



SPRING 2020



ONE WOMAN'S LIFELONG JOURNEY TO WEIGHT LOSS

Brain Power

GAME OF THRONES STAR EMILIA CLARKE SURVIVES TWO ANEURYSMS

> **Advanced Stroke** Care at the Ready Expert treatment

when every minute matters

Heart and Lung Care Close to Home

Minimally invasive approaches to surgery





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Save vour brain with a quality multivitamin

The Right Care at the Right Time

WHETHER YOU'RE HEALING FROM STROKE, A PERSISTENT WOUND OR CANCER, OUR TEAM IS READY

BY DONALD P. FESKO

Our hospitals are working together to bring Northwest Indiana residents a higher level of neurological and rehabilitative care. On page 16, actress Emilia Clarke's story demonstrates how the right care at the right time can make a major difference in outcomes.

For Larry Rozin of Dyer, the right care turned out to be a minimally invasive lobectomy on each lung that saved his life (page 4). Our highly skilled cardiothoracic team of surgeons oversees the only robotic thoracic program in Northwest Indiana.

Part of our advanced care plan also includes the phys-Indiana, Inc. ical, occupational and speech therapies available at the Community Stroke & Rehabilitation Center in Crown Point. Research shows that for many post-stroke patients, intensive inpatient rehabilitation treatment at an inpatient rehabilitation facility may be the best choice, resulting in enhanced functional outcomes with a shorter length of stay and higher discharge rate. This same high standard of care also applies to patients recovering from neurological conditions and joint replacements and others who need care in a rehabilitative setting. You can read more about our skilled staff and state-of-the-art equipment that is making a difference for patients on page 6.

Complementing the extended rehabilitative care available throughout Community Healthcare System is the Comprehensive Stroke Center at Community Hospital. The center has a dedicated neurological critical care unit, the availability of neurosurgeons 24/7, and a high-performing program with stroke coordinators and stroke support staff. Lansing resident Bonnie Kruse counted on this higher level of expertise to not only survive, but to thrive again following a devastating stroke (page 50).

The Wound & Ostomy team at St. Catherine Hospital is saving limbs by offering advanced skin grafting techniques to patients like Kevin Kinnard with persistent non-healing wounds (page 52).

When Fred Ingram discovered he had prostate cancer, he turned to the team at St. Mary Medical Center's Center of Excellence in Robotic Surgery for treatment (page 54). The robotic platform gives the surgeon control of precise instrumentation that can be used to perform sensitive procedures in which millimeters matter.

We will continue to add programs and services so you won't have to look any further than your own neighborhood for the highest quality healthcare. •



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Walking Together for Hearts

HEART WALK BRINGS AWARENESS TO THE COMMUNITY

"It is the

camaraderie

that keeps them

motivated."

Lori

Dorsey Dye and Miles Dunscombe take care of their hearts through cardiac rehab at the hospitals of Community Healthcare System. They joined teams from across the system, including the cardiac rehab departments from Community Hospital and St. Catherine Hospital and the cardiopulmonary care department from St. Mary Medical Center to participate in the American Heart Association Heart Walk last September in Lake and Porter counties.

"I found cardiac rehab a good way to exercise and meet people who had been through a similar experience," Dunscombe says. "The neat thing about the walk is that it comes around in the fall and you can see if you have

been making any progress over the year by participating. The important thing is that I am still able to get around and walk and exercise. It's a good time to go out there and be with quality people."

For Dye, cardiac rehab increased his activity levels. "My body is much stronger. Some of my nurses—Leticia, Kathryn, Katie, Mike, Cameron, Joy and Darlene—and I talked about forming a team. I set a goal for myself that if I could pass the last rehab (test), I would go to the walk. They're a good bunch of people who know what they are doing, have positive attitudes and offer encouragement."

Cardiac rehab is a complete lifestyle change and an ongoing commitment, says Lori Turco, RN, supervisor, Cardiopulmonary Rehabilitation, St. Mary Medical Center.

"You can't just do it for 12 weeks and then say, 'I'm done.' It is the camaraderie that keeps them motivated. They are their own cheerleaders for each other as well as the staff who keep them coming back."

Quality Cardio Care

To learn more about inpatient and outpatient cardiac and cardiopulmonary rehabilitation at the hospitals of Community Healthcare System, visit **COMHS.org/heart**.



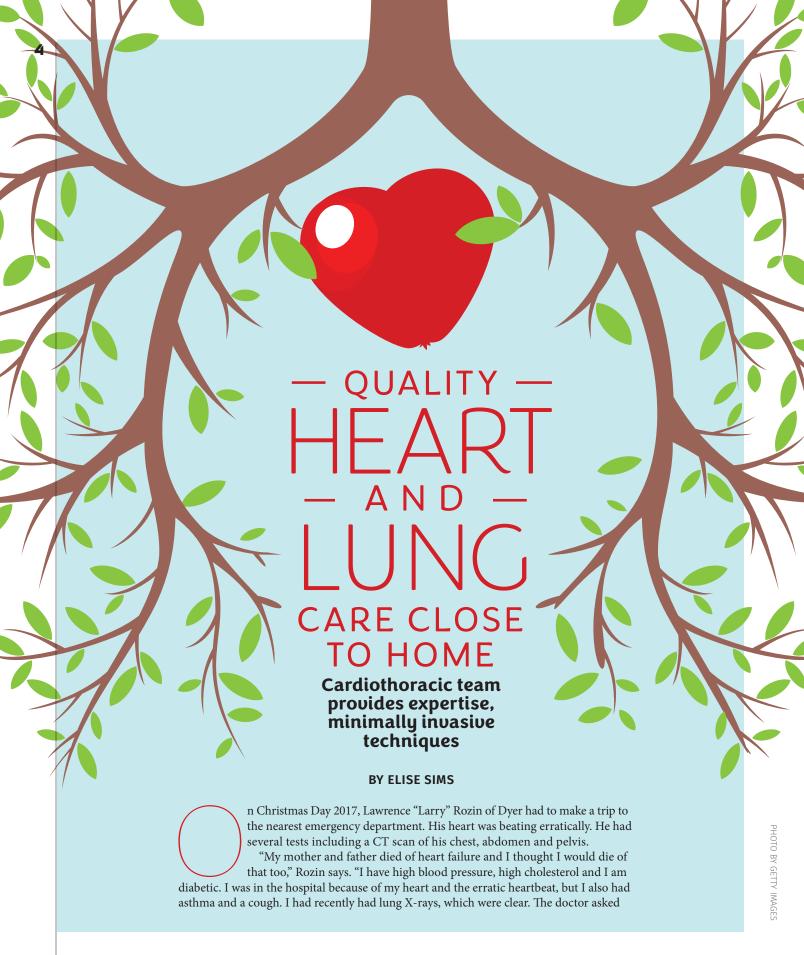
Dorsey Dye, center, says cardiac rehab has helped him increase his activity levels and get stronger.



Miles Dunscombe, with his wife, Molly Jane.



Participants in the September Lake County Heart Walk.



me if I had ever coughed up blood and I said I never did. When he told me I had lung cancer that was the last thing I was thinking."

A biopsy of Rozin's lungs showed cancer in each lung. Further testing revealed that each lung had a different type of cancer, both at stage 1. He was immediately transferred to Community Healthcare System's Community Hospital, Munster, for a more complex level of care.

Minimally Invasive Surgical Solutions

An expert in the field, Director of Cardiothoracic Surgery Michael Eng, MD, performed a minimally invasive lobectomy (removal of a lobe) on each lung with the assistance of the da Vinci® Robotic System.

"Mr. Rozin did very well with the robotic lobectomy," Eng says. "I took a lobe out of one side in May of 2018, then I took out a lobe on the other side in September. Once, that would have meant a giant scar

"We've done

well over

100 cases and

that volume is

all the way around the chest on both sides, but now it means a few tiny incisions on both sides. He did very well and recovered in a fairly short period of time."

Today's robotic surgeries are proving to be much better for patient recovery, Eng says. Patients who would not otherwise have qualified for an open lobectomy as ril because of complications such as for b heart disease and weak lungs are sympable to tolerate a procedure with the robot and have a good experience.

"If you are going to potentially 'cure' a patient of early stage lung cancer, surgery is almost always your best option," Eng says. "If the patient can't have surgery because the lungs are too weak, then they are limited to chemotherapy and radiation. We are able

Robotics Power

For more information about robotic surgeries at the hospitals of Community Healthcare System, visit **COMHS.org/services/surgery**.

to offer surgery as an option now to a greater population of patients because of the smaller incisions that we make and recovery is less stressful."

A Comprehensive Team

Community Healthcare System's cardiothoracic team includes Eng, Mehdi Akhavan-Heidari, MD, Cris Carlos, MD, Jason Frazier, MD, and Vsevolod Tikhomirov, MD.

