

# VIM & VIGOR

WINTER 2018 • \$2.95

## Going BEYOND

**35** ways to live well, even with  
health challenges

**PLUS** Parkinson's disease hasn't  
stopped **Michael J. Fox** from  
pursuing his passions

PARRISH MEDICAL GROUP:  
A LEADER IN COLORECTAL  
CANCER SCREENING

**Imaging  
unit features  
relaxing patient  
experience**

5 TIPS FOR A LIFETIME  
OF HEALTHY JOINTS



➔ **Save the Date!** Join us for our annual Gift of Light celebration Thursday, Dec. 6. See page 4 for details.



*Start the season with holiday entertainment, spectacular tree lighting and fireworks.*

**J**oin us for our annual holiday community celebration. We'll light a giant holiday tree, courtesy of the Parrish Medical Center Auxiliary.

Honor a loved one by placing a light on the holiday tree.

*The event is free and everyone is invited to enjoy:*

- ★ Free Hot Chocolate and Baked Goods
- ★ Face Painting
- ★ Games and Prizes
- ★ Spectacular Fireworks Display
- ★ Photos with Santa and Mrs. Claus (bring your camera)
- ★ And many more surprises!

PARRISH MEDICAL CENTER PRESENTS

**DEC. 6<sup>TH</sup> | 6 to 8 PM**



# Gift of Light

HONOR  
A LOVED ONE



[parrishmed.com](http://parrishmed.com)

951 N. Washington Ave., Titusville

All proceeds benefit Jess Parrish Medical Foundation  
FOR DETAILS [parrishhealthcare.com/giftoflight](http://parrishhealthcare.com/giftoflight) or  
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*Healing Families—Healing Communities®*



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## Five Tips to Protect Your Joints

Keep your elbows, knees, hips and ankles healthy and flexible by following this guide.



**Leah Haley,**  
**Parrish Medical**  
**Center Clinical**  
**Nutrition Manager**

# 4 FOODS TO AVOID DURING THE HOLIDAYS

*Don't get ambushed by sneaky calories in these seasonal treats*



Fruits and veggies, whole grains and lean meats are on the menu all year long.

But during the holidays, these healthy foods compete with temptations around every corner. Here are a few to leave at the buffet:

**1. Mixed drinks.** Cocktails are often high in calories, especially those that include cream or sugary syrups. Choose low-calorie or sugar-free mixers. Or, try sparkling water with cranberry juice for a refreshing change.

**2. Filled chocolates.** Milk chocolates, especially those filled with creams or caramel, are full of fat and sugar. Savor a square of dark chocolate instead.

**3. Stuffing.** The amount of butter and high-fat sausage in many recipes means that one scoop may have as many calories as a cheeseburger. Skip the sausage, and use low-sodium chicken broth and butter-flavored cooking spray instead of butter. Wild rice dressing is a flavorful alternative.

**4. Pecan pie.** The nuts might be good for you, but the corn syrup, butter and sugar cancel the benefits. Nibble on unsalted mixed nuts instead—or enjoy a small slice of pumpkin pie, which provides more nutrients.

## TIPS FOR A HEALTHY BALANCE

You don't have to stick to a steady diet of carrots during this special season. Simply take a few slow bites of your favorite foods and then push away from the table. Visit with family and friends. Take a walk around the neighborhood to see the lights. Share the holiday spirit by volunteering to serve meals at a soup kitchen or shelter.

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# ALL-ENCOMPASSING COMMITMENT

*We strive for continual excellence in safety, quality and value*

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Like the little engine that could, Parrish care partners every day live our vision, Healing Families—Healing Communities®; mission, Healing Experiences for Everyone all the Time®; and values, Safety, Loyalty, Integrity, Compassion, Excellence and Stewardship, in order to continuously improve health-care services for the patients, families and communities we serve.

They do this in spite of, and while responding to, the ever-changing local, state and federal healthcare challenges. And they do so while serving as Brevard's only independent, public, not-for-profit, safety-net medical center.

That's why, on behalf of the board of directors, I am proud of Parrish being often recognized as the first, and among the best in the nation, for safety, quality and value.

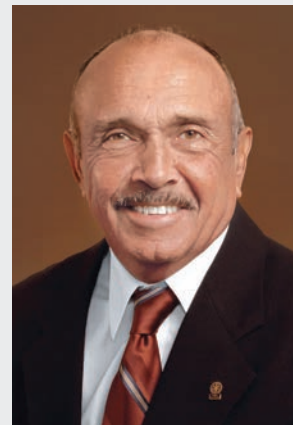
Consider the new MR Theater in Titusville. Parrish is the first in the U.S. to make this advanced imaging technology available to the people and communities we serve. Bringing medical advancements to our community remains a priority for the board, administration and every Parrish care partner. You can read about the extraordinary audiovisual features of the MR Theater on page 49 of this issue.

This summer, Parrish was recognized nationally by HealthTrust as its 2018 Outstanding Member, one of the group's highest honors, at the annual HealthTrust University Conference in Nashville.

Serving more than 1,500 hospitals and health systems, HealthTrust is a group-purchasing organization providing the highest-quality products with industry-leading prices from suppliers. Last year, Parrish's Clinical Quality Value Analysis team realized significant supply-chain savings. The savings were possible because of an unwavering commitment to the people and community we serve, a clear vision and a purposeful mission. The decisions being made today will provide long-lasting benefits to the patients, families and communities we have the honor to serve today, tomorrow and into the future.

That's why it matters which hospital you choose.

Sincerely,  
Herman A. Cole Jr., Col., USAF, Ret.  
Chairman of the Board



*I am proud of Parrish being often recognized as the first, and among the best in the nation, for safety, quality and value.*

# DECEMBER 2018– FEBRUARY 2019

► *Parrish Healthcare sponsors classes, events and support groups for all ages. Unless otherwise noted, registration is required, and classes are free. Look for updates and newly added events online at [parrishvigor.com/calendar](http://parrishvigor.com/calendar).*

## **Childbirth Baby Care Education**

### **Beginning Breast-feeding Class**

**When:** Third Monday each month

**Time:** 6:30–8:30 p.m.

**Where:** The Children's Center, 5650 S. Washington Ave., Titusville

**Info:** To register, call 321-268-6682.

### **Moments to Miracles (Childbirth Education Class)**

**Cost:** \$50 per couple

**Info:** Call 321-268-6790 for dates and times.

### **Sibling Class for Big Brothers and Sisters**

**Info:** Call 321-268-6790 for details.

## **Children's Activities**

**Where:** The Children's Center, 5650 S. Washington Ave., Titusville

**Info:** Call 321-264-0855 or visit [parrishchildrenscenter.com](http://parrishchildrenscenter.com).

## **North Brevard Connections (NBC)**

A casual support group for parents and caregivers of children with special needs.

**When:** Fourth Friday each month

**Time:** 9:30–11:30 a.m.

**Info:** Call Mary Cancel at 321-292-1370.

## **Diabetes Education Program**

This education program consists of two three-hour classes. Diabetes education is covered by Medicare and most insurance plans.

**When:** Mondays and Fridays

**Where:** Parrish Medical Center, Titusville, and Parrish Healthcare Center, Port St. John

**Info:** Call 321-268-6699.

## **Nutrition Counseling**

Medicare covers nutrition counseling for diabetes and chronic renal disease; other insurance may include additional conditions.

**Where:** Parrish Medical Center, Titusville

**Info:** Call 321-268-6699.

## **Take Charge of Your Eating Decisions**

A six-week weight-management program for people who want to change their eating habits.

**Info:** Call 321-268-6699 for more information.

## **Fitness Education Next Steps™ Medically Integrated Fitness Program**

Take part in one of 10 medically integrated

eight-week fitness programs. Team up with a fitness specialist to develop a plan for success.

**Cost:** \$99

**Where:** Parrish Health & Fitness Center, 2210 Cheney Highway, Titusville

**Info:** Call 321-567-2201 to schedule a tour, or visit [parrishhealthandfitness.com](http://parrishhealthandfitness.com).

## **General- Interest Classes**

### **Caregiver Academy**

Different topics are featured each month. No registration required.

**When:** Second

Thursday each month

**Time:** 10–11 a.m.

**Where:** Heritage Hall, Parrish Health Village

**Info:** Call Janet Rooks at 321-268-6800, or visit [parrishvigor.com/calendar](http://parrishvigor.com/calendar) for topics.

## FEATURED EVENT



### *Free Event*

## **Gift of Light**

**Thursday, Dec. 6, 6–8 p.m.**

Parrish Medical Center's 27th annual Gift of Light tree lighting and fireworks extravaganza is a treasured community tradition that signals the start of the holiday season. The tree will be lit at approximately 6 p.m. A spectacular fireworks show will end the evening about 7:45 p.m. We hope you and your family will join the PMC family.

**Where:** Parrish Medical Center, Titusville

**Info:** Call 321-268-6110.



## Community Events

### Planning Your Healthcare Future

Find out how health-care planning can change questions and confusion into peace of mind for you and your loved ones.

**When:** Wednesday, Jan. 9

**Time:** 10 a.m.–noon

**Where:** Fairfield Inn & Suites, 4735 Helen Hauser Blvd.

**Info:** Lunch will be served. Seating is limited. Visit [parrishvigor.com/calendar](http://parrishvigor.com/calendar) or call 321-268-6110 to reserve your spot.

### Healing Chronic Wounds

Parrish Wound Healing Centers in Titusville and Port St. John offer highly specialized wound care to people suffering from diabetic ulcers, pressure ulcers, infections and other chronic wounds that have not healed in a reasonable time. Learn more and tour the Wound Healing Center.

**When:** Thursday, Jan. 24

**Time:** 5–6:30 p.m.

**Where:** Parrish Healthcare Center, Port St. John

**Info:** A buffet will be served. Seating is limited. Visit [parrishvigor.com/calendar](http://parrishvigor.com/calendar) or

call 321-268-6110 to reserve your spot.

### We've Got Heart (Two Locations)

You put your heart into everything you do, and so do we. Join us and our cardiovascular care team to find out how to keep your heart healthy, and learn about state-of-the-art heart care at Parrish Medical Center.

**Info:** Dinner will be served. Seating is limited. Visit [parrishvigor.com/calendar](http://parrishvigor.com/calendar) or call 321-268-6110 to reserve your spot.

**When:** Tuesday, Feb. 5

**Time:** 5–7 p.m.

**Where:** La Cita Country Club, 777 Country Club Drive, Titusville

**When:** Thursday, Feb. 21

**Time:** 5–7 p.m.

**Where:** Indian River Preserve, 3950 Walkabout Way, Mims

### Support Groups

Go to [parrishvigor.com/calendar](http://parrishvigor.com/calendar) for complete details.

### AWAKE Sleep Disorders Support Group

**When:** Second Monday each month

**Time:** 6–8 p.m.

**Where:** Parrish

Healthcare Center, Port St. John

**Info:** Call 321-268-6408.

### Caregiver Support Group

**When:** First and third Thursdays each month

**Time:** 9:30–11:30 a.m.

**Where:** Heritage Hall, Parrish Health Village

**Info:** Call Janet Rooks at 321-268-6800.

### Diabetes Support Group

**When:** Second Thursday each month

**Time:** 3:30–5 p.m.

**Where:** Heritage Hall, Parrish Health Village

**Info:** Call 321-268-6699.

### Look Good Feel Better

For women in various stages of cancer treatment. Get makeover tips and personal attention from specially trained professionals.

**Info:** Call the American Cancer Society at 800-227-9954 to schedule an appointment.

### MAK Gathering (Moms and Kidz) Support Group: Birth to 18 Months

With lactation consultant Rita Jordan.

**When:** Mondays and Wednesdays

**Time:** 10–11:30 a.m.

**Where:** The Children's



CALL



## Need a Health Expert to Speak to Your Group?

PMC experts are available to speak to your group on important health issues. To schedule a speaker for your next meeting, call **321-268-6110**.

Center, 5650 S. Washington Ave., Titusville  
**Info:** Call 321-268-6682 or 321-264-0855.

### Parkinson's Support Group of North Brevard

**When:** Friday, Dec. 21, 2018, and then third Thursday each month beginning January 2019

**Time:** 2–4 p.m.

**Where:** Heritage Hall, Parrish Health Village

**Info:** Call Janet Rooks at 321-268-6800.

### Parrish Partners Cancer Support Group

**When:** Third Monday each month

**Time:** 4–5:30 p.m.

**Info:** Call 321-268-6111, ext. 3544, or visit

[parrishvigor.com/calendar](http://parrishvigor.com/calendar).

