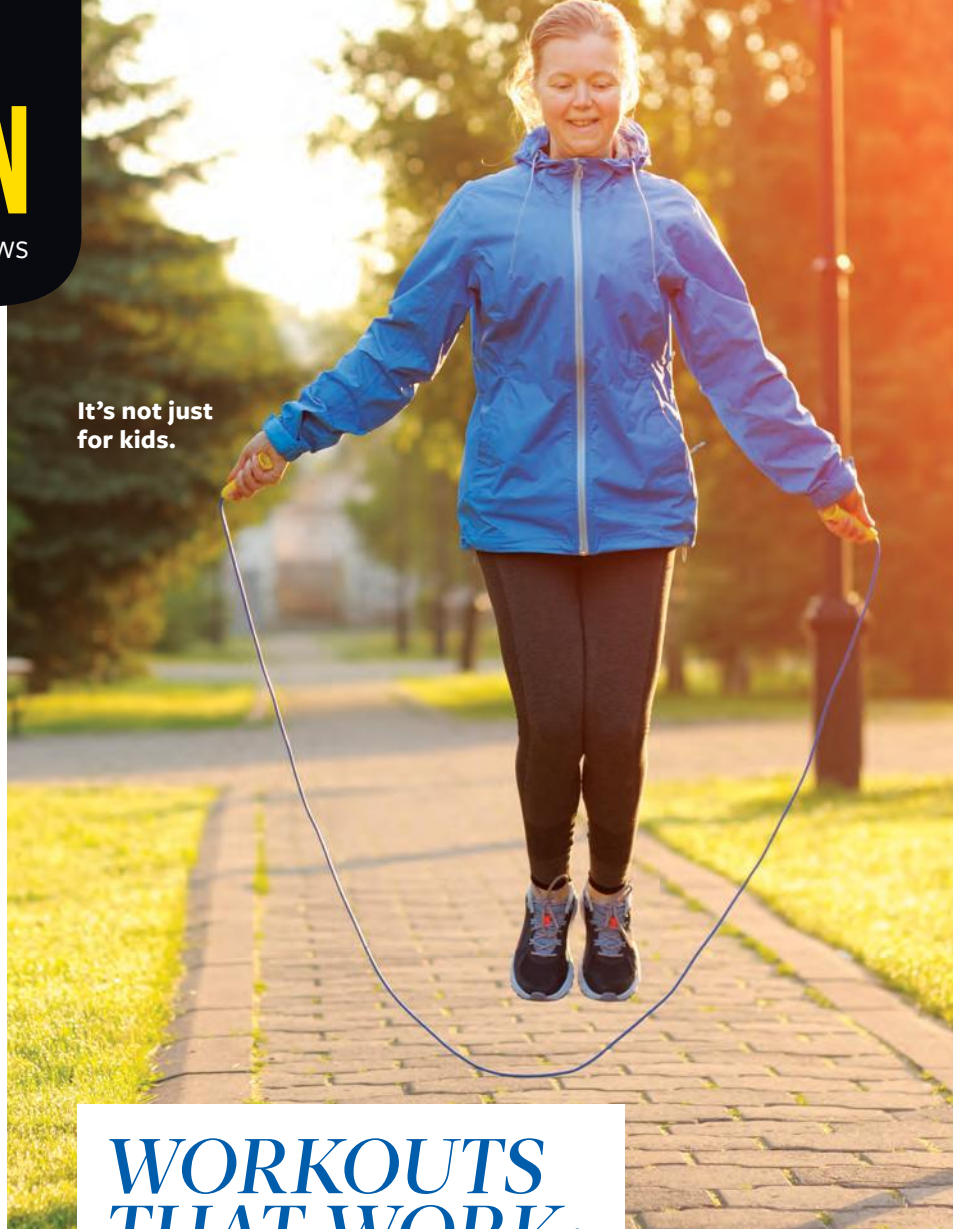
WORKOUTS THAT WORK: JUMPING ROPE

Jumping rope is not just for kids. If a 150-pound person jumps rope at a moderate pace for 15 minutes, she burns the same amount of calories as running for 15 minutes at a pace of 10 minutes per mile.

Even better, jumping rope brings other benefits, including:

- ▶ Increasing coordination, because of its cyclic nature and the rhythm required of the eyes, feet and hands
- ▶ Improving cognitive function by learning new motor patterns and increasing communication among brain, wrists and muscles

Jumping rope is a simple, inexpensive exercise that packs plenty of punch. That's worth jumping for joy!



PHOTOS AND ICON BY GETTY IMAGES



WHAT ARE THE ODDS

of a person older
than 65 falling in
a given year?



1 in 4

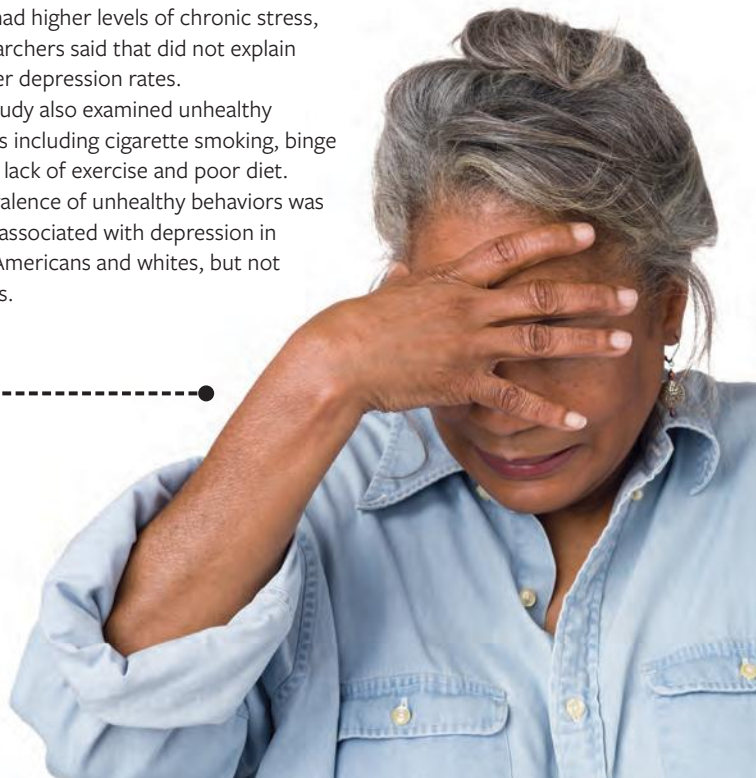
Falling is the No. 1
cause of fatal injury
among older adults
and the most common
reason for trauma-related
hospital admissions among
that population.

African-Americans and Latinos at Higher Depression Risk

African-Americans and Latinos are much more likely to be seriously depressed, though the reasons why are not well understood, according to a study in the journal *Preventive Medicine*.

The seven-year study included 12,272 people ages 40 to 70 and aimed to capture the effects of chronic stress over the participants' lifetimes. African-Americans and Latinos had higher levels of chronic stress, but researchers said that did not explain the higher depression rates.

