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SUMMER 2020

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MINIMALLY INVASIVE
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Visit **COMHS.org/diabetes** to learn more.





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What Does Good Medicine Look Like?

PROVIDING EXPERT, PERSONAL CARE IS OUR MISSION

BY DONALD P. FESKO



Good medicine is about having a good experience with medical treatment at the right time and receiving the kind of care that makes second chances possible.

Mick Jagger, featured on our cover, had a recent experience with good medicine through transcatheter aortic valve replacement, or TAVR.

Like Mick Jagger, Michael Bonaventura relies on his voice for his livelihood. When nodules developed on his vocal cords because of overuse, he turned to speech therapy at the hospitals of Community Healthcare System. Speech therapy can be effective in restoring voice for those with a variety of diagnoses. Read more on [page 4](#).

Community Healthcare System's team of specialists at the Structural Heart & Valve Center are mending hearts and saving lives with TAVR ([page 6](#)). This less invasive technique gives hope to patients like Bob Helvie, Doris Hamilton and Joe Carpen, who suffer from severe heart disease but are not ideal candidates for a complex open-heart surgery.

Using advanced technology called the Impella® heart pump, the Advanced Heart & Vascular team at St. Mary Medical Center raced to save the life of Kym Thiel following a devastating heart attack ([page 50](#)). Her second chance was made possible by the entire team who worked together with one objective in mind: heal her heart.

Another innovative technology called NicView™ is delivering a dose of comfort and helping families develop a bond with their preemie when they can't be at the hospital. The tiny camera system within Community Hospital's Neonatal Intensive Care Unit allows parents, family and friends to view their premature baby in real time, 24/7, through a secure online portal ([page 52](#)).

St. Catherine Hospital's Inpatient Diabetes Care program follows the clinical practice recommendations of the American Diabetes Association, the guidelines of the American Association of Clinical Endocrinologists and highest standards set by The Joint Commission. This has earned the specialized team recognition as one of the top hospitals in the nation for lifesaving diabetes care ([page 54](#)).

As for the question, 'What does good medicine look like?' It can be found in the people who are devoting their talents to improve treatment and care through research and new technologies. It is about the healthcare professionals you will find at the hospitals of Community Healthcare System. •



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Taking Care of Babies

UPDATES FROM INFANT CARE TEAMS AT THE HOSPITALS OF COMMUNITY HEALTHCARE SYSTEM

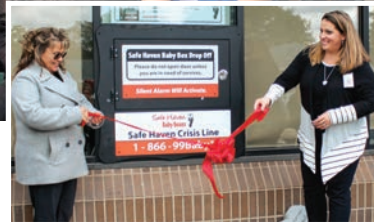


Community Hospital

When Nathan C. Splant arrived 15 weeks before his due date on January 10, 2004, he weighed less than 2 pounds and was 12 inches long. Today, he is a healthy 15-year-old. In honor of their son and on behalf of all premature babies, Phil and Kim Splant of St. John have donated a commemorative bench to the hospital and \$1,000.

"We are forever grateful to Community Hospital's NICU (Neonatal Intensive Care Unit) and all that they do for premature babies and families," Phil Splant says.

The family continues to find ways to enhance the lives of those touched by prematurity through the Nathan C. Splant Foundation. For more information, visit ncsplantfoundation.org.



St. Catherine Hospital is the 17th site to install a Safe Haven Baby Box; it's located in the northwest wall of the hospital.

St. Catherine Hospital

In October, St. Catherine Hospital installed the 17th Safe Haven Baby Box in a three-state area. The Safe Haven Law allows people to anonymously surrender a newborn without fear of prosecution.

"We know that education and awareness around the Safe Haven Laws and Safe Haven Baby Boxes save lives," says Safe Haven Baby Box founder Monica Kelsey. "Women in crisis need more options and in more locations throughout the state of Indiana."

Safe Haven Baby Boxes have heating and cooling features, lock as soon as a baby is placed inside and have a sensor to alert staff. The box is located in the west wall of the hospital near the Family Birthing Center at 4321 Fir St. in East Chicago.

For more information, visit <https://shbb.org>.

St. Mary Medical Center

Community Healthcare System hospitals have long led the way in modeling safe sleep practices for newborns. Taking another step in support of Indiana's safe sleep efforts, St. Mary Medical Center's Family Birthing Center is sending each first-time mom home with an Evenflo® portable crib. The equipment can open up a conversation with new parents about safe sleep practices.

"Most parents already have a crib for their newborn," says Mary Moell, nurse manager of the hospital's Family Birthing Center. "We wanted to offer a new portable crib so that the grandparents or caregivers also have a safe place at their home for baby to sleep."

These best practices are helping to decrease the number of sudden infant deaths across the state.



St. Mary Medical Center's Family Birthing Center is sending each new mom home with an Evenflo portable crib.



The Best Start

For more information on how we care for our littlest patients, visit COMHS.org/baby.



POWERFUL PIPES

Speech therapy improves nodules on the vocal cords that limit the ability to speak

BY ELISE SIMS

Michael Bonaventura of Crown Point has a deep, distinctive, comforting voice. A voice actor, radio personality and professional DJ, his voice serves as his livelihood. He has done commercial voice-overs for Embassy Suites, State Farm, McDonald's, Amazon Fire TV, Dave & Buster's, Sprint and Nexium medication.

So Bonaventura was concerned when he first noticed that he was

losing his voice during a family visit in Louisville in 2018.

"A couple of days later as I was returning home, I was driving up I-65 and turned off an exit to stop at a restaurant," Bonaventura says. "I couldn't order off the menu. I completely lost my voice. When I returned home, I went to my family doctor, but he said I needed to see an ENT (ear, nose and throat doctor). I made an appointment with otolaryngologist Dennis Han, MD. He looked down my throat and

told me there were nodules on my vocal cords."

Before undergoing a procedure that could potentially alter Bonaventura's voice, Han, who is on staff at Community Hospital and St. Mary Medical Center, suggested speech therapy for vocal hyperfunction, which occurs when the muscles of the larynx work too hard when speaking. The muscles continually press or rub together, creating the nodules over time.



Like Bonaventura, cheerleaders, teachers, coaches, salespersons, DJs and other people who use their voice a lot are at increased risk for hyperfunctioning vocal cords.

SPEECH THERAPY MAKES THE DIFFERENCE

Speech therapy can be effective in restoring voice for those with a variety of challenges because of stroke, brain injury and Parkinson's disease, as well as for people with vocal cord dysfunction, a condition that occurs when the vocal cords don't open correctly.

Community Healthcare System's hospitals: Community Hospital in Munster, St. Catherine Hospital in East Chicago, St. Mary Medical Center in Hobart and the Community Stroke & Rehabilitation Center in Crown Point, offer speech therapy on an inpatient and outpatient basis for pediatric and adult patients diagnosed with speech, swallowing and vocal disorders.

"Within a week of meeting my speech therapist, Jill, and going through some exercises, she had me feeling better," Bonaventura says. "It changed the way I talk and also made me very aware of how I am actually doing it. I take a lot of breaks now."

Bonaventura was surprised when Han recommended speech therapy but says, "Boy, did it ever work."

↑ Mike Bonaventura is back on the air again after regaining his voice through vocal therapy.

↓ The hospitals of Community Healthcare System offer speech and swallow therapies on both an inpatient and outpatient basis. Here, clinical specialist Yesenia Rybarski works with St. Catherine Hospital patient Vicki Spates on swallow therapy.

VOCAL CORDS AT RISK

Vocal nodules such as the ones Bonaventura had on both of his vocal cords are small, hard, callus-like growths caused by vocal misuse, explains Jill Westerfield, MA, supervisor of Speech Pathology at Community Hospital. The vocal cords are V-shaped bands of tissue that run down the middle of the voice box. When a person is talking or singing, air from the lungs rushes up through the vocal cords and makes them vibrate open. If the voice is overused, the vocal cords can become irritated and over time can develop hardened callouses from repeatedly rubbing together. These growths prevent the vocal cords from vibrating normally.

"Mike had a lot of the risk factors that contributed to his voice misuse," Westerfield says. "He cleared his throat and coughed a lot, which is a sign of dehydration, irritation or simply habit. He had to learn to drink more water and keep his throat hydrated."

As an event DJ, Bonaventura worked in bars and other venues that permitted smoking, which is an irritant for the voice, Westerfield says. Other risk factors that can trigger hyperfunction include consuming caffeine or alcohol, acid reflux, use of tobacco products, continual

shouting or yelling, and singing beyond a comfortable range.

"When Mike came in to see me, he had reduced vocal intensity, so his vocal volume was actually decreased," she says. "He couldn't project unless he yelled. His breath stream became depleted and his voice diminished when he continued to talk. His voice became more 'coarse' during speaking tasks."

Speech pathologists teach people how to use the voice and breath in a more efficient and careful way, Westerfield says. "We retaught him how to breathe and project his voice without straining his voice or having any laryngeal muscle tension."

PUTTING IN THE WORK

"Mike turned out to have great functional improvement after his therapy sessions," Westerfield says. "He was very committed to the treatment plan and became more aware once he understood the risk factors."


Practicing at home is key, says Yesenia Rybarski, a speech-language pathologist at St. Catherine Hospital.

"It is crucial patients complete their assigned home exercises because they reinforce what is taught in therapy," she says. "The patients who make the most gains are often the ones who are able to complete home exercises at the recommended frequency and intensity as designated by the therapist, ultimately reaching their desired goals." •



Speak and Sing in Comfort

For more information about speech and voice therapy services at Community Healthcare System hospitals, visit COMHS.org.



300 Hearts AND Counting

**Minimally invasive
valve replacement, or
TAVR, is mending hearts
and extending lives**

BY ELISE SIMS

Robert “Bob” Helvie of Valparaiso says one of the things he was looking forward to this year was holding his newest great-granddaughter when she was born the second week of January.

He knows he might not have made it to that day without his cardiologists.

“Every doctor who has helped me has been in the right place at the right time,” says Helvie, who is 80. “I had three bypasses at the Cleveland Clinic around 1988 when I lived in the Fort Wayne area. Years later, in 2002, after checking me out again, doctors informed me that my heart needed six more bypasses. I

had those done here in Northwest Indiana. I was referred by my cardiologist of the past 18 years, Akram Kholoki, MD.”

Kholoki, a Community Care Network physician with an office in Valparaiso, is on staff at St. Mary Medical Center in Hobart and Community Hospital in Munster. The physician implanted a stent in Helvie’s heart a couple of years ago. That was not enough to keep his very active, still working patient from his cardiologist’s office.

“I was having trouble breathing,” Helvie says. “I couldn’t walk up a flight of stairs without being out of breath. I know that’s not normal. After a few tests, Dr. Kholoki

told me I needed my aortic valve replaced. That's when he sent me over to see Dr. Abbas in Munster. The rest is history."

TAVR TO THE RESCUE

Community Healthcare System's team of specialists at the Structural Heart & Valve Center are mending hearts and saving lives with transcatheter aortic valve replacement, or TAVR. A less invasive procedure than open-heart surgery, TAVR gives hope to patients like Helvie, who suffer from severe heart disease but are not ideal candidates for a complex open-heart surgery.

"The hospitals of Community Healthcare System have a well-established history of providing excellence in cardiac care from routine screenings to complex



Bob Helvie is able to enjoy his great-grandchildren, Tommy and newborn Mia, now that he is on the mend thanks to TAVR.

treatments," says Samer Abbas, MD, medical director of Cardiovascular Services at Community Hospital. "That is why we are uniquely positioned to spearhead programs such as TAVR that benefit the entire Northwest Indiana community. We completed the first TAVR procedure here in January 2017. Since then, we have performed more than 300 successful procedures, averaging three cases per week. More than 60 percent of those patients return home the following day."

TAVR does not require the patient to be placed on a bypass machine to breathe. Instead, under sedation, a catheter is inserted either into the arm or the groin and threaded through an artery to the heart to deliver the replacement

valve. The original damaged aortic valve is left in place. Once the new valve is set in position and expanded, it pushes the original valve leaflets out of the way and the tissue in the replacement valve takes over the job of regulating blood flow.

The TAVR team includes interventional cardiologist Samer Abbas, MD; cardiothoracic/cardiovascular surgeons Mehdi Akhavan-Heidari, MD, Cris Carlos, MD, Michael Eng, MD, Jason Frazier, MD, and Vsevolod Tikhomirov, MD; as well as interventional cardiologist David Stewart, MD.

"Traditional valve replacement requires a complex open-heart procedure with a 'sternotomy' that surgically opens the chest during

Read about
Mick Jagger's
TAVR procedure
on page 16.



the procedure,” explains Eng, director of Cardiothoracic Surgery at Community Healthcare System. “TAVR, in contrast, is performed through a small needle stick through the groin artery that leaves the chest intact. This helps to speed recovery.”

TAVR SUCCESS STORIES

Doris Hamilton, 75, of Chicago, got a sense something was wrong when she could not make up her bed without getting winded.

“I was putting on the fitted sheet and before I could get around to the other side of the bed, I was out of breath,” Hamilton explains. “I had to sit down. I knew something was wrong.”

After several trips to a nearby emergency department for shortness of breath, in August 2019 Hamilton visited her cardiologist, P. Ramon Llobet, MD. Llobet is a Community Care Network physician on staff at St. Catherine Hospital in East Chicago and Community Hospital in Munster.

“I live in Chicago, but get most of my healthcare in Northwest Indiana,” Hamilton says. “My family doctor and cardiologist, Dr. Llobet, are in East Chicago.



↑ Doris Hamilton, of Chicago, is enjoying renewed energy after a TAVR procedure.

Dr. Llobet ran tests and found that my heart wasn't running at full capacity. He said I needed a new aortic valve.”

Hamilton had the TAVR procedure in November at Community Hospital in Munster.

“When I first got up from my hospital bed I was a little dizzy, but when I walked back to my room I felt good, just like I hadn't had any surgery at all,” she says. “I believe TAVR has improved the quality of my life. I have a lot to live for: I've been married 22 years with five grandchildren and two great-grandchildren. I'm really blessed that I had that done because I feel much better. It's a miracle.”

At 88 years of age, Joe Carpen of Hessville still works part time as a courier for a firm based in Merrillville.