### Pulmonary Hypertension Support Group

Sponsored by PMC.

**When:** Second Tuesday each month

**Time:** 3–5 p.m.

**Where:** Grace United Methodist, 65 Needle Blvd., Merritt Island

**Info:** Call Janet Rooks at 321-268-6800.

### Stroke-Heart Survivors Group

**When:** Third Tuesday each month

**Time:** 2–4 p.m.

**Where:** Heritage Hall, Parrish Health Village West

**Info:** Call Janet Rooks at 321-268-6800. ■



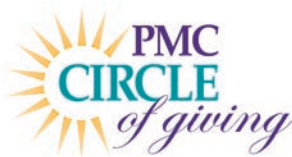
**Left: Parrish Medical Center leadership dressed to represent their home states of North Carolina, Texas, New York, Florida and Massachusetts in this year's Circle of Giving campaign.**

**Below: Care partners gathered in the PMC atrium to celebrate raising \$83,000 during the 2018 Circle of Giving campaign.**



## Raising Funds for Life-Changing Programs

► Parrish care partners—employees, physicians and Auxiliary members—raised more than \$83,000 to fund signature projects focused on health, wellness and safety throughout the community and within Parrish Healthcare during the 2018 Circle of Giving campaign. It Takes a Nation to Heal a Community.



Circle of Giving, Parrish Healthcare's annual employee-giving program, was established in 2006 by Jess Parrish Medical

Foundation as a means to further Parrish Medical Center's mission to provide Healing Experiences for Everyone all the Time.® Since the program's inception, more than \$1 million has been raised to make our community a better place to live, work and receive high-quality healthcare.

Generous pledges will help support programs and services such as tourniquet kits,

thermal imaging cameras and CPR mannequins for Titusville's fire and police departments; Next Steps™ fitness scholarships; Women's Center Camp GAIA scholarships; and advanced medical equipment and technologies to further enhance patient and care partner safety and wellness.

"Together, we're making a difference in the lives of Brevard residents—our friends, families and community," says Circle of Giving Committee Chair Jerald Smith. "Our annual campaign continues to demonstrate our vision of Healing Families—Healing Communities.®" ■



### JOIN US FOR GIFT OF LIGHT

Everyone is welcome to attend Parrish Medical Center's FREE annual community holiday event Thursday, Dec. 6, 2018, from 6 to 8 p.m. The holiday healing experience is filled with good friends, good tidings and more. Honor or memorialize a loved one by donating to Jess Parrish Medical Foundation and a light will be placed on the 50-foot holiday tree. For more information, contact the foundation at **321-269-4066** or **foundation@parrishmed.com**.



# Planned Giving

## CHARTING A CHARITABLE PATH TO YOUR LEGACY

Are you looking to create a legacy and effect lasting change in North Brevard? Did you know that many individuals elect to designate a charity in their will to support a cause that has been significant to them? Often, planned giving is characterized as “leaving a legacy,” because the donor is creating the gift to make an impact for future generations.

Planned gifts provide donors with an avenue to benefit a favorite charitable organization while combining overall financial, tax and estate-planning goals. Beyond the personal satisfaction, these gifts afford planning opportunities to potentially reduce a donor’s state and federal taxes. The flexibility allowed in designating planned gifts while still gaining favorable tax benefits contributes considerably in making these gifts a popular and effective estate-planning tool.



## TWO WAYS TO GIVE BACK

With the introduction of tax reform this year, you might find yourself in a healthier financial position to support causes that matter most to you while enjoying tax and financial benefits for yourself. Two popular and simple ways to benefit Jess Parrish Medical Foundation and receive tax benefits in return are to:

► **Name Jess Parrish Medical Foundation (JPMF) as a beneficiary of a retirement plan account.** Assets in your IRA, 401(k) or other qualified retirement plan account remain subject to income tax when distributed to your heirs. If you name JPMF as a beneficiary of all or part of your plan, however, your gift will pass to the foundation tax-free.

► **Give from your IRA (if you are 70½ years or older).** Regardless of whether you itemize your taxes, this gift helps you fulfill your required minimum distribution and is not considered taxable income.

Each gift, regardless of size, makes a difference in our community. We do not do it alone. We work with hundreds of volunteers and thousands of donors, providing an opportunity for you to make a profound difference where you live. Without you, change cannot happen. Join us in our lifesaving mission and help us make a difference.

*The information contained in this article is not intended as legal or tax advice. For such advice, please consult an attorney or tax adviser. References to estate and income taxes include federal taxes only and are subject to change. State income/estate taxes or state law may impact your results.*

GIVE



### Take the First Step to Make a Difference

Explore how to create a gift that meets your financial needs and fulfills your charitable objectives. Call the Jess Parrish Medical Foundation office at **321-269-4066** or email **[foundation@parrishmed.com](mailto:foundation@parrishmed.com)**.



**Pamela Tronetti,  
DO, AGSF, PMC  
Senior Services  
Medical Director**



## WORKAHOLICS, WATCH YOUR STROKE RISK

*Continual connection to our jobs comes at a high cost*



“He’s going to work himself into an early grave.” My grandmother made that

observation as she watched a local businessman pull out of his driveway while everyone else was just pouring their first cup of coffee, knowing his return would be long after most of the neighbors were turning off their porch lights.

Now, my daughter and son-in-law do all of their work via computer, so even during vacations they respond to emails, texts and phone calls about work, sometimes spending hours to resolve a problem that “just can’t wait.”

Traditionally, only doctors were on call 24/7. Now I see people in all professions answering work emails from home at 4 a.m. on a Sunday, texting advice to colleagues while driving their children to school, and taking home piles of virtual papers.

Oh, and there’s another group of people who are always working. They are up before dawn to do the bills, sort laundry and try for some personal reflection time. They interrupt their meals, sleep, shopping trips, favorite TV shows and other family time for someone else’s needs. They’re called caregivers.

What are the risks of working so many hours?

A recent study reviewed 25 studies involving more than 500,000 people. The participants had no history of stroke and were followed for at least seven years.

The people who worked 35 to 40 hours a week had an average risk of stroke for their age groups. Those who worked 41 to 48 hours had a 10 percent higher chance of having a stroke. Working 49 to 54 hours raised it to 27 percent, and those who worked 55 hours or more a week were linked to a whopping 33 percent increased risk of stroke.

According to the U.S. Bureau of Labor Statistics, the average American worker puts in 42.5 hours, with more than 10 percent of us averaging 49 to 54 hours.

I suspect that many people underestimate the number of hours they dedicate to work. They don’t identify it as work because they are on their own couches instead of in their cubicles, but in reality, they are still tethered to their jobs, working excess hours without a break.

Meanwhile, caregivers don’t tally up the hours because they reason that they are at home and would be doing most of these chores (such as cooking and cleaning) anyway.

Health is precious. Everyone needs to take the time to get an assessment of their health, including a physical exam, blood work, an EKG, X-ray and other preventive testing.

We need to let go of some tasks and delegate others. Take time, make time for yourself. A job is not worth a stroke. ■



# The Challenge Issue

Mom and Dad's little miracle.

## EXCEEDING EXPECTATIONS



Thanks to medical advancements—and the human spirit—people survive extraordinary circumstances

**59%**

The proportion of babies born in 2012 at just 28 weeks' gestation (about 12 weeks early) who were discharged from the hospital without complications, up from **43 percent in 1993**.

**>80%**

More than 8 in 10 children with cancer now survive five years or more. In the mid-1970s, the survival rate was about 58 percent.



**1967**

The year of the first heart transplant. The recipient lived 18 days. Today, **more than 3,000** heart transplants are performed each year in the United States alone, and the five-year survival rate is about 78 percent.

**35**

The number of validated “supercentenarians” worldwide—that’s people older than 110. Their average age is 113. The current life expectancy worldwide is 72 years.

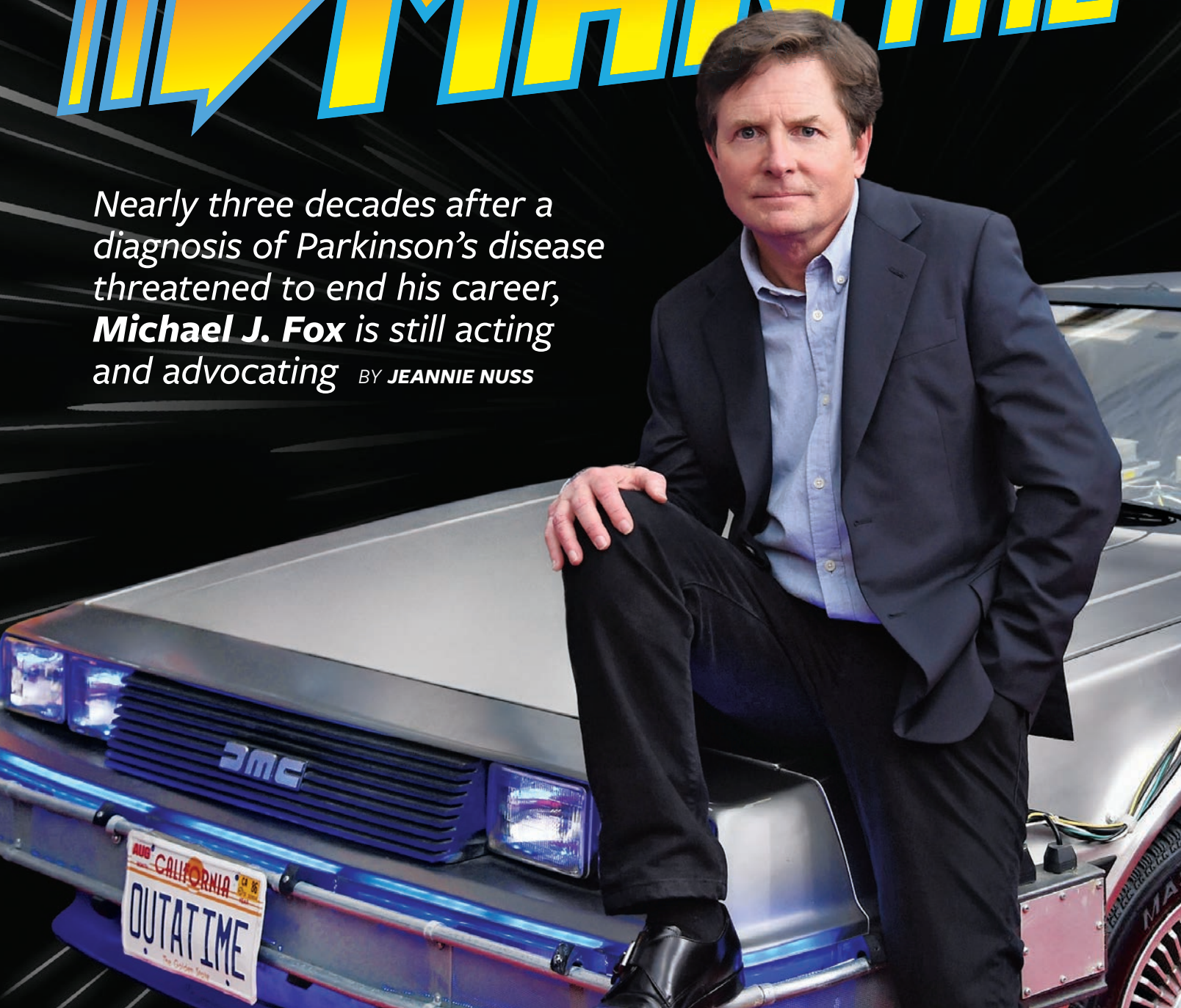


**Read on** to learn more about turning a tough outlook into a positive outcome ➔

Sources: American Cancer Society, Gerontology Research Group, History.com, JAMA, Scientific Registry of Transplant Recipients

# ▶ MAN OF THE

Nearly three decades after a diagnosis of Parkinson's disease threatened to end his career, **Michael J. Fox** is still acting and advocating BY JEANNIE NUSS







# FUTURE

**I**n the 1980s, Michael J. Fox endeared himself to American audiences as the charming boy next door with his roles as Alex P. Keaton in “Family Ties” and Marty McFly in “Back to the Future.” He went on to further success in the sitcom “Spin City,” winning an Emmy for acting and serving as executive producer.