The study also examined unhealthy behaviors including cigarette smoking, binge drinking, lack of exercise and poor diet. The prevalence of unhealthy behaviors was strongly associated with depression in African-Americans and whites, but not in Latinos.



JARGON WATCH

IMPETIGO: The word impetigo sounds imposing, but the medical condition is simple: It's a skin infection common in babies and children. Most often, children get red sores around the nose and mouth that begin as small blisters and then get crusty. Impetigo is caused by bacteria and is easily spread by person-to-person contact.

Oh, no—last night's dinner might ruin breakfast.



THE TRUTH ABOUT FOOD POISONING

From grocery stores to restaurants to your own kitchen, dangerous germs lurk everywhere. Here's what to know to reduce your risk



It's a truly miserable feeling—the dreaded stomach cramps, nausea, vomiting and diarrhea that can strike after you eat contaminated food. The Centers for Disease Control and Prevention estimates that 48 million people in the U.S. get food poisoning each year. And it's not just an inconvenience. Annually, 128,000 people are hospitalized and 3,000 die from foodborne illnesses.

“While it's easy for food poisoning to happen, it's also relatively easy to prevent. When you're depending on someone else's cooking, it's a challenge, but at home you can follow safe food-handling practices,” says Carl R. Olden, MD, a family physician and member of the board of directors of the American Academy of Family Physicians.

Test your knowledge of how to keep yourself safe from this wretched experience.

TRUE OR FALSE:

Rinsing chicken is the best way to protect against germs or contaminants on the surface.

→ **FALSE.** This long-debunked belief still pops up in cookbooks and on cooking shows. Rinsing chicken (or red meat or fish) just makes it likely you'll splash germs onto your kitchen sink and counter, where they can multiply. Instead of rinsing, simply cook the chicken to an internal temperature of 165 degrees F—that's high enough to kill the bacteria that might be living on it. You can blot chicken dry with paper towels if you prefer a drier surface for cooking, Olden says.

TRUE OR FALSE:

You should wash fruits and vegetables even if you're going to discard the peel or rind.

→ **TRUE.** You don't have to use soap, but you should rinse produce thoroughly before you peel or slice it. Otherwise, germs could transfer to your hands or your knife blade and spread to the pieces you're going to eat.

TRUE OR FALSE:

If you suspect you have food poisoning, you need to look back at what you ate for several days to try to figure out what caused it.

→ **TRUE.** Different bacteria, parasites, viruses and toxins can cause food poisoning. With some causes,

symptoms begin in just an hour. Others can take days. And sometimes, you'll never know what made you sick. Between the number of meals and snacks you eat over time and the fact that not everyone who eats a contaminated food gets ill, it's not always possible to identify the culprit.

TRUE OR FALSE:

Once you've defrosted meat, it's OK to freeze it again.

→ **FALSE.** Refrigerate meat as soon as you get it home from the market. If you're not going to cook it within 48 hours, freeze it, and be sure to put it in bags or containers that will prevent it from dripping on other foods. "Once you thaw it, use it or discard it," Olden says. "You can't keep freezing and rethawing over and over. You'll increase the risk of contamination."

TRUE OR FALSE:

Hot foods should cool to room temperature before you put them in the fridge, so they don't warm up other nearby fridge foods to unsafe temperatures.

→ **FALSE.** Cooling leftovers to room temperature increases the risk of bacterial growth. They can go into the fridge as soon as they are cool enough to handle. If you have lots of hot food that you want to refrigerate or freeze, like soup or stock, separate it into smaller containers so it chills more quickly. ■

FOOD SAFETY IN THE KITCHEN

Each year, 1 in 6 Americans gets sick from eating contaminated food. Practicing food safety at home is the first line of defense in keeping your family safe. Follow these four steps to practice food safety at home, says St. Catherine Hospital registered dietitian Julie Santana.

- **Clean**
- **Separate**
- **Cook**
- **Chill**

"Wash hands properly and surfaces and utensils, too," says Santana. "Wash fruits and vegetables even if you are going to peel them. Do not wash meat, poultry, fish or eggs."

"Keep meat, poultry, seafood and eggs separate from all other foods in the fridge," she says. "Use separate cutting boards to avoid cross-contamination. Cook meat to a proper temperature and use a food thermometer. Also, refrigerate perishable foods within two hours. Freeze foods when necessary. Throw out food that is past its freshness date."

WEBSITE



Kitchen Counseling

Dietary evaluation and counseling by a registered dietitian is available with your physician's referral. Call **219-703-1560** (Munster), **219-392-7060** (East Chicago) or **219-947-6063** (Hobart) for an appointment and related fees.

HOW TO HELP SOMEONE WHO IS BLEEDING

If you witnessed someone bleeding—a lot—would you know what to do? Learn the steps that could save a life



When there's an accident or emergency, we look to first responders and emergency physicians for help. But if someone is hurt and bleeding heavily, those professionals might not be first on the scene.

"The true first responder is often you or somebody in your neighborhood—a friend, family member or co-worker," says Rade Vukmir, MD, emergency and critical care physician and spokesman for the American College of Emergency Physicians.

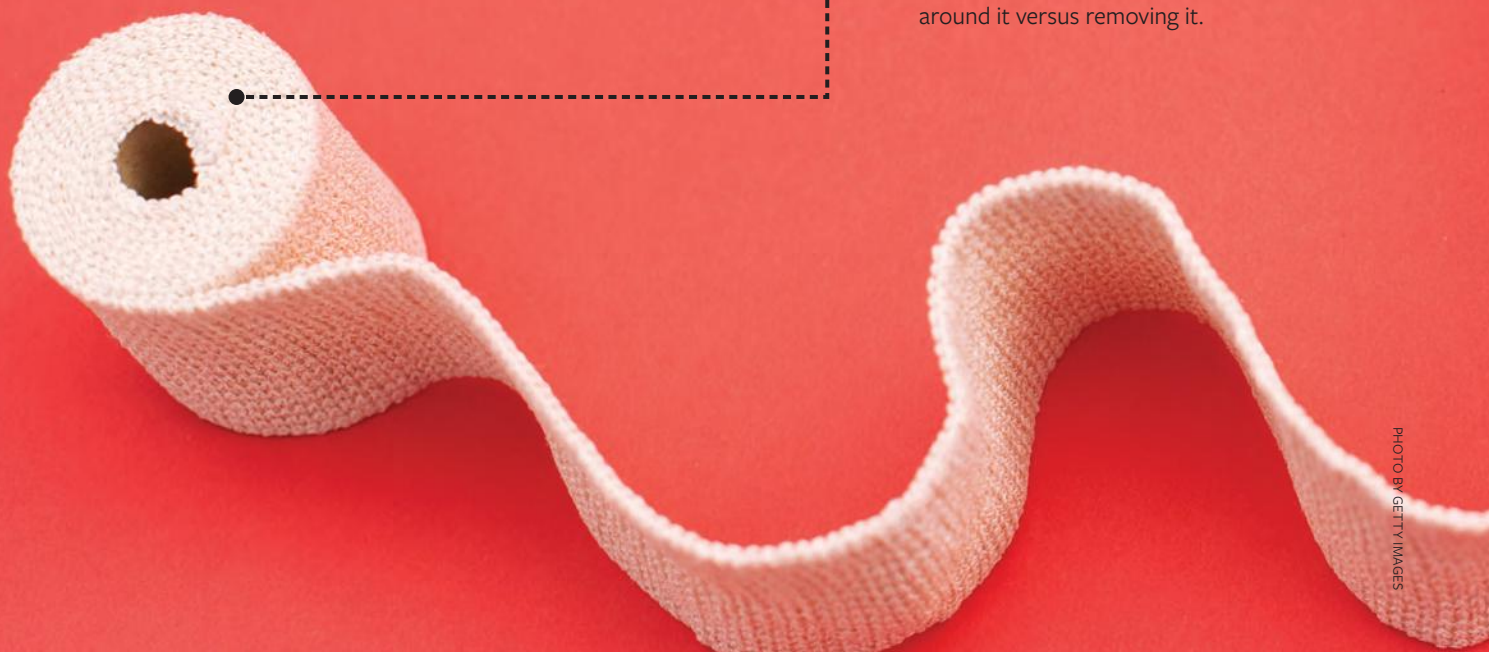
If you're comfortable with it, we'll show you how to help someone who's bleeding—and possibly save that person's life.