"We're excited about the expertise that this cardiothoracic team brings to Northwest Indiana," Eng says. "We're currently the only robotic thoracic program in Northwest Indiana. We've done well over 100 cases and that volume is growing."

Community Healthcare System hospitals offer the same minimally invasive procedures that academic medical centers offer, according to

Eng. That means patients can get the care they need close to home, at Munster's Community Hospital, St. Catherine Hospital in East Chicago, and Hobart's St. Mary Medical Center.

"We offer any type of lung surgery including biopsies, lobectomies, pneumonectomies (removing the entire lung), as well

as rib resections and operations for benign esophageal tumors and sympathectomy (cutting nerves to reduce or eliminate excessive sweating)," he says.

Rozin says he received excellent care and appreciates that his doctors and surgeon are nearby.

Larry Rozin of Dyer with Director of Cardiothoracic Surgery Michael Eng, MD. Eng performed two lobectomies to cure Rozin's lung cancer at Community Hospital, Munster. "I wasn't in a position to drive downtown or go anywhere else for care," he says. "I was weak from having lost nearly 60 pounds between diagnosis and the second lung surgery. I live with my brother and he takes me to all my appointments, or I have to call for a ride."

Patients can find not only expertise and quality care at the hospitals of Community Healthcare System, but a better overall experience without having to travel far, says Donald P. Fesko, president and CEO, Community Foundation of Northwest Indiana, Inc., parent company of the hospital system.

"Our continuing commitment to providing the most advanced medical facilities and highly talented medical staff have led the way to offering better medicine to Northwest Indiana residents," he says.

Rozin is enjoying life again, staying active and making it out to the golf course at least once a week.

"I'm grateful to Dr. Eng and the team," Rozin says. "My advice to others is to take care of your lungs and quit smoking."





On the Move AAAA

Specialty hospital provides advanced technology and skilled staff to help stroke, Parkinson's and neurological patients recover sooner

BY ELISE SIMS

t takes a team of professionals working together to ensure that people with neurological conditions such as stroke, Parkinson's disease and brain injury don't just survive, but recover with as few lasting complications as possible. That's where the Community Stroke & Rehabilitation Center in Crown

Point comes in—to complement the complex advanced neurological care offered by
Community Healthcare System at Community Hospital's
Comprehensive Stroke Center and

at Community Hospital's Comprehensive Stroke Center and St. Catherine Hospital and St. Mary Medical Center's Primary Stroke Centers.

The new specialty hospital extends the inpatient rehabilitation care and therapies offered in Munster, East Chicago and Hobart by providing highly skilled, trained therapy professionals and advanced state-of-the-art technologies and equipment.

"Each of our hospitals is accredited and serves as a starting point for stroke patients," says Craig Bolda, administrator of the Community Stroke & Rehabilitation Center. "Studies suggest that for many post-stroke patients, intensive inpatient rehabilitation treatment at an inpatient rehabilitation facility may be the best choice, resulting in enhanced functional outcomes with a shorter length of stay and higher discharge rates. This same high standard of care also applies to patients recovering from neurological conditions and joint replacements, and others who need care in a rehabilitative setting."

··· Individualized Expertise

To best meet the needs of each patient, an individualized care plan is created based on an evaluation upon admission. The care plan is used depending on whether the patient is a stroke patient, an amputee, had a spinal cord or brain injury, or is suffering from other neurological conditions.

Once a week, each patient's care team of doctors, nurses, occupational therapists, physical therapists, speech therapists and social workers meet to discuss the plan of care and next steps. The patient and his or her family are invited to attend.

"We encourage family members to become involved; it gives the

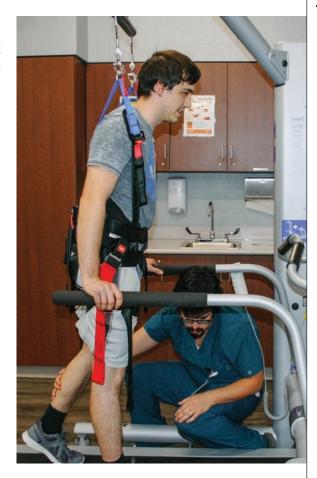
The Biodex system takes some weight off of the patient while the therapist manually moves the lower extremities so the patient can practice walking.

patient a lot of support," Melko says. "We understand that a lot of the family members work, but we discuss that in advance with their social worker before we set the schedule. That way they can be part of family training, get weekly progress updates and be involved as much as possible."

Therapists have specialized training with advanced certification. Registered occupational therapists and speech therapists are required to have a master's degree with 36 hours of continuing education credits. At the rehabilitation center, an additional six hours of training is required per year.

"The name of our specialty hospital is Community Stroke & Rehabilitation," says Toni Michalski, clinical coordinator. "I think that demonstrates we are a dedicated center and continue to educate ourselves to ensure that we are up to date in the latest therapies, technologies and techniques in the care of stroke and patients with other neurological conditions."

"Our goal is for our patients to get back to where they were before they were sick or injured so that they can go home and live as independently as possible," she says. "Besides an excellent





"Our goal is for our patients to get back to where they were before they were sick or injured so that they can go home and live as independently as possible."

Toni Michalski, clinical coordinator nursing staff, we are able to offer more intense physical, occupational and speech therapies with advanced technologies to enhance the care we provide to our patients."

During an initial evaluation, the therapist will have the patient go through a number of activities to get a baseline measurement of their abilities.

Each patient is required to get at least 180 minutes of therapy per day. On average, a patient has four therapy sessions per day, two physical therapy and two occupational therapy. Speech therapy is ordered if the patient's doctor prescribes it because the patient has issues swallowing or with cognition or voice.

"Our patients need to be able to tolerate a minimum of three hours of therapy per day," says Joshua



Tina Patrick steadies herself with the help of the Biodex Balance System during a therapy session with Michael Flores.

Melko, OT, certified occupational therapy assistant. "Our patients get approximately 900 minutes a week. We try to provide as much one-on-one therapy as we can for the benefit of the patient."

One of the main focuses during a physical therapy session, for example, is on different increments of walking. The patient walks 10 feet, then 50 feet while the therapist assesses how he or she performs. The patient also practices picking up objects from the ground and getting in and out of a car.

During an occupational therapy session, the focus is on how the patient is able to take care of themselves, from eating, grooming and brushing their teeth to washing their face. Instrumental activities of daily living are self-care tasks that require more complex thinking skills. Examples include cooking, cleaning, laundry, managing pills and medications, managing a checkbook, paying the bills and grocery shopping. One of the therapy rooms is a replica of an apartment so that patients can practice with a real stove, oven, washing machine, dryer and bathroom.

"Besides an excellent nursing staff, we are able to offer more intense physical, occupational and speech therapies with advanced technologies to enhance the care we provide to our patients."

Toni Michalski, clinical coordinator

---- Putting Technology to Work

To maximize each physical therapy session, the therapist utilizes advanced technology such as the Biodex Balance System™ and ZeroG® Gait and Balance System. Biodex is a balance testing and training machine that provides the therapist feedback on the patient's posture, stability, weight-bearing load per side and risk of falling.

Biodex is used for patients with balance issues who are at risk of falling, not just stroke patients, which is 99 percent of the patient population at Crown Point, Michalski says.

"The system is designed to improve balance, increase agility and develop muscle tone," she says.

ZeroG is a robotic bodyweight support system. Patients wear a specialized harness that connects to the ZeroG robot as it supports and tracks their movements from above. ZeroG helps the patient practice walking, complete balance exercises and work on position changes such as sitting to standing in a "reduced gravity" environment that supports balance while preventing falls.

"ZeroG gives our patients the safety and confidence to practice functional, real-world balance and walking activities," Michalski says. "We believe the use of ZeroG technology will help our patients accelerate and maximize recovery."

Rehab That Works for You

For more information about the Community Stroke & Rehabilitation Center in Crown Point, visit **COMHS.org**.



Clifton Hulett practices washing dishes with therapist Joshua Melko at the Community Stroke & Rehabilitation Center in Crown Point.

A QUICK GUIDE TO THE FEATURES IN THIS ISSUE



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

—Steph Greegor, on her approach to losing more than 100 pounds Page 28

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age 28, Bearett Wolverton had a lot on his plate: He was a husband, a father and a student nearing the end of seminary school. Who could blame him, then, when he decided to take a break and sit on his couch at home in Texas to switch on some

football? I was watching a playoff game and felt a jolt in my chest and thought it was strange. But I really just thought it was indigestion or heartburn; it would come for about 10 or 15 minutes, and then it would go away for a couple of hours," Wolverton says. "So it wasn't until the next evening that I went to the ER to have it checked out."