But his wunderkind rise seemed to hit a brick wall in 1998, when he told the stunned public that he had been diagnosed with young-onset Parkinson’s disease.

Parkinson’s is a complex neurodegenerative disease that usually affects older people. And Fox was just 37 when he made his announcement. He was even younger when he found out he had the disease in 1991.

“I was 29 years old, and so it was the last thing I expected to hear,” Fox told David Letterman in 2015. “I thought I’d hurt my shoulder doing some stunt because I had a twitch in my pinkie. And the doctor said, ‘You have Parkinson’s disease.’ He said, ‘The good news is that you have 10 years of work left.’”

It’s fair to say that doctor was wrong.

In the 27 years since his diagnosis, Fox has dedicated himself to Parkinson’s advocacy, launching the Michael J. Fox Foundation for Parkinson’s Research, which has raised more than \$750 million for the cause.

His foundation also helped raise awareness about the disease, which affects an estimated 1 million people in the U.S. and more than 5 million people worldwide.

“People have a much greater understanding of Parkinson’s because of Michael J. Fox,” says John Lehr, CEO of the Parkinson’s Foundation.

Fox has led the fight by example, too, continuing to act and produce. He starred as a character with Parkinson’s on NBC’s “The Michael J. Fox Show” in 2013-14 and has guest starred as the manipulative attorney Louis Canning, who has a condition that causes erratic body movements, on CBS’s “The Good Wife.”

“I realize now that I can play anybody, as long as they have Parkinson’s,” Fox told *Haute Living* magazine in 2016.

## **The Face of Parkinson's**

No matter what role he takes on, Fox has become one of those famous people who is intimately connected in the public mind to his illness. And he's shared his struggles honestly, talking about the disease's characteristic tremors and other movement issues.

"The biggest problem I have now is balance," Fox told *Haute Living*. "That's kind of tricky because you fall down a couple of times at 55 and you realize that you're not 25."

The disease hasn't touched Fox's sense of humor, though.

"The truth is that on most days, there comes a point where I literally can't stop laughing at my own symptoms," he told *AARP The Magazine* in 2017.

As an example, Fox described how the disease affects the little things—like getting a cup of coffee for his wife, actress Tracy Pollan.

"Just the other morning, I come into the kitchen," he said. "*Oh, good, coffee. I'm gonna get some! No, wait—I'm gonna get some for Tracy—who's at the table with the paper. I pour a cup—a little trouble there. Then I put both hands around the cup. She's watching. 'Can I get that for you, dear?' 'Nah, I got it!' Then I begin this trek across the kitchen. It starts off bad. Only gets worse. Hot java's sloshing onto my hands, onto the floor ... And Tracy's watching calmly, going, 'Darling, why don't you [emphatic expletive] let me get it?' 'I'm almost there, babe!' Of course, by the time I reach the table, the cup's all but empty. 'Here's your coffee, dear—enjoy!'"*

Fox's ability to play out a scene is still spot on.

"I was supposed to be pretty much disabled by now," Fox told *Haute Living*. "I'm far from it."

Indeed: 13 of his 18 Emmy nominations and five of his nine Golden Globe

nominations came after his Parkinson's diagnosis, and he has received a number of humanitarian awards, including being honored on the Difference Makers series of commemorative stamps issued by Canada Post in 2012.

## **Understanding the Disease**

A neurodegenerative disorder is one in which brain cells progressively die. Parkinson's is the second-most-common such disease after Alzheimer's, according to the Parkinson's Foundation.

Parkinson's affects cells in the brain that produce dopamine, a chemical messenger that transmits signals linked to coordinating movement.

The disease is known for its cardinal symptoms: resting tremor (an uncontrollable movement that affects a limb when it's at rest), slowness of movement (also known as bradykinesia) and rigidity or stiffness. Many people—including Fox—also experience balance problems.

## **7 THINGS**

### **You (Probably) Didn't Know About MICHAEL J. FOX**

- 1 He was born Michael Andrew Fox and later adopted the "J." as an homage to the actor Michael J. Pollard of "Bonnie and Clyde" fame.
- 2 Fox was born and raised in Canada and as a kid dreamed of a career in the National Hockey League.
- 3 In his teens, Fox played guitar in several garage bands.
- 4 He made his debut as a professional actor at age 15, co-starring in the sitcom "Leo and Me" on Canadian Broadcasting Corporation.
- 5 During his seven years on NBC's "Family Ties," from 1982 to 1989, Fox earned three Emmy Awards and a Golden Globe.
- 6 Fox married his "Family Ties" co-star Tracy Pollan in 1988, and the couple have four children. Pollan played Michael P. Keaton's girlfriend, Ellen, on the show.
- 7 Fox has voiced a number of characters in children's movies, including Chance the dog in Disney's "Homeward Bound" series and the title character in "Stuart Little."

Sources: *The Michael J. Fox Foundation, IMDb*



**Michael J. Fox and wife Tracy Pollan have been married 30 years.**





Other symptoms include cognitive impairment, problems sleeping, low blood pressure when standing, constipation, speech and swallowing problems, unexplained pains, drooling, loss of smell, and mood disorders such as anxiety and depression.

Movement problems are “just one part of the disease,” Lehr says, and some of the lesser-known symptoms can be just as devastating.

“If you’re, say, someone who loves food and you lose your sense of smell and your sense of taste, think about the quality-of-life issues that come along with that,” Lehr says.

The good news? People with Parkinson’s tend to live about as long as people without it.



## A Mysterious Disease

What exactly causes Parkinson’s is still unknown.

“It’s a very complex disease,” says Leslie A. Chambers, president and CEO of the American Parkinson Disease Association. “It’s not probably a single cause. We think it’s a combination of environment and genetics.”

Risk factors include age, being a man, having a relative with Parkinson’s disease and ongoing exposure to herbicides and pesticides. But even some of these risk factors are iffy: Experts say your hereditary risk is still small unless you have several relatives with Parkinson’s, and exposure to toxins appears to increase risk only slightly.

Because doctors don’t really know what causes the disease, it’s impossible to say how to prevent it. Studies have shown that caffeine consumption and smoking (yes, smoking) are associated with lower rates of Parkinson’s. This is, of course, not an invitation to smoke—smoking contributes to heart disease, stroke and diabetes and is the leading preventable cause of death worldwide.



## Diagnosis and Treatment

For some diseases, doctors perform a test, offer a diagnosis and prescribe medicines. Things aren’t that simple with Parkinson’s.

There is no definitive brain scan or blood test, and there’s no cure.

To diagnose Parkinson’s, doctors look at a person’s medical history, perform neurological exams and look for two or more of the cardinal signs. Doctors also often prescribe Parkinson’s medications and look to see if these work as evidence that they have the right diagnosis.

Although there’s no cure for Parkinson’s, a number of treatments can manage symptoms of the disease, including:

### Levodopa/Carbidopa

The most widely prescribed Parkinson’s drug dates back to the 1960s. Levodopa is converted in the brain to dopamine, the chemical that is missing in the brains of people with Parkinson’s. Carbidopa is a drug that helps levodopa get into the brain and limits levodopa’s side effects. The drugs are often combined.

### Deep Brain Stimulation

Deep brain stimulation delivers electrical pulses to brain cells to decrease symptoms and is the most common surgical treatment for Parkinson’s. It’s usually performed on people who have had Parkinson’s for at least four years and still get a benefit from medication but have motor complications.

Other treatments can help people manage Parkinson’s symptoms, including symptoms that aren’t related to movement. For example, diet and lifestyle changes, along with fiber supplements, are options for treating constipation.

Other drugs are in development, including options that aim to prevent, slow or stop the progression of Parkinson’s by targeting proteins and pathways known to play a role in the disease.

## PARKINSON’S AND AGING

Michael J. Fox’s 1998 Parkinson’s announcement was shocking because of his relative youth, as most people with Parkinson’s are diagnosed when they are much older. Only about 10 to 20 percent of people with Parkinson’s are diagnosed before age 50; the average onset age is 60.

“Parkinson’s affects 1 in 100 people age 60 and older, and as baby boomers age, there will be more and more with the condition,” says geriatrician Pamela Tronetti, DO, AGSF, medical director of the Parrish Senior Consultation Center.

Some older people with early symptoms of Parkinson’s, unfortunately, chalk up pain, stiffness and falling to simply getting old, and they don’t get a diagnosis and treatment as quickly as they could have. If you notice changes in your movement or thinking, talk to a doctor.

### CLASS



## Parkinson’s Support

The Parkinson’s Support Group of North Brevard meets the third Friday of each month through December and the third Thursday of each month beginning January. Call Janet Rooks at **321-268-6800** to register.

Fox relishes his front-row seat to such research through his foundation.

“A funny thing happened,” Fox told *AARP The Magazine*. “Doctors reached out to me. And I reached out to doctors. More important, the Parkinson’s community reached out to me, and I immediately felt better, just empowered, knowing there were people who understood what I was going through.” ■

**THE BIG STORY**

# *Defy*



PHOTO BY GETTY IMAGES



# *Living* the Odds



*When it comes to living with a chronic condition, preventing cancer or trying to cure illness, we can take action to live our best lives* **BY ALLISON THOMAS**



Your heart isn't going to text you that it needs help.



# Heed the WARNINGS



*The first signs of heart failure can be subtle, so you've got to know what to look for*

Talk about two words that sound especially frightening when put together: heart failure. How does the heart fail, exactly? And what warning signs should you be watching for to help save a life—possibly even your own?



## **LEARN** the Basics

Heart failure (also sometimes referred to as congestive heart failure) is a clinical syndrome where the heart doesn't work as well. While most cases of heart failure occur on the left side (or ventricle) first, it can involve the right ventricle or both sides of the heart, and its effects can be debilitating. Heart failure can lead to frequent hospitalizations and complications including stroke, heart rhythm problems, renal

and kidney dysfunction and liver damage, says Gregg Fonarow, MD, cardiologist and spokesman for the American Heart Association.

“Approximately 6.5 million Americans have heart failure, and there are about a million new cases each year,” Fonarow says. “It’s common and costly and contributes to premature death, so it’s really important to know the warning signs and get diagnosed and treated early—and work to prevent heart failure in the first place.”



## RECOGNIZE the Risks

The two biggest risks for heart failure are high blood pressure and coronary artery disease, the most common type of heart disease, where the arteries that supply blood to the heart narrow and harden, Fonarow says. Diabetes, excess weight and obesity, and lack of physical activity can also contribute to your risk, as can older age.

“The likelihood of heart failure increases with age, yet it can occur at any age, and individuals with risk factors are at a greater risk even when they’re younger,” he says.



## WATCH for Signs

Heart failure has several common symptoms you should look out for, including:

- Shortness of breath with everyday activities, like going up a flight of stairs or walking a block or two—things you could previously do with ease.
- Unexplained swelling in your legs, feet or ankles.
- A dry cough that becomes more pronounced when lying flat versus sitting or standing.
- Trouble sleeping or breathing when lying flat.
- Feeling generally fatigued without any other explanation.

- Rapid, unexplained weight gain from fluid retention (3 or more pounds in a day).

- Confusion or memory loss.
- A racing or throbbing feeling in your heart.

“It’s important to note that these symptoms can also occur with other conditions, so if you experience them, seek appropriate medical attention rather than trying to diagnose yourself,” Fonarow says.



## PRACTICE Prevention

Here’s some good news about heart failure: It is preventable.

“Approximately 80 percent of cases that occur could have been prevented,” Fonarow says. “Many of the risk factors for heart failure themselves are preventable, like type 2 diabetes, for example.”

He recommends working with your care provider to learn your personal risk factors and taking proactive steps toward prevention. That means—you guessed it—eating a balanced diet, exercising regularly and keeping your weight, blood pressure, cholesterol and glucose levels in a healthy range. Your provider can help you achieve all of that.



## TELL Your Doctor

Perhaps the most important advice Fonarow offers is to seek care quickly if you have worrisome symptoms, as early treatment can improve your prognosis.

“A lot of people see their primary care physician and get diagnosed with upper respiratory problems or bronchitis when it’s really heart failure,” he says. “If your symptoms are not responding to treatment based on that original diagnosis, follow up with your physician to confirm it’s not something more serious.” ■

### EVENT



## Tips from Local Heart Experts

Join the Parrish cardiovascular team Feb. 5 from 5 to 7 p.m. at La Cita Country Club in Titusville to learn how to keep your heart healthy. Reserve your seat for this free catered event by visiting [parrishvigor.com/calendar](http://parrishvigor.com/calendar) or calling 321-268-6110.