1 Ensure Scene Safety

"If it's a mass-casualty incident, law enforcement might be handling this part, making sure the area is safe for emergency personnel to enter," Vukmir says. But for something in a home, at work or on the roadways, it's on you. Start with logical precautions: If someone's been injured by machinery, ensure that it's turned off before proceeding. If you're helping after a car accident, be sure that you are safely off the street before assisting.

2 Locate What's Bleeding While Calling for Help

You've probably been told that in case of emergency, call 911 first. But when someone is bleeding, time is critical, so you can get started helping the person while you're calling, Vukmir says. (Or, even better, get started while someone else calls.) First, determine where the bleeding is coming from. Remove clothing from around the wound to get to the source, but if a foreign object is present, work around it versus removing it.



3 Apply Pressure to the Site

Once you've found the source of the bleeding, use a sterile bandage or clean cloth and apply direct pressure to stop it, Vukmir says. Use as little material as possible; more material can make it difficult to maintain pressure.

"I want to visualize the wound once and try and get finger or hand pressure on it," he says. "If that stops the bleeding, I'll apply a small, adherent dressing, allowing more focused pressure on the wound itself."

While the dressing can be anything clean, if you're at work or at a

public event, there may be a first-aid kit nearby with what's called a hemostatic-impregnated bandage. "Our troops carry these," Vukmir says. "They are incredibly light and have a hemostatic product inside that will help to stop the bleeding."

Don't remove the dressing if blood seeps through; add a bit more and keep pressing firmly.

4 Make a Tourniquet if Needed

If more powerful pressure is needed to stop the flow, a tourniquet placed just above the wound can be an alternative. Whether you use one from a first-aid kit or make one with a belt, cord or shoelace, Vukmir says the key is to cinch it down tight and tie a knot. Then tie a second knot around a windlass—a sturdy object 4 to 8 inches long, like a stick or a carabiner—that you can use to twist the tourniquet tighter if needed.

5 Stay Focused

While people worry about not applying the dressing right or getting it too tight (or not tight enough), Vukmir recommends staying focused on your task. "Your job is just to put it on," he says. "Get pressure on it, stop the bleeding and hold the pressure until a professional comes who can relieve you." ■

CLASS



Find Your Career

EMT training can be the first step in a successful career. For information on upcoming EMT Basic classes, visit comhs.org/professional-development/ems-training-academy or call 219-947-6874.

BECOME A LIFESAVING PRO

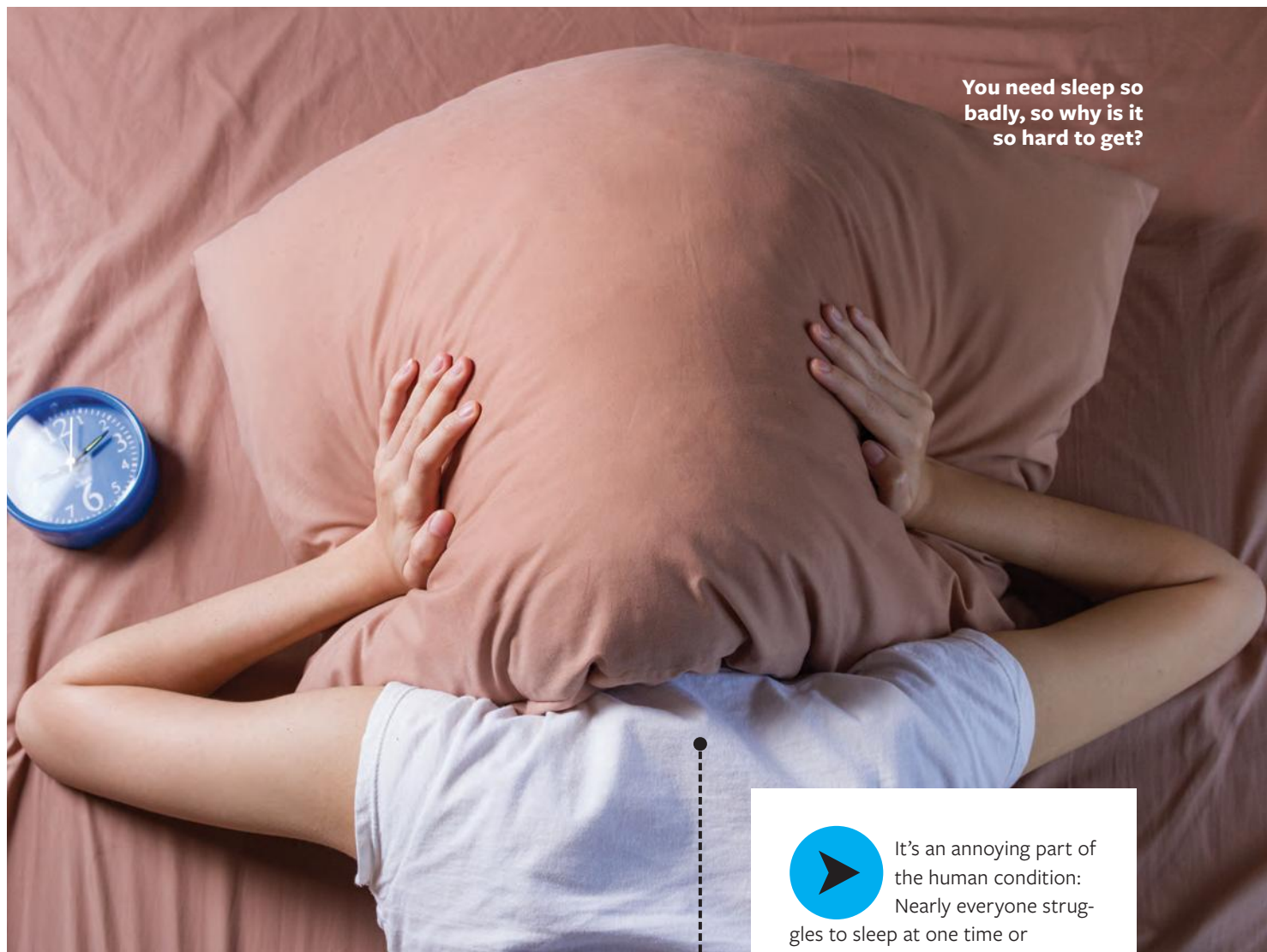
For some people, helping others in an emergency is not only a Good Samaritan act of kindness, but also a fulfilling and exciting career.