“I was feeling great that day in May 2019,” he says. “I had just got done with my route when I stopped in Meijer to do some shopping. Before heading to the checkout counter, I stopped in the frozen food section and that's where I passed out. I went down and didn't know how I got there when I came to.”

EMTs in the ambulance told Carpen that his heart was working at only 20 percent. Carpen has a family history of heart disease, had

undergone a bypass 24 years earlier and more recently had a heart stent implanted.

This time, Carpen was fitted with a pacemaker and underwent a stress test before being released from the hospital.

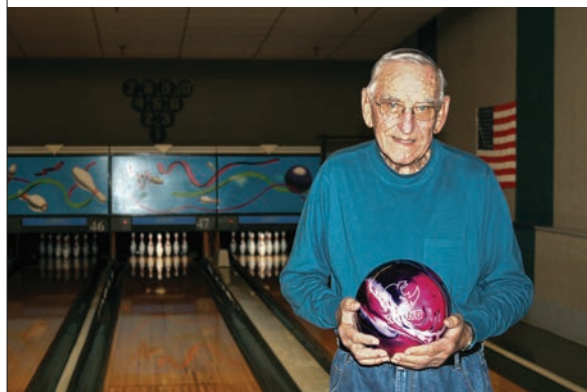
After the stress test, Carpen's cardiologist, Abdul Kawamleh, MD, on staff at St. Mary Medical Center, asked how he felt.

“I told him, ‘Not too good.’ He asked if anyone had ever told me that I had a bad aortic valve in my heart. I said, ‘No, you're the first one.’ He got me an appointment with Dr. Abbas the very next day. I am grateful.”

At the appointment, Carpen's doctors told him that he needed to undergo the TAVR procedure.

“I stayed at Community Hospital just one day after the procedure,” Carpen says. “The care was very good. I'm feeling better. I still get out to bowl twice a week with my fellow alumni from Lever Brothers. Only the good Lord knows what the future holds.” •

↓ After his TAVR procedure, Joe Carpen, 88, is still bowling twice a week.



Cutting-Edge Care

For more information on the Structural Heart & Valve Center, call **219-703-5301** or visit **COMHS.org/heart**.

Looking Forward

A QUICK GUIDE TO THE FEATURES IN THIS ISSUE



The third trimester tends to be the hardest physically because you're more prone to having pain in your back, hips and knees.

— Sharon Ryan, DNP,
certified nurse midwife
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Features

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My Big, Beautiful Life with Heart Failure

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PHOTO BY GETTY IMAGES

The Un- Cancers

For some deadly diseases, early testing is available but still not recommended. See why that is—and what you can do to safeguard your health **BY ALINA DIZIK**

Early

detection of cancer saves lives. You've probably heard of this phrase to explain how doctors have the best chance at beating a disease when there's time to treat it before it progresses.

But you might not realize that for some cancers, many people are not given the opportunity for early detection.

Though mammograms can help identify breast cancer early and colonoscopies can help locate colon polyps, a precursor to colon cancer, many other types of cancers are not recommended for early screening. Most of us aren't screened for ovarian, pancreatic, gastric and endometrial cancers unless there are specific reasons, such as family history.

"For some cancers, there is not a test that's been shown to save lives," says Maxwell C. McDonald, MD, an oncology specialist and member of the American Society of Clinical Oncology. "In some instances, we don't have the ability to diagnose cancers at an early enough stage to improve mortality."

As a result, many of these cancers aren't diagnosed until they are advanced.

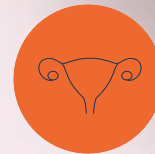
So what to do about these "un-screenable" cancers? For starters, raising awareness can make it easier to get relevant information into the right hands. And a little bit of cancer education can go a long way; in the U.S. alone, roughly 1.8 million people received a cancer diagnosis in 2019.

Here is what we know now—and what you can do now—about common cancers for which screening is typically not recommended.

63

Median age
at which
ovarian cancer
is diagnosed
in the U.S.

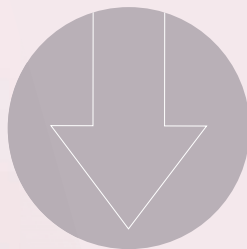
Source: American
Cancer Society



Ovarian Cancer: Clearing Up Confusion

Ovarian cancer is the second most common gynecological cancer in the U.S., and yet there is no screening protocol. Also, there is confusion for women visiting a gynecologist. For example, some women assume they are screened for ovarian cancer during their annual Pap smear, but the test screens only for cervical cancer, says Melissa Aucoin, chief executive officer of the National Ovarian Cancer Coalition, a nonprofit promoting ovarian cancer education. "That's a big myth," she says, "and our biggest obstacle is to educate women who think they are being screened [for ovarian cancer] on an annual basis." Because of this confusion, some women who should be tested for ovarian cancer aren't.

Another hurdle: Ovarian cancer rarely has symptoms that are easy to distinguish. "The signs and symptoms are really subtle and usually resemble other benign conditions," Aucoin says. Anything from bloating and abdominal pain to feeling full can be a sign of ovarian cancer, she adds.



Making Strides in Cancer Care

The Community Cancer Research Foundation works to bring the latest advances in detection, diagnosis, treatment, education and prevention of cancer to area patients. Through the Foundation's efforts, residents have access to clinical research trials from around the world, close to home.

The Foundation sponsors research trials at Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart. Part of the Community Healthcare System, the Foundation helps support the area's largest cancer treatment and research programs by providing links to the National Cancer Institute and major international research cooperatives. More than 30 trials are available, offering local patients access to treatments for cancers including breast, lung, ovarian and pancreatic. For more information on clinical trials and studies offered by the Community Cancer Research Foundation, visit myccrf.com.

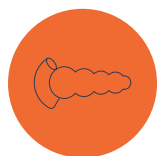
Action Network. Most cancer is found in late stages through a combination of CT scan, MRI, endoscopic ultrasound and biopsy, she says.

Pancreatic cancer is typically diagnosed in people older than 65. The cancer starts in the tissues of the pancreas, a small organ in the abdomen that aids in digestion and manages blood sugar. Even though there is a big push to develop biomarkers that can allow for better early detection through a simple blood test, we're not there yet.

Like ovarian cancer, symptoms of pancreatic cancer can be nonspecific. But the persistence of symptoms can be a key indicator of something more serious, Matrisian says. "Indigestion, loss of appetite and stomach problems are easy to attribute to something I ate," she says. In these situations, people might be treated for excess acidity rather than thinking about whether the persistence of these symptoms could point to a greater concern. Other symptoms include new-onset diabetes, jaundice (yellowing of the skin or eyes), abdominal pain and aches in the middle back.

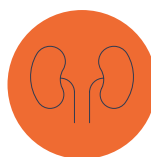
People who have chronic pancreatitis— inflammation of the organ lasting five years or longer—are more susceptible to pancreatic cancer. For others, moderate risk factors include smoking, obesity and advancing age, Matrisian adds. Only about 10 percent of cases have a family history.

In some cases, knowing your genetic makeup can change the screening protocol, oncologists say. The BRCA1 and BRCA2 genes (also related to breast cancer) can put some women at higher risk of ovarian cancer. About 20 to 25 percent of cases of ovarian cancer are women with a hereditary tendency to develop the disease. For those with gene abnormalities, doctors often recommend that women get transvaginal ultrasounds (to look for masses on the reproductive organs) along with a CA-125 blood test (to look for an elevated protein that could signal cancer) and follow increased risk guidelines for screening.



Pancreatic Cancer: Focusing on Persistent Symptoms

Pancreatic cancer remains the only major cancer with a single-digit survival rate—just 8 percent of people live five years after diagnosis—says Lynn Matrisian, PhD, chief science officer at the Pancreatic Cancer



Kidney Cancer: Understanding Family Risks

Although early diagnosis is key to beating kidney cancer—survival rates are 75 to 80 percent for those diagnosed in stages 1 or 2—no screening is recommended and proven effective at saving lives. "It does not have any sort of recognized blood test, blood marker or imaging test. And there are no recommendations for renal [kidney-related] ultrasound with any kind of organized screening program," says Scott Tykodi, MD, PhD, a member of the American Board of Internal Medicine who is certified in medical oncology. ➔

Most of the time, imaging tests including CT, MRI and ultrasound are used to detect cancer in specific people, but early diagnosis is tricky. “The majority of kidney tumors don’t have symptoms,” Tykodi says. Still, there may be some early warning signs, including blood in the urine, abdominal or back pain, weight loss and anemia.

For kidney cancer, like other cancers, it’s a good idea to speak to your doctor about a screening protocol if you have family risks. If one sibling has been diagnosed with kidney cancer, the chances of other siblings getting the disease increase. Also, some rare genetic diseases, such as von Hippel-Lindau syndrome and Birt-Hogg-Dubé syndrome, may put people at a higher risk of renal cancer.

More than 70,000 Americans receive a kidney cancer diagnosis each year, and it is more common in men. Obesity, smoking and high blood pressure are also known risk factors.



Gastric Cancer: **Taking a Personalized Approach**

Gastric cancer, which is found in the lining of the stomach and is more prevalent in men, can be especially tough to spot because it’s difficult to distinguish cancerous lesions from healthy tissue. Also, symptoms are often confused with other cancers in the abdomen—colon, pancreas, liver and small intestine. Though gastric cancers often develop slowly, there are no widely recommended screening procedures to make it easier to diagnose in the early stages.

Still, there are recommendations for people at high risk. About 10 to 15 percent of gastric cancer patients have a family link to the disease. Another risk factor is infection with *Helicobacter pylori*, a usually harmless germ that’s present in up to 40 percent of people in the U.S. but can damage the stomach lining. Gastric cancer also has some



There is immense knowledge in having a better understanding of family cancer.

—Bryan McIver, MD, PhD



In 2019, there were approximately

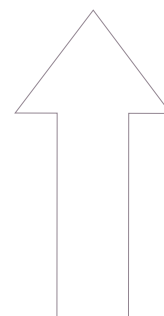
57,000

pancreatic cancer diagnoses and

62,000

new cases of endometrial cancer

Source: American Cancer Society



preventable risk factors, including eating salty food and smoked meats.

When doctors are relatively sure that additional screening will improve the outcome, they might recommend an upper endoscopy, says Bryan McIver, MD, PhD, a cancer specialist and founding member of the World Congress on Thyroid Cancer. During this screening, a physician passes a small, lighted video camera called an endoscope down the throat to check for abnormalities.



Endometrial Cancer: Deciphering the Disease

Endometrial cancer tends to grow slowly but can be difficult to find because pelvic examinations will have normal results until the disease is more advanced. And the diagnosis often requires removing a small amount of tissue from the inner lining of the uterus, called the endometrium, which is not done during an annual exam.

Women often have uterine bleeding as an early symptom. Being aware of any irregular bleeding, especially after menopause, can make it easier to diagnose endometrial cancer in the early stages. If vaginal bleeding, discharge or spotting occurs, a transvaginal ultrasound can help diagnose the disease. A thickened endometrium calls for more testing.

“If a postmenopausal woman were to start having vaginal bleeding, just because they have a normal or negative Pap smear doesn’t mean they can’t have some sort of gynecological malignancy,” says McDonald of the American Society of Clinical Oncology. Sometimes, he adds, an abnormal gynecological exam can warrant more testing of the uterus.

Out-of-balance estrogen and progesterone levels and a higher body mass index are risk factors for endometrial cancer. In some instances, family history means patients may need to consider having the ovaries, fallopian tubes and uterus removed

to prevent endometrial cancer. “If a person does have one of those hereditary cancer genes,” McDonald says, “sometimes there are additional screening strategies that we can employ.”

When endometrial cancer is diagnosed at stage 1, 90 percent of women will be cancer-free five years after treatment.

Make It Personal

Even as populationwide screening is not recommended for some cancers, it’s essential to keep updated on breakthroughs and new recommendations for screening and to stay watchful of your overall health. Eating nutritiously, controlling your weight and getting enough exercise may help address moderate risk factors in many diseases, including cancers where screening is not recommended.

Keep in mind: Completing a blood panel as part of your annual physical may help doctors spot cancer-related anemia or other irregularities in the blood early on.

Take a personalized path to your health. Working with a physician to understand your specific risks makes it easier to tailor cancer screenings based on your family history and unique needs as you age, McIver says. “There is immense knowledge in having a better understanding of family cancer,” he says.

Beyond lifestyle and family connections, consider your environment. Prior work at a chemical plant, for example, might warrant screening in specific people, McIver says. “With each person,” he says, “you need to clearly understand the risk profile.” •



Know Your Risk

For more information about genetic consultation and testing at Community Healthcare System (Munster, East Chicago, Hobart, Portage, St. John and Valparaiso), visit COMHS.org.

Arm Yourself with DNA

When it comes to preventing cancer, knowing your genetic background can help you evaluate your risks. Oncology professionals at the hospitals of Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, work to help those at increased risk for many types of cancers learn more about their options and increase their peace of mind.

“Genetic testing may help some individuals learn whether they have an increased likelihood of developing a certain type of cancer or whether inherited factors have contributed to their own or a family member’s cancer,” says Melissa Plavska, supervisor at the High Risk Breast Clinic in Munster.

The decision to undergo genetic testing is a personal choice that can be made at the time of a genetic counseling appointment or at a future date. For many people, a cancer risk assessment can be provided through genetic counseling alone without the use of genetic tests. However, in some cases, genetic testing can help a patient and his or her physician make important decisions.

A full-page photograph of Mick Jagger performing on stage. He is wearing a white jacket over a black shirt and blue pants with a studded belt. He is holding a microphone in his right hand, which is raised high. His face is expressive, with his mouth open as if singing or shouting. The background is dark.

HEART OF THE STO

Heart valve disease couldn't stop **Mick Jagger** from rocking. He was back onstage just a few months after undergoing a minimally invasive surgery

BY JEANNIE BLAKE



It turns out that when Mick Jagger sang “If you start me up, I’ll never stop,” he wasn’t kidding.

Nearly six decades after he first strutted onstage as the frontman of the Rolling Stones, Jagger is 76 and still performing—even after heart surgery.

In spring 2019, Jagger underwent a transcatheter aortic valve replacement, or TAVR, a minimally invasive procedure to repair the aortic valve when it fails to open fully and the heart has to work harder to pump blood.