## HEART FAILURE MYTHS

An important aspect of understanding heart failure is knowing what it isn’t. Gregg Fonarow, MD, cardiologist and spokesman for the American Heart Association, helps us clear up three top misconceptions:

**1. Heart failure doesn’t mean your heart has stopped beating.** “Some people think heart failure means the heart has completely failed and confuse that with cardiac arrest or heart attack when its function has actually been impaired,” Fonarow says.

**2. Heart failure isn’t inevitable.** While people who get heart failure tend to be older, it’s not a foregone conclusion and can be prevented, Fonarow says.

**3. Heart failure doesn’t have to be a death sentence.** “If it’s recognized, diagnosed and treated early, your prognosis can be substantially improved,” he says. “It can be a manageable chronic condition individuals live with for years or even decades.”



You want to protect him from everything you can.



## The Shot That PREVENTS CANCER



*What all parents need to know about the human papillomavirus vaccine, including how, when and why you should vaccinate your kids*

If there were a common infection that could cause cancer, and you couldn't treat the infection but there were a vaccine that prevented it, you'd beat down your doctor's door to get it, right?

Meet the HPV vaccine. It helps safeguard against the human papillomavirus, which can cause cervical, vaginal and vulvar cancers in women; penile cancer in men; and throat cancer, anal cancer and genital warts in both sexes.

We spoke with Debbie Saslow, PhD, senior director of HPV-related and women's cancers for the American Cancer Society, to help understand why the vaccine is so important and when to vaccinate your child.

PHOTO BY GETTY IMAGES



## **V&V:** *Why is the HPV vaccine so critical?*

**Saslow:** It prevents six types of cancer. It doesn't get any more important than that. You look at the numbers and the harms that these diseases can do. Why wouldn't a parent rush their child to the doctor to get it? All it takes is two shots and they're done. For parents who say, "My kid doesn't need this," we point out that most kids aren't going to get any of the diseases they're vaccinated for. But we get them vaccinated. Most people are not going to lose their home in a fire or total their car, but we all get insurance, and that's what this is. Approximately 39,800 new cases of cancer are diagnosed each year in parts of the body where HPV is typically found; the virus is responsible for around 31,500 of these cancers.

## **V&V:** *What are the most common myths and misconceptions that keep parents from vaccinating their children against HPV?*

**Saslow:** Myths about the HPV vaccine causing autoimmune diseases or infertility still circulate on social media, and they're completely false. Some parents are concerned the vaccine will increase promiscuity, but studies have shown kids who get vaccinated have the same sexual behaviors as kids who aren't vaccinated—and if anything, they're safer. The rates of vaccinating boys have almost caught up to girls, but there are still a lot of people who don't realize this is for boys, too. They think it's just for cervical cancer.

# THE HPV VACCINE IS ALREADY WORKING

Recent research shows that the human papillomavirus vaccine has already begun lowering incidences of HPV infections since its introduction in 2006. Three types of the vaccine are now available.

"It's unbelievable how fast and how well this vaccine is working," says Debbie Saslow, PhD, senior director of HPV-related and women's cancers for the American Cancer Society. She also touts early data from Australia—where more than 70 percent of children are vaccinated in schools and genital warts have been eliminated—and preliminary data from Finland that has shown zero HPV cancers in the vaccinated population.

"We've also seen rates of precancers of the cervix dropping dramatically," she says. "We need another decade or so to see really strong results because HPV takes a long time to turn into cancer, but while the numbers may be small in this early stage, they are extremely promising."

## **V&V:** *When should your child be vaccinated?*

**Saslow:** Vaccination is recommended at age 11 or 12 and can start as early as age 9. It's given in two shots, with six to 12 months between each, and the series should be completed by age 13.

## **V&V:** *Why should kids be vaccinated at this age?*

**Saslow:** There are two big reasons. First, while we don't know when an individual will start having sex, we do know they're highly likely to get HPV soon after. In fact, HPV is so common that approximately 4 out of 5 people will get the virus at some point in their lives. Plenty of teens aren't having sex, but many of them are. About 80 to 90 percent of people will get some exposure to HPV by mid-adulthood, and we don't know who will go on to get cancer. Second, we have a stronger immune response as children and develop better protection against HPV at this younger age than in our teens or 20s.

### WEBSITE



## Due for Shots?

It's hard to remember when kids and adults need immunizations, but **[cdc.gov/vaccines](http://cdc.gov/vaccines)** has all the information organized by age. Talk to your doctors about the vaccines you and your children need.

## **V&V:** *Are there any potential side effects?*

**Saslow:** We know the vaccine is as safe at ages 11 and 12 as it is at age 18. Minor side effects like soreness at the shot site can occur, as they can with other vaccines. Serious side effects are rare. The most common is fainting, which normally wouldn't be serious, but if children or teens hit their head, that could be serious. Another serious and very rare side effect is an allergic reaction. The HPV vaccine contains yeasts, so if the child is allergic to yeast, he or she shouldn't get the vaccine. ■

Alzheimer's disease  
is a puzzle we all  
want solved.

# Unlocking ALZHEIMER'S



*How close are we to a cure for this deadly form of dementia?*

Alzheimer's disease is relatively new to the public consciousness. Sure, it was first observed by German physician Alois Alzheimer in 1906, but it wasn't recognized as the most common form of dementia and a significant public health challenge until 1976.

For something to be fought, of course, it must be understood. And we've been playing catch-up with dementia.

"It had to be labeled accurately first," says George Schoepfoerster, MD, a geriatrician and spokesman for the Alzheimer's Association. "Much of the progress that's been made can be attributed to the acceptance of Alzheimer's disease as a problem."

While record-breaking levels of funding are pouring in to study Alzheimer's, including a \$414 million increase for 2018 from the National Institutes of Health, a cure is still likely decades away. About 5.7 million

PHOTO BY GETTY IMAGES



Americans have Alzheimer's disease, and more people die from it than breast and prostate cancers combined. We'll explore what the research has shown us in recent years and where it's headed.

## RECOGNIZING Problems Earlier

In the last five years, doctors learned something interesting yet devastating about the importance of early detection of Alzheimer's and how challenging it will likely continue to be.

"By the time a person's brain has been damaged enough to show behaviors we recognize as the start of dementia, like short-term memory loss, the problem has been going on for around 20 years," Schoephoerster says.

But brain imaging research is working to make problems easier to detect. Positron emission tomography (PET) scans done with molecular imaging tracers (known as radiotracers) that bind to proteins in the brain can reveal how abnormalities accumulate over time, and this can help with earlier diagnosis and monitor disease progression.

## MAKING TREATMENT More Effective

Because it's still so challenging to diagnose Alzheimer's early, most of today's medications are designed to temporarily slow the worsening of symptoms.

"There are five or six medications we use now to try to decelerate the damage, but they don't work that well because they are coming in at the end of the process," Schoephoerster says.

Researchers are working to improve effectiveness of treatments by targeting specific brain changes. As with current treatment regimens for AIDS and cancer, the future of Alzheimer's treatment may require a cocktail of medications targeting multiple brain changes.

## BUILDING HOPE Through Prevention

Preventing dementia is a growing focus area for researchers, and Schoephoerster notes that a prime example is the new Alzheimer's Association U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk, which began recruiting participants this year. This large-scale study, known as POINTER, will follow 2,500 people at risk for dementia due to circulation problems such as diabetes, high blood pressure, stroke or heart attack to determine whether lifestyle interventions like exercise, a healthy diet, brain activities and social interaction can delay or even prevent cognitive decline. There is already some research pointing in this direction.

Exercise, good nutrition and social stimulation seem to make a difference, Schoephoerster says. But researchers have recently discovered something new about the cognitive piece: Brain games only help your brain get better at the particular game you're playing and don't translate beyond that.

"If you're really trying to improve cognitive function or slow its decline, you need to stimulate your brain with

new things, like learning a new language, reading books if you weren't a reader before or taking up singing," he says.

Knowing all that we've learned in recent years—and all the research that's ongoing and planned—Schoephoerster thinks it's unlikely we'll see a cure anytime soon, but that Alzheimer's will someday be a chronic condition like diabetes or heart disease.

"We may eventually reach a level like we are with hypertension, where if you take your medication, your condition can be well-managed," he says. "But there's still a lot of work to get there." ■

WEBSITE



### Join the Research Effort

Clinical trials are integral to medical breakthroughs, and they can't happen without participants. Go to **[trialmatch.alz.org](http://trialmatch.alz.org)** to learn more about what's involved and how to enroll in a trial.

## CAREGIVERS ARE KEY

Early screening and diagnosis are critical to providing the best possible outcome for people with Alzheimer's disease, but caregivers make a major difference, too.

"A well-supported caregiver can have a huge impact and truly make life better for a person with dementia," says George Schoephoerster, MD, a geriatrician and spokesman for the Alzheimer's Association. This can mean things like:

- Providing emotional support through activities like music and art therapy and ensuring the individual stays socially active.
- Managing behavioral changes that often occur as people lose their normal abilities to cope with daily life, like wandering or striking out. Providing emotional support can also help counteract these behaviors, Schoephoerster says.
- Prioritizing medications. Many people with Alzheimer's are on medications for chronic conditions apart from Alzheimer's, but some of these medicines can actually harm the brain and may need to be re-evaluated.

# Is It Time for Weight-Loss Surgery?

*Learn more about what it takes to qualify, what to expect afterward and what questions to ask yourself* **BY LEXI DWYER**



In March 2018, the federal government published a sobering statistic: 40 percent of Americans are now obese.

“Obesity is an epidemic. It’s not just about extra weight—it’s linked to life-threatening diseases that, if allowed to continue, will lead to an early death,” says Samer Mattar, MD, president of the American Society for Metabolic and Bariatric Surgery. Obese people may also have a decreased quality of life from being less active, and they’re often targets of bias and stigma.

For the severely obese, losing weight isn’t just about eating more salad and walking frequently. As Mattar says, severely obese people are “hard-wired to react to stress by conserving energy,” and even healthcare professionals may wrongfully assume that obesity is linked to a character flaw such as laziness.

“Many people don’t understand the underlying metabolic dysfunction

driving this behavior. Nobody wants to be 400, 500, 600 pounds. And when people are told to ‘just diet,’ it’s almost impossible,” Mattar says.

The only long-lasting treatment for obesity is bariatric (weight-loss) surgery; experts no longer believe that lifestyle changes alone will result in lasting weight loss. With bariatric surgery, people can shed 50 to 80 percent of excess weight and see a dramatic improvement in chronic conditions such as type 2 diabetes, high blood pressure and sleep apnea.

“The real success story is type 2 diabetes, which can go into remission. But it’s not a cure—if patients gain weight or eat poorly, it comes back,” says Marina Kurian, MD, a bariatric surgeon who is a fellow of the American College of Surgeons, a member of the Society of American Gastrointestinal and Endoscopic Surgeons, and the author of *Weight Loss Surgery for Dummies*.