The Emergency Medical Services (EMS) Training Academy at St. Mary Medical Center offers a nine-month Emergency Medical Technician (EMT) Basic course for individuals who want to begin a career in emergency services. The class provides students with foundational classes in anatomy, trauma care, medical terminology and other subjects.

Day and evening EMT classes are offered beginning in April and September. The academy also offers an EMT course at Hobart High School that is open to high school students in Northwest Indiana.

Program Director Melissa Siegel said EMT students hail from a variety of backgrounds. "We've had teachers, kids in college, stay-at-home moms," she says. "Even individuals who retired from the mill and wanted to work on an ambulance."

An advanced paramedic training course is also available through the academy for the EMT looking to extend their education.



You need sleep so badly, so why is it so hard to get?

FREAK OUT OR CHILL OUT?

We all need sleep. But from crying children to free-floating anxiety, it can be hard to get. Here's how to know what requires medical attention



It's an annoying part of the human condition: Nearly everyone struggles to sleep at one time or another. But chronic sleep problems can impair your quality of life and mental health, not to mention your ability to care for your family and your performance at work.

Sometimes, professional medical help can put an end to the sleepless nights. Eric Olson, MD, a pulmonologist (respiratory expert), sleep medicine specialist and member of the American Academy of Sleep Medicine, shares his tips on deciding when you can solve your sleep issues on your own and when you should seek expert advice.

PHOTO BY GETTY IMAGES

Q You're struggling with a big project at work, and you're wide awake at night with details and deadlines swimming through your head.

Should you try an over-the-counter sleep aid or just push through the sleepless nights until the project is finished?

TRY NONPHARMACOLOGICAL

OPTIONS FIRST. Olson says to start with the obvious sleep stealers—minimize alcohol and caffeine, get some exercise, keep kids and pets out of the bedroom, darken your bedroom, and turn off the TV and smartphone.

A lot of people find if they schedule time earlier in the day to worry about a problem in their lives, it can help them sleep better at night. "Make a list or think in a methodical way about your stressors," Olson says. "They don't have to be solved. For many people, just listing them is enough."

If you find that you're turning to over-the-counter sleep aids nearly nightly, your insomnia goes on for more than three months, or your daytime fatigue is affecting your job or relationships, talk to your doctor.

Q Your spouse says your snoring is loud, and it sounds like you're gasping. You say everybody snores and it's no big deal.

Is your snoring normal, or could it be sleep apnea?

IT COULD BE SLEEP APNEA. Sleep apnea is tricky, since its signs and symptoms—snoring, choking or gasping, waking up unrefreshed and being drowsy during the day—could be caused by other conditions. "More people

snores and don't have sleep apnea than snore and do have sleep apnea," Olson points out.

That said, if your snoring is disrupting other people, waking you up every night or loud enough to hear outside the bedroom, you should have it checked out. Sleep apnea is related to an increased risk of cardiovascular problems, but it can be treated.

Q You don't know what you were thinking—your baby isn't sleeping through the night yet, and neither is the puppy you let your older kids adopt a month ago.

Can you stave off sleep deprivation, or do you have to tough it out until both the baby and the puppy grow up?

YOU CAN MINIMIZE SLEEP

DEPRIVATION. "You have to try to budget enough overall time for sleep," Olson says. Sleep deprivation can make it hard to think clearly and can affect your mood, and it could contribute to long-term health problems. While it's normal for new parents to struggle with sleepless nights, the goal is seven hours in a day, and it doesn't need to happen all at once. So if you can't get in that much overnight, try to fit in some strategic daytime napping.

QUIZ



Are You Sleep Savvy?

Is snoring harmful? Does everyone dream every night? Take the National Sleep Foundation's 12-question true-or-false quiz at sleepfoundation.org/quiz/sleep-iq-quiz to find out.

Q Ever since you were a child, you've had an urge to move your legs or get up and walk around during the night.

Should you keep walking it off, or is this a medical issue?

IT MIGHT BE RESTLESS LEGS

SYNDROME. Restless legs syndrome is an irresistible urge to move your legs, and it's more common than people think. "Many people have it in childhood and attribute it to growing pains or other things, and it becomes a fact of life," Olson says. Your healthcare provider can talk to you about solutions.

Q Your spouse says you're acting weird overnight—talking, crying and laughing. It seems like you're acting out your dreams.

Is it just dreaming or something more serious?

IT'S POSSIBLY A PARASOMNIA.

Parasomnias are conditions, including sleepwalking, where there are unwanted movements or vocalizations during sleep. You should talk to your doctor. Some parasomnias can be treated by getting enough sleep, while others may need medication to get them under control. ■

HEART FAILURE WARNING SIGNS

Is your ticker trying to tell you something? Learn to recognize the symptoms of this life-threatening condition



Heart failure is often misunderstood, and maybe its name is partly to blame. Because it sounds as though the heart has, well ... failed. Like it won't work at all anymore. But in reality, heart failure means your heart isn't pumping properly, and its ability to provide oxygen and nutrients to your body has been weakened. Unlike a heart attack, which comes on suddenly, heart failure usually develops and worsens over time.

Recognizing its warning signs and seeking care immediately is critical because once you have symptoms, the early stages of heart failure have begun.

"It takes days to weeks of changes in the body before it actually manifests outside," says Gurusher S. Panjra, MD, a cardiologist and chair of the American College of Cardiology's Heart Failure and Transplant Council.

"If you ignore them, you'll end up requiring hospitalization and invasive treatment. But if they're caught early, they can be treated with appropriate therapy, and it can change your quality of life."

Here are a few of the biggest symptoms to watch for.



ILLUSTRATIONS BY GETTY IMAGES



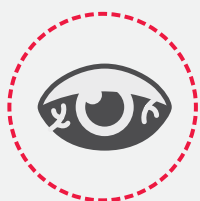
SHORTNESS OF BREATH

It's more likely to occur when you're on the move, but shortness of breath can also happen when you're resting or even while you're sleeping.



CONFUSION

Changing levels of sodium and other substances in the blood can leave you feeling confused, forgetful and disoriented.



FATIGUE

When your heart can't pump enough blood to meet your body's needs, less essential tissues (like muscles in your limbs) get short-changed. As a result, you may feel unusually tired even during simple daily activities like walking or climbing stairs.



COUGHING/WHEEZING

With heart failure, the heart may not be able to keep up with the supply of blood, which can back up in the veins that return it from the lungs to the heart. This can cause a buildup of fluid in the lungs—and chronic coughing or wheezing.



EDEMA

Excess swelling is most likely to occur in your feet or ankles, but it can also occur in your abdomen and can cause noticeable weight gain.