The surgery meant that the Stones had to reschedule their North American tour. But Jagger’s recovery from the minimally invasive procedure was much faster than it would have been if he had undergone open-heart surgery.

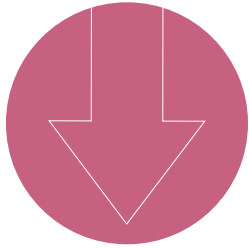
Shortly after Jagger had surgery in April, he posted on Instagram: “Thank you everyone for all your messages of support, I’m feeling much better now and on the mend.”

The Stones announced their rescheduled tour dates in May of that year, and Jagger was back onstage in June.

“I’m feeling pretty good,” Jagger told the Q107 Daily Derringer podcast shortly before his return. “Been rehearsing a lot lately in the last few weeks.” (He also shared a video of himself dancing the same week the Stones announced their new tour dates, as if to show that he was ready to perform once again.)

Jagger hasn’t talked extensively about his experience. But even without shouting his heart surgery from the rooftops, Jagger has helped shine a light on heart valve disease, which affects more than 5 million Americans, according to the American Heart Association.

“I think heart valve disease is gaining some momentum in terms of being out in the



7 Things You (Probably) Didn't Know About Mick Jagger

- ➔ He was born Michael Philip Jagger on July 26, 1943, in Dartford, England.
- ➔ His dad was a teacher and his mom was a homemaker.
- ➔ He got his first guitar at age 14.
- ➔ He studied at the London School of Economics.
- ➔ He was childhood friends with bandmate Keith Richards.
- ➔ In addition to singing, he plays the tambourine, harmonica, guitar and piano.
- ➔ He has been nominated for 16 Grammy Awards (solo and with the Rolling Stones) and won three.

Sources: Biography.com, CNN



public because of stories like Mick Jagger's," says Vuyisile Nkomo, MD, a cardiologist and volunteer expert with the American Heart Association. "But much more needs to be done in terms of raising public awareness about valve disease."

Read on to learn about heart valve disease, including signs and symptoms, risk factors and minimally invasive treatment options like the surgery Jagger underwent.

How Heart Valve Disease Works

Quick anatomy lesson: The heart is responsible for pumping blood throughout the body, and it contains four chambers (called atria and ventricles) and four valves (mitral, tricuspid, pulmonary and aortic).

The chambers act as holding areas for blood, and the valves have two important jobs: opening correctly so that blood can empty from the chambers and closing properly so that blood can't flow the wrong way.

Any of the four valves can become diseased, but the aortic valve is the most

commonly affected, according to the Centers for Disease Control and Prevention.

So why is heart valve disease a big deal? When a valve is diseased, the heart has to work harder to pump blood, which can lead to heart failure, sudden cardiac arrest (when the heart stops beating) and death.

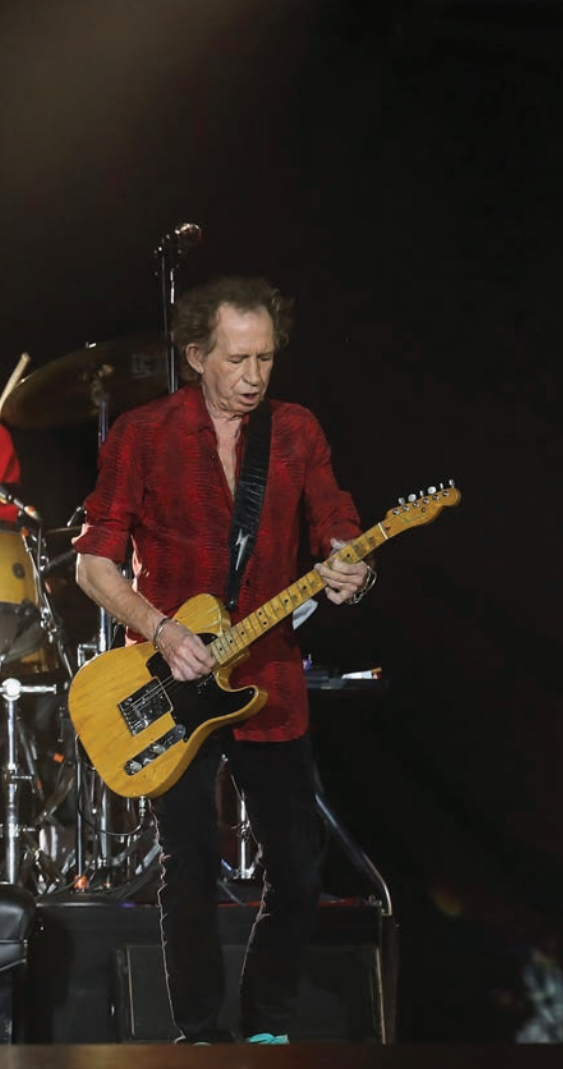
"All of that raises the stakes," Nkomo says. "It makes it imperative and important to know about valve disease."

Risks, Signs and Symptoms of Valve Disease

There are several causes of heart valve disease, including infections, congenital conditions and valves wearing out with age.

Valve disease is more common in older people. About 2.5 percent of the U.S. population has heart valve disease, compared with 13 percent of people born before 1943, according to the CDC.

As we get older, calcium deposits can build up on heart valves, making them stiff or thick and less efficient.



So it's important to be aware of the signs and symptoms of heart valve disease, which can include chest pain, heart palpitations, shortness of breath, fatigue, weakness, lightheadedness, loss of consciousness, and swollen ankles, feet or abdomen, according to the American Heart Association.

It's also important to note that some people don't experience any symptoms.

"The warning signs of having heart valve disease can be subtle," Nkomo says. "A person can have a severe form of valve disease without knowing that they have it."

Diagnosis and Treatment

Diagnosing heart valve disease usually starts with a doctor using a stethoscope to listen to the heart for a murmur, or an unusual sound. The next step is often an echocardiogram, an ultrasound of the heart.

"When someone hears a murmur, you should really get an ultrasound to hear where that murmur is coming from," Nkomo says.

Heart to Heart

The Structural Heart & Valve Center team of Community Healthcare System is dedicated to providing patients with access to the most advanced treatments for structural heart and valve diseases. Using a multidisciplinary approach, the team determines the most effective treatment options and shares best practices to ensure patients receive the most comprehensive care available.

Traditional valve replacement requires a complex open-heart procedure with a "sternotomy" that surgically opens the chest. In contrast, transcatheter aortic valve replacement, or TAVR, is performed through a small needle stick through the groin artery. The less invasive procedure leaves the chest intact.

TAVR is considered an effective option to improve quality of life for many patients who are unable to tolerate a lengthy open-heart surgery. The procedure is approved by the FDA for patients with aortic stenosis who are considered intermediate or high risk and have other medical conditions.

If the issue is determined to be heart valve disease, there are a number of treatment options depending on the severity and type.

People with mild valve problems may be able to manage symptoms with medicine and no surgery. But for people with heart valve problems that affect the heart's ability to pump blood, surgery to repair or replace the valve is likely in order.

Traditional open-heart surgery used to be pretty much the only option. But things have changed thanks to advances in medicine.

"You can now replace someone's aortic valve without open-heart surgery, which is a big leap forward," Nkomo says.

Minimally invasive procedures include TAVR, the surgery that Jagger had; video-assisted surgery; and robot-assisted surgery, according to the American Heart Association.

TAVR procedures are performed by using a small incision to enter a large artery in the groin or chest. Then, a doctor can repair the damaged heart valve by installing a new replacement valve (and without having to remove the old valve).

Minimally invasive heart surgeries aren't just for heart valves, though. Other minimally invasive procedures include beating-heart coronary bypass, which is bypass surgery without stopping the heart, and thoracic endovascular aortic repair (called TEVAR), a procedure to treat an aneurysm (bulge) in the upper part of the aorta. TEVAR involves making a small incision and using a device called a stent graft to reinforce the aneurysm and help prevent it from bursting.

If you have heart valve disease, it's important to talk to your doctor about which treatment option is right for you. You might not be performing "Jumpin' Jack Flash" for crowds of thousands, but you still want to feel like a rock star. •

Best Care for Heart Disease

Cardiovascular physicians at the Structural Heart & Valve Center are among an elite few in Indiana to offer patients Watchman™ for atrial fibrillation, balloon valvuloplasty for aortic and mitral valve stenosis, and TAVR. Visit COMHS.org/heart.

(Dis)comfort AND Joy

What you need to know about pregnancy's roller-coaster ride

BY SHELLEY FLANNERY

Ah, pregnancy. What a wondrous time in a woman's life. The bump, the glow, the first kicks ... the nausea, the back pain, the constant need to pee. Pregnancy symptoms range from pleasant to painful and everything in between. And every woman—every pregnancy—is different. Whether this is your first baby or your fourth, you can refer to this guide to the symptoms you might encounter in each trimester and what you can do to deal.

First Trimester

The first 12 weeks of pregnancy are some of the toughest for symptoms. And if you've decided not to share your news yet, the first trimester can be especially difficult to navigate.

➔ **Nausea and vomiting.** The telltale signs of every TV pregnancy, nausea and vomiting brought on by skyrocketing hormones affect about 50 to 70 percent of real-life pregnant women. If you can keep food down for 20 minutes or more, then it's probably

normal. (If not, tell your doctor.) Still, you can try some home remedies.

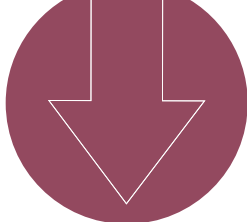
"The stomach in pregnancy seems to feel best if it always has a little bit in it," says Anthony Scialli, MD, an OB-GYN and spokesman for MotherToBaby, a service of the Organization of Teratology Information Specialists. "We recommend pregnant women keep a couple of crackers next to their bed and eat them as soon as they wake up."

Other tips to help with sickness, from the American Pregnancy Association, include not drinking fluids within 30 minutes of meals, sniffing lemon or ginger, letting someone else cook for you so you can avoid the smells and staying cool.

➔ **Increased urination.** Even before you start to show, you'll be high-tailing it to the bathroom to urinate more frequently. Again, hormones are to blame.

"As long as it's just that you need to urinate more often and you don't have any symptoms of an infection, such as burning, strong odor





Prep for Parenthood

Being a new parent can be a wonderful experience, but it can also be daunting and overwhelming. There's a lot to learn as you prepare for baby's arrival.

The hospitals of Community Healthcare System: Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart, offer valuable education to help ease the transition into parenthood.

Our certified childbirth educators will guide you through every step of your journey, from preparing for delivery to providing information about breastfeeding, baby care, safe sleep, infant development and infant massage.

"Being educated helps reduce the worry and build confidence in new parents. It's empowering," says Mary Puntillo, neonatal clinician at Community Hospital. "We tailor the topics to our individual groups and always welcome questions and discussion."

Classes offered before, during or after a pregnancy provide not only the necessary tools for new parents, but also an opportunity for seasoned parents to brush up on their skills. There is also a free lactation clinic, classes to prepare siblings and classes to update grandparents on infant care.

"Grandparents can be invaluable and a great support for new parents," Puntillo says.

Expectant parents are encouraged to sign up for classes by the fourth month of pregnancy.

or difficultly initiating stream, there's nothing to worry about—except knowing where the public restrooms are," says Catherine Ruhl, a doctor of nursing practice, certified nurse midwife and director of patient education and outreach for the Association of Women's Health, Obstetric and Neonatal Nurses. If you think you might have a urinary tract infection, talk to your doctor. Without treatment, it could move to the kidneys and cause preterm labor.

Second Trimester

Often called the honeymoon phase of pregnancy, the second trimester typically is when nausea and vomiting subside, your bump is adorably noticeable and you have a good amount of energy. There are a couple of symptoms to keep an eye on, though.

➔ **Itchiness.** As the skin on your abdomen stretches, you might expect some itchiness in that area. But pregnant women often report feeling itchy all over. What gives? It has to do with the increase in blood supply to the skin. As long as the itchiness is mild, there's nothing to worry about. Soothe your skin by staying hydrated, using moisturizer and wearing clothing made of natural fibers.

If you can't seem to keep yourself from scratching or you have additional symptoms, such as dark urine, gray stools or jaundice, call your doctor right away. These may be signs of a rare yet serious liver condition called obstetric cholestasis, and it's dangerous for your baby.

➔ **Swelling.** Did you know that increased blood and fluids in the body account for about a quarter of the weight gained during pregnancy? It's not just in your abdomen—increased fluids circulate throughout your body and, unfortunately, sometimes pool in your face, hands, legs, ankles and feet. Swelling can occur at any point in pregnancy, but it frequently begins around five months. As long as it doesn't come on suddenly—a sign of preeclampsia, a potentially serious condition that includes high blood pressure—it's more a nuisance than anything.

"If you have access to a pool, swimming can be a really good thing for swelling," Ruhl says.



Getting Ready for Baby

The hospitals of Community Healthcare System offer free childbirth education classes for expectant mothers and their families. Register early; class sizes are limited. To learn more, call **219-703-2020**.



“So can getting your legs up and lying on your left side and shifting your uterus off the blood vessel that brings blood back to your heart.”

Third Trimester

As your due date nears, your bump is now a *bump*, and you may long for the day you can walk without waddling. Here is what's making you uncomfortable in the third trimester.

➔ **Body aches.** You expected your back to hurt once your belly grew. But your hips, knees and other joints? What's that about?

“The third trimester tends to be the hardest physically,” says Sharon Ryan, a doctor of nursing practice, certified nurse midwife and director of midwifery practice, education and global outreach for the American College of Nurse-Midwives. “Pregnancy hormones cause

Pregnancy hormones cause your joints to soften, making you much more prone to having pain in your back, hips and knees.

—Sharon Ryan,
American College of
Nurse-Midwives

your joints to soften, making you more prone to having pain in your back, hips and knees.”

Acetaminophen is safe to take during pregnancy, but sometimes the best remedy for body aches isn't found at the pharmacy. “There are some back exercises that can be done to help strengthen your back muscles, and it's OK to apply heat,” Scialli says. “The best thing you can do is to get off the high heels if you're still wearing them; they shift your center of gravity even more forward, causing you to compensate with your back.”