Although he knew chest pain was a classic symptom of heart attack, neither he nor his wife, Jennifer, thought that's what it could be. The couple agreed Wolverton would drive himself to the hospital and she would stay home with their young daughter.

AN UNLIKELY CANDIDATE FOR HEART TROUBLE

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

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

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

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

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



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

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

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

WHAT'S CAUSING EARLY HEART ATTACKS?

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

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

But the number of heart attacks that occur in people younger than 40 is

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

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

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

Heed the Warning Signs

When a heart attack strikes, every second counts.
Recognizing the warning signs and responding immediately can make the difference between life and death.

The classic signs of a heart attack are shortness of breath, lightheadedness or nausea, and pain or discomfort in the center of the chest, back or jaw. But for women, the symptoms may be less obvious: pain between the shoulder blades, dizziness, indigestion, extreme fatigue and only sometimes chest pain.

Community Healthcare
System's hospital
Chest Pain Centers:
Community Hospital
in Munster,
St. Catherine Hospital
in East Chicago and
St. Mary Medical Center in
Hobart, treat and stabilize
a heart attack from the first
point of contact, when the
chances of recovering are
the greatest.

Specialized teams at the hospitals work seam-lessly with area emergency services and internal departments to ensure that patients complaining of chest discomfort are provided with immediate treatment that can help to limit potential heart damage.

For more information about cardiac services available, visit **COMHS.org/heart**.



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

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

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

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

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

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

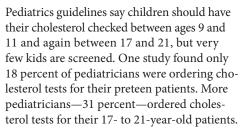
Women appear to be even more susceptible to the trend. The number of heart attacks in young women has increased, according to the American Heart Association. And young women are even less likely than young men to get the proper diagnosis and treatment, so it's particularly important for women to advocate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

HOW GENETICS PLAY A ROLE

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

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

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



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

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

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

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

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

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

EARLY HEART ATTACKS AND LONG-TERM HEALTH

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

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

Completing a cardiac rehabilitation program can greatly reduce survivors' future risk of heart attack and rehospitalization. In fact, the



Find Your Heart

Find out about your risk and how to protect your heart. For more information about heart screenings or to find a Community Care Network cardiologist near you, visit **COMHS.org** or call our physician referral line at 219-836-3477 or 866-836-3477.

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

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

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

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

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

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



Heart Help

The hospitals of Community Healthcare System offer a variety of free or low-cost events and screenings throughout the year to educate the community about heart health.

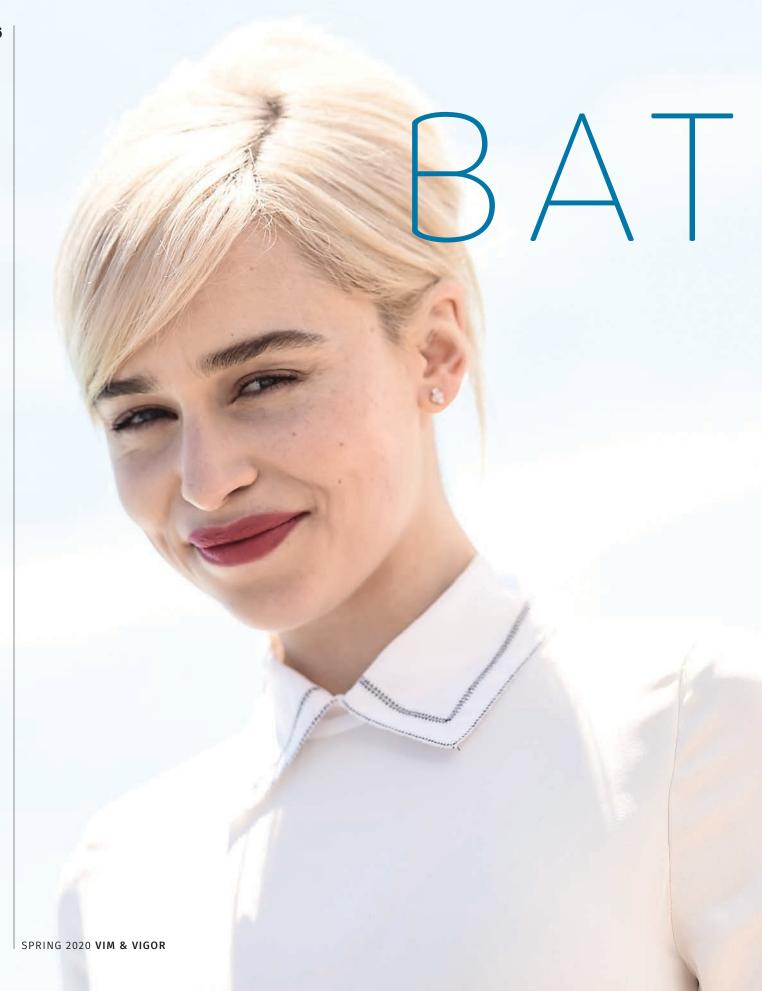
"The first step in preventing heart disease is to know your risk," says Sarah Alexander, MD, a cardiologist with Community Healthcare System's Community Care Network. "Get your numbers checked: cholesterol, blood pressure, weight, blood sugars. These indicators will help determine where to focus your efforts, whether it be a change in diet or increase in physical activity."

Available screenings:

- Community Coronary Scan: A painless CT scan that detects heart disease before you feel symptoms.
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- Blood Pressure Checks: Free

Nutrition counseling, smoking cessation classes and exercise programs are also available. Programs and screenings are conducted by credentialed staff.

Call 219-836-3477 or 866-836-3477.



BRAIN

On Game of Thrones, Emilia Clarke walked through fire and lived. In real life, she survived two potentially deadly aneurysms

BY JEANNIE NUSS

2011, shortly after Emilia Clarke finished shooting her first season as Daenerys Targaryen on the HBO series *Game of Thrones*, she went to a gym in London to work out—and promptly had a terrible headache.

"When I started my workout, I had to force myself through the first few exercises," Clarke wrote in a piece for *The New Yorker*. "Then my trainer had me get into the plank position, and I immediately felt as though an elastic band were squeezing my brain."

Clarke, only 24 years old at the time, was rushed to a hospital, where an MRI showed that an aneurysm—or a weak, bulging spot in an artery—had ruptured in her brain, leading to a type of stroke called a subarachnoid hemorrhage, or SAH.

"As I later learned, about a third of SAH patients die immediately or soon thereafter," Clarke wrote in *The New Yorker*. "For the patients who do survive, urgent treatment is required to seal off the aneurysm, as there is a very high risk of a second, often fatal bleed."

Clarke was transported to another hospital, where she underwent surgery. Within weeks, she was back on the set of *Game of Thrones*.

While she was in the hospital, Clarke learned that she had a second brain aneurysm. "The doctors said, though, that it was small and it was possible it would remain dormant and harmless indefinitely," Clarke wrote in *The New Yorker*.

Things changed in 2013 when a brain scan showed that Clarke's growth had doubled in size. So she had surgery again.

"In the years since my second surgery," she wrote in *The New Yorker*, "I have healed beyond my most unreasonable hopes."

Hope Amid Stark Realities

Not everyone who has a ruptured brain aneurysm is so fortunate.

An estimated 6.5 million people in the United States, or about 1 in 50 people, have an unruptured brain aneurysm, and each

7 Things You (Probably) Didn't Know About Emilia Clarke

- → Her full name is Emilia Isobel Euphemia Rose Clarke.
- → Her father was a sound designer who worked on productions of West Side Story and Chicago, and her mother is the vice president of marketing for a global management consultancy.
- ⇒ She decided to be an actor around age 3 or 4.
- → In school plays, she played Anita in West Side Story, Abigail in The Crucible and Viola in Twelfth Night.
- → Between high school and college, she took a yearlong break from studies, working as a waitress and backpacking in Asia.
- → After graduating from college, she had a number of jobs, including working at a pub, a call center and a museum.
- → Before starring on Game of Thrones, her biggest on-screen roles were in a 2009 episode of a British TV show called Doctors and a 2010 movie called Triassic Attack.

Sources: The New Yorker, IMDb

year about 30,000 people in the U.S. have a rupture, according to the Brain Aneurysm Foundation.

Ruptured brain aneurysms are fatal in about 50 percent of cases, and of those who survive, about 66 percent suffer permanent neurological deficit, the foundation says.

Since Clarke made her story public in March 2019, her case has helped shine a light on an often misunderstood condition.

But advocates say there is still a lot for people to learn.

"People think you die or there's nothing you can do" when you have an aneurysm, says Christine J. Buckley, executive director of the Brain Aneurysm Foundation. "But it's important to know [about brain aneurysms], because you can be treated."

Signs and Symptoms

A brain aneurysm is a weak, bulging spot in a blood vessel in the brain.