HEART PALPITATIONS

Your heart may beat faster to compensate for its loss in pumping capacity. ■



DIGESTIVE ISSUES

Ongoing nausea and loss of appetite can occur. Gallbladder disease and reflux can produce these symptoms, "but it can be a major sign of heart failure in some people," Panjraht says.

APP



Support from a Trusted Source

Facing heart failure can be scary, but support is available. Download the **HF Path** app from the App Store or Google Play. It's a self-management tool from the American Heart Association that can help you live better with the condition.

THREE WAYS WITH LEEKS

Aromatic and tasty, these nutrient-packed bulbs aren't just for fancy French soups



It's possible you can't remember the last time you ate a leek, let alone bought a bunch at the market. If you only know leeks as the main ingredient in creamy, bistro-style soup, it's time to unearth some new ways to prepare them. The leek is part of the allium plant family, and its more familiar cousins include onion, garlic, chive, scallion and shallot. Some chefs, when seeking a subtler, sweeter flavor, substitute leeks in recipes that call for garlic or onion.

Leeks are high in vitamin K, which contributes to blood and bone health, says Ginger Hultin, a registered dietitian, spokeswoman for the Academy of Nutrition and Dietetics and author of the Champagne Nutrition blog. They're also an excellent source of vitamin A, believed to support immunity and vision function. Rounding out the profile are important substances like vitamin B6 and folate, which help metabolize food into energy, and vitamin C, which encourages wound healing.

"Some people discredit white-colored vegetables as being less healthy than dark, leafy greens or other colorful options, but that couldn't be further from the truth," Hultin says. Leeks also have antioxidants called flavonoids and sulfur-containing compounds, which "have shown some promising anti-cancer and heart-healthy effects," she says. Here's how to incorporate these green-and-white beauties into your weekly meals.

1 ADD THEM RAW TO SALAD

Because of their mild flavor, leeks don't need to be cooked, but they should be carefully cleaned and prepped. Rinse them first, then chop off both the root end and the leaves' tough, dark-green end. Next, cut the leek lengthwise and make a series of crosswise cuts with each half (you'll end up with crescent-shaped pieces). Because leeks grow underground, they tend to contain lots of sandy soil between their folds. To remove it, soak the chopped pieces in a bowl of water before draining them in a colander and drying well with paper towels.

2 CARAMELIZE THEM


Follow the steps above, then heat olive oil in a large skillet over medium heat. Add the leeks, season with salt and cook, covered but stirring occasionally, for 15 to 20 minutes, until they have a golden-brown color. If leeks begin to burn at any point, reduce heat. Caramelized leeks can be added to quiches or gratin dishes or used atop homemade pizzas.

3 ROAST THEM

Chop off both ends and slice leeks in half lengthwise. Rinse the halves thoroughly under cool water, gently peeling back the leaves to dislodge soil and sand. Pat dry, then toss with olive oil and season with salt. Place on a baking sheet and roast at 425 degrees for 10 to 12 minutes, turning once halfway through.



PHOTO BY GETTY IMAGES



Onions aren't
the only thing
to caramelize.

DIG DEEPER ON LEEKS

► **Leeks are hardy veggies.** Depending on how fresh they are when you buy them, leeks can keep in the vegetable crisper for up to two weeks. It's best to wrap them loosely in plastic and keep them whole until you're ready to use them.

► **Don't freeze leeks unless you've cooked them first.** Raw leeks tend to become bitter and mushy when frozen, but cooked dishes like soups and quiches will keep well.

► **They go way back.** The ancient Greeks and Romans were fond of leeks, and Emperor Nero, who was one of their biggest fans, believed that eating leeks would strengthen his voice.

► **They are the symbol of Wales.** On the feast day of St. David, the country's patron saint, many Welsh people carry leeks or wear them as boutonnieres. The tradition has also come to include the daffodil, another national icon.

APP



Cooking Coach

As the name suggests, using the **SideChef** recipe app, available from the App Store and Google Play, is like having a chef by your side offering tips as you cook. The thousands of recipes are highly visual: Each one guides you with not only text, but also a series of color photos. You can scale the recipes up or down, create shopping lists and set timers.

SUNSCREEN



EVEN WHEN THERE IS CLOUD COVER,

as much as **80 percent** of damaging ultraviolet (UV) rays can penetrate your skin.



More than

75 percent

of changes in skin over time are from the effects of sunlight. Sun exposure is strongly linked to skin aging.

More than

25 percent

of women and

30 percent

of men do not consistently protect themselves from sun exposure.



MOST PEOPLE APPLY LESS THAN HALF

the recommended amount of sunscreen. Most adults need a golf ball-sized amount to cover all exposed skin.



No. 1 —

Skin cancer is the most common cancer.

Reduce your risk by wearing sunscreen every day.

Source: American Cancer Society

SPRING SCREENING FOR SKIN CANCER

When planning for summer activities, make skin cancer screening a priority item on your list of preparations. Community Care Network primary care physician Robert Khoury, DO, says screenings can identify abnormalities that might indicate one of three types of skin cancer including the most dangerous form, melanoma.

A screening may only take five or 10 minutes and is recommended for individuals who regularly spend time in the sun for work or relaxation, Khoury says.

“Screenings are intended for people who are at high risk due to spending a lot of time in the sun recreationally or for their job, or

who have a history of skin disease or have skin cancer in their family,” he explains.

Commonly cited defenses against skin cancer still hold true. Limit exposure to sunlight and use sunscreen with an SPF of at least 15 if your exposure will be two hours or greater or if your skin type makes you susceptible to sun damage. Watch any moles, lesions or skin discoloration for growth and color or other changes.

Annual checkups are an important safeguard against skin cancer, Khoury says. Ask your primary care provider to examine any moles or lesions and let him or her know of recent changes in those conditions.

CALL



Find a Free Screening Near You

Community Healthcare System family medicine practitioners provide free skin cancer screenings throughout the year. Call the physician referral line at **219-836-3477** or **866-836-3477** for an office location near you.

Childbirth Education DIRECTORY



The hospitals of Community Healthcare System offer **FREE** childbirth education and refresher classes for expectant mothers and their families. The handy guide below is a sample for your reference and not necessarily all-inclusive. Please call 219-836-3477 or 866-836-3477 to register and for upcoming dates and times. Registration necessary.

Childbirth Preparation Classes

Six class series; twice weekly for a three-week period.