ILLUSTRATIONS BY JONATHAN CARLSON







## WHO Qualifies?

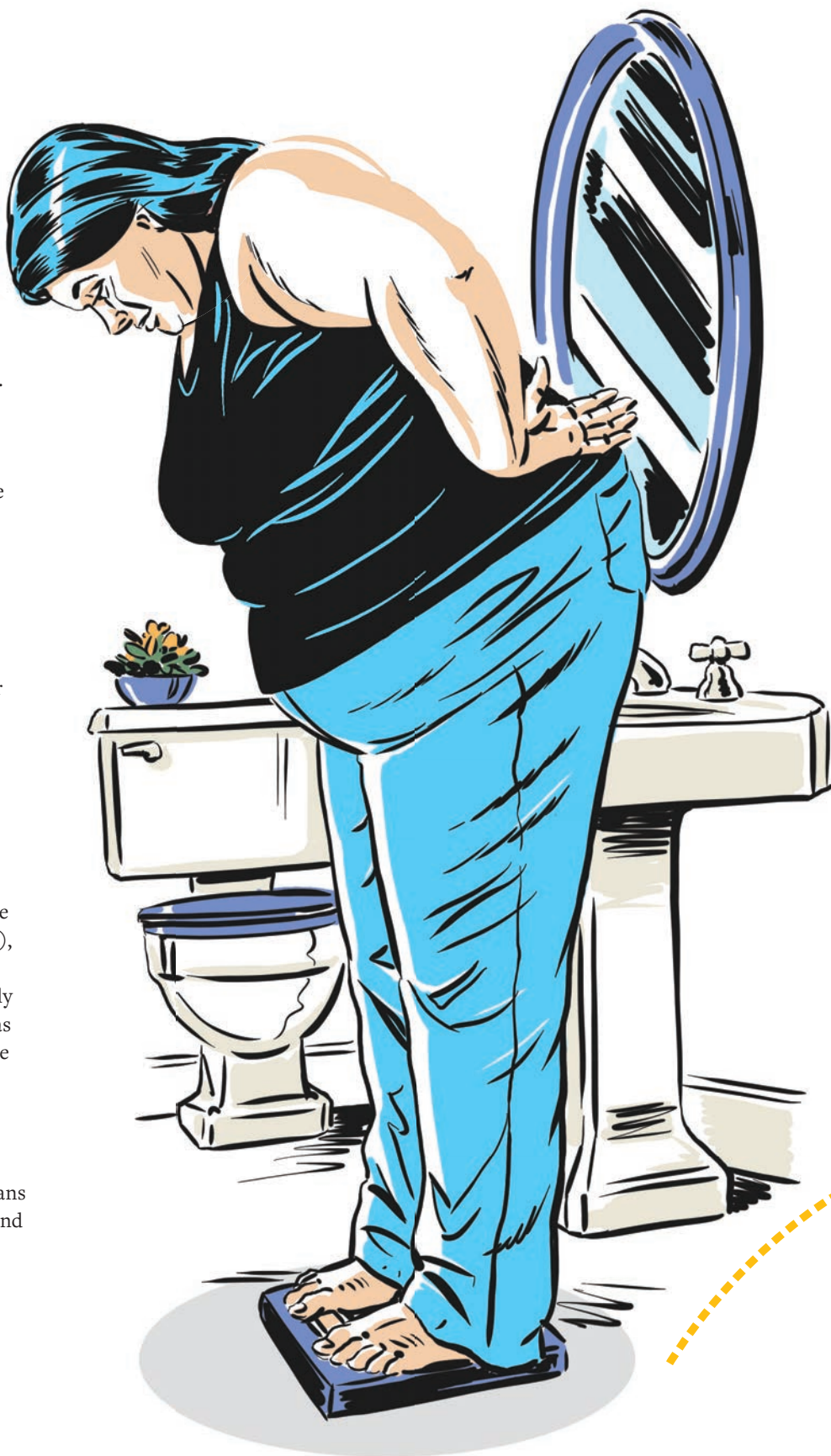
For a person to be a candidate for weight-loss surgery, insurance companies usually require a body mass index (BMI) that's 40 or above, or a BMI greater than 35 along with one of the aforementioned chronic conditions. (A person who is 5 feet 5 inches reaches a BMI of 40 at 240.5 pounds.) In some cases, people with a BMI over 30 might be considered as well. The American Diabetes Association recommends that surgery be considered for people with a BMI between 30 and 35 if blood sugar control remains poor despite proper medication.

## WHY Does It Work?

Bariatric procedures are characterized as either restrictive or a combination of restrictive and malabsorptive—the latter leading to the greatest weight loss. With restrictive surgeries, the amount of food you can consume is limited. Most commonly, this is because a large portion of the stomach has been removed.

Malabsorptive means that you absorb fewer calories from the food you do eat. This can happen solely from stomach size being reduced (as with the gastric sleeve), but it's especially pronounced when the stomach and small intestine are surgically rearranged so food bypasses certain areas (hence the name "gastric bypass"). There is also a metabolic shift: The hormones responsible for hunger (such as ghrelin) decrease, and production of the GLP-1 hormone, which helps create feelings of fullness, increases. For patients, this means that not only can they control portions and absorb fewer calories, but food cravings also decrease after surgery.

"Patients tell me that the biggest benefit is that the drive to eat is lessened," Mattar says. "You put them in front of a juicy cheeseburger and they're not that tempted."





## HOW Risky Is It?

Like any surgery, there are short-term risks that include reactions to anesthesia, blood clots and infection. But bariatric surgery has become much safer over the last few decades; today, the risk of complications is roughly equivalent to gallbladder surgery or hip replacement.

Results have improved because patients must undergo a rigorous screening process that includes nutrition and mental health evaluations before a surgeon will operate. Nearly all procedures today are laparoscopic, which means smaller incisions, quicker recovery and lower infection risk. And many more doctors now specialize in weight-loss surgery.

Depending on the procedure, long-term risks include digestive distress like “dumping syndrome,” characterized by diarrhea and vomiting, which can happen when people eat too quickly or consume too many refined carbohydrates. They may also be at risk of nutrition deficiencies, because the body can no longer break down substances like calcium and vitamin B12. Most people will take vitamin supplements for the rest of their lives.

## Team Players

Your bariatric surgeon is just one part of your support system. For surgery to be successful, you need help from several key people:

**Bariatric dietitian:** A specially trained nutritionist will educate you about what to eat in the weeks immediately before and after surgery. The dietitian can also advise you on long-term issues, such as how to get enough protein, vitamins and minerals and what to eat to avoid losing muscle mass.

**Exercise physiologist:** This fitness expert will help you set goals and suggest routines for before and right after surgery, as well as a long-term exercise plan with a focus on cardiovascular health.

**Mental health professional:** Insurance companies usually require a one-time psychological evaluation before surgery, but many people find it helpful to see a counselor for a few sessions.

**Consulting physicians:** Any chronic health problems, such as diabetes or hypertension, should be brought under control as much as possible before surgery.



## MORE QUESTIONS to Ask

This major life decision requires thoughtful consideration. Ask yourself:

### → Does my insurance cover it?

Insurers may require a mental health evaluation and proof of attempted weight loss through a program like Weight Watchers. Make sure your surgeon's office has experience working with your insurance company.

→ **Am I willing to change my lifestyle—for good?** This is crucial. "The patient has to be ready to make major changes and embrace the entire concept. Not just of surgery, but of changing their lifestyle and improving activity levels by exercising," says Mattar. To ensure success, patients also must commit to following up indefinitely with their doctor for bloodwork and weight checks.

Then there's the diet overhaul. Most procedures shrink the stomach capacity from three pints to just a few ounces, so eating and drinking must be relearned. "You can't wait until you're thirsty and down a bottle of water, so we train patients to sip liquids through the day," Mattar says. "We have them focus on foods that give energy in a healthy way. And we ask them to consider meals formal events—sit at the table, shut off the TV, look at what you are eating, appreciate the taste and texture. Eat slowly, swallow no more than once a minute. All of these things that we are naturally supposed to do become easier once you have had this operation."

And many people find that maintaining weight is harder than losing it. "You have to be constantly vigilant, despite having the surgery. I would say that bariatric surgery isn't the easy way out, but it's the healthy way out," Kurian says.

*"The patient has to be ready to make major changes and embrace the entire concept. Not just of surgery, but of changing their lifestyle and improving activity levels by exercising."* —Samer Mattar, MD





→ **What is my relationship to food?** Tanie Kabala, PhD, a psychologist and the author of *The Weight Loss Surgery Coping Companion*, says some people who are obese use food to self-soothe. An eating disorder therapist can suggest alternative coping methods such as meditation, journaling, imagery exercises and breath work. "It's best to do this in advance so they aren't stuck going, wow, I've just had major surgery, my body has changed, and now I can no longer binge eat to escape emotions," Kabala says.

→ **Am I facing life changes?** If you're switching jobs, ending a relationship, facing financial woes or going through another major event, you'll want to consider postponing surgery until things are calmer. Weight-loss surgery can be stressful enough without piling on other concerns.

→ **What support will I need afterward?** Some surgeons run patient groups that meet regularly, and sites like ObesityHelp ([obesityhelp.com](http://obesityhelp.com)) give people the chance to swap stories with others. And even for those who don't struggle with emotional eating, a therapist can be helpful, Kabala says. "After surgery is a real profound time of identity development; it's kind of a rebirth. They are doing things they haven't been able to do. It's overwhelming, and having a professional help them navigate the changes is a valuable idea." ■



## Improve Your Life through an Exercise Program

Next Steps™ is a collection of 10 specialized fitness programs offered by Parrish Health & Fitness Center for people transitioning from or managing a medical condition or needing additional support to improve their level of physical activity.

In the weight-management program, you'll learn how to set realistic goals and develop new physical activity habits while pursuing a healthy weight. You'll receive an individualized exercise plan supervised by degreed and certified fitness specialists.

Other Next Steps fitness programs include those designed specifically for medical conditions such as cancer, cardiac health, diabetes, functional, mental health, orthopedic, surgery preparation, pulmonary health and transitional (health and stamina) care.

All eight-week programs include assessments at the beginning and end of the program; an individualized exercise plan; two 60-minute supervised group workout sessions per week; a summary report available to you and your healthcare provider; unlimited, full access to the center; and the option to join the center with waived enrollment at the end of the program.

GO TO ...



### Feel Comfortable and Confident About Exercise

Begin your Next Steps™ to weight loss at Parrish Health & Fitness Center. To learn more, stop by the Member Service desk at 2210 Cheney Highway in Titusville, visit [parrishhealthandfitness.com/nextsteps](http://parrishhealthandfitness.com/nextsteps) or call 321-567-2201.





# *Kin*

PHOTO BY GETTY IMAGES



# der Joint Replacements

*A growing number of people are taking advantage of improved materials and techniques*

BY ROSE SHILLING



**W**hen Linda Daly woke after her first knee replacement surgery 14 years ago, the pain was so intense that she thought she was still being operated on.

“It was horrible. I wanted to jump out of the bed” from pain, she says.

You get an idea of how far joint replacement has come when you contrast that with the replacement of her second knee earlier this year.

Daly, 53, of Chicago, walked soon after surgery and left the hospital the next day.

“This time around, I was like, hey, this is great. I feel almost nothing.” She felt better and walked more easily in the weeks after.

Her second replacement for arthritis is among a modern breed of surgeries that are less painful and less intrusive on life. Better pain management is one of the biggest differences between procedures today and those of decades past.

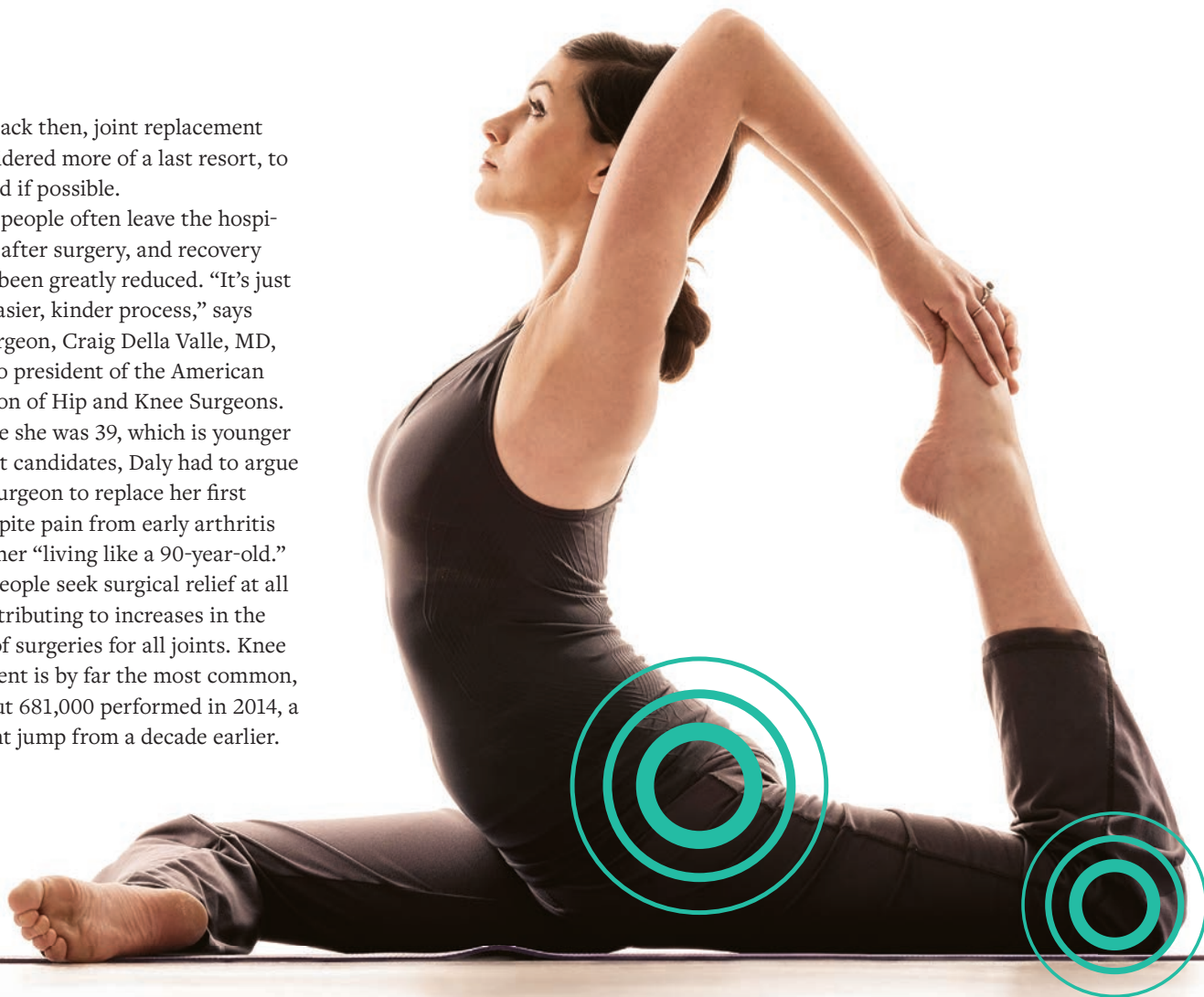
Even with her first operation in 2004, Daly still was much better off than those who had joint replacements in the 1960s, when modern surgeries were widely introduced for some joints, including hips and knees. Throughout the '70s and '80s, implants had unresolved complications, and surgery routinely required long hospital stays to handle pain and extended time in a rehabilitation