"It's almost like a balloon," says Erin Kreszl, executive director of The Bee Foundation, a nonprofit that raises awareness about brain aneurysms and funding for research. "If enough pressure builds up in that bulging area, it can burst."

Most brain aneurysms are small and don't cause any symptoms while they're intact.

But if they burst or rupture, brain aneurysms can cause a variety of symptoms, including a sudden, severe headache that's often described as the worst headache of one's life, weakness and nausea—all of which Clarke said she experienced in 2011.

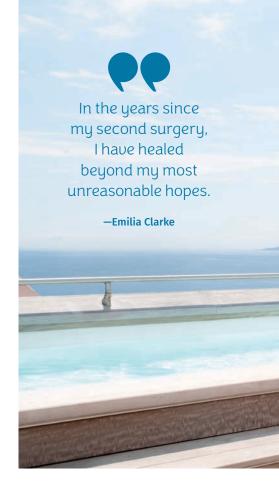
Other symptoms of ruptured aneurysms include a stiff neck, blurred or double vision, sensitivity to light, seizure, a drooping eyelid, a dilated pupil, pain above and behind the eye, loss of consciousness, and confusion, according to the Brain Aneurysm Foundation.

Causes and Risk Factors

Some people may inherit a tendency for weak blood vessels, which could lead to the development of aneurysms, the Brain Aneurysm Foundation says.

Age can play a role, too.

Most brain aneurysms develop over time and are likely to be the result of wear and tear on the arteries, and they're most prevalent in people ages 35 to 60, according to the Brain



Aneurysm Foundation. (That wasn't the case with Clarke, though. She was in her 20s when doctors diagnosed and treated her aneurysms.)

Other risk factors include smoking, having high blood pressure, using drugs (especially cocaine), using excessive amounts of alcohol, having severe head trauma, being a woman and being a person of color.

And if you have one brain aneurysm, there is a chance you'll have others. Clarke, for example, is among the estimated 20 percent of people diagnosed with a brain aneurysm who have more than one.

Diagnosis and Treatment

Doctors can diagnose brain aneurysms with imaging tests such as a CT scan, an MRI and an MRA (a type of MRI for blood vessels). Unruptured aneurysms often are discovered during scans for other medical issues.

Once a brain aneurysm is diagnosed, there are several treatment options: watching and waiting, when the aneurysm isn't ruptured and doctors opt to hold off on surgery while keeping close watch; clipping, a surgical procedure where a section of the skull is temporarily removed and a metal clip is attached to the base of the aneurysm so blood can't enter it;



and coiling, a newer, less invasive procedure where the aneurysm is accessed via a catheter in an artery (usually in the groin) and treated by inserting a coil or other device that prevents blood from flowing into the aneurysm.

Clarke's doctors opted for coiling for her first aneurysm in 2011.

In 2013, to treat her second aneurysm, doctors again decided on coiling, but during the procedure it became necessary to open her skull to clip the bulging artery.

Recovery and a Way Forward

Clarke, fortunately, made a full recovery.

"I am now at a hundred percent," she wrote in *The New Yorker*.

Not only did she go back to work as an actor, but she also helped develop a charity, called SameYou, that she says aims to provide treatment for people recovering from brain injuries and stroke.

As she looks to the future, past the eight-season show that launched her career, she wrote, "There is something gratifying, and beyond lucky, about coming to the end of *Thrones*. I'm so happy to be here to see the end of this story and the beginning of whatever comes next."

Increase in risk of a brain aneurysm that women have over men in America

Source: Brain Aneurysm Foundation

Better Outcomes for Stroke Patients

Community Healthcare System hospitals are taking the necessary steps to advance the delivery of timely, complex care in Northwest Indiana. Discover more about stroke care at **COMHS.org/stroke**.

When Aneurysm Leads to Stroke

Symptoms of a brain aneurysm—blurred vision, facial drooping and headache—can mimic a stroke. The treatments for each are different, but getting quick medical care is crucial in both cases.

What's more, an aneurysm can actually lead to a hemorrhagic stroke, which occurs when there is a ruptured blood vessel in the brain. While hemorrhagic strokes are less frequent than ischemic strokes (those that are caused by a clot or blockage), they are more deadly.

Of the more than 2,000 strokes that occur in Northwest Indiana each year, about 20 percent are hemorrhagic, where bleeding or hemorrhaging occurs in the blood vessels, says neurosurgeon Demetrius Lopes, MD, Community Hospital, Munster.

"As they say, 'time is brain'," he says.
"The sooner we can implement the correct treatment for the type of stroke, the better the outcome."

That makes it important to choose a hospital with the expertise to correctly diagnose these conditions.
Community Hospital, Munster, has been designated as a Comprehensive Stroke Center by The Joint Commission.
St. Catherine Hospital and
St. Mary Medical Center have received Gold Seals of Approval™ from The Joint Commission as Primary Stroke Centers. These specialized stroke teams are trained and equipped to diagnose and treat stroke symptoms quickly.

In addition to inpatient care for stroke patients, the hospitals offer a full continuum of stroke treatment, rehabilitation, support and intensive rehabilitation at the Community Stroke & Rehabilitation Center in Crown Point. Ongoing education for patients and families plus free stroke support groups are also available to all stroke patients.



MY MY Understanding your pain—

↑ chy joints can make everyday

and how to beat it

BY ALINA DIZIK

activities feel like a chore.

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

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

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

Feeling achy? Here's what to know.

Why Joints Are Prone to Aches and Pains

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

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

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

When Acute Injury Is the Culprit

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

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



Quality Care for Joints

If chronic joint pain makes daily life difficult to navigate, it may be time to consult with an orthopedic specialist.

At Community
Healthcare System hospitals, Community Hospital
in Munster,
St. Catherine Hospital
in East Chicago and
St. Mary Medical Center in
Hobart, our orthopedic specialists are committed to
delivering the best patient
experiences at every level
of care—before surgery,
post-surgery and throughout rehabilitation.

Our Joint Academy programs educate patients about their procedure before surgery, offer inpatient group therapy and provide education and readiness for recovery at home. Family members are encouraged to serve as coaches who help motivate their loved ones after surgery.

Board-certified and fellowship-trained physicians offer minimally invasive surgical options from arthroscopic surgery to robot-assisted knee replacements. Our medical specialists collaborate as a team to provide seamless care and help patients heal quickly so they can regain their active lifestyles.

Help for Your Bones

For orthopedic care you can trust, choose the hospitals of Community Healthcare System. For a list of orthopedic specialists in your area, call the physician referral line at 219-836-3477 or visit COMHS.org.

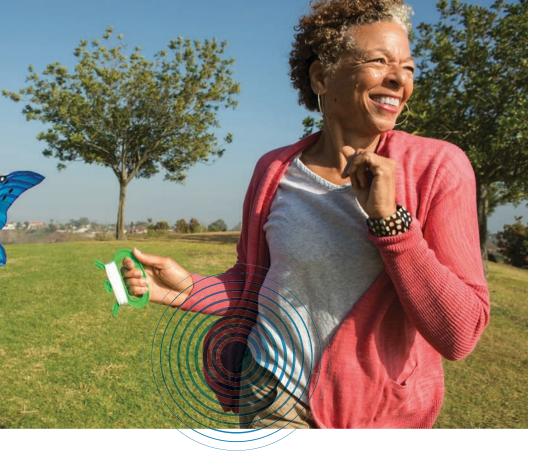


Much of the time, sudden-onset joint pain will go away in weeks with proper conservative care, including physical therapy, anti-inflammatory medication, like ibuprofen, and rest. Ignoring the pain can make it linger or cause additional damage.

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

To Test or Not to Test

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



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

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

Understanding the Hips and Knees

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

In 2014, nearly 15 million people reported arthritis-related joint pain, an increase from 10 million in 2002, according to data from the Centers for Disease Control and Prevention. Arthritis presents with stiffness, aches and difficulty switching positions

or moving, says Sean Dingle, MD, a fellow of the American Association of Orthopaedic Surgeons. "It's fairly easy to differentiate an arthritic kind of pain" from joint pain caused by an injury, he says. (Rheumatoid arthritis can cause similar symptoms but is an autoimmune disorder that can develop at any age.)