Community Hospital Outpatient Center
9660 Wicker Ave.,
St. John

Choices in Childbirth

Five-week course meets Tuesdays

Learn what to expect during labor, birth and postpartum recovery.
St. Mary Medical Center,
1500 S. Lake Park Ave.,
Hobart

Childbirth Preparation

Accelerated Classes
Saturdays; 9 a.m.-4 p.m.
Community Hospital Medical Professional Center, 800 MacArthur Blvd., Suite 30, Munster

Weekend Warrior Childbirth Class

Saturday and Sunday sessions
Spend just 12 hours of your weekend to learn all about labor and delivery.
St. Mary Medical Center
1500 S. Lake Park Ave.,
Hobart

Teen Childbirth Preparation

Saturdays, 12-4 p.m.
Community Hospital Medical Professional Center, 800 MacArthur Blvd., Suite 30, Munster

Childbirth Preparation

Refresher Classes
Three class series,
6:30-8:30 p.m.
Community Hospital Outpatient Center
9660 Wicker Ave.,
St. John

C-Section Class

For women planning to deliver by cesarean section.
Community Hospital
901 MacArthur Blvd.,
Munster

Breastfeeding Class

Tuesday evenings
Community Hospital Outpatient Center,
9660 Wicker Ave.,
St. John

The Lactation Drop-In Clinics

Stop in for lactation consultation or baby weight check at our designated time without

an appointment.

Community Hospital
901 MacArthur Blvd.,
Munster
St. Catherine Hospital
4321 Fir Street, East
Chicago
St. Mary Medical Center
1500 S. Lake Park Ave.,
Hobart

Nutrition During Breastfeeding

Wednesday mornings
Education to teach new moms the importance of keeping their bodies healthy while breastfeeding.
Community Hospital
901 MacArthur Blvd.
Parkview Tower,
4th Floor, Munster

Taking Care of Baby

New/adoptive/expectant parents learn about safe care, developmental needs and parenting issues.
Monday evenings
Community Hospital Medical Professional Center, 800 MacArthur Blvd., Suite 30
Wednesday evenings
Community Hospital Outpatient Center,
9660 Wicker Ave.,
St. John

Keeping Baby Safe and Healthy

Wednesday evenings
Pediatrician Rajaraman Iyer, MD, addresses when to call the doctor, how to childproof the house, what to do in an emergency and the nutritional needs of babies.
St. Catherine Hospital
4321 Fir Street, Cafeteria Conference Room,
East Chicago

Infant Massage and Baby's Development

Pediatric therapists provide an introduction to infant massage and answer questions about baby's development in the first year.
Wednesday evenings
Community Hospital Fitness Pointe, 9950 Calumet Ave., Munster
OR
Wednesday mornings
Community Hospital
901 MacArthur Blvd.
Parkview Tower,
4th Floor, Munster

Baby and Me

TBA
Postpartum class enables new parents to share their fitness with baby.

Ages six weeks through crawling (baby is in a carrier).

Community Hospital Fitness Pointe, 9950 Calumet Ave., Munster

Sibling Class

Saturday mornings
Community Hospital Medical Professional Center, 800 MacArthur Blvd., Suite 30, Munster

Grandparents Class

Monday evenings
Community Hospital Outpatient Center
9660 Wicker Blvd.,
St. John
AND
Medical Professional Center, 800 MacArthur Blvd., Suite 30, Munster

Family and Friends CPR

Infant/Child/Adult
Tuesday evenings,
\$15 FEE
Not for certification
Community Hospital
901 MacArthur Blvd.,
Cafeteria Conference Rooms, Munster ■



Joseph Fanelli, MD, left, and Behavioral Health Services staff Jennifer Jimenez, NP, center, and social worker Carmen Rodriguez, LCSW.

SURVIVAL SKILLS

Behavioral Health Services' treatment helps suicide survivor cope

L.E. slit her wrist, parked her car in the middle of the San Diego–Coronado Bridge, said a prayer and jumped into pitch-black nothingness. The aspiring graphic design artist had tried to take her life twice before. She'd grown weary of battling a diagnosis of bipolar disorder and an OxyContin addiction that flared after a snowboarding accident.

For years, she shuffled in and out of psychiatric offices across multiple states with medication regimens that, for her, led nowhere.

"I didn't have any energy for the 'lows' anymore," she says. "The next thing I knew I was caught in a current with a broken neck, a broken pelvis and my right leg floating above my head."

If the U.S. Coast Guard hadn't been conducting an exercise that night, L.E. would not have been able to lay claim to being the 13th person to survive a 220-foot fall from one of the deadliest bridges in the nation.

But the heroic rescue by a fleet of boats and a Coast Guard helicopter in 2015 wasn't her only cue for salvation.

L.E. credits the mental health expertise and psychiatric care she received at St. Catherine Hospital with quieting the “little monsters” in her head and keeping them at bay.

Inpatient and Outpatient Services


St. Catherine Hospital operates Community Healthcare System’s Behavioral Health Services inpatient and intensive outpatient care. Behavioral Health Services provides a contemporary approach to psychiatric care in a hospital setting for patients with anxiety disorders, obsessive-compulsive disorder, depression, suicidal tendencies or thoughts, bipolar disorder, post-traumatic stress disorder, schizophrenia and treatment-resistant psychiatric disorders. Their goal is to accelerate recovery and prepare patients to transition back into the community through a healing environment and evidence-based psychotherapy.

“We have a highly skilled team in place to treat the mind, body and spirit of our patients.”

Leo Correa, CEO

Inpatient services include treatment by a board-certified psychiatrist, medication management, nursing and therapy services, discharge planning, assistance with emergency orders of detention and coordination of follow-up care.

WEBSITE



We Are Here to Help

If you or a loved one is feeling lethargic and sad, Behavioral Health Services of Community Healthcare System can help. To learn more, visit comhs.org.

“We have a highly skilled team in place to treat the mind, body and spirit of our patients,” says Leo Correa, CEO. “When it matters most, Behavioral Health Services patients take comfort knowing they’ll be treated with dignity and kindness as our care team finds the most effective medication and therapy plans to manage their health symptoms and conditions.”

New Treatments

After two years of program expansion, St. Catherine Hospital’s care team in 2017 began offering electroconvulsive therapy (ECT), a procedure done under general anesthesia to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses. The hospital also began to extend ketamine treatment to a select group of patients with treatment-resistant depression.

Around that time, L.E. was referred to Joseph Fanelli, MD, a psychiatrist and medical director for the Behavioral Health Services program, by another doctor who told Fanelli L.E.’s mental health was deteriorating despite 15 rounds of ECT at another facility.

“ECT is considered by many behavioral health providers to be the gold standard for treating profound depression,” Fanelli explains, but L.E. was treatment-resistant to this procedure. “She had little, if any, relief from other conventional treatments.”

Her family told Fanelli that their daughter had been given a ketamine treatment for pain while she was recovering from the suicide attempt and it was one of her better days in recovery.

“We decided to try ketamine,” Fanelli recalls. “We saw dramatic improvement by the second treatment.”

L.E. had six standard treatments at St. Catherine Hospital and, Fanelli says, her depression has remitted.

“For some patients, this treatment can be lifesaving,” Fanelli explains.

Ketamine has been shown to be well over 75 to 90 percent effective against suicidal thoughts within minutes to hours. The dissociative drug allows patients to react less to their impulses and separates their thoughts and emotions and their reactions to their emotions.

The therapy is not prescribed without serious thought, however. Since it is a new development, patients pay out of pocket.

Ketamine is reserved for the most severe illnesses, Fanelli explains.

L.E. says she’s had great results from the therapy at St. Catherine Hospital, and her life has changed dramatically for the better.