➔ **Shortness of breath.** With a baby snuggling up under your rib cage, is it any wonder you can't catch your breath? There's not much you can do about it except to rest when you need to. If you're still short of breath after lying down, however, call your doctor.

➔ **Heartburn.** This symptom has a few causes. The first has to do with hormones; they relax the esophageal valve and let stomach acid back up into the throat. Second, digestion slows during pregnancy, keeping food in the stomach longer to provide more nutrients for the baby. Adding to this issue is that your growing uterus is putting pressure on your abdomen, pushing stomach contents upward.

“Chewing your food really well can help with heartburn because it reduces your stomach's need for digestive acids,” Ruhl says. If that doesn't work, try over-the-counter antacids, reclining (but not lying flat) after a meal and staying away from spicy and fatty foods.

➔ **Trouble sleeping.** Insomnia affects about 8 in 10 women during pregnancy, according to the American Pregnancy Association. A variety of reasons are to blame, including discomfort, back pain, heartburn, anxiety and having to get up frequently to urinate.

To get better zzz's: Taper off liquids two hours before bedtime; keep your room cool, dark and quiet; don't allow smartphones and tablets in the bedroom at night; use a white noise machine; and avoid eating too close to bedtime. If you've tried these without success, talk to your provider, who may prescribe medication to help you sleep. After all, you need all the rest you can get. ●

Doctor Q&A: A neurologist shares how a stroke causes permanent disability and why it's critical to get help right away

BY LEXI DWYER

TIME SENSITIVE

Just hearing the word "stroke" might send chills down your spine. But the truth is, doctors have many innovative, high-tech ways to help people who experience one of these brain attacks, provided they get medical help right away.

"Seeking immediate attention is of the utmost importance," says Hugo J. Aparicio, MD, MPH, a neurologist and member of the American Neurological Association. "When patients seek treatment and can be stabilized, they can make pretty amazing recoveries."

Aparicio says everyone should be aware of strokes. "Pretty much anyone at any age can have a stroke, both men and women, and it's not just a disease of older people," he says. "We find that especially with the epidemic of



No Time to Wait

In the event of a stroke, every second counts. When it matters most, patients can count on expert care at the hospitals of Community Healthcare System. To learn more, visit [COMHS.org/stroke](https://www.comhs.org/stroke) or call **219-836-3477**.



obesity and rising rates of diabetes, we're seeing strokes happen in young people at alarming rates."

What is a stroke exactly, and why is it so dangerous? How can you tell whether someone might be having a stroke, and what should you do about it? Aparicio explains.

❖ What causes a stroke?

Aparicio: Most of the time, a stroke is caused by a blood clot or blockage, which occurs when a blood vessel that's going to the brain is shut off. Less common is when an artery ruptures, also known as a brain bleed.

❖ What are the main symptoms of a stroke?

Aparicio: An aid to remember the main symptoms of stroke is the mnemonic "FAST." "F" refers to face droop, or weakness on one side of the face. Next, you can check for arm weakness, "A," by asking the person to raise both arms and seeing if one drifts down or can't be lifted at all. "S" is for speech: Any change in the ability to speak or inability to understand speech can be a symptom. Finally, "T" is for time, meaning you need to call 911 right away if you see any of these symptoms.

Stroke victims can show other symptoms as well, including severe headache, sudden loss of vision, double vision, incoordination, difficulty walking or sudden numbness on one side of the body. Any of these should raise a red flag, and those observing them should call 911.

❖ Why is timing so important?

Aparicio: In the case of a blood vessel being closed off, the part of the brain it supplies loses access to blood and oxygen. For every minute that passes during the stroke, the average patient loses almost 2 million neurons. To give you perspective on what that means, for every hour that a stroke patient is not able to get treatment, the brain loses the same amount of neurons as it would during three to four years of normal aging. Literally, a stroke ages the brain very rapidly.

EVERY
40
SECONDS

someone in the U.S. has a stroke, and those who receive treatment immediately are much more likely to recover

Source: Centers for Disease Control and Prevention

OUR EXPERT



Hugo J. Aparicio, MD, MPH, neurologist and member of the American Neurological Association

❖ Can you explain the "window" of treatment?

Aparicio: The golden window for stroke treatment is the first three hours. But that doesn't mean you should wait that long—it's clear that every minute counts. There are surgical treatments and medications that can be given up to 18 to 24 hours from the onset of symptoms, so regardless of when they started, seeking immediate medical attention is very important.

Otherwise, it's possible to have much worse outcomes, such as permanent problems with thinking and losing the ability to walk or talk. You have less of a chance of recovering those things if you don't get help right away.

And even when the stroke is caused by rupture of an artery, or bleeding in the brain,



Stroke Care from A-Z

Working to further improve stroke care and patient recovery in Northwest Indiana, the hospitals of Community Healthcare System have developed an extensive network of stroke care. The system covers everything from remote diagnosis and complex treatment capabilities to acute rehabilitation.

Community Healthcare System's stroke care programs are all certified by The Joint Commission.

St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart are accredited Primary Stroke Centers on the front line of emergency stroke care. Community Hospital's accreditation as a Comprehensive Stroke Center ensures a level of care and technology that is on par with many academic medical centers, providing timely diagnoses and treatment of the most severe types of stroke.

Community Healthcare System's stroke teams consist of neuroendovascular surgeons, critical care nurses, case managers, therapists and emergency medical service technicians. Services include remote diagnosis through the hospitals' TeleStroke program. Patients recovering from stroke also benefit from the advanced therapy services available at the Community Stroke & Rehabilitation Center in Crown Point. For more on stroke care at Community Healthcare System, visit COMHS.org/stroke.

immediate attention is needed to control high blood pressure, which can worsen the bleeding, or to have potential neurosurgical treatment in severe cases.

❖ If someone might be having a stroke, I know to call 911. What happens next?

Aparicio: When emergency responders arrive, they'll quickly take the person to a hospital, ideally one that has experience treating stroke patients. The most immediate goal of treatment is to get blood flowing to the brain again.

Within minutes of arrival at the hospital, emergency department physicians will evaluate the person and perform a CT scan of the brain. The first thing they figure out is whether the person is still within the time

window to receive an intravenous medication called tPA, or tissue plasminogen activator, to break up blood clots in the brain. This is ideally administered within the first 30 to 60 minutes of arrival.

The team may also do a study to look at the arteries going to the brain to see if there's a blockage that can be reopened through a catheterization procedure. Some patients can go on to get that procedure, where a wire is threaded into a vessel in the groin and up through the body to the brain. An interventionalist physician can use a device to physically remove the blockage that's causing the symptoms. Multiple clinical trials have shown that this can really improve people's symptoms and decrease the risk of dying.

❖ What happens after this critical treatment?

Aparicio: The patient is closely monitored in the hospital—sometimes in the intensive care unit, if the person had a severe stroke and may need to be intubated to support breathing, for example. The patient usually stays in the hospital for a day or two or longer, depending on how severe the stroke was. During this time, doctors do an extensive evaluation to find out why the stroke occurred, because for somebody who's had a stroke, it's really important to prevent another one—the risk of a second stroke is greatly increased by having a first one. The patient is also evaluated for rehabilitation services such as physical therapy, occupational therapy and speech therapy, depending on what faculties were affected by the stroke.

❖ Can you describe the difference between getting timely treatment and waiting?

Aparicio: Someone might arrive with really severe weakness on one side of the body, perhaps not even being able to move the arm or the leg. With proper treatment right away, some of these patients are able to walk again pretty soon after the stroke. Without prompt treatment, patients can be seriously and permanently disabled and not be able to live independently again, or have a risk of dying, especially within the first 30 days after the stroke. ●

My Big, Beautiful Life

with Heart Failure

Since her diagnosis, Sandi Holloway, 53, took up weightlifting and won a pageant competition

AS TOLD TO JEANNIE NUSS

I was diagnosed with heart failure in 2011, and it was a complete shock to me.

I'd struggled with breast cancer and morbid obesity—I weighed more than 270 pounds at the time—but I had low blood pressure, and I thought heart failure was something that happened to old people.

I went out for a walk one day, and my stomach was a little upset. I thought maybe I was getting a bit of a bug, so I went home and went to sleep early that night.

The next day, the stomach pain got worse, and I was confused and having trouble breathing, so my son called 911, and I was taken to the hospital in an ambulance.

I underwent some testing, and within a day or two I got my diagnosis: heart failure.

Although more than 6 million Americans live with heart failure, there's still lots of confusion about the disease, which is why I volunteered with the American Heart Association and tell my story.

I want to spread awareness, because it is so easy to know the symptoms and risk factors and to get ahead of them.

Understanding Heart Failure

First off, heart failure doesn't mean that your heart stops. It just means that it's not pumping as well as it

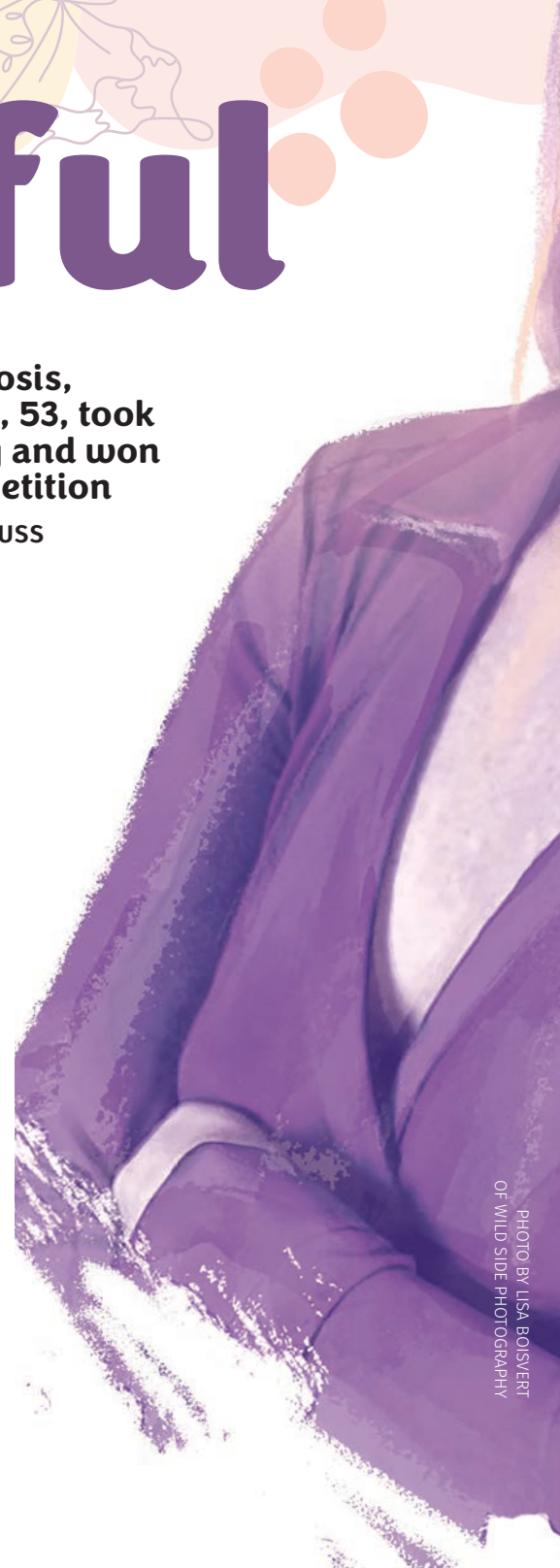
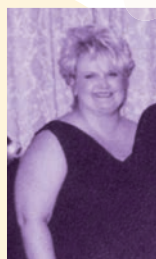


PHOTO BY LISA BOISVERT
OF WILD SIDE PHOTOGRAPHY



PATTERN ILLUSTRATION BY COCKATOO DESIGN



Sandi Holloway, a mom of two, lost 100 pounds after she was diagnosed with heart failure.

should be. But it can be deadly if you don't get treatment.

Risk factors for heart failure include heart attack, high blood pressure and coronary artery disease. Symptoms range from fatigue and nausea to shortness of breath and swollen ankles.

If you're at risk or you are experiencing symptoms, talk to your doctor.

Before my diagnosis, I didn't look at heart failure as something that was manageable. I looked at it as something that was a death sentence. And I certainly never thought it was going to be something that would happen to me.

But I now understand that heart failure is a progressive disease that can be maintained. You can keep it under control if you have the proper treatment and watch the signs and the symptoms.

Losing Weight and Gaining a Crown

It took some time, but after my diagnosis, I worked with my cardiologist and my physical therapist and I started taking better care of myself.

I watched what I ate, worked out with a trainer and lifted weights. Over the next few years, I lost more than 100 pounds.

In March 2016, I flew from my home in Townsend, Massachusetts, to Fort Hood, Texas, to work out with my son, Zachary, at boot camp before he deployed to the Middle East with the Army.

That same year, I went on to share my story and compete in a

World Beauty Fitness & Fashion transformation weight loss event, and in 2018 I was crowned Mrs. Massachusetts International.

It wasn't about competing, though. It was about inspiring people to understand that even with heart failure and being over 40, you can do whatever you set your mind to.

Monitoring My Health

When you have heart failure, it's important that you pay attention to your body and go through a daily checklist of signs and symptoms that could mean you need to be checked out by a doctor. For example: Are you gaining weight? Do you have swelling? Are you having trouble sleeping?

For me, that means I have to weigh myself every day. I have to make sure I don't have any swelling caused by excess fluid. I take my meds. And I sleep propped up with three pillows—almost like I'm in a recliner.

I read nutrition labels and watch my sodium intake. It's difficult to go out to eat, because restaurants tend to add salt to food, which is not good for my heart. So I garden and cook, where I can control the ingredients. I can basically take any food and make it heart healthy. But I can never just say, hey, I'm going to have that pepperoni and cheese on crackers and just go to town.

I also have an app on my phone from the American Heart Association called HF Path, which is for heart failure patients. I check off my meds as I take them, and I note my symptoms. And if there are any red flags, the app actually tells me, "Hey. You know what? You need to give your doc a call."

A Solid Strategy for Heart Health

We've all heard the advice before: Eat well. Be active. Lose weight.

Those sorts of changes are advised for almost anyone looking to have better health, but they're especially important for people with heart failure. The American Heart Association says these recommendations can help alleviate symptoms and improve daily life.