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

Since hips and knees support a significant percentage of body weight, the extra stress from carrying your body weight means it's possible to experience joint pain even in your younger years, he adds. Joint pain is considered severe when a person rates it a 7 on a scale of 0 (no pain) to 10 (unbearable pain)
Source: Centers

Source: Center for Disease Control and Prevention

Finding Relief

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

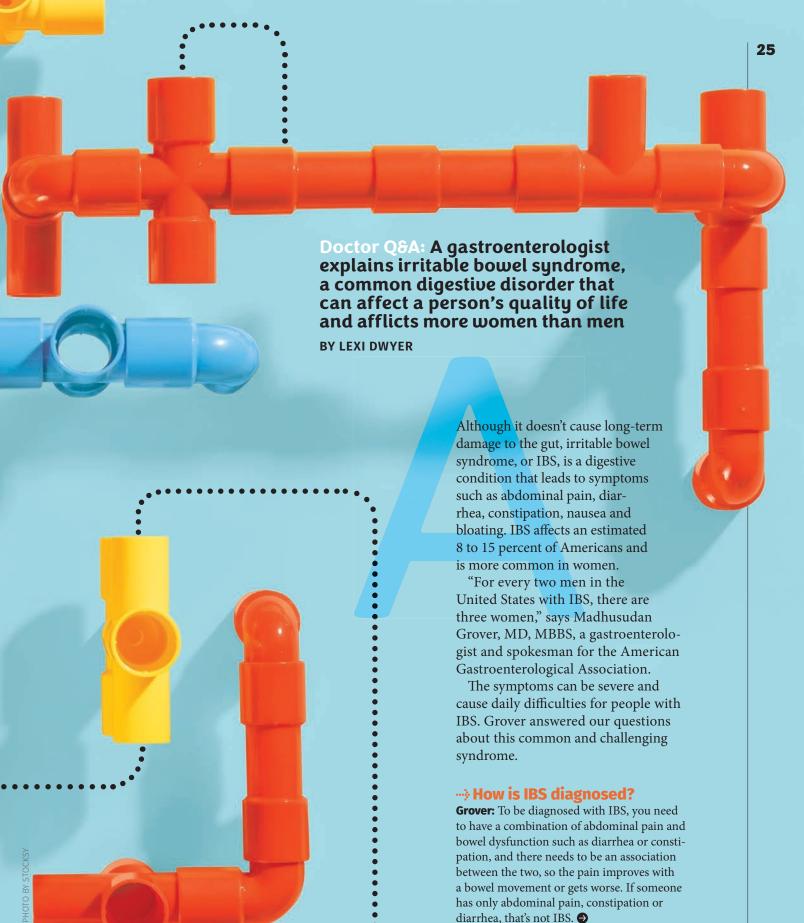
In some cases, cortisone injections can help with joint inflammation. While some newer experimental injectable options such as plateletrich plasma and stem cells are increasingly offered to patients, there is only anecdotal evidence that these may work, Dingle says.

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

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

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

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



---- Are there different kinds of IBS?

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

Why are women more commonly diagnosed with IBS?

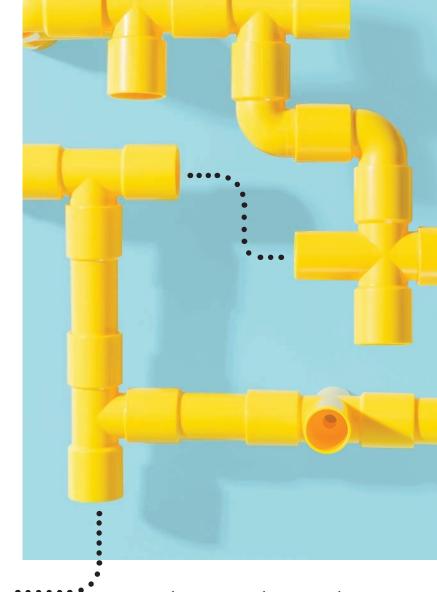
Grover: Studies have suggested that there are clear differences in terms of physiology in the gut bacteria in men and women and that women are more vulnerable to injury from infections or foodborne illnesses, which have been associated with IBS. So it is possible that due to differences in microbiota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

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

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

•• How do you treat patients with IBS?

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



OUR EXPERT



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

supplement, increase their water intake or exercise more regularly.

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

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



Find a Gastroenterologist

Community Healthcare System gastroenterologists can thoroughly evaluate conditions of the upper and lower gastrointestinal tracts to treat digestive issues. Call our physician referral line at 219-836-3477 or toll-free at 866-836-3477.

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

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

••• What foods make IBS worse?

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

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

··· What's the difference between IBS and IBD?

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

The ABCs to Find a Solution for IBS

Learning if you have irritable bowel syndrome (IBS) isn't always straightforward. The classic symptoms of cramps, bloating, gas and diarrhea that abruptly halt daily activities can be the first clue that you need to consult with a gastroenterologist.

"We don't have one blood test or an imaging scan to diagnose IBS, so we use symptom-based criteria and a variety of approaches to diagnose and treat IBS," says St. Catherine Hospital gastroenterologist Praveen Nallapareddy, MD.

Physicians will conduct a physical exam and ask questions about lifestyle and family history, he says. Bloodwork, stool sample testing, a colonoscopy or endoscopy may be ordered.

While there is no cure for IBS, your gastroenterologist may suggest diet changes, medicine, laxatives or stress-relief techniques to ease abdominal pain, constipation and belly spasms.

Lifelong Our house

to Weight Loss

> Steph Greegor lost more than 100 pounds after decades of struggle

> > BY JEANNIE NUSS



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

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

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

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

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

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

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



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



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

Enduring Body Shaming

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

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

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

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

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

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

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

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

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

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

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

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

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

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



My approach to weight loss was:

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

-Steph Greegor



•

A Healthier You

Attend a free Healthy 4 Life seminar, "Weight Loss Surgery: Is It Right for Me?" to learn about individualized weight loss options. For the East Chicago, Hobart, Munster or Valparaiso class schedule, call 219-703-2019 or visit COMHS.org/overit.



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

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

Eating to Lose and Starting to Move

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

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

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

When Greegor got down to 250 pounds, she cut calories to about 2,500 per day—compared

with the 4,000 or so a day she estimates she was consuming before.

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

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

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

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

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

Dealing with Plateaus and Finding a New Normal

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

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

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

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

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

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

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

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

Keeping You Healthy for Life

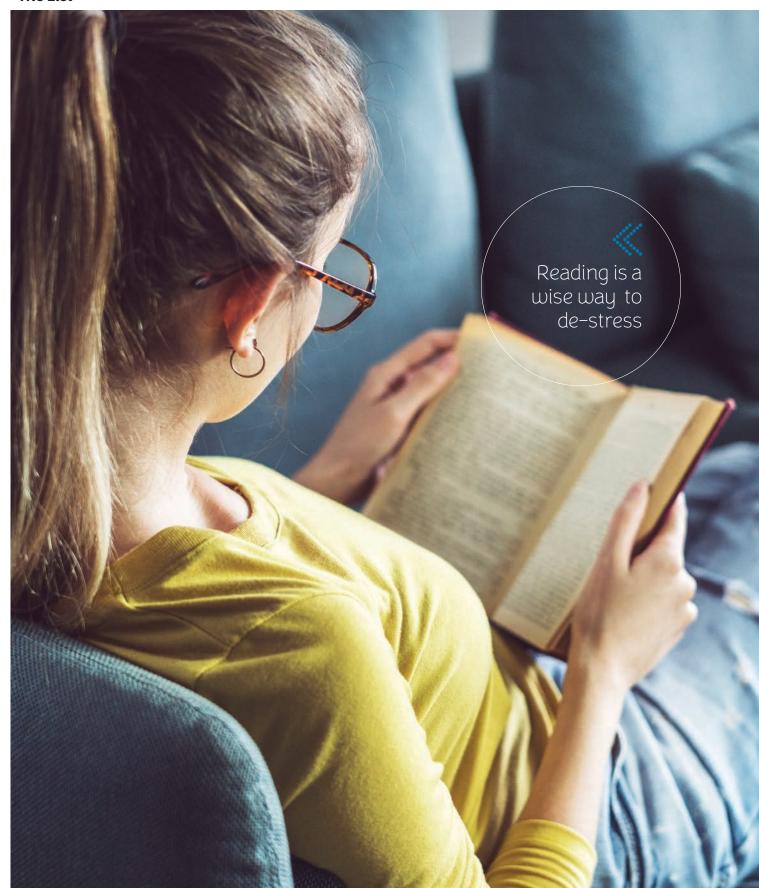
It's important to have a strong support system when you commit to a weight loss journey.

For people with 100 pounds or more to lose, Community Healthcare System's Healthy 4 Life program offers individualized care through accredited bariatric surgery and medical weight loss services, as well as wellness, fitness, dietary and psychosocial counseling.

Our staff of certified bariatric surgeons and weight loss physicians collaborates with a team of healthcare professionals in guiding patients to lose weight and keep it off.

"At Healthy 4 Life, our patients are treated like a member of the family," says Debi Pillarella, director of Bariatric Services. "Everyone on our staff is passionate about helping patients improve their health and empowering them to adopt a healthier lifestyle and a healthier relationship with food. It's really a life-changing transformation for them."

32 The List



Brain Savers

7 SMART WAYS TO PROTECT YOUR COGNITIVE HEALTH

BY ALLISON THOMAS



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

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

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



Tame your stress.