“I saw improvement in my disposition right away, and with the help of monthly ketamine booster treatments,” she says. “I’m back doing the work I love as a freelance photographer and graphic designer.” ■

REDUCING READMISSIONS

Clinic aids in successful heart failure and COPD symptom management

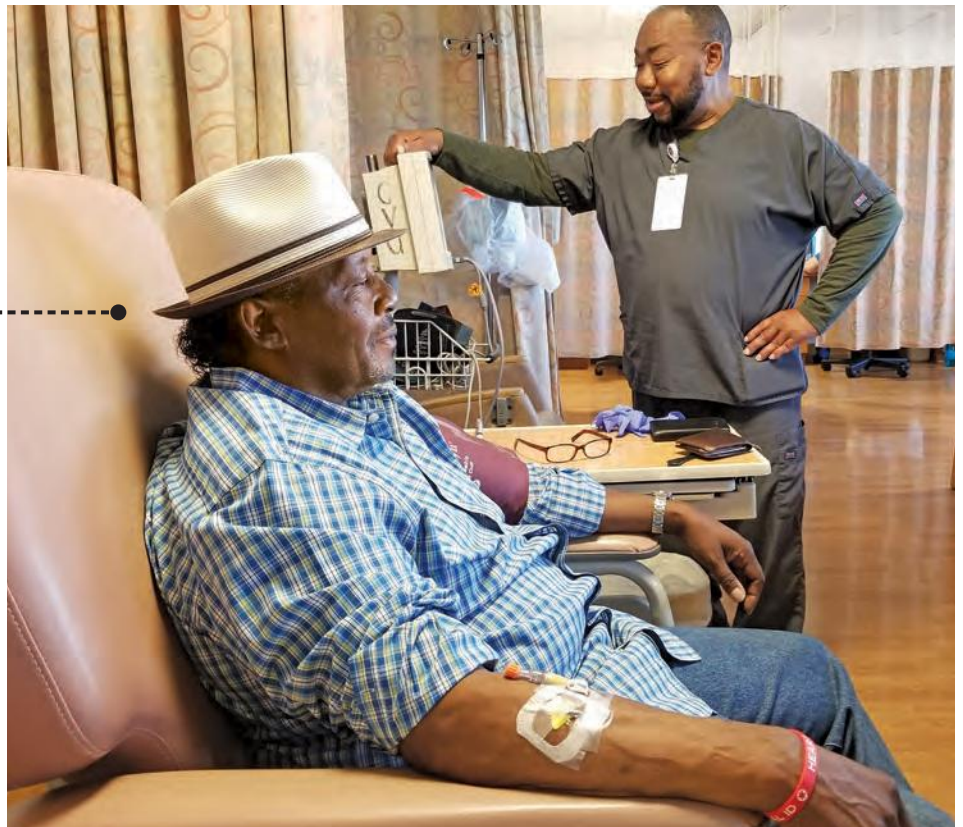


Retired musician Virgil Jackson, 64, is a man on a mission. Jackson suffers from congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD), two conditions with symptoms that can require frequent hospitalizations if not managed properly.

Jackson's goal is to stay out of the hospital by successfully managing symptoms, which can include swelling of the legs, hands and face, difficulty breathing and rapid weight gain due to water retention. He has an ally in this quest: Cedric Cobb, quality care navigator for the CHF/COPD Clinic at St. Mary Medical Center.

"Almost every week I was going to the Emergency Department at St. Mary Medical Center because I was swelling up," Jackson recalls.

"When 'Virg' came in here, he was full of fluid everywhere and he was on four liters of oxygen. He could not get off of oxygen," Cobb says. "Now, education,



Cedric Cobb, standing, checks on Virgil Jackson during a visit to the CHF/COPD Clinic.

encouragement and regular monitoring at the clinic have him on the path to success."

Jackson visits the CHF clinic twice each week so that Cobb can check his weight and vital signs, administer diuretics or breathing treatments if needed, and follow up with his physicians if the checkup reveals any cause for concern.

Cobb also serves as Jackson's cheering section, encouraging him in his compliance with the recommended diet and exercise, and celebrating his successes.

"We have to get him to where he wants to be compliant," Cobb explains. "That's 90 percent of the battle. He will feel better by following the recommendations."

During one clinic visit, Jackson checked in with blood pressure at 109/65. “Is that good?” he asks. “Beautiful,” Cobb assures him. At that same visit Jackson’s weight was 267 pounds, down five pounds from the week before.

“You did it,” Cobb says, giving Jackson a handshake and a hug.

Jackson’s goal weight is in the 250s, Cobb says. He receives Bumex treatments at the clinic twice each week to help keep the water weight off.

“With all of our patients, we try to establish an optimal dry weight and get them down to that, where the fluid is off and the lungs are clear,” Cobb says. “His lungs are clear as a bell right now.”

Coordinated Care

Clinic patients are seen anywhere from one to three times per week. If they exhibit symptoms and need to get checked out before their next scheduled physician appointment, patients can visit the clinic.

Cobb communicates the results of exams and lab work to their physicians while the patient is there, and he can implement some medication changes or other physician orders during the visit. If patients need to be admitted as an inpatient directly from the clinic, Cobb can accomplish that also, he says.



Nurse Michelle Krull chats with Virgil Jackson while starting his IV during a weekly visit to the CHF/COPD Clinic.

The CHF/COPD Clinic is part of St. Mary Medical Center’s campaign to reduce readmissions for patients with those conditions.

“Many of our patients turn first to the Emergency Department for treatment of their symptoms, and often-times those symptoms are severe enough to require readmission,” says St. Mary Medical Center CEO Janice Ryba. “Our CHF/COPD Clinic assists our

cardiologists and pulmonologists in proactively managing our patients’ chronic conditions so that they can remain safely at home and enjoy a better quality of life.”

Successful Management

One misconception about conditions like CHF and COPD, Cobb says, is that they cannot be managed successfully to improve patients’ day-to-day lives.

“I can’t cure you, but you can live with this if you follow the recommendations,” he explains. “Follow a low-sodium, low-fat diet. Virg was having trouble with gout. Now he eats less meat. We educated him on the benefits of eating vegetables. He’s doing fine.”

“I’m a living example of what these people can do,” Jackson says. “I’m just blessed. God has surrounded me with people who keep me living.” ■

WEBSITE



The CHF/COPD Clinic

St. Mary Medical Center’s CHF/COPD Clinic is located at the hospital, 1500 S. Lake Park Ave., on 5 West. To learn about referrals or to make an appointment, call **219-947-6823**. Visit comhs.org/heart for information on heart care services at the hospitals of Community Healthcare System.

Turning Off Tremors

Deep brain stimulation returns quality of life for Parkinson's patients



With a tap on a tablet screen, Hammond resident Russ Nelson watched the pronounced tremors in his hands go still. When his wife, Deb, witnessed it for the first time, she cried.

"We've waited a long time for this," she said. "I just can't believe the difference."