facility. Back then, joint replacement was considered more of a last resort, to be avoided if possible.

Today, people often leave the hospital hours after surgery, and recovery time has been greatly reduced. “It’s just a much easier, kinder process,” says Daly’s surgeon, Craig Della Valle, MD, who’s also president of the American Association of Hip and Knee Surgeons.

Because she was 39, which is younger than most candidates, Daly had to argue to get a surgeon to replace her first knee, despite pain from early arthritis that had her “living like a 90-year-old.”

Now, people seek surgical relief at all ages, contributing to increases in the number of surgeries for all joints. Knee replacement is by far the most common, with about 681,000 performed in 2014, a 62 percent jump from a decade earlier.



## **Better Surgery, Better Hardware**

During surgery, damaged bone is removed and the joint is replaced with plastic, metal or ceramic pieces.

Patients always want to know: How long will my implant last?

Della Valle explains that the failure rate for knee and hip implants increases by about 1 percent each year. In other words, after 10 years, there’s a 90 percent chance the implant will still be working.

If the implant fails eventually, surgeons perform a revision surgery to replace the replacement.

Decades ago, surgeons worried about whether replaced joints would even work and for how long, Della Valle says. But in recent decades, hip and knee implants have evolved:

→ Better plastic for the bearing surface doesn’t break down as quickly when the metal or ceramic replacement joint moves across it.

→ Implant shape and sizing better replicate real bone for improved fit and movement.

→ More implants are inserted successfully without using cement, which has broken up in some patients.

## **A Gentler Patient Experience**

As materials improved and surgical techniques were refined, more attention turned to making the procedures easier on patients.

Since Della Valle’s medical training in the late ’90s, he has witnessed the long recovery times in hospitals and nursing facilities nearly disappear for a growing

number of patients, though hospital stays still can run one to four days.

Many healthy patients with a good support network go home the same day as surgery.

“If you’d asked me 15 or 20 years ago, I wouldn’t have believed you if you told me we’d be sending folks home the same day—and routinely,” Della Valle says.

Hip and knee surgeon Ritesh Shah, MD, spokesman for the American Academy of Orthopaedic Surgeons, overhauled his practice to make outpatient surgeries the norm.

People with serious health problems probably won’t be eligible for outpatient surgery, but Shah says that many more people than expected qualify for the approach.

The key is getting patients up and walking within the hour after surgery.



That's because movement works better than medication to reduce pain by restoring flexibility to muscles that can spasm and grow tight lying in bed, Shah says.

"What's interesting is after they walk a little while, they start asking the question: What else can I do? They're very confident. The entire recovery curve changes," he says.

Other benefits of walking ASAP after surgery include:

- Confidence boost for patients that their bodies and implants can handle the activity, hastening recovery.
- Minimization of anesthesia side effects, including nausea.
- Decreased risk of blood clots, meaning aspirin can be used instead of heavy-duty blood thinners.

## Booming Demand

The fear of joint replacement surgery is decreasing among the public. People putting up with pain and reduced mobility are coming off the sidelines to get surgeries as they see neighbors or relatives recovering in the comfort of their homes and moving around well within days, Shah says. That group is a major driver of surgery increases.

"They realize it's no longer the difficult task it used to be," he says.

People who need surgeries in their 30s, 40s and early 50s are comforted that implants are lasting longer, and people in their 70s and 80s are eager to live their remaining years with more movement and less joint pain.

When evaluating older patients for a new hip or knee, Shah relies on the person's physical health rather than age. The oldest person he's given a new hip joint was 81. The patient did great.

"An 81-year-old who is more like a 70-year-old is very much an outpatient candidate for hip," he says.

Shah works with many athletes and active people who return to vigorous exercise that historically has been

forbidden after surgery, he says. While long-distance running continues to be tough on implants, his patients ice skate, cycle many miles, ski and hike great distances, often resuming their activities within a week to a couple of months.

## More Change Coming

The industry is in the infancy of using robotic technology to position implants more accurately, rather than relying solely on human hands, Della Valle says.

Studies are examining whether assistance technologies provide long-term advantages, and medical leaders are weighing whether the expensive additions improve patients' results.

Della Valle expects change to happen quickly. "In 20 or 30 years, are we still going to be using manual instruments to do hip and knee replacement surgeries? I'd say chances are no." ■



## SHOULD I GET MY ACHING HIP OR KNEE REPLACED?

Try this checklist from Parrish Medical Group orthopaedic surgeons E. Wayne Mosley, MD, and William Near, MD. If you answer yes to these questions, talk to your doctor about your pain and whether joint replacement is right for you. Or, make an appointment with Parrish Medical Group's orthopaedic specialists at **321-268-6PMG (6764)**.

### 1. Does your pain make day-to-day life difficult to navigate?

Surgery candidates report problems such as needing rest after walking in a store, limping and having bowed legs, experiencing discomfort while driving and giving up beloved activities, such as evening walks.

### 2. Does the discomfort bother you frequently or almost constantly?

People with only occasional aches likely need nonsurgical treatments first.

### 3. Do X-rays show severe arthritis, the most common reason for joint replacement?

Advanced arthritis signs should be clear in images. That likely means little padding left between bones, which causes pain and damage.

### 4. Are nonsurgical treatments inadequate?

People ready for surgery often aren't getting relief from anti-inflammatories, knee braces, activity modifications or injections.

VIDEO



## Bone and Joint Care

Watch a two-minute video of Parrish Medical Group orthopaedic surgeon E. Wayne Mosley, MD, talking about the services offered at Parrish, including anterior hip replacement, at [parrishvigor.com/orthopedics](http://parrishvigor.com/orthopedics).

# 10 WAYS TO OVERCOME HEALTH CHALLENGES



**1** Don't let a diagnosis keep you from doing the things you love. If you feel up to working or pursuing hobbies, go for it.

**2** Talk to your doctor about your risk factors for heart disease, the No. 1 killer of Americans.



**3** Make plans with friends. Socializing has been shown to have a protective effect on the brain.

**4** Listen to your body if you have new symptoms, such as shortness of breath or unexplained swelling. They could be early signs of heart failure or another condition that you'll want to detect early.

**5** Prevent cancers in your children by getting them vaccinated for HPV.

**6** Be skeptical of medical claims on social media. Read reputable sources, and ask your doctor.



**7** Examine your relationship with food. If you binge eat to feel better, explore other coping methods, such as meditation and writing in a journal.



**8** Exercise and eat healthy foods—you'll reduce your risk of everything from heart disease to cancer to Alzheimer's disease.

**9** If your BMI is over 40, surgery might be your best option to get your weight in a healthy range. Talk to your doctor.

**10** Consider joint replacement if you have pain from arthritis. The surgery might give you your mobility back.



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## WORKING AT NIGHT POSES HEALTH RISK

People who work night shifts have an increased risk of type 2 diabetes, according to a study in the journal *Diabetes Care*. The risk of developing diabetes appeared to be tied to the frequency of night shift work: Those who occasionally worked the shift were 15 percent more likely to get diabetes, and those who worked frequent night shifts were 44 percent more likely. Working at night can alter circadian rhythms and restrict sleeping, which elevate the risk of diabetes.

PHOTO BY GETTY IMAGE

# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



## 1 in 20 Kids Might Have Fetal Alcohol Spectrum Disorders

It turns out that fetal alcohol spectrum disorders (FASDs) are more common in American children than previously thought. A new study estimates that 1 to 5 percent of children in the United States experience a range of health effects caused by prenatal alcohol exposure. The research, funded by the National Institute on Alcohol Abuse and Alcoholism, involved more than 6,000 first-graders across four U.S. communities and was the first study to use school-based assessments, expert in-person evaluations and a common methodology across the study.

FASDs can include growth deficiencies, facial abnormalities and organ damage, including brain damage. The disorder is one of the leading preventable causes of developmental disabilities worldwide.

## CHILI vs. BROCCOLI CHEDDAR

• Which soup is superior for your health?

### Answer: Chili

When sweater weather sets in along with soup cravings, you're better off reaching for protein-packed chili than fat-laden broccoli cheddar. But don't despair: It's possible to enjoy healthier versions of both soups.

Beef chili tends to have less total fat and lots more protein than broccoli cheddar soup. On the downside, both soups have a lot of sodium, with a minimum of 750 milligrams per serving, even in homemade versions—which is about half an adult's recommended sodium intake for a day.

The healthiest choice is turkey chili, which is lowest in fat and sodium. And if you can't do without broccoli cheddar, try making your own and substituting low- or no-fat dairy products. You can even skip the dairy altogether and use nutritional yeast instead, which lends the same savory taste as cheese but without the added fat. Soup's on!





## ► TRUE OR FALSE

Flu shots bring on the flu.

**FALSE.** Flu vaccines are made from viruses that have been killed, so they are not active and cannot make you sick. Some people develop symptoms after getting the vaccine, for a variety of reasons:

- A reaction—including muscle aches and fever—as the body develops antibodies to the vaccine.
- Coming down with the flu before the vaccine is fully effective, which takes about two weeks.
- Contracting a different flu virus, when the virus used in the vaccine does not match the viruses in circulation during the flu season. But know this: Even when the vaccine does not match the virus, the flu shot can reduce the severity of symptoms.

## OPIOID CRISIS WORSENING

Overdoses from opioid use continue to increase, with a 30 percent jump in cases seen in U.S. hospital emergency rooms from the third quarter of 2016 to the same period in 2017. Some regions saw even larger increases, such as the Midwest (69.7 percent) and the West (40.3 percent), according to a report by the Centers for Disease Control and Prevention.

Researchers think the number of people addicted to opioids is not changing much, but newer, highly potent illegal opioids could be causing the increase in overdoses.

## SLEEP STATS

10%

of adults have chronic insomnia, occurring at least three times a week for at least three months.

1/3

of U.S. adults get less than the recommended seven hours of sleep each night, and the shortage can lead to chronic health issues including diabetes, heart disease and obesity.

ABOUT 40%

of adult men and 24 percent of adult women regularly snore while they sleep, which could signal a sleep disorder.

Sources: American Academy of Sleep Medicine, Centers for Disease Control and Prevention



## Medicating Infants Could Have Long-Term Effects

Infants who took medication for gastroesophageal reflux were more than twice as likely to have a food allergy, and those who took antibiotics had a 14 percent increased risk, according to a study in *JAMA Pediatrics*. Infants who took antibiotics also were at increased risk of anaphylaxis and asthma.