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



Monitor your blood sugar.

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

Don't smoke.

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



TAKE A

MULTIVITAMIN.

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



Eat a Mediterraneanstyle diet.

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



STAY ON THE MOVE.

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

per week.



Get your zzz's.

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

Harvest the Power of Plants

PILING YOUR PLATE WITH

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

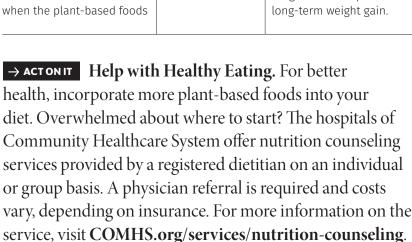
Researchers found that consistency is key: Those who most adhered to a diet of predominantly plant-based foods and consumed little or no animal-based foods had a 23 percent lower risk of type 2 diabetes compared with people who ate plant-based diets less faithfully, according to a study in JAMA Internal Medicine. The benefits of the diet increase even more when the plant-based foods

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

Source: Centers for Disease Control and Prevention are healthy ones, such as fruits, vegetables, whole grains, legumes and nuts, rather than less healthy options, such as potatoes, white flour and sugar.

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









Vets with PTSD Are Especially Vulnerable to Certain Causes of Death

MILITARY VETERANS

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

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

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

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

ightarrow ACT ON IT

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

- CALL 800-273-8255 and press 1.
- **③ TEXT** 838255.

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

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

Death from Falling on the Rise for Older Adults

FALLS HAVE LONG BEEN A THREAT TO

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



Number of Americans ages 65 and older who fall each year

Source: Centers for Disease

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



ightarrow ACT ON IT

Older adults concerned about falling should:

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

Better Vocal Quality for People with Parkinson's

Many people with Parkinson's disease will develop a weak voice as the disease progresses. "Patients will often express frustration that their family can't hear them or they can't communicate well with friends," says Stephanie Gardner, MS, CCC-SLP, speech therapist at Community Hospital. "A weak voice doesn't only cause communication barriers; it can also lead to other serious speech and swallowing issues, as well as illnesses such as pneumonia."

To help patients improve their speaking skills and prevent further complications, Gardner received certification in a new speech therapy for Parkinson's patients called SPEAK OUT!®

"The SPEAK OUT! program focuses on converting speech from an automatic function to an intentional act," Gardner says. "The program consists of 12 individual sessions based on teaching the patient to speak with intention, enunciating and projecting their voice as if speaking to a large room of people. In time, patients will notice positive changes in their vocal quality."

ightarrow ACT ON IT

Rehab Tailored to Your Needs

Community Healthcare System hospitals offer a variety of outpatient therapy services designed to help you reclaim your lifestyle. Services are provided at locations throughout Northwest Indiana. To find a therapy location near you, visit COMHS.org.



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

THE IMAGE OF A RABID DOG

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

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

Dogs still pose a danger, but not in the U.S.: Rabid dogs encountered during international travel are the second-leading cause of rabies deaths in Americans. The CDC advises people to leave all wildlife alone. At home, make sure your pets are vaccinated. If you are bitten or scratched by a wild animal, contact a healthcare provider about post-exposure prophylaxis, a treatment that can include rabies vaccine and medication to fight infection.



THE TRUTH ABOUT

Lung Cancer Screening

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

BY JOSH JARMANNING

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

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

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

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

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

● FACT. Low-dose CT scans as a method of reducing lung cancer deaths gained credibility after a

National Cancer Institute trial of more than 50,000 current and former smokers showed a 15 to 20 percent lower risk of dying from lung cancer for people who had CT scans versus standard chest X-rays.

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

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

It's expensive to get a lung cancer screening.

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

Should You Get Screened?

Low-dose CT screenings are recommended for adults who are between 55 and 80 years of age and have at least a 30-pack-year smoking history (one pack a day for 30 years or two packs a day for 15 years). Both current smokers and former smokers who have quit in the last 15 years should be screened.

"Patients who have all or even some of the risk factors should speak with their healthcare provider about a screening," says oncology nurse navigator Patty Higgins, RN, OCN, on staff at St. Mary Medical Center. "Often the symptoms of lung cancer, such as a new persistent cough, coughing up blood, shortness of breath or chest pain, develop only in more advanced cases."

Schedule a Screening

Community Healthcare System hospitals offer lung screenings at locations throughout Northwest Indiana. A physician's order is required. Call **800-809-9828** to schedule a screening.



Screening is so effective, everyone should get the scan.

♦ FICTION. "For a screening test to be effective, we want to find the population of patients who do potentially have the cancer," McKee says. For the same reason doctors don't recommend breast cancer screenings for most 30-year-olds—data shows the risks outweigh the benefits at this age—she says it is important not to spend resources

or cause undue stress by screening people who are unlikely to have lung cancer. There's a small risk of false positive results, she says, and some radiation exposure (about the same as a mammogram).

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

→ FACT. If you smoke, quitting is your most important step. Talk to

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

HOW TO

Deal with Negative People

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

BY CARRIE SCHEDLER

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

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

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

Know when you're hitting your limits.

You can probably tolerate your chronically dissatisfied sister's rants on an occasional basis, but for your

own sanity, it's best to know when she's starting to get to you.

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

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

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

More Tips to Overcome Negative Vibes

If you find yourself surrounded by chronic complainers or messengers of doom and gloom, the key to your own happiness is to step away.

"Rise above the negativity," says Joseph Fanelli, MD, a psychiatrist with Community Healthcare System's Behavioral Health Services.

"Tethering your happiness to negative people can put you at risk for missing out on the bright side of life."

It helps to practice positive affirmations, Fanelli says.

"Take time for self-care, a long walk or a soothing bath," he says. "Be generous to yourself. Write notes to yourself that say things like, 'I am able,' 'I am smart,' 'I am healthy.'"

"Post them in your office, car or home to help change your thinking," Fanelli says.

Guided meditation is helpful for stress relief, as is talking to others, says Hartsfield Village outreach coordinator Susan Hynek.

"You may want to start a journal or seek out professional help, especially if the negativity has pulled you down," she says.



Retrain Your Brain

If you have a history of attracting judgmental people who cause you distress, it may be time to consult with a mental health team of professionals. Visit **COMHS.org** or call for a referral at **219-836-3477**.



Set digital boundaries.

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

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

Try to have a little empathy.

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

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

Take a hard line when you have to.

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

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



Are You a 'Helicopter Child'?

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

BY LAURIE DAVIES

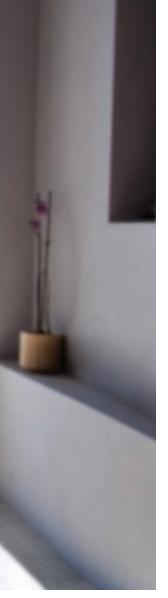
You've probably heard of helicopter parents, a phenomenon describing parents who hover over their kids and try to protect them at every turn. But have you heard of helicopter children? It's a more recent phrase describing—well, is it describing you?

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

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

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

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



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

Source: Centers for Disease Control and Prevention



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

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

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

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

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

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

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

 Solution States Stat fle with. According to the Centers for Disease Control and Prevention, 95 percent of hip fractures are caused by falls; they're the leading cause of injury-related death for people older than 65. Installing grab bars and looking for side effects from medications can really help. But if you plan to monitor Mom's every movement (that's answer A), it's time to land the chopper. Your desire to know your mom is safe doesn't outweigh her right to privacy.

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

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

 ② A big health diagnosis can be life-altering and scary. But making wholesale decisions about Dad's life without seeking his input may cause a rift (that would be B). Encouragement is good and so is meal help if wanted—but hold off on making decisions about Dad's address. Unless he has dementia, he can decide where he's going to live.



Navigating the Driving Question

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

My parents actually do need me to step in when:

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

③ Trick question alert:
Stepping in on any of
these doesn't make you a
helicopter child. But you
may be able to help them in
a way that limits your need
to constantly intervene. A
stove with an auto shut-off
may solve the first problem. Simply asking if your
parents want help with
their mail might reveal
that they do. A daily pillbox
could keep them on track
with medications.