That was certainly true for Sandi Holloway, who found out she had heart failure and then lost more than 100 pounds in a few years, through diet and exercise in coordination with her medical team.

"Exercise benefits everybody, including heart failure patients," says John Osborne, MD, a cardiologist and spokesman for the American Heart Association.

If you're looking to lose weight, here are three tips:

- 1 Set small, realistic goals** instead of big, long-term ones. "Try to work on a pound this week or a pound over two weeks," Osborne says.
- 2 Monitor your diet.** Keep a food diary or use an app like MyFitnessPal to keep track of what—and how much—you're eating.
- 3 Get moving**—after you talk to your doctor. Heart failure can come with some restrictions on the intensity of exercise. If moderate exercise isn't recommended for you, ask about enrolling in a cardiac rehabilitation program.



Above: Sandi Holloway won the Mrs. Massachusetts International beauty pageant in 2018. Right, from top: Holloway's children, Kaleigh and Zachary; Holloway's garden; and a fitness competition with her coach, Mike Ciulla.



What Treatment Looks Like for Me

Treatment is different for everyone. For me, it's important that I'm on the proper medication and that I stay in contact with my cardiologist and medical team.

And I exercise, of course.

I have a recumbent bike in my gym at home. I ride that, and I usually make a phone call while I'm doing it, because if I can speak while I'm on the bike, I know I'm breathing well and exercising at a correct pace for my heart. I also lift weights. And I have my cardiac stress test and echocardiogram once a year.



Managing Heart Failure for a Better Quality of Life

A congestive heart failure (CHF) diagnosis can mean a dramatic life change for many patients.

When your heart is weakened and unable to pump blood to the rest of the body efficiently, you may experience fatigue, shortness of breath, swelling in the legs or feet, weight gain and coughing. This can make everyday activities a challenge.

The hospitals of Community Healthcare System offer inpatient education services that help patients diagnosed with CHF understand their condition and the lifestyle changes necessary to manage it successfully. The goal is to help patients remain safe in their home and avoid hospital admissions.

Community Hospital heart failure inpatient

program manager Diana Kovach, NP, says the staff educates patients and families about important lifestyle adjustments.

Receiving a diagnosis can be overwhelming. "It helps when we meet with family members, who will often take note of information that the patient might miss," Kovach says.

Inpatient services and education for CHF patients is also available at St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart. Additionally, St. Mary Medical Center provides the Congestive Heart Failure (CHF)/Chronic Obstructive Pulmonary Disease (COPD) Clinic for CHF or COPD outpatient checkups, medication administration and condition assessment.

Care for Your Heart

If you or a loved one has been diagnosed with congestive heart failure, speak with your cardiologist about a referral to a heart failure program with Community Healthcare System. Visit COMHS.org/heart or call Community Hospital, **219-513-1180**, St. Catherine Hospital, **219-392-7086** or St. Mary Medical Center, **219-947-6823**.

Learning to Listen to My Heart

I often talk with other heart failure patients about the importance of taking care of yourself, but I haven't always followed my own advice.

In 2018, when my dad was dying from an aggressive form of bladder cancer, I took care of him and did his hospice care. It took a toll on me.

I started gaining weight again. I wasn't feeling great. And I was short of breath. It turns out I was having episodes with the heart failure, but I was thinking it was the weight gain. So I would try to work out and end up thinking I had the flu.

One day, I was in the kitchen talking with my husband, and I started getting confused, and my words stopped making sense. So my husband called 911, and I went back to the hospital in an ambulance.

I underwent more testing, and when I left the hospital, I had to do

physical and occupational therapy and work with my medical team to find the right balance of medications to treat my symptoms.

Since then, I've been doing better—even if it's taken me longer than I might have liked to get there.

I have really beautiful things in my life. I have my wonderful husband, daughter and son. I have a great support system in my family, friends, and the network of volunteers and fellow heart failure patients I've met through the American Heart Association. I've found lots of joy in gardening.

For me, planting is amazing, because you can see something grow, and it's so exciting, because it's new and it's life. ●

This Just In

NEWS, RESEARCH AND TIPS THAT CAN
MAKE YOU HEALTHIER STARTING TODAY



Getting
outdoors
to move is one
way to boost
your mind



Inactivity Can Hurt Your Mood

BEING PHYSICALLY INACTIVE CAN BE COSTLY for your mental health, new research shows.

Having low cardiorespiratory fitness—how well the cardiovascular and respiratory systems supply oxygen to muscles during exercise—is associated with a 47 percent greater risk of mental health disorders, such as depression and anxiety, and having a medium level of this type of fitness comes with a 23 percent greater risk, according to a study in the *Journal of Affective Disorders*.

The researchers acknowledged that moderate- to vigorous-intensity exercise (see list to the right) is most effective for reducing common mental health symptoms.

Try These to Improve Mental Health

- ☺ Brisk walking
- ☺ Bike riding
- ☺ Lawn mowing
- ☺ Dancing
- ☺ Jogging
- ☺ Swimming
- ☺ Hiking

→ ACT ON IT

Get up and go!

Doing aerobic exercise three times a week for 45 minutes at a stretch will improve cardiorespiratory fitness in just three weeks. Go for a brisk walk with a friend or fire up the fun factor with a group class like Zumba or Jazzercise.



Red Wine: Good for the Gut

RAISE A GLASS FOR THIS

good news: Drinking red wine can improve your gut health, which is crucial to overall well-being. A study in the journal *Gastroenterology* found that red-wine drinkers have a greater variety of bacterial species in their guts—a marker of gut health—than those who do not drink red wine.

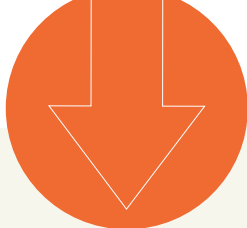
When the mix of healthy and unhealthy microbes in the gut is out of balance, the disparity can lower immune system effectiveness, cause weight gain and raise cholesterol.

The beneficial effects of red wine likely come from polyphenols, naturally occurring chemicals in fruit, which are found in high levels in the grape skins used to make red wine. Polyphenols are fuel for healthy microbes.



→ ACT ON IT **Enjoy your drinks in moderation.**

Having red wine just once every two weeks helps your gut. You can also improve your digestive health by eating more fiber (found in fruits and vegetables) and fermented foods (such as kimchi and sauerkraut).



Chest Pain? Call 911

When someone with chest pain calls 911 for help, trained professionals are immediately dispatched to the patient to begin treatment that could be lifesaving.

Community Healthcare System hospitals are accredited Chest Pain Centers that have specialists standing by 24 hours a day to respond to the earliest stages of a heart attack. In Munster at Community Hospital, cardiovascular services are accredited by The Joint Commission. East Chicago's St. Catherine Hospital and Hobart's St. Mary Medical Center are accredited through the Society of Chest Pain Centers.

These distinctions confirm quality outcomes and an unwavering commitment to an advanced level of care. Each center has a team of emergency medical service personnel, cardiac specialists and hospital medical staff who work together to ensure heart attack patients are quickly stabilized and treated, resulting in minimized damage to the heart and allowing for a more successful recovery.

→ ACT ON IT

Know the Signs of Heart Attack

Community Healthcare System hospitals offer free heart health education for patients to learn to recognize the signs of a heart attack and how to decrease their risk for heart disease. To register for classes, visit **COMHS.org** or call **219-836-3477** or **866-836-3477**.



New Reasons to Put Down the Soda

PEOPLE WHO DRINK

two glasses of soft drinks daily have a 17 percent higher risk of death than those who drink less than one glass per month, according to a study in the journal *JAMA Internal Medicine*.

Higher consumption of any type of soft drink—those sweetened either by sugar or artificial sweeteners—raised the risk of death from all causes.

Drinking artificially sweetened soft drinks was linked to risk of death from circulatory

1

daily sugary
beverage can
result in

5

pounds of weight
gain in a year if
calories aren't
cut from other
areas of your diet

Source: Harvard
T.H. Chan School
of Public Health

disease, while sugar-sweetened soft drinks were linked to risk of death from digestive diseases. Sugar-sweetened drinks can cause hyperglycemia—an elevated blood sugar level—that alters gut function and increases the risk of infection. Also, the type of sugar used in soft drinks can lower insulin sensitivity.

The study included data from more than 450,000 people from 10 European countries who were followed for an average of 16 years.

→ ACT ON IT

Replace soft drinks with other options.

Water is the best choice. If you don't like to drink it plain, infuse it with fruits and herbs for variety. If you prefer a drink with caffeine, stick to tea or coffee without adding much—or any—sugar.

Hot Flashes Signal Concern for Heart Health

HOT FLASHES, WHICH TYPICALLY come on suddenly and cause flushing and sweating, can continue for years during menopause—and they're not just an annoyance.

Women who experienced frequent hot flashes have double the risk of cardiovascular events such as heart attack or stroke, according to research presented at the annual meeting of the North American Menopause Society. The study participants who had persistent hot flashes had an 80 percent higher risk of heart attack or stroke in the 20 years they were followed.

The data was from the Study of Women's Health Across the Nation, a 20-year examination of the health of women during menopause.

75%

Proportion of women who will experience hot flashes during menopause

Source: North American Menopause Society

→ ACT ON IT

Talk to your doctor about

your options for relieving menopause symptoms, including hot flashes, if you're entering midlife. For help understanding menopause, use the Hormone Health Network's Menopause Map and create a customized guide for your journey. Visit hormone.org/menopausemap/index.html.

Statins Not Linked to Cognitive Problems

IT'S GOOD NEWS FOR PEOPLE

prescribed medication to lower their cholesterol: A large Australian study showed no connection between taking statin drugs and problems with memory or thinking.

Some people have reported memory loss or confusion while taking statins, leading to a label warning for these drugs in the U.S. But there has been limited evidence to show statins cause these issues.

The study, published in November in the *Journal of the American College of Cardiology*, followed more than 1,000 people over six years. Researchers found the rate of cognitive decline was the same for those who used statins and those who didn't.

→ ACT ON IT

Tell your doctor if you experience side effects from your medications.

To learn more about a particular medication, including side effects and precautions, visit medlineplus.gov/druginformation.html.



6 Ways to Lower Cholesterol

- 1 Eat a variety of fruits, vegetables, whole grains and lean meats.
- 2 Limit the amount of saturated and trans fats you eat.
- 3 Maintain a healthy weight.
- 4 Get 30 minutes of physical activity a day.
- 5 Manage your stress.
- 6 Quit smoking.

Source: MedlinePlus



Golden Age

7 WISE REASONS TO SEE A GERIATRICIAN

BY CARRIE SCHEDLER



Getting older brings about new and unique health challenges, and even the most well-meaning internal medicine physician might not be the best equipped to deal with them. Enter the geriatrician. These doctors are specially trained to treat the common ailments of the elderly, including memory issues and frailty. And they're the best at helping older people thrive, says June McKoy, MD, a geriatrician and member of the American Geriatrics Society. Here's a guide to whether it's time to see one of these experts on aging.



Want to Age in Good Health?

It is important that older individuals pay attention to their health, says Joanne Niere-Ramos, MD, board certified in family medicine/geriatrics. "Seeing your physician on a regular basis helps promote wellness and independent function." For a physician who specializes in geriatrics, visit [COMHS.org](https://www.comhs.org).



1 You want to learn how to age gracefully.

Many of McKoy's patients see her in their late 60s and early 70s, before some of the major health changes of aging have occurred. "They come because they want to figure out how to get older without feeling frail or fading away," she says. A preventive visit lets the geriatrician spot potential issues before they happen.

2 You want a thorough, holistic evaluation.

McKoy spends an hour with new patients, to allow for the fullest assessment. She does this because a symptom's root cause can be somewhere unexpected in the body—for instance, memory problems might be traceable to vascular issues. McKoy says, "I even look at a patient's feet during an appointment to look for circulation problems or gait issues."



3 You're looking for an expert. Board-certified geriatricians have been educated specifically on issues that aging people face. "We're trained to treat illness," McKoy says, "but also see other potential issues, too."

4 You seek a doctor who will see the whole picture.

Particularly with the elderly, illness is often about more than bodily symptoms. McKoy works closely with multiple professionals when she sees a patient, including a social worker who will do a 30-minute home visit after someone's first appointment. "Geriatricians don't treat illness in a vacuum," she says.

5 You want help beyond hearing "you're just getting older."

Chalking up issues to age and nothing more leaves people feeling resigned to their fates, when often there are interventions that can, at the very least, make it easier to cope. "If a doctor tells you that you're 'just aging,' don't go back," McKoy says.



6

You're feeling down.

"The two biggest things I see in my patients are memory problems and depression," McKoy says. Visiting a geriatrician when you're concerned about your mental health can keep the blues from spiraling into something significantly worse.

7

You want the focus of an appointment to be on you.

Often, patients come to appointments with their children or other caregivers, and doctors can be tempted to talk only to them rather than the person seeking care, particularly in cases of dementia. "A good geriatrician will always, always talk to you," McKoy says.



THE TRUTH ABOUT

Vaccines

IMMUNIZATIONS PROTECT YOU AND OTHERS FROM DEBILITATING DISEASES

BY KARI REDFIELD



Despite misinformation campaigns targeting vaccination, vaccines are proven to protect individuals and whole communities against many dangerous communicable diseases as well as unnecessary hospitalization, suffering, disability and death.

“When one looks at the advances of medical care in the last 100 years, there are a couple of major interventions that have saved millions of lives. One is sanitation, and the other is immunizations,” says Robert McLean, MD, president of the American College of Physicians.

An example of the benefits of widespread vaccination is the nearly worldwide eradication of polio, once one of the most feared diseases. In 1952, at the peak of the outbreak in the U.S., polio infected more than 57,000 children, causing permanent paralysis, disability and death. By 1955, nationwide polio vaccinations began, and by the 1960s there were fewer than 50 reported cases annually.

Maintaining progress against preventable diseases means following vaccine recommendations for both children and adults, McLean says. Here’s what you need to know.

Vaccinations do not cause autism.