Researchers think antacids and antibiotics disrupt normal intestinal bacteria, and more caution should be used when prescribing medication for illnesses that are common in babies.

DOWNLOAD



### Sleep Problems? Write It Down

By jotting down a few notes about your sleep in the morning and at night, you can help figure out whether you're getting quality rest. Go to [sleepfoundation.org/sample-sleep-log](https://sleepfoundation.org/sample-sleep-log) for an easy-to-use form.



# THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

## WALK EVERYWHERE —AND LIVE LONGER

You've heard it before, but it's good to hear it again: The more you move, the better off you'll be, according to a study in the *Journal of the American Heart Association*. Scientists studied data from the National Health and Nutrition Examination Survey, conducted annually by the Centers for Disease Control and Prevention, in which some participants wear fitness trackers. The research revealed a strong link between moving and length of life, with those in the least active group, who exercised moderately for fewer than 20 minutes a day, at highest risk for premature death. By comparison, those who clocked an hour of physical activity each day, such as brisk walking, halved their mortality risk. That was true even for those who moved in short spurts rather than longer bouts—such as by walking from their cars to work or climbing stairs. So, what are you waiting for? Get moving!

GO TO ...



### Get Moving!

Parrish Health & Fitness Center offers Next Steps™ medically integrated eight-week fitness programs with fitness specialists to develop your fitness plan for success. Call **321-567-2201** for cost and other details.

The house is clean and  
you burned calories?  
That's a win-win.



## WORKOUTS THAT WORK: CLEANING HOUSE

As anyone who has cleaned house can attest, scrubbing, mopping and vacuuming will definitely make you break a sweat. A 150-pound person can burn 238 calories an hour while vacuuming or mopping—the same amount of calories burned when doing Pilates.

Intensity and working quickly are both necessary to get in a workout while cleaning. Here are some other tips for torching calories while tidying up:

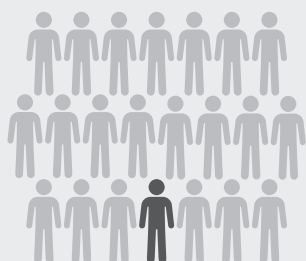
- ▶ Don't carry all of your supplies with you—walk the extra steps to gather items individually as needed.
- ▶ Listen to fast music to set the pace and keep you moving quickly.
- ▶ Aim for large up-and-down movements when cleaning large surfaces.
- ▶ To clean area rugs, beat them with a broom to give your arms a workout.

PHOTOS AND ICONS BY GETTY IMAGES



## WHAT ARE THE ODDS

of having  
colorectal cancer?



**1 in 22**  
for men



**1 in 24**  
for women

Some risk factors involve behaviors you can change, such as being overweight or obese, smoking and heavy alcohol use.

## Monitoring Your Own Blood Pressure Brings Benefits

People who measure their own blood pressure do better than those who have theirs checked at the doctor's office, according to a study in the journal *Lancet*.

The research showed that people in two groups had the biggest improvements with blood pressure: those who took their own blood pressure readings daily for one week a month for a year and mailed them to a doctor, and those who used a phone app and submitted results to their doctor online. Those groups lowered their systolic reading—the top number of a blood pressure reading—by 16 and 17 points, respectively.

By comparison, those in the control group, who had their blood pressure checked in a doctor's office, saw their systolic reading fall to a lesser degree (13 points).

Researchers said patients who monitored their own results achieved better control, and their lower readings would decrease stroke risk by 20 percent and coronary artery disease risk by 10 percent. If you want to keep tabs on your own blood pressure, it's easy to do it yourself—monitors for home use are sold at drugstores and major retailers.



## JARGON WATCH

**LIPIDS:** Lipids are fatlike substances (including cholesterol) that are in blood and body tissues and are needed in small amounts. When your lipid levels are too high, it can lead to fat deposits on artery walls, increasing the risk of heart disease.



Improving your  
cholesterol can be  
a team effort.

## THE TRUTH ABOUT CHOLESTEROL

*Cholesterol is vital to your health, but too much of it can wreak havoc on your heart and blood vessels*

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Let's clear up one thing right away—cholesterol isn't "bad."

You need cholesterol, which is a waxy substance in your cells, to make hormones and vitamin D and to help digestion. But you don't need to get cholesterol from your diet—your liver makes all the cholesterol you need.

The problems with cholesterol start when there's too much of it. A combination of family history and lifestyle factors can cause increased cholesterol levels that can put you at risk for heart attack and stroke. It's a common problem—almost 37 percent of adults in the United States have worrisome cholesterol levels, according to the Centers for Disease Control and Prevention.

In spite of its prevalence, many people don't understand the basics about cholesterol and how it affects your health. Robert Eckel, MD, past president of the American Heart Association, helps clear up the misinformation.

PHOTO BY GETTY IMAGES



## TRUE OR FALSE:

**If you have high cholesterol levels, you should eat less fat.**

→ **FALSE.** “A low-fat diet is not something we recommend to get cholesterol levels down,” Eckel says. It’s specifically saturated fats—found in meat, dairy products and tropical oils like coconut and palm oils—that raise cholesterol levels.

Replacing saturated fats with unsaturated fats, which you can get from certain types of fish, walnuts, olives and liquid vegetable oils, may help lower levels of bad cholesterol.

## TRUE OR FALSE:

**Eggs are loaded with cholesterol, so it’s best to avoid them.**

→ **FALSE.** “It’s difficult to give a simple answer,” Eckel acknowledges. Eggs do contain a lot of cholesterol, but it’s not fully known whether they’re harmful. The connection between cholesterol in your diet and cholesterol levels in your bloodstream isn’t clear. The bottom line? Restricting eggs is not recommended for lowering levels of bad cholesterol.

## TRUE OR FALSE:

**Eating a healthy diet can help keep your cholesterol levels where they should be.**

→ **TRUE.** Eating mostly vegetables, fruits, whole grains, lean poultry, fish and legumes can crowd out unhealthy foods like simple sugars and saturated fats. And your diet isn’t the only healthy lifestyle step you can take. Exercising for at least 30 to 40 minutes four or more days a week, losing weight if you’re overweight and quitting smoking can also improve your cholesterol levels.

## TRUE OR FALSE:

**If your cholesterol levels are high, your doctor should prescribe a statin.**

→ **FALSE.** “It depends how high your levels are,” Eckel says. Your doctor can calculate your risk of heart attack or stroke over the next 10 years and determine whether a statin is the right choice for you.

## TRUE OR FALSE:

**Men and women over age 20 should know what their cholesterol levels are.**

→ **TRUE.** Elevated cholesterol isn’t a problem exclusive to older people; more than 6 percent of people ages 20 to 34 have elevated cholesterol levels. Abnormal cholesterol levels don’t trigger any symptoms, so blood testing is the only way to know if your levels are putting you at risk for heart disease. ■

# GOOD VS. BAD

You’ll often hear the terms “good cholesterol” and “bad cholesterol,” but what’s the difference? Parrish Medical Group primary care physician Benjamin Nettleton, DO, says:

**High-density lipoprotein (HDL) cholesterol is the good kind. It pulls cholesterol from your body and takes it to your liver. Your liver processes and removes it. Men age 20 and older should aim for an HDL cholesterol level of 40 mg/dL or higher. Women, who tend to have higher HDL cholesterol levels, should aim for 50 mg/dL or higher.**

**Low-density lipoprotein (LDL) cholesterol is the bad kind. This type of cholesterol, along with other substances, can build up in your arteries. The narrowing of the arteries can limit the amount of blood that reaches the heart, causing chest pain or heart attack. As a general rule, both men and women older than 20 should aim for an LDL cholesterol level of less than 100 mg/dL.**

## APPOINTMENTS



### Let’s Talk About Your Numbers

If you don’t have a primary care physician, see a Parrish Medical Group physician in Titusville, Port St. John or Port Canaveral. Call **321-268-6PMG (6764).**

# HOW TO EAT A DIABETES-FRIENDLY DIET

*Changing your diet can seem daunting, but it doesn't have to be*



Does a type 2 diabetes diagnosis have you worried you'll never again enjoy your favorite foods? Diabetes management takes discipline, but it doesn't mean you're destined to a life without carbs. You don't even have to make drastic changes immediately. In fact, Sandra J. Arevalo, a registered dietitian, certified diabetes educator and spokeswoman for the Academy of Nutrition and Dietetics, encourages taking it slow.

"If you incorporate changes little by little and you give yourself time to adjust to those changes, you have a better chance of maintaining them for a long time," she says. Here's how to get started.





# DIABETES DIET ON A BUDGET

Does a diabetes diagnosis have you stocking up on fresh fruits, vegetables and meats? Don't let the sticker shock of buying fresh deter you from eating well.

**Buy what's in season.** Produce that's in season is always less expensive because of its abundance.

**Look for deals.** Shop your store's ads, clip coupons and download deal apps such as Grocery iQ or Grocery Smarts.

**Order at the meat counter.** It's almost always less expensive than the prepackaged meat.

**Buy in bulk.** When you find a deal on fresh foods, stock up. Freeze meat, fruit and even some vegetables for later. Hint: Spinach freezes nicely, and frozen fruit is great in smoothies.

CALL



## Do You Know Diabetes?

Arm yourself with knowledge from the Parrish Diabetes Education Program. Two three-hour diabetes education classes are covered by Medicare and most insurance plans. Nutrition counseling and a six-week weight-management program are also available. Call **321-268-6699** for details.

### 1 Meet with a dietitian.

There are plenty of books and even more places online to go for information about what a diabetes-friendly diet looks like, but there's nothing like meeting one-on-one with a dietitian.

"A registered dietitian will be able to assess your diet—not only what you're eating but how much and when—and make recommendations based on your lifestyle, including your activity level, budget, likes and dislikes, and even who in the family does the cooking," Arevalo says.

Medicare and many insurance plans cover diabetes education, including nutrition counseling. Ask your doctor for a referral.

### 2 Pile on the vegetables.

Rather than being a proverbial side, make nonstarchy vegetables the star of your meal.

"Vegetables are very, very important," Arevalo says. "They provide us with vitamins and with dietary fiber that aids in digestion and keeps us full. They also help reduce cholesterol and blood sugar levels."

If you're thinking, but I don't like vegetables, Arevalo says to keep looking.

"There are so many out there, it's impossible not to find some you like," she says. "I invite people to create a list of all the vegetables they haven't tried and just give them a chance."

Once you find some, fill half your plate with vegetables at every meal.

### 3 Choose your carbohydrates wisely.

Carbohydrates have a place in a diabetes-friendly diet. You just need to be discerning at the grocery store.

Skip white rice and all white flour-based products. Opt instead for pastas, breads and cereals with a whole grain as the first ingredient. Some examples of whole grains are bulgur, whole-wheat flour, whole oats, whole rye, buckwheat, millet and quinoa.

Limit starchy vegetables, too, such as potatoes, peas and corn. Carbohydrates should take up no more than a quarter of your plate, Arevalo says.

### 4 Make dessert the exception, not the rule.

Sweets have become a mainstay in the Western diet—doughnuts in the morning, office birthday cake in the afternoon

and ice cream after dinner. But too much sugar is dangerous for people with diabetes.

"With diabetes, the concern is glucose—sugar in your blood," Arevalo says. "So, the more sugar you eat, the worse your condition is going to get."

Uncontrolled blood glucose can lead to complications, including nerve damage, kidney disease and vision problems. But that doesn't mean sugar is completely off-limits.

"A piece of cake on your birthday or a few bites of a shared dessert when out with friends—that's manageable," she says. "But sweets should truly be a treat and not a mainstay."

### 5 Monitor and make adjustments.

Healthy eating with diabetes is all about balance. If you overeat or indulge in sweets at one meal, go lighter on the next one and up your activity.

"If you're not insulin-dependent, even 30 minutes of walking every day can be enough to lower your blood sugars big-time," Arevalo says.

Regularly monitoring your blood sugar can help you find a balance between eating and activity. ■

If eyes are the window to the soul, you'll want to keep them healthy.

## FREAK OUT OR CHILL OUT?

*Not all eye problems require treatment. But it's important to know which ones do*



Aside from taking the occasional trip to the optometrist or misplacing your readers, you probably don't give much thought to eye health. But eye problems can be some of the scariest when we think our sight is in jeopardy.

Teri Geist, OD, a spokeswoman for the American Optometric Association, helps us see clearly when it comes to which issues to worry about.

**Q** You can't seem to keep enough eyedrops on hand, and you reach for them daily. You blame the eight hours a day you spend in front of a computer, but your eyes are dry even on vacation.

**Is it:** Digital eyestrain or chronic dry eye?

**Dry eye.** Your eyes may feel dry after staring at a computer all day, but digital eyestrain should resolve after a break from the screen. Chronic dry eye is when your eyes don't make sufficient tears to keep your eyes lubricated.

PHOTO BY GETTY IMAGES



“Dry eye is most often a result of the natural aging process,” Geist says. “Most people’s eyes tend to become drier as they age, especially women’s because of hormonal changes, but the degree of dryness varies.”

Dry eye can be treated with medication and, in extreme cases, surgery.

**Q** Your 8-year-old granddaughter, who’s visiting for the weekend, wakes up with a swollen, red, crusty eye.

**Is it:** Pinkeye or blepharitis?

**Pinkeye.** Both pinkeye and blepharitis—inflammation of the eyelids—can lead to swelling and redness, but blepharitis affects only the eyelids, whereas pinkeye also causes the eye itself to be red. Pinkeye, or conjunctivitis, is usually caused by an infection and accompanied by crusty discharge.

Age is another clue.

“Pinkeye is highly contagious and common among school-age kids,” Geist says. “Blepharitis is much more prevalent in the older population.”

Most pinkeye will resolve on its own in a week or two. Use over-the-counter pain medication and warm, damp compresses to alleviate discomfort in the meantime. Contact your doctor if symptoms linger or are severe; you might be prescribed antibiotic eyedrops.

**Q** Your college-age son is constantly texting you selfies, asking if his outfit matches. It never does.

**Is it:** Color deficiency or poor taste?

**Poor taste.** Color deficiency, often referred to as color blindness, is typically diagnosed in childhood during a routine school eye exam, and it manifests in more ways than just clothing

choice. Children would have difficulty completing tasks such as identifying green or red objects. (If your son made it to college without any hint of eye trouble, he probably just doesn’t have good fashion sense.)

The term color blindness is misleading. Color deficiency rarely means a person can’t distinguish colors at all.

“Red-green deficiency is by far the most common and results in the inability to distinguish certain shades of red and green,” Geist says. “Blue-yellow deficiency is less common. Only in very rare cases does color deficiency exist to the extent that no colors can be detected.”

There is no cure for color deficiency, but there are ways to deal with it, such as labeling clothing.

**Q** You’ve been nearsighted as long as you can remember. Suddenly you’ve noticed a ton of small, dark spots in your field of vision and changes to your peripheral vision.

**Is it:** Floaters or retinal detachment?

**Retinal detachment.** As you age, it’s normal to gradually develop floaters—dark spots, threadlike strands or squiggly lines in your field of vision. If you suddenly see lots of floaters,

particularly when they’re accompanied by flashes of light in your peripheral vision or loss of peripheral vision, get to the emergency department. It could be retinal detachment, which is an emergency and requires surgery. Retinal detachment is more common in nearsighted individuals.

“Detachment is something that we need to repair fairly quickly, so people shouldn’t hesitate to get their symptoms checked,” Geist says.

**Q** You’ve noticed your vision is blurry, and your kids make fun of you for repeatedly increasing the font size on your phone.

**Is it:** Normal aging, macular degeneration or glaucoma?

**It’s hard to say.** Age, macular degeneration and glaucoma can all lead to gradual vision loss. Only an eye doctor can diagnose the cause.

Geist stresses the importance of having regular eye exams, even if nothing seems amiss.

“So many eye diseases are quiet, meaning they don’t have any symptoms at first,” she says. “Regular eye exams allow us to detect problems like macular degeneration and glaucoma before symptoms start.” ■

APP



## Communicate “Color Blindness”

If someone you love deals with color deficiency (aka color blindness), you can use technology to see what they see. Download **Chromatic Vision Simulator** and view your photographs through the lens of color deficiency.

# SIX HOLIDAY HEALTH HAZARDS

*'Tis the season for burnout, accidents, illness and injuries. Here's how you can avoid them all*



It's supposed to be the most wonderful time of the year, but the holidays could leave you physically and emotionally exhausted—or worse. Here are six health hazards to watch for, plus our tips for preventing them.

## 1 Fires

Your decked halls could be a recipe for disaster. From 2011 to 2015, U.S. fire departments responded to an average of 200 Christmas tree-related fires and 840 decor-related fires each year.

**Prevent it:** If you have a real tree, keep it well-watered. Make sure candles and other heat sources are kept far from your tree and other flammable materials (and where kids and pets can't reach them), and always extinguish open flames before leaving the room.



## 2 Depression

The holidays can be especially difficult for those with seasonal affective disorder, those who are socially isolated and people who have recently lost a loved one.

**Prevent it:** If you're struggling, try to limit the time you spend alone, maintain good self-care habits and talk to your doctor to develop a treatment plan that's right for you.

## 3 Stress

In addition to keeping up with normal work and family commitments, most people have numerous holiday gatherings to host or attend—plus the added stress and financial pressure of gift-giving.

**Prevent it:** Avoid overscheduling by declining some invitations in advance. To minimize overspending, set aside money in a holiday savings account each month, then set a gift budget and stick to it.



PHOTOS BY GETTY IMAGES



## 4 Alcohol/Car Crashes

Enjoying a few holiday spirits this season? Just remember that even a small amount of alcohol can affect your judgment, impair your driving ability and lead to a crash. In fact, nearly 10,500 deaths were caused by alcohol-related crashes in 2016 alone.

**Prevent it:** Plan your ride home using a ride-sharing service or designated driver—before you start drinking.



## 5 Flu

Getting the flu over the holidays is more than a nuisance—it can be downright dangerous. While most people will recover from the flu fairly quickly, some will develop serious complications that could lead to hospitalization or even death.

**Prevent it:** Get the flu vaccine, avoid contact with sick people and wash your hands regularly. If you get sick, stay home and take anti-viral medications as prescribed by your doctor.



## 6 Falls/Injuries

While transforming your home into a winter wonderland is done to spread holiday cheer, it can also lead to serious injury. An estimated 14,700 people were treated for holiday decorating-related injuries in the U.S. during the 2016 season.

**Prevent it:** Take extra care when using ladders to hang house lights and other holiday decor—or hire a professional to do the job instead.



DOWNLOAD



### Fireproof Your Festivities

Stay safe this season. To download safety tip sheets from the National Fire Protection Association, visit [nfpa.org](http://nfpa.org) and search “winter holiday safety.”



## THREE WAYS WITH **FENNEL**

*Whether you serve it raw or cooked, this aromatic bulb will add elegance to your next meal*



It might not be the first thing you reach for in the produce aisle on a busy weeknight, but bulb fennel, with its sturdy, white base and wispy, fernlike greens, is a distinctive ingredient that's as worthy of a place on your dinner plate as broccoli or spinach.

"Fennel is sometimes an unappreciated vegetable, but it's versatile and has interesting health benefits," says Robin Foroutan, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics.

One cup of raw fennel has about 20 percent of an adult's recommended daily allowance of vitamin C, known for its ability to protect cells from free-radical damage, which has been linked to illnesses such as cancer and autoimmune disease. Fennel is also a good source of folate, fiber and potassium, all of which may play a role in better cardiovascular health. A lesser-known nutrient is anethole, the compound that gives fennel its licorice-like smell. Researchers believe anethole may block carcinogenesis, or the formation of cancer cells, as well as reduce inflammation (studies recently showed that it may be effective against gum disease).

"Don't be quick to dismiss a plant with a pungent flavor, because you may be missing out on unique health benefits," Foroutan says, adding that if you find the taste of raw fennel too sharp, roasting or braising will caramelize it and make it taste sweeter and mellow.

Here are her three favorite ways to prepare fennel:

### **1 MAKE A WINTER SALAD**

Cut off the stalks (which can be saved to use in stock) and chop the fronds finely. After removing any wilted outer layers, slice the bulb in half lengthwise and then again into quarters. Slice fennel into thin strips; for lighter, wispier pieces, use a mandoline. Toss fronds, fennel strips and orange slices with lime juice and olive oil. Serve with a garnish of pomegranate seeds.

### **2 ROAST IT**

Preheat oven to 425 degrees. Cut three fennel bulbs into quarters as described above. Toss fennel with olive oil in a large bowl. Arrange slices on a baking sheet and season with salt and pepper. Cook for 30 minutes or until fennel can be easily pierced with a fork, turning once.

### **3 MAKE FENNEL-FROND PESTO**

Got leftover greens? In a food processor, combine two cups of chopped fronds, two cloves of garlic and two tablespoons of pine nuts. While the machine is running, slowly add  $\frac{1}{2}$  cup olive oil. When olive oil is blended, add  $\frac{1}{2}$  cup Parmesan cheese and pulse just a few times, until mixed in.

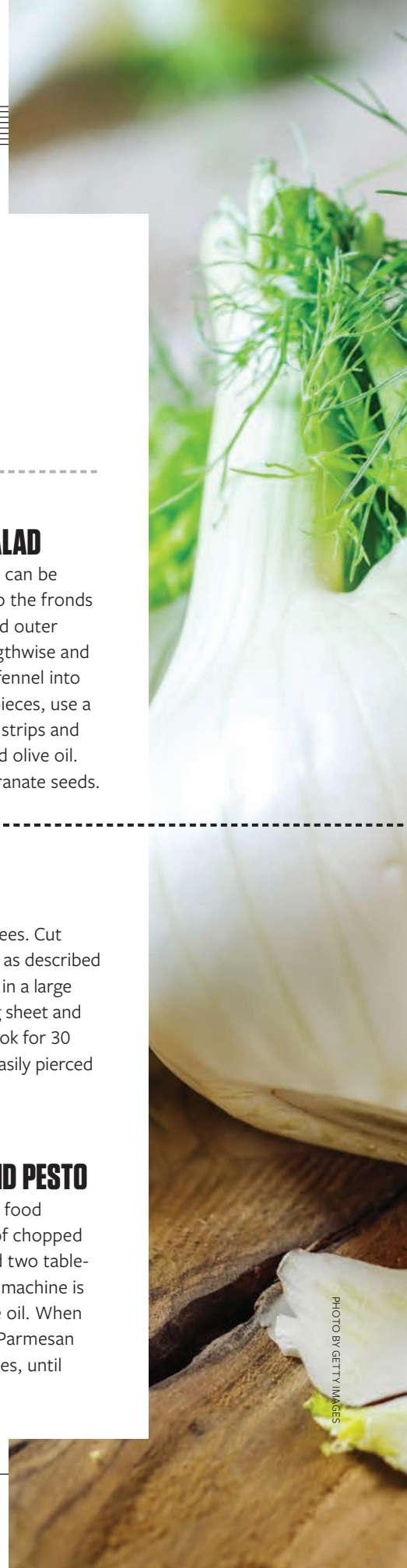


PHOTO BY GETTY IMAGES





Nope, it's not an onion—just another versatile vegetable.

## FENNEL FACTS

► **It has roots in Greek legend.** As the story goes, Prometheus stole fire from the gods, hid it in a hollow fennel stalk and brought it to humankind.

► **Fennel is diverse.** The fennel with the white bulb is called Florence fennel or finocchio and was originally grown in warmer Mediterranean countries such as Italy. Another kind is herb fennel, which can grow up to 5 feet tall. Its stalks and fronds are edible, but it lacks the bulb at the bottom. Bronze fennel, with its purplish fronds, is a variant of herb fennel and often used as an ornamental garden plant.

► **Don't call it anise.** Because anise is also licorice-flavored, some people use the terms “fennel” and “anise” interchangeably, but this is incorrect. Anise is an herb that's typically sold as seeds or powder and used to flavor Italian baked goods such as biscotti and pizzelle cookies.

► **Tiny kernels have big benefits.** Fennel seed, which is made by harvesting the dried flowers of the greens, is often used to aid digestion and freshen breath. Some spice merchants also sell pricey, hand-harvested fennel pollen, which tastes sweeter and more complex than fennel seed and can be used to season savory dishes such as pork, chicken, pasta and rice.

APP



### Cook More at Home

Try the **Kitchenbowl** app (iTunes), which allows food bloggers and home cooks to create and share recipes; you can search by meal type, cuisine and dietary restriction. It uses color photos and video clips to show different culinary techniques, like how to combine flour, salt and butter to get perfectly textured cream puff dough.