In the End

A little bit of problemsolving can alleviate your fears while preserving your parents' dignity. Remember, just because your parents need help with something doesn't mean they need help with everything. ORGAN DONORS ARE ALWAYS IN NEED AND LIVES ARE WAITING TO BE SAVED

BY ALLISON THOMAS



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

1 person can donate up to 8 lifesaving organs



Heart



Lung (2)



<u>Live</u>r



Kidney (2)



Pancreas



Intestines



When just one person donates his or her organs:

8

lives could be saved

2

people could have their sight restored via cornea donation

75

people could heal via donated tissue



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

Make the Decision to Donate

Registering to become an organ, eye and tissue donor takes less than a minute, and your donation could help multiple people in need. Register today at donatelife.net/register. 8,00

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

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

36.528

organ transplants were

performed in 2018

7 | 95%

of Americans support organ donation, but just

58%

are registered as donors

Organ Donation Takes All Types

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

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

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

58%

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

82%

of people awaiting donation need a kidney

33%

of them are African American

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



THREE WAYS WITH

Scallions

THESE ONION RELATIVES
ARE BURSTING WITH
NUTRITION AND FLAVOR

BY LEXI DWYER

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

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

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

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

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

ROAST THEM
Heat oven to
450 degrees. Arrange
2 bunches of scallions

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

MAKE A FRITTATA

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

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





FASCINATING FACTS AND FIGURES FROM THIS ISSUE OF VIGOR



Dealing with a friend who is always a downer?

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



A woman's gut might be more susceptible to injury from infections and illness than a man's, increasing her risk for problems like irritable bowel syndrome. Page 24 A helicopter child is one who hovers over aging parents, preventing Mom and Dad from staying independent. **Are you one?** Page 42



Domestic animals are not your greatest rabies concern.

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

Heart disease is an old man's problem?

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



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

GOOD HEALTH

Is Good Business

Occupational Health program helps companies prevent injuries on the job

BY ELISE SIMS



To address this issue,
Community Healthcare System's
Occupational Health program has
developed an injury intervention
program. Occupational Health, at
five Northwest Indiana locations,
provides a variety of clinical support
for rapid evaluation and treatment
of injuries and illnesses, as well
as on-site testing and preventive programs.

"We are committed to partnering with our clients to provide excellent and compassionate services and cost-effective solutions," says Raza Akbar, MD, medical director of Occupational Health for Community Healthcare System. "Our goal is to create a healthier workforce, prevent work-related



The essential demand screening indicates strengths and weaknesses that can be addressed during job placement and training a new hire."

Amy Kolb,

PTA

injuries and illnesses, decrease lost worktime, increase productivity and reduce workers' compensation costs."

As part of the injury prevention program, Occupational Health developed an essential demand screening for employers that is used in combination with a jobsite analysis. The analysis identifies all physical demands required to perform each task on the job. The

analysis determines the appropriate height and weight of a prospective employee and the frequency and duration of physical stresses, such as sustained squatting or material handling.

"Essential demand screenings are held for prospective employees before the company makes a job offer. Screenings are used more and more to help make the company's onboarding process successful," says certified ergonomic consultant Amy Kolb, physical therapist assistant.

"The essential demand screening indicates strengths and weaknesses that can be addressed during job placement and training a new hire. The screening helps the employer pair the right person physically with the right physical job. A successful screening also provides the prospective employee with initial education on proper body mechanics and safe lifting techniques."

Companies benefit from essential demand screenings with improved job retention, decreased lost time due to injuries and improved employee satisfaction. When an employee is properly matched to a job, the result is good for the worker and for business, Kolb says. •



🔈 A Healthier Workplace

For more information on Community Healthcare System's Occupational Health programs, visit **COMHS.org/occ_health**.

When Minutes Matter

ADVANCES IN STROKE CARE ARE SAVING LIVES

BY MARY FETSCH

Lansing resident Bonnie Kruse believed she was fairly healthy. At 71, she had never experienced any major illnesses or injuries. However, in summer of 2019 that was about to change.

It began when Kruse felt a "strange" pressure on her chest and was feeling nauseated. It turned out to be a heart attack. Kruse was admitted to Community Hospital, where physicians performed an emergency stenting procedure to open a blockage in her coronary artery. After five days in the hospital, Kruse recovered quickly and returned home.

That was when her next medical emergency almost ended her life.

"I woke up in the middle of the night and couldn't move my left side," Kruse says. "I tried to speak and my words were all garbled. I knew something was wrong."

Kruse doesn't remember much after that. Her husband called 911. Emergency medical technicians promptly confirmed the stroke signs and called in a "stroke alert" to Community Hospital's certified Comprehensive Stroke Center. The alert mobilized the hospital's advanced medical stroke team including a neuroendovascular surgeon and specially trained staff to begin preparations for Kruse's arrival.

Upon arrival, Kruse immediately



Aamır Badruddin, MD

"We have the ability and resources to remove the clot and open up the blood vessels so that (patient Bonnie Kruse) can go home and carry on with her life."

underwent an extensive stroke assessment that consisted of several CT scans. The results confirmed a large vessel occlusion blocking blood flow to the right side of her brain. Immediate removal of the clot was necessary to save her life and minimize any possible brain damage. Time was critical.

Ready to Act, Right Away

"Five years ago, a case like Bonnie's would have had devastating consequences," says neuroendovascular surgeon Aamir Badruddin, MD, medical director of the Comprehensive Stroke Center at Community Hospital. "Today, we have the ability and resources to remove the clot and open up the blood vessels so that she can go home and carry on with her life."

Badruddin and the stroke team at Community Hospital immediately took Kruse to the hospital's hybrid operating room, where CT imaging guided the surgeon to the location of the blood clot. Within 15 minutes of starting the procedure, the clot was removed and Kruse was on her way to recovery. (The hybrid surgical suite is equipped for both traditional open chest and minimally invasive cardiac and neuroendovascular procedures.)

"Previously, patients like Bonnie would have ended up in a nursing home, severely debilitated," says Jennifer Biank, RN, neuroscience cerebrovascular program clinician. "It gives me goosebumps. It's handsdown amazing what we can do for (patients) today."

Large vessel strokes like the one Kruse experienced make up about 20 percent of the stroke cases in Northwest Indiana and surrounding communities. Technology to successfully treat these types of strokes has become the standard of treatment only within the last few years.

To remove a blood clot from the brain, neuroendovascular surgeons use a surgical device that is inserted through a catheter into the groin and guided into the brain and the location of the clot. Badruddin describes the process as using the device essentially to "vacuum" out the clot. Once the clot is successfully removed, blood flow is restored to the area of the brain affected, minimizing any further damage.

"This type of technology wasn't clinically feasible until the last five years or so, when it improved significantly enough for us to be able to get into the brain quickly, efficiently and remove the clot in a reliable manner," Badruddin says. "The availability of this type of intervention is the biggest revolution in stroke care since 1996, when tissue plasminogen activator, or tPA (clot-busting medication), was introduced and created a paradigm shift in our treatment of stroke."



Certified Stroke Center

As a certified Comprehensive Stroke Center, Community Hospital is one of only 3 percent of hospitals nationwide and the only one in Northwest Indiana that has established the technology, expertise and outcomes to offer this level of care, according to The Joint Commission and the American Heart Association. The hospital is staffed and equipped to treat even the most complex, life-threatening strokes in patients from within a 150-mile radius.

"Today, we lead a TeleStroke network within our own healthcare system," which is the use of interactive videoconferencing technologies for the treatment of patients with acute stroke, says Lou Molina, Community Hospital CEO. "We are performing hundreds of neuro-interventional cases a year. The need is great and we are rising to the challenge."

Badruddin adds that full-service, comprehensive stroke centers such as Community Hospital's also require specialized surgical equipment and an entire team that supports the program. The center also must include a dedicated neurological critical care unit, the availability of neurosurgeons 24/7, and a high-performing program with stroke coordinators and stroke support staff.

"All these aspects of the program are needed to make it successful," Badruddin says. •

Ready to Help
To learn about stroke care
at Community Healthcare System
hospitals, visit COMHS.org/stroke.



Heal a Wound, Ring the Bell

OUTPATIENT CLINIC HELPS PATIENTS WITH STUBBORN SKIN INJURIES

BY DEBRA GRUSZECKI



St. Catherine Hospital's Wound & Ostomy Clinic encourages patients to ring a bell when their wounds heal.

For Kevin Kinnard, that exciting moment couldn't have seemed further away in September, when he watched as wound care specialists removed bandages above his left ankle in the outpatient clinic.

Five months earlier, he and his wife, Marla, looked on in horror as a blemish became an open wound. It soon tripled in size and led to hospitalization, home healthcare with IV-infused antibiotics and a potential amputation.

"I could barely walk," Kinnard recalled as podiatrist John Rachoy, DPM, examined results of the first Apligraf" cellular skin graft he applied to a hockey puck-sized venous ulcer in the hospital's Wound & Ostomy outpatient clinic. Apligraf

is made out of living cells and proteins to replicate human skin.

The wound was nearly closed with a thin layer of skin. Rachoy explained that the pink edges around the perimeter were a good thing; it meant there was blood flow to the wound.

"It's a blessing," Kinnard says, admitting that he had no idea how serious the wound was until his primary doctor asked if he wanted to keep his foot. "The entire staff has been terrific. We are so grateful."