Thanks to a procedure called deep brain stimulation (DBS) offered at Community Hospital in Munster, patients like Nelson can experience relief from debilitating tremors resulting from Parkinson's disease and essential tremor disorder. DBS is a surgical procedure in which an array of electrodes is carefully implanted in parts

of the brain to send electrical impulses that override the abnormal oscillatory impulses of the thalamus or putamen in an effort to redirect a patient's neuronal oscillatory brain activity and subsequently normalize the neuronal outflow to the rest of their brain.

"When medical management is less effective, DBS therapy can improve motor skills and reduce uncontrollable tremors," says Andrea DeLeo, DO, MSE, director of the Parkinson's Disease and Movement Disorder program at Community Hospital. "Patients like Russ can regain a great deal of control over their lives."

Innovative Treatment

Community Hospital is the only Northwest Indiana hospital offering DBS to patients. Recently, DeLeo, a neurologist fellowship-trained in movement disorders, and neurosurgeon Wayel Kaakaji, MD, adopted the most advanced technology available for DBS therapy called the Infinity™ DBS system. The new device from Abbott Laboratories' St. Jude Medical, features a revolutionary multidirectional lead that allows surgeons to precisely manipulate an electrical field inside the brain for the most targeted stimulation.

"Previous versions of DBS utilized a lead that distributed power in a circular



Fellowship-trained neurologist Andrea DeLeo, DO, works with patient Russ Nelson on adjustments following his deep brain stimulation surgery using the new Infinity device.



Community Hospital neurosurgeon Wayel Kaakaji, MD, shows nurse manager Laura Adam the fitted head brace used during deep brain stimulation surgery. The brace is custom-designed to the exact specifications of the patient using 3-D printing.

shape at the end of an electrode,” says Kaakaji. “The directional lead of the Infinity system offers segmented bands along the length of the lead that can be turned on or off depending on the area of the brain to be stimulated. This allows DeLeo to program the device in order to steer the current toward targeted parts of the brain and avoid unwanted side effects. This level of accuracy is unprecedented and ensures we are only in the areas of the brain we want to effect.”

The process of DBS consists of three parts: imaging, lead placement and device programming. Extensive imaging using an MRI of the brain allows the team to identify the exact location in the brain to implant the DBS lead. During implantation of the lead, the neurosurgeon cuts a small hole in the skull and threads a thin insulated wire into the brain. The wire contains electrodes that will later be programmed to send electrical impulses to the abnormal areas of the brain.

Patients are awake, but in a “twilight” state during the procedure. Patients are still able to follow commands and provide feedback on their movements but will remember little to nothing about the surgery itself. Nelson remembers DeLeo

being at his side the entire time and following her commands for arm and hand movements.

Restored Quality of Life

After a final surgery to implant the neurostimulator in the chest (similar in size and placement of a pacemaker) and a few months of recovery, Nelson was ready for his initial “programming” session. It was during the first session that DeLeo, using a specially configured iPad, controlled Nelson’s pronounced tremors with a few taps on the screen.

“It’s amazing to think about, but today I feel 90 percent normal thanks to the surgery,” says Nelson. “I waited quite a while before deciding to undergo DBS. When I realized that medication was no longer as effective for me, it finally seemed to be the right time.”

“Russ was a great patient for this surgery because he was diagnosed at a relatively young age,” adds DeLeo. “He has always been actively involved in the treatment of his Parkinson’s disease and has been responsive to coming in for frequent programming appointments in order to fine-tune the device to his particular needs. His impairment and his

quality of life due to his disease made him an ideal candidate to benefit from DBS therapy.”

To qualify for DBS, patients must have normal cognitive status and have no morbidities that would make surgery too risky. If those criteria are met and medication is no longer as effective for symptoms that effect quality of life, DBS is a viable option for patients with Parkinson’s disease or essential tremor disorder.

According to his doctors, Nelson has responded wonderfully. “Russ went from a score of 77 to an 11 on the Unified Parkinson’s Disease Rating Scale (UPDRS), which measures motor function, rigidity and performance of daily living for Parkinson’s patients,” says DeLeo. “He looks about as normal as any other individual out there. And now he has a whole new outlook on life!” ■

WEBSITE



Help for Movement Disorders

Community Hospital is working to improve quality of life for those with Parkinson’s disease and movement disorders with deep brain stimulation and other advanced therapies. For more information, visit **comhs.org/services/neuroscience/parkinsons-and-movement-disorders**.



**Oncologist
Amer Sidani, MD**

LEARN MORE ABOUT CANCER CARE

Oncologist Amer Sidani, MD, a Community Care Network physician, discusses the latest advances in cancer treatment

Q What is immunotherapy?
Immunotherapy is a treatment that allows the patient's own immune system to fight cancer.

Something we've learned is that certain types of cancer can create a shield of protection against the immune system. Immunotherapy breaks down that protection and stimulates the immune system. Essentially, it allows T-cells, which are part of a patient's native immunity, to attack the cancer cells.

Q What is targeted therapy?
Targeted therapies are treatments that are meant to "zone in on" a particular mutation within the cancer itself. We've identified some markers or mutations that have led to therapies

that target the specific cancer cells or mutations. For example, for non-small cell lung cancer, we've identified four to five mutations that can play a part in the development of lung cancer. For each of those mutations, there are different medications that allow us to personalize treatment and be more precise. The advantage of targeted medication is that it is very particular and tends to be better tolerated by the patient because it targets only the cancer cells instead of being more broad and affecting healthy cells as well.

Q What's new at St. Catherine Hospital for oncology patients?
Until recently, patients at St. Catherine Hospital had to travel to

APPOINTMENTS



Expert Cancer Care Close to Home

Hematologist/oncologist Amer Sidani, MD, specializes in cancer care and sees patients at St. Catherine Hospital's Oncology and Outpatient Infusion Center in East Chicago three days a week. He is also affiliated with Community Hospital in Munster and St. Mary Medical Center in Hobart. For an appointment, call **219-392-7329**. To learn more, visit comhs.org/services/cancer-care.

other institutions to receive much of their oncology care. We are undergoing expansion to add space and improve treatment areas in the oncology and infusion centers. This will allow for a better facility with more privacy, comfort zones, patient amenities and personalized treatment as they go through their healing process. We also are developing a team of staff that are trained and experienced in oncology. It is important that patients trust in the process and care team and we want to make sure we earn that trust. ■

When it matters most...



Behavioral Health Services

Behavioral Health Services offers a contemporary approach to psychiatric inpatient and intensive outpatient care for adults and older adults with:

- Anxiety disorders
- Bipolar and obsessive-compulsive disorder
- Depression
- Suicidal behavior or thoughts
- Post-traumatic stress disorder
- Schizophrenia and treatment-resistant psychiatric disorders

With a healing environment and evidence-based treatments, our caring team helps to prepare patients for transition back into the community.

To schedule a consultation, call: 219-392-7466.



Behavioral Health Services of

COMMUNITY HEALTHCARE SYSTEM®

Community Hospital
Munster, IN

St. Catherine Hospital
East Chicago, IN

St. Mary Medical Center
Hobart, IN

Inpatient services are located at
St. Catherine Hospital, 4321 Fir Street, East Chicago.

Intensive outpatient care is located at the
Professional Office Building, 4320 Fir Street, East Chicago.

Visit comhs.org for more information.



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