➔ **FACT.** The Centers for Disease Control and Prevention says there

is no link between vaccines and autism. Vaccine ingredients, including thimerosal, a mercury-based preservative, do not cause autism or autism spectrum disorder, also known as ASD. The CDC has conducted or funded nine studies on this since 2003, finding “no link between thimerosal-containing vaccines and ASD, as well as no link between the measles, mumps and rubella (MMR) vaccine and ASD.”

Before recent outbreaks, measles was eliminated in the U.S.

➔ **FACT.** Measles was declared eradicated in the U.S. in 2000 but has resurged in the past decade, with more than 1,280 cases reported in 2019. “It was not eradicated throughout the world, just in the U.S., so the virus is still out there,” McLean says. An outbreak can occur in the U.S., the CDC says, when someone is infected with measles in another country and comes back and exposes people in communities who are unvaccinated. “When measles is imported into a community with a highly vaccinated population, outbreaks either don’t happen or are usually small,” the CDC says. “However, once measles is in an undervaccinated community, it becomes difficult to control the spread of the disease.”

Working Together for a Lifetime of Protection

Make sure you and your family are protected through regular checkups with your family physician and your child’s pediatrician. The Centers for Disease Control and Prevention recommends that babies start vaccines at birth and continue through the first few years of life, with additional doses given when they are school age. Adults should receive the annual flu vaccine and other boosters as necessary, based on age and individual disease risk factors.

Don’t have a physician? Community Healthcare System’s Community Care Network, Inc. (CCNI) has a network of more than 300 physicians, representing a broad range of specialties. These providers are on staff at Community Hospital in Munster, St. Catherine Hospital in East Chicago, St. Mary Medical Center in Hobart and the Community Stroke & Rehabilitation Center in Crown Point.

Finding the physician you need is easy. Just visit the “Find a Doctor” page on COMHS.org, where you can narrow your search by specialty or location. Each physician profile contains professional information about the provider along with their office contact information. Our physician referral line also can help.



Physician Referral Line

Free physician referral by telephone is available Monday through Friday from 8:30 a.m. to 5 p.m. Call **219-836-3477** or **866-836-3477**.



Vaccines are safe.

➔ **FACT.** Vaccines go through extensive research and testing. In 2011, among numerous studies, an Institute of Medicine report on eight vaccines given to children and adults found that with rare exceptions, vaccines are very safe. For perspective: In 2013, researchers modeled data from 4.3 million infants receiving the rotavirus vaccine and estimated that 14 deaths would be avoided while only 0.2 deaths would occur as a result of complications from the vaccine.

“The frequency of an adverse reaction that has a significant impact is extremely rare,” McLean says.

Whether to vaccinate is a personal decision that affects only your family.

➔ **FICTION.** “You need to have as many people immunized as possible to prevent a disease from spreading,” McLean says. “It’s not fair to people who don’t have a chance to get an immunization because they are too young or immunocompromised, meaning they have a weakened immune system from an illness like cancer. It puts them at risk.”

Vaccinations don’t work.

➔ **FICTION.** A vaccine introduces a very small amount of antigen (part of a germ) to a person’s immune system, causing the body

to develop immunity to that germ in the form of T-lymphocytes and antibodies, significantly reducing the likelihood of acquiring a specific disease.

“Research clearly shows that vaccines work and save lives,” McLean says.

You should vaccinate yourself and your family for two reasons, he says:

“One, you vaccinate to protect yourself and your children. Two, you do this because there are people around you who are susceptible to getting sick who can’t get vaccinated because they are too young or are immunocompromised.” •

HOW TO

Apply Sunscreen

YOU'RE PROBABLY DOING IT WRONG,
IF YOU'RE DOING IT AT ALL. HERE'S OUR
FULL COVERAGE OF SUN PROTECTION

BY CARRIE SCHEDLER



You might know to slap on a layer or two of SPF before stepping into the summer sun, but the reality is this: Whatever you're doing to shield yourself from damaging rays, there is always room to improve your protection.

"There are all kinds of options for sunscreen now," says Steve Xu, MD, a dermatologist and member of the American Board of Dermatology. He says there is sun protection that works for everyone, from the squirmiest little ones to grown-ups with particular skin care preferences.

Here's your guide to using sunscreen smarter.

Apply more than you think. Like, a lot more.

The recommended amount of sunscreen for adults is a full shot glass' worth to the entire body—most people use less than half of that amount, Xu says. "If you apply an SPF 30 but only apply about half of what you should, it becomes more like an SPF 7 protection-wise," he says.

Cover every extremity.

Often people get their arms, legs, back and face but miss equally

vulnerable body parts. Necks, ears and tops of heads are common areas where dermatologists spot skin cancer because they're overlooked in sunscreen application. Don't forget the lips—Xu recommends keeping SPF-containing lip balms at the ready.

Reapply early and often.

"Every two hours is the golden rule, more often if you're getting sweaty or going in the water," Xu says. This applies even if you're opting for a water-resistant sunscreen—no sunscreen can truly be waterproof, so it's only giving you extended protection rather than a perfect shield in wet conditions.

Get a Skin Cancer Screening

Free skin cancer screenings are available Thursdays at Portage Health Center, 6375 U.S. Highway 6, with B. Chhabra, MD. Preregistration is required by calling **219-762-3196**. For other upcoming skin cancer screenings, call **219-836-3477** or **866-836-3477**.

All Eyes on Cancer

Skin cancer is the most common form of cancer and one that can easily be overlooked or mistaken for everyday skin blemishes or conditions. So who better to spot signs of melanoma, the most dangerous form of skin cancer, than those who style hair, apply makeup or provide skin treatments?

That is the message behind Eyes on Cancer, St. Mary Medical Center oncology nurse navigator Patricia Higgins says. The free online training program, sponsored by dermatology medicine service SkyMD, operates on the theory that "trained eyes save lives." Cosmetology students are learning to spot potentially cancerous moles, blemishes or discolorations during client hair, nail and makeup appointments, Higgins says.

"The more eyes we have on skin cancer, the better off we are."

As of January 2020, 44 hair and cosmetology students and professionals had earned their Eyes on Cancer certificates in Northwest Indiana. Higgins also has introduced the program to SpaPointe and Hair Studio, part of Community Hospital Fitness Pointe® in Munster.

ONLY ABOUT

1 in 7

MEN AND

1 in 3

WOMEN

**use sunscreen
when outside for
more than an hour**

Source: Centers for Disease
Control and Prevention



Make sun protection work with your kids, not against them.

Anyone who's tried rubbing lotion on a little one knows how tricky it can be. Thankfully, there are plenty of kid-friendly options these days. For his own kids, Xu prefers spray sunscreens, which apply as a fine mist and get on the skin quickly. The only caveat is to ensure you rub them in all the way, as the sunscreens can spray more heavily in some areas than others and leave kids vulnerable to splotchy burns. For complete peace of mind, Xu recommends that parents look into sun-protective clothing: "There's nothing easier than just putting on a shirt and going," he says.

Read the label.

A couple of key things to look for: First, Xu recommends that everyone use at least an SPF 50 sunscreen. Although there's conflicting science on how effective higher protective factors are, he says that considering most people don't apply enough sunscreen to begin with, a stronger sunscreen can help mitigate some damage risk. Second, "look for broad-spectrum options," he says, "because both UVA and UVB rays can cause cancer." ●

Do You Need to Disconnect?

SEE WHETHER IT'S TIME TO WEAN FROM THE SCREEN

BY LAURIE DAVIES



In today's digital age, screen time is virtually essential. We navigate, read, work and binge-watch our favorite shows in front of screens. But have we gone too far?

"It's hard to tease out the good stuff from the bad stuff as we try to get at how much is too much," says Windel A. Stracener, MD, a board member of the American Academy of Family Physicians.

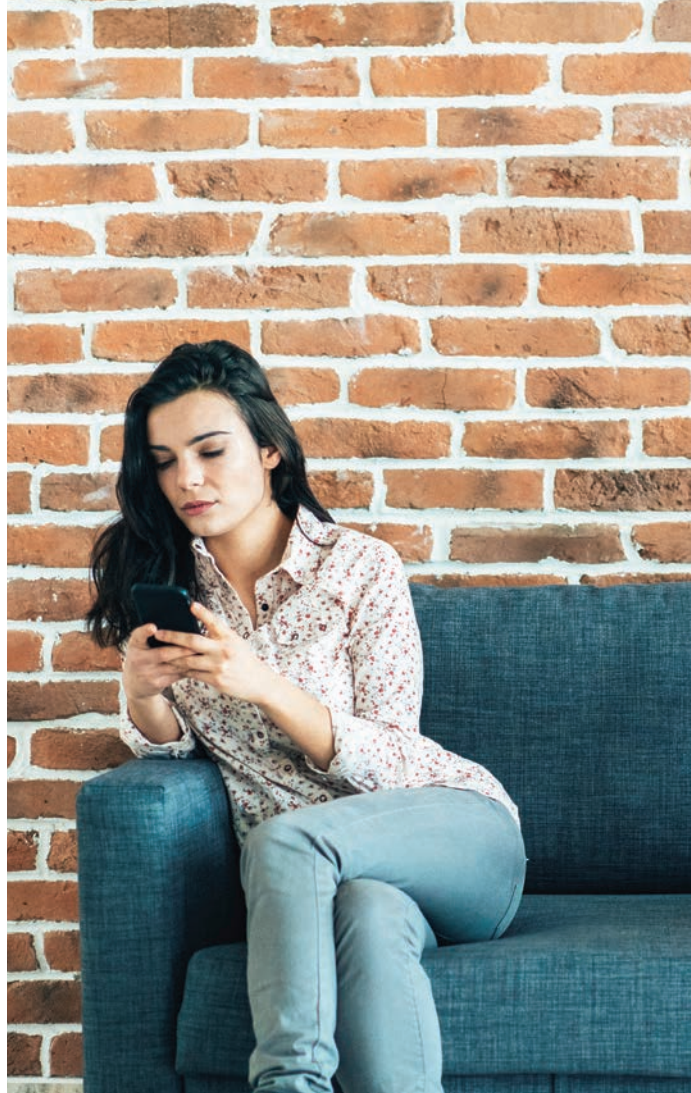
As experts grapple to answer that question, Stracener says the risks of excessive time in front of TVs, computers and smartphones are piling up. Potential health problems include obesity, heart trouble, eye strain, interrupted sleep, attention difficulty and behavioral problems.

"From a health and commonsense standpoint, we know this: Every hour spent in front of a screen is an hour not spent outside running and being active," he says.

Use this quiz to see whether you might be taking screen use to extremes.

Take Control with This App

Set healthy screen time limits for yourself and your kids with Moment, a free app (with in-app purchases) available in Apple's App Store and on Google Play. Visit inthemoment.io for more information.



1 You want to set healthy boundaries for your kids and yourself, so you limit everyone's daily screen time to this expert-recommended amount:

- A. 1–2 hours
- B. 2–3 hours
- C. 4–5 hours
- D. None of the above

Ⓢ **Answer A is correct.**

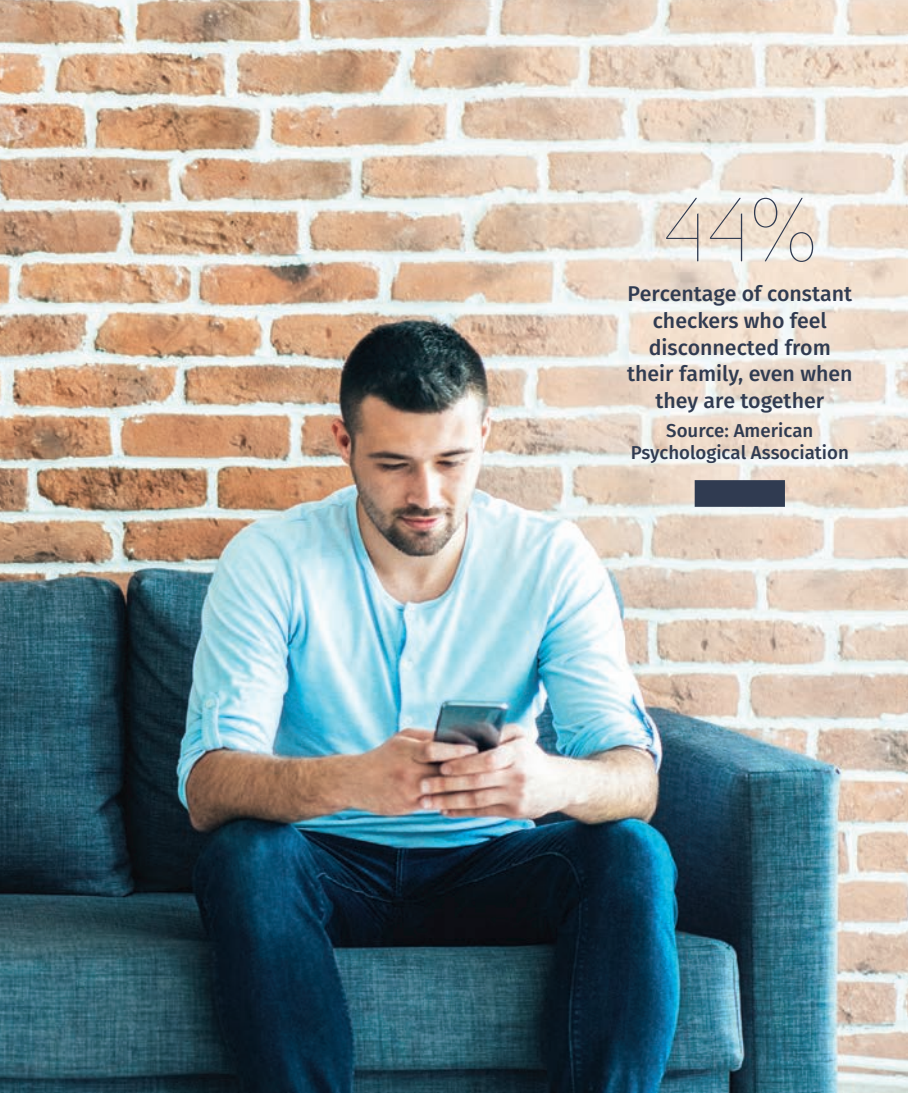
And though experts generally suggest one to two hours of recreational screen time as a limit, there is also no substitute for riding bikes, building forts or having

a pillow fight. By going offline, you'll increase your physical activity and connect with your kids.

2 In an average 24-hour period, you:

- A. Text while driving
- B. Drift out of conversation to check a phone notification
- C. Peek at social media in the middle of the night
- D. None of the above

Answer D is for darn right, while A, B and C are reckless, rude and unhealthy. Currently,



44%

Percentage of constant
checkers who feel
disconnected from
their family, even when
they are together

Source: American
Psychological Association

48 states have made texting while driving a criminal offense. If anyone has ever stopped a conversation with you to answer a text, you know it's rude, right? And Harvard researchers found that light-emitting devices suppress levels of the sleep hormone melatonin and disrupt deep sleep.

3 During dinner, you:

- A. Watch TV or your mobile device
- B. Look at your phone sparingly and discreetly

- C. Return emails, but only if they're work-related
- D. Put your devices in silent mode—this is time for you

You probably know that D is correct.

But if you're being honest, what's your answer? (We'll wait.) If you circled A, B or C, you might not be appreciating your food or your company. A study published in the *Journal of Experimental Social Psychology* found that phone use during meals lowered diners' enjoyment.

4 You don't think you are a "constant checker" because you:

- A. Feel pretty connected to your family
- B. Check work email just a few times on nonwork days
- C. Worry about social media affecting your health
- D. All of the above

The answer is A.

According to the American Psychological Association's "Stress in America: Coping with Change" report, 44 percent of "constant checkers"—a term for

people who continually look at emails, texts and social media accounts—feel disconnected from their family, even when they are together, versus 25 percent of those who aren't constantly checking their tech. According to the same report, constant checkers have higher stress when they look at work email on nonwork days and worry more than others about the physical and mental health effects of social media.

5 You routinely experience:

- A. Short attention span
- B. Burning or watering eyes
- C. The ability to put down your phone and walk away
- D. A real desire for more screen time

Answer C is for control—and you've got it.

As for the others? Experts believe that excessive screen use is shortening our attention spans and producing headaches and eye strain. And new research raises an alarming possibility: The validation we get from social media might lead to the release of dopamine, a chemical that causes cravings. In other words, screen time may trigger our brain to tell us we need more screen time. ●

Your Best Bedroom Now

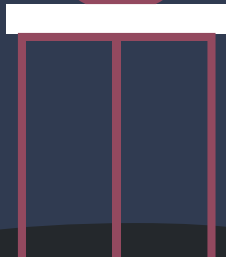
SET UP YOUR SLEEP ENVIRONMENT
FOR GOOD ZZZ'S AND GOOD HEALTH

BY LAURIE DAVIES



7-9

hours of sleep are
needed by most
people each night
to feel healthy
and rested



Track Your Sleep Troubles

If you're struggling to get enough sleep, keeping a record of your sleep habits can help your doctor get to the cause of the issue. Visit sleepfoundation.org and search for "official sleep diary."

45-50
watts

is the recommended
brightness of lightbulbs for
gentle reading before bed—
anything brighter interferes
with sleep hormones

ILLUSTRATION BY GETTY IMAGES

Sources: National Sleep Foundation, BCC Research, Sleep Better Council



65°

is the ideal temperature (give or take a few degrees Fahrenheit) to keep your room—it promotes better sleep by enhancing the natural cooling of our bodies at rest



Lack of Sleep a Public Health Problem

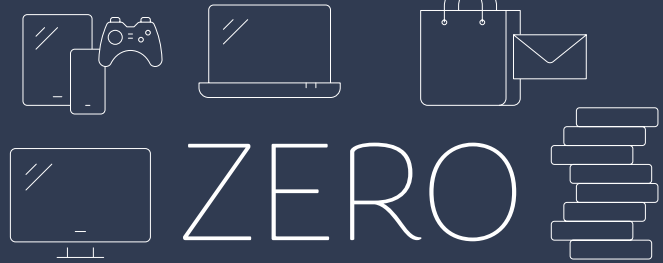
America has sleep issues. In fact, 1 in 3 people don't get enough of it—a statistic that has prompted the Centers for Disease Control and Prevention to declare insufficient sleep a public health problem.

Why the alarm bells?

"It's hard to find a domain of functioning—physical or mental—that's not affected by sleep," says Natalie Dautovich, a sleep expert at the National Sleep Foundation. Sleep deprivation has been linked to weakened immunity, memory and mood problems, and risk for heart disease, diabetes and dementia.

Poor sleep may also lead to poor health behaviors. "When we are sleep-deprived, it's like a double jeopardy occurs," Dautovich says. When we're tired, the "reward center" of our brain activates, making unhealthy eating and drinking appealing. Meanwhile, she says, less brain activity occurs in areas that would shut down that behavior.

The good news is, if you commit to sleep-promoting behavior before bed and keep your space dark, quiet and cool, you'll be well on your way to a good night's sleep.



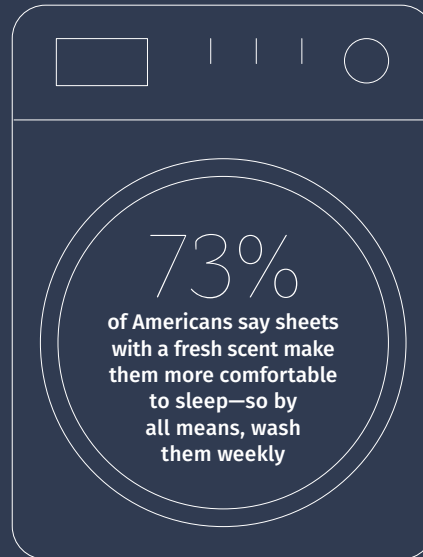
→ Zero minutes of TV, phones and tablets should be watched in the hour or two before bed, because it takes time to wind down from the stimulating effects of these devices

→ Zero piles of clutter should be in your bedroom, as a disordered space can make you feel unsettled



Keep your room dark for best sleep:

35% of Americans don't cover their bedroom windows with curtains or shades



\$66,300,000,000

was spent on sleep aids and technologies worldwide in 2016

70,000,000

people in the U.S. have a chronic sleep problem

THREE WAYS WITH

Bell Peppers

THESE VIBRANT AND VERSATILE FRUITS (REALLY!) ARE PACKED WITH NUTRIENTS

BY LEXI DWYER



Crunchy and colorful, a bell pepper is a fruit from a botanical perspective, because it contains seeds. But in the kitchen, it's treated like a vegetable, blending beautifully into savory salads, stir-fries and pastas.

Peppers are versatile and healthful, so it's worth eating them a few times a week. "Peppers are a fantastic source of vitamin C, which not only helps with wound healing but also enables the body to absorb iron, so pairing them with meat, like in beef fajitas, is a great idea," says registered dietitian nutritionist Malina Malkani, a spokeswoman for the Academy of Nutrition and Dietetics. Just 1 cup of raw peppers can provide more than three times the recommended daily allowance of vitamin C.

Peppers have beta carotene, which the body uses to make vitamin A (good for eyes and the immune system), and lutein, which contributes to eye health and helps prevent anemia.

Plus, peppers can be a mainstay in a healthy eating plan: One serving (1 cup chopped) contains just 46 calories and 3 grams of fiber, which helps with feelings of fullness and satisfaction and has been shown to play a role in lowering cholesterol.

Here are three ways to incorporate bell peppers into your meal plan.

1 GRILL THEM

Cut peppers lengthwise and into quarters. Remove seeds and stem. Toss peppers in a bowl with olive oil, salt, pepper and seasonings of your choice (if desired). Place the peppers skin side down on a rack over a grill set to medium heat. Cook about 4 minutes, then flip with tongs and cook until skin is charred, about 3 minutes. Return cooked peppers to the bowl and toss again with oil.

2 ROAST THEM

Heat the oven to 500 degrees. Place whole peppers on a foil-lined baking pan and cook about 35 minutes (the skin should appear wrinkled and charred), turning over twice during roasting. Remove the pan from the oven and cover with aluminum foil. When the peppers have cooled, quarter them and remove the stems, skin and seeds. Place the peeled peppers in a bowl, drizzle with olive oil and refrigerate; they will keep for about two weeks.



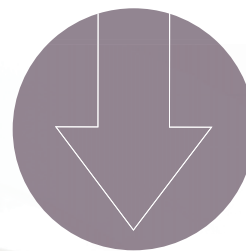
Recipes from Renowned Chefs

Discover more than 80,000 recipes from chefs such as Giada De Laurentiis and Bobby Flay and a selection of popular cooking shows with the **Food Network Kitchen app**, available in Apple's App Store and on Google Play.

3 BLEND THEM INTO DIP

Follow the roasting directions above using red peppers, but after the peppers are quartered, peeled and deseeded, pat them dry with paper towels. In a food processor, blend 1 clove of garlic with 2 tablespoons of olive oil and 1 tablespoon of lemon juice. Add 1 cup of roasted red peppers and process until coarsely chopped. Season to taste with ingredients such as salt, pepper, dried basil and red pepper flakes. Because red peppers are the sweetest variety, many cooks prefer them for dips. ●





Believe in the Bell

🕒 **Ask for peppers by name.** In Australia and India, peppers are called capsicums, after their scientific name. It has been reported that Christopher Columbus gave the fruit the name pepper because it had a similarly spicy flavor as black peppercorns, which were highly valued at the time.

🕒 **Pick your color.** Green peppers are mature but not totally ripe, while red peppers have been allowed to fully mature on the vine (red peppers also taste the sweetest). Colors like yellow and orange fall somewhere in the ripeness range.

🕒 **Take a peek inside.** Ever sliced open a pepper and found another, tinier one lurking inside? This is called an internal proliferation, and it's an example of a phenomenon called parthenocarp, which refers to fruits that form without fertilization. Scientists aren't totally sure why this happens, but these mini veggies are safe to eat.

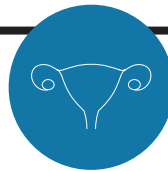
In Case You Missed It ...

FASCINATING FACTS AND FIGURES FROM THIS ISSUE OF VIGOR



Another reason to go for a walk after dinner tonight:

Having a low or even medium level of cardiorespiratory fitness raises your risk of anxiety and depression. [Page 32](#)



Ovarian cancer is the No. 2 most common gynecological cancer in the U.S., but you're probably not being screened for it. [Page 10](#)

Every 2 hours

If you want your sunscreen to work, you have to apply it every two hours—even more frequently if you're sweating or swimming. [Page 40](#)



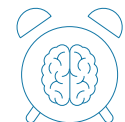
Pregnant and wide awake?

Insomnia affects about 8 in 10 moms-to-be. [Page 20](#)



Vaccines save lives:

In 1952, more than 57,000 American children were infected with polio. By the 1960s, there were fewer than 50 new cases a year. [Page 38](#)



For every hour a stroke patient goes without treatment, the brain ages three to four years. [Page 24](#)

Your soda habit could kill: Drinking two soft drinks a day is associated with a 17 percent higher risk of death. [Page 34](#)

What's New at Fitness Pointe®?

Find out how gym members are getting fit and having fun

New Equipment

In January, Community Hospital Fitness Pointe® became the first facility in the state of Indiana with five Star Trac 10TRx FreeRunner™ treadmills. The equipment's unique design features a hexagonal suspension system that is gentle on joints and shins to provide a more cushioned walk or run. Impact to the joints is reduced by up to 26 percent in a study conducted by California State University, Fullerton that measured and compared running absorption.



New COACH Small Group Training Class: Boxing for Fitness

This new COACH class is a great total body workout, combining boxing moves with core and lower body strengthening exercises. Participants learn boxing skills such as correct stance and form in throwing jab, cross, hook and uppercut while working at an intense pace. Each three-minute round in this 55-minute class starts with a warmup, moves to intervals of conditioning exercises and ends with a cool-down. Up to four participants per class, group rate.



New in the Pool: GlideFIT CardioWave

In this COACH class, participants utilize the GlideFIT™ floating platform in the lap pool to provide a workout on an unstable surface in the water. The workout challenges core and functional strength as well as balance. Considered a high-intensity interval training class, this format will burn calories and add splash-tastic fun to your workout.



Introduction to Movement & Medicine Ball Training for Power

Participants in this class, taught by Ken Croner, certified strength and conditioning specialist, will learn movement preparation through the use of a dynamic warmup. Linear and lateral movement patterns are incorporated with medicine ball training throughout the workout for intensity.



Join Us

Fitness Pointe is located at 9950 Calumet Ave. in Munster. For more information about becoming a member or trying a few classes through the renewable Class Pass program, visit fitnesspointe.org or call 219-924-5348.



Kym Thiel is enjoying an active lifestyle after cardiologist Kais Yehyaw, MD, treated her heart attack.

Lifesaving Care at the Ready

CARDIOLOGIST USES IMPELLA® MEDICAL DEVICE TO SAVE PATIENT'S LIFE FOLLOWING HEART ATTACK

BY CHRIS SHEID



Hobart resident Kym Thiel had never noticed any obvious signs of heart disease or even been seriously ill. But when she began feeling sick on the Wednesday before Thanksgiving last year, she knew she needed to visit the Emergency Department at St. Mary Medical Center.

Thiel, 60, says she became weak and sick to her stomach after work that afternoon. At one point she saw “speckles” in front of her eyes.

“I walked into the emergency room at St. Mary’s and told them I wasn’t feeling right,” she says. “Next thing I know, they are telling me I am having a heart attack. I called my sister to let her know, then I called my boss to let him

know I wouldn't be in on Monday. After that, I don't remember anything until Sunday."

Quick Action Matters

Thiel found out later that she had suffered a cardiac arrest in the Emergency Department. Her care team applied CPR and advanced cardiovascular life support skills to restart her heart. Her blood pressure was very low and the right ventricle in her heart had stopped pumping blood into her lungs. This is a potentially fatal condition called cardiogenic shock that can occur in patients who suffer a severe heart attack.

The cardiology team administered IV medication to sustain Thiel's blood pressure while cardiologist Kais Yehyaw, MD, quickly decided on the best approach to save her life. He and the team performed a right-sided Impella® procedure to allow Thiel's blood to bypass her right ventricle, giving it time to heal.

"The right Impella is basically a pump that delivers between three and four liters of blood per minute

to support the right side of the heart," Yehyaw says. "When Kym had the heart attack, part of the heart muscle that had been receiving blood through the artery that was blocked lacked oxygen. So, the whole muscle became 'hibernated,' or not moving. The right ventricle then just pools the blood; it's no longer squeezing blood to the lungs. That is why her blood pressure dropped."

Most heart attack patients come in with damage to the left side of the heart, so left-sided Impella procedures are more common and have been performed at St. Mary Medical Center and sister hospitals, St. Catherine Hospital and Community Hospital, for several years. However, Thiel's heart attack impacted her right side, making this the first right-side Impella procedure performed on a patient in Northwest Indiana.

"Time is of the essence in allowing that heart muscle to recover," Yehyaw says. "Meanwhile, the blood pressure has to be maintained. What we're trying to do is buy time. Once we got the Impella

Start Here for Heart Health

Checkups with a primary care physician are important for safeguarding heart health. To find a provider near you or for a referral to the Advanced Heart & Vascular team at Community Healthcare System, call **219-836-3477** or visit **COMHS.org/heart**.

in place, within an hour we saw her blood pressure begin improving and stabilizing."

A Positive Prognosis

Thiel received two stents in the right side of her heart, and her doctors kept her on the Impella for four days. She remembers nothing of that time.

"I'm very thankful," Thiel says. "I feel great. For you to tell me right now that I had stents put in or I had a heart attack, I'd tell you that you were crazy."

Cardiologist Harish Shah, MD, said that Thiel's prognosis is very good, thanks to the Impella intervention. He credited the Emergency Department team, the intensive care unit team, his colleague Dr. Yehyaw, the cardiac catheterization lab team, and the other physicians and medical professionals who assisted with Thiel's comprehensive cardiac care for the positive outcome.

"The nurses and technologists in the cath lab and the ICU were very good, very efficient and very knowledgeable," Shah says. "The cardiac surgeon was standing by in case we needed him, and we had other physicians monitoring kidney function and other things. We can perform the procedure, but without the entire team working together and supporting us with this level of expertise, we would not be able to provide patients with this kind of advanced care locally." ●



Heart attack survivor Kym Thiel with her cardiac rehabilitation team.

Keeping an Eye on Baby

NEW VIDEO STREAMING SYSTEM BRINGS COMFORT TO PARENTS OF NEWBORNS IN THE NICU

BY MARY FETSCH



With an abundance of monitors, IVs, special incubators, chimes and beeps, the Level III neonatal intensive care unit (NICU) is always buzzing with lifesaving technology for the tiniest patients.

Each piece of equipment has a role in helping the medical teams deliver highly complex medical care as they monitor the progress and growth of infants born prematurely or with serious health conditions.

At Community Hospital's NICU, there is now a piece of technology that can deliver a hefty dose of comfort: the NicView™ streaming video system.

NicView is a small, innovative camera system placed at designated bed spaces in the NICU that allows parents, family and friends to view their infant in real time, 24/7, through a secure online portal. The system is specifically designed to help families develop bonds with their premie or hospitalized infant when they cannot be at the bedside.

The camera delivers a secure image stream for parents and family members to view their baby remotely. Once parents sign up to use NicView, they are provided

a unique login code that can be shared, if desired, with family and friends. Then loved ones from home or across the country can securely access the system via computer, smartphone or tablet.

"Bonding between parents and their new baby is as important in the NICU as it is at home," says Kelly Spomar, RN, nurse manager of Community Hospital's NICU and Pediatrics units. "When a newborn's first few critical days, weeks or even months are spent in intensive care, it often results in feelings of unease and anxiety of separation for the parents, as well as dealing with the stress of trying to fit in visits at the hospital. NicView helps alleviate some of that."

One Mom's Story

NicView became an important part of the bonding process for Munster resident Angela Sajn, who didn't anticipate complications during her pregnancy with her second child. But when contractions began more than 10 weeks early, there was no way to stop the delivery and her son Wyatt was born. He weighed just over 2 pounds and as with many premature newborns,



The NicView™ newborn streaming video system allows family and friends to view their baby over a secure connection.

he would require weeks of treatment and support to help him develop outside the womb.

"It was so strange to give birth, and then not have your baby right there with you to celebrate with family and friends," Sajn says. "I was hospitalized for 10 days. Wyatt was there for more than 60 days. Even though I tried to be at his bedside twice a day, it gave me tremendous peace of mind to visually check in on him anytime I wanted."

The technology also "helped my 7-year-old daughter 'visit' her little brother since she wasn't able to go into the NICU after flu visitation restrictions went into place," Sajn says. "Also, my husband's aunt, my sister, the grandparents, all got to check in on Wyatt whenever they wanted. It was an awesome experience."



Love for Littles

To find out more about healthy beginnings for babies and moms at Community Hospital, St. Catherine Hospital and St. Mary Medical Center, visit COMHS.org/baby.

A Leader in Newborn Care

Wyatt was one of the nearly 2,000 babies delivered at Community Hospital last year, making the hospital one of the leading facilities in the state for newborn care. Community Hospital is one of only a handful of facilities in Indiana to earn Perinatal Care Certification from The Joint Commission, as well as accreditation as a Level III NICU and Obstetric Care program through Indiana's new Perinatal Levels of Care designation.

"Providing such high-level services requires the most advanced facilities and talented clinical teams," says Lou Molina, CEO of Community Hospital. "We also realize that patient care often extends beyond the bedside, with support and peace of mind that comes from innovative technologies such as the NicView system. Making parents feel more involved strengthens trusting relationships with their providers and provides reassurance. This simple device provides a better experience for parents and relatives of our littlest patients." ●



Seven-year-old Gracen Sajin looks on as mom Angela holds new baby brother Wyatt at their home. The Sajin family used NicView to virtually visit Wyatt during his first two months of life.

Your Neighborhood Diabetes Experts

ST. CATHERINE HOSPITAL RECOGNIZED
FOR ADVANCED INPATIENT DIABETES
CARE THAT RANKS AMONG THE BEST

BY DEBRA GRUSZECKI

It was the height of the flu season and every chair was filled in the waiting room in the Emergency Department at St. Catherine Hospital in East Chicago.

When Bob, 40, stumbled in looking pale and confused, triage staff swiftly assessed him and determined that he had more than the flu. Testing revealed that he had bacterial pneumonia and diabetic ketoacidosis, a life-threatening condition that can lead to coma or even death.

From a suite in the Intensive Care Unit, a multidisciplinary team of diabetes champions began to monitor Bob's blood sugar levels, rehydrate his body with fluids and electrolytes and provide insulin therapy to get him out of danger.

Within 48 hours, his blood chemistry had returned to normal levels.

Symptoms of DKA can be masked by the illness that is causing it, so having a team in place that could make a quick diagnosis and start treatment right away was key.

Diabetes Expertise Close to Home

St. Catherine Hospital is recognized as one of the top hospitals in the nation for excellence in inpatient diabetes care. In 2016, the hospital

was the first in Indiana to earn advanced accreditation following a rigorous on-site review by The Joint Commission. The hospital, reaccredited for the third consecutive time in November 2019, is one of less than 1.2 percent of the more than 6,500 hospitals nationwide to have earned this distinction.

"Management of diabetes requires a collaborative team approach by physicians, nurses and educators, but also the patient," says Virginia Ait Said, a clinical nurse specialist and team leader in the certification process. "Communication by the care team is essential for positive outcomes."

Clinical nurse specialist Virginia Ait Said consults with Alex Goetzke, RN, Intensive Care Unit, about his patient recovering from diabetic ketoacidosis, a life-threatening condition that affects people with diabetes.



Diabetes is a condition in which the body does not properly process food for use as energy. It is the nation's seventh leading cause of death, accounting for more than 80,000 deaths annually. It also contributes to deaths from heart disease, kidney failure and stroke. There are three major types of diabetes: type 1, type 2 and gestational. Type 2 diabetes accounts for 90 to 95 percent of all cases.

The Centers for Disease Control and Prevention (CDC) estimates that 30.3 million people in the United States, or about 1 in 10, are living with diabetes. Of that number, the CDC says about 7.2 million or 23.8 percent have not been diagnosed. Another 84 million people are considered prediabetic, a condition that if left untreated will typically become type 2 diabetes within five years.

"The disease runs rampant here, in part, because people lack access to care and education," says endocrinologist Adil Alavi, MD. "Diabetes continues to be a big burden for the patients as well as for caregivers, whether they be family members, doctors, nurses or allied health professionals. So it's extremely important to have protocol-based



Tracy Toodle, RN, a diabetes clinical nurse educator, helps diabetes patients and their family members understand how to modify diet and make lifestyle changes to keep sugar levels in check. The training sessions at St. Catherine Hospital's Center for Diabetes are free to patients and the public.

management for diabetes across all areas of the hospital.”

A High Standard

Achieving advanced certification for diabetes specialty is difficult to attain and retain.

The Joint Commission surveyors take a look at a broad range of patients with varying medical conditions, in addition to their diabetes. Surveyors assess diagnosis and treatment protocols for all patients admitted with a principal or past medical history of diabetes in all units of the hospital, including the laboratory, cardiology, catheterization lab and critical care units.

The team's compliance with national disease-specific care standards, clinical practices, diabetes

education for staff, blood glucose monitoring protocols, and treatment plans for patients with hypoglycemia and hyperglycemia is assessed.

“Our entire medical team follows standard protocols and procedures to detect diabetes or those who have it the moment someone steps through our doors,” explains Jennifer Rarick, RN, Intensive Care. “We check glucose hourly, adjust fluids and insulin and follow standardized criteria to get a patient's body chemistry back in balance.”

Providing quality diabetes care is not new to St. Catherine Hospital. The American Diabetes Association has reaccredited the hospital's outpatient center over two decades. “Our goal isn't only to detect and treat diabetes,” Ait Said says. “A

whole new set of procedures follow every patient to ensure that anyone at risk for diabetes is identified and given the education and medical monitoring to reverse or slow this disease process.”

Diabetes education begins at a patient's bedside and continues at the Diabetes Centers of Community Healthcare System. Sessions in English and Spanish help diabetes patients achieve their goals to prevent or manage the disease. ●



Managing Diabetes Together

To learn more about the diabetes program or to learn about free Diabetes Center classes at the hospital, visit COMHS.org/diabetes.

Ready to Help Moms and Babies

OB-GYN ARUNA UPPULURI, MD,
DISCUSSES THE NEW SPECIALIZED
OBSTETRICS EMERGENCY SERVICE AT
COMMUNITY HOSPITAL

Q What is an OB emergency department (OB-ED)?

An OB-ED is an emergency department dedicated solely to pregnant women and those up to six weeks postpartum who come into the hospital with obstetrical complaints such as abdominal pain or bleeding. Community Hospital's OB-ED is located within the hospital's Labor & Delivery unit and is staffed around the clock by board-certified OB-GYN physicians. This ensures that expectant mothers receive timely specialized care without the wait and anxiety often associated with regular hospital emergency departments.

Q What are the primary benefits of an OB-ED?

Special considerations of symptoms related to pregnancy and postpartum care provided in the OB-ED ensure patients receive timely diagnosis and treatments. The OB-ED streamlines the triage process for women. Rather than going through evaluation in the general ED and then transferring up to the obstetrical unit for treatment, upon arrival the patient goes directly to the OB-ED. There, she is immediately cared for by a board-certified OB-GYN in an area appropriately



Aruna Uppuluri,
MD

outfitted with fetal monitors, ultrasound machines and other technologies necessary for pre- and postnatal emergencies.

Q When should a pregnant woman use an OB-ED?

An OB-ED is available when a woman feels she's experiencing an obstetrical emergency and cannot make it to her provider. We stress that it should not be used in place of routine obstetrical care. If a woman does not have a regular medical provider, we assist in

arranging access to those services as well so that she can continue with appropriate medical care throughout the duration of her pregnancy and delivery.

Q How does the OB-ED benefit patients?

In addition to ensuring that pregnancy and postpartum emergencies are treated 24 hours a day, 7 days a week, OB-EDs provide improved patient outcomes, safety and satisfaction. Women can have peace of mind knowing that they have a service dedicated to their unique needs and those of their unborn babies. •

Need an OB-GYN?

Aruna Uppuluri, MD, is medical director of Community Hospital's Laborist program. She is an OB-GYN in the Community Care Network's Community Care Center for Women with offices located in Munster. For a physician referral, call **219-836-3477** or **866-836-3477**.



MAIN PHOTO GETTY IMAGES



THE EXPERTS *are Here*

Trust your heart care to our team of experts.

Medical professionals at the Advanced Heart and Vascular Institute of Community Hospital in Munster, St. Catherine Hospital in East Chicago and St. Mary Medical Center in Hobart are using innovative technologies and expertise previously only found at leading academic medical centers.

Our highly skilled cardiac surgeons, cardiologists and electrophysiology specialists are trained in complex heart and vascular care, using the most advanced technologies and procedures.

- Transcatheter aortic valve replacement (TAVR)
- WATCHMAN™ for atrial fibrillation
- Micra™ leadless pacemaker
- Advanced heart failure management - CardioMEMS™ System
- Aggressive peripheral vascular disease treatments

When you are looking for expert heart care, trust your heart to the hospitals of Community Healthcare System. Your heart belongs here.



Community Healthcare System®

**Advanced Heart
and Vascular Institute**

Your Heart Belongs Here

***For information on the heart programs and medical professionals
at Community Healthcare System,
visit comhs.org/heart or call 219-836-3477 or toll-free 866-836-3477.***



Advanced Stroke Care...
Closer than you think!

COMPREHENSIVE STROKE CENTER

Community Hospital has earned Comprehensive Stroke Center certification,

the nation's highest level of stroke care accreditation, from the
American Heart Association/American Stroke Association and The Joint Commission.

This certification recognizes the hospital's high level of resources, specialists, clinical
programs and advanced training in treating patients who have suffered a stroke.

**LESS THAN 3% OF THE MORE THAN
6,200 HOSPITALS ACROSS THE U.S.
HAVE ACHIEVED THIS DESIGNATION.**
QUALITY CARE FOR **COMPLEX STROKE**



**American Heart Association
American Stroke Association
CERTIFICATION**
Meets standards for
Comprehensive Stroke Center

MUNSTER, IN • COMHS.org/Stroke