Fixing What's Broken

When healthy skin gets wounded or damaged, the proteins, cells and growth factors in the skin tell the body to regrow and rebuild new skin. This is the normal wound-healing process.

However, with certain diseases such as diabetes or circulation

issues, the healing cycle sometimes breaks down. This can result in a sore or ulcer that will not heal.

St. Catherine Hospital wound and foot care certified registered nurse Suzanne Wirtz says patients who receive these unique, layered skin grafts for their wounds tend to have better outcomes.

"Their wounds heal quicker and their quality of life improves," Wirtz says.

Community Hospital, Munster, has offered this type of skin graft to patients since 2016. The procedure has been offered at St. Mary Medical Center in Hobart since 2018. Rachoy introduced the skin graft application to patients at

"It's not new to our facility, but it is very important to us because of the high population of diabetic patients who are seen in Northwest

St. Catherine Hospital in 2019.



St. Catherine Hospital's wound care team visits with Kevin Kinnard and his wife, Marla, center. Pictured from left: Michelle Kaim, PT, clinical specialist; Suzanne Wirtz, RN, CFCN; Kathy Porras, NP; and John Rachoy, DPM.

Help for What Hurts

For more information about wound care at St. Catherine Hospital, visit **COMHS.org/services/therapy-services** or call **219-392-7400**.

tissues can be overlaid on a wound to aid in healing. Another proactive approach to wound healing is sharp debridement (the use of tools to remove unhealthy tissue) plus PuraPly™, a barrier that prevents bacteria from forming and aids in healing.

"Offering technologies such as the Apligraf procedure, along with highly skilled wound and foot care therapists, gives patients with persistent non-healing wounds every advantage to regain quality of life through successful wound rehabilitation," says Leo Correa, St. Catherine Hospital CEO.

For Kinnard, his journey to walk normally is within reach and so is his right to ring a bell in the Wound & Ostomy Clinic.

"We are looking forward to that," Kinnard says. •

Indiana for treatment of nonhealing foot ulcers and fasciitis," Wirtz explains.

"It promotes wound healing and dramatically decreases the time a wound is open," Rachoy says. "It can eliminate a patient's need for surgery and improve their quality of life."

Technology Meets Expertise

The U.S. Food and Drug Administration (FDA) approved Apligraf to heal both diabetic foot ulcers and venous leg ulcers more than 20 years ago. This approval was based on a study that found the tissue healed wounds 46 percent faster than the standard of care, according to graft manufacturer Apligraf.

If a wound is larger, there are instances where multiple skin graft

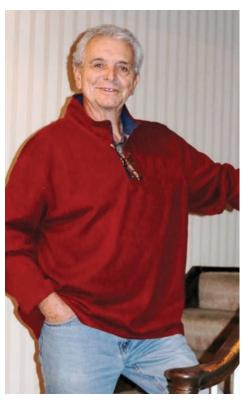
Suzanne
Wirtz, RN, who
is specially
trained on
the Apligraf
skin graft
proccedure,
checks Kevin
Kinnard's
leg wound to
see how it is
healing.



A Powerful Tool Against Prostate Cancer

ROBOT-ASSISTED PROSTATECTOMIES CAN IMPROVE RECOVERY TIME, REDUCE SIDE EFFECTS

BY CHRIS SHEID



Fred Ingram had a successful robotic prostate cancer surgery at St. Mary Medical Center in Hobart, a Center of Excellence in Robotic Surgery as certified by the Surgical Review Corporation.

Fred Ingram's first indication of prostate cancer was not a usual symptom. Many men experience erectile dysfunction or urinary issues such as pain, burning, difficulty going or nighttime frequency as side effects of cancer or other prostate issues. But not Ingram; he took note of his

very gradual weight loss as a sign

that something was not right.

"I had been going to my regular doctor and every time I went in I would lose just a few pounds," Ingram, 76, of Valparaiso, recalls. "Not a lot, just a couple. But it was enough that I noticed it. So we did an MRI and that is when they discovered this condition."

Ingram made an appointment with urologist Adam Perlmutter, DO, who did additional testing to confirm the diagnosis: prostate cancer. Perlmutter outlined various options for treatment including radioactive "seeds" that are placed within the prostate in order to target the cancer with radiation or a radical prostatectomy to remove the cancerous prostate entirely, performed through minimally invasive robotic surgery.

Ingram had a prior experience with cancer, having underwent successful surgery for colon cancer years before. That helped to give him confidence in the surgical option for his prostate.

"Take it out," Ingram says. "I wanted to get it over with as soon as possible and get it done."

Robot Assisted, Surgeon Controlled

Ingram's procedure was performed at St. Mary Medical Center in Hobart, which is a Center of Excellence in Robotic Surgery as certified by the Surgical Review Corporation. Surgeons at St. Mary Medical Center have performed more than 1,500 robot-assisted surgeries using da Vinci* robotic surgical platforms for urologic, gynecologic, bariatric, thoracic and general surgeries.

The robot does not perform the surgery, Perlmutter says; rather, it gives the surgeon control of precise instrumentation that can be used to perform sensitive procedures in which millimeters can make a difference in outcomes.

"I always explain to people that the robot is not performing the surgery; the surgeon is performing the surgery," Perlmutter says. "The robot is not going to do anything we don't tell it to do."



Attached to the prostate are neurovascular bundles. These nerves and vessels control urologic functions like continence and erections. Perlmutter explained that the "trifecta" of positive outcomes for prostate cancer surgery includes complete removal of the cancer, continued continence and continued potency. The more neurovascular bundles that remain intact, he says, the better chance of achieving those last two goals.

"That's what we judge our success by and it's much easier to achieve with the robot," he says. "With the da Vinci, I can perform the surgery from a control unit that gives me a very clear visual field. We can see those neurovascular bundles much better robotically than we ever could in open surgery." "With the da
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Adam Perlmutter, DO



A Successful Outcome

Ingram confessed to some initial trepidation about the robotic procedure but says his surgery experience at St. Mary Medical Center went very well and his recovery has progressed with no issues.

"The people there were great, the nurses and everyone," Ingram says. "They were pleasant and very professional."

Since the surgery, Ingram has had two prostate-specific antigen (PSA) tests, and both have come back with a "zero" result, which indicates there is no cancer present. Perlmutter says prostatectomy patients will typically undergo periodic PSA testing for at least 10 years following surgery.

As for side effects, Ingram said he was successful in regaining control of his urologic function following six physical therapy sessions.

"The recovery was fine," he says. "The physical therapist gave me exercises to do to strengthen my pelvis and get back control of my bladder and whatnot. It took a little time, but the exercises worked."

Technology Put to Work for You For more information on robotic surgery at the hospitals of

For more information on robotic surgery at the hospitals of Community Healthcare System, visit **COMHS.org/services/surgery**.

A Tool to Prevent Stroke

CARDIOLOGIST **KAIS YEHYAWI, MD**, DISCUSSES THE BENEFITS OF THE WATCHMAN™ IMPLANT FOR PATIENTS WHO TAKE BLOOD THINNERS FOR ATRIAL FIBRILLATION

What is AFib? Why do AFib patients take blood thinners?

AFib is an irregular heart rhythm. Because of the irregular heartbeat, the small chamber of the heart cannot squeeze out all of the blood, so it pools in an area called the appendage. Clots can form in this appendage and those clots can travel to the brain and cause a stroke. People with AFib are often placed on blood thinners to prevent stroke.

What is the Watchman device and how does it work?

Watchman is an implant device that fits into the appendage. It is designed to close off the appendage permanently and keep blood from clotting in that area. Patients who have AFib and cannot take blood thinners now have a viable option to prevent stroke through use of the Watchman device.

Is Watchman implantation considered a surgical procedure?

The Watchman procedure is minimally invasive. The Watchman team places a catheter through a vein in the groin and advances the Watchman device into the



Cardiologist Kais Yehyawi, MD

appendage under the guidance of ultrasound and X-ray technology. The procedure usually takes less than an hour and patients typically are discharged the next morning.

Might I need to continue taking blood thinners even with the Watchman implant?

Patients are usually weaned off their blood thinners gradually over several weeks. Typically, patients with Watchman implants wind up taking only baby aspirin.

Are some patients with AFib not able to receive the Watchman?

Patients are screened carefully with ultrasound. All factors including the shape and size of the appendage are taken into consideration. The majority of screened patients will qualify for Watchman.

Q Will the Watchman ever need to be replaced?

Once the Watchman is in place in the appendage, the body generates a layer of cells to surround it. The device becomes embedded into the heart and will not need to be removed or replaced. •

Do You Have AFib?

Cardiologist Kais Yehyawi, MD, is one of several physicians affiliated with Community Healthcare System and Community Care Network, Inc. who perform the Watchman procedure. For a physician referral, call **219-836-3477** or toll-free **866-836-3477**.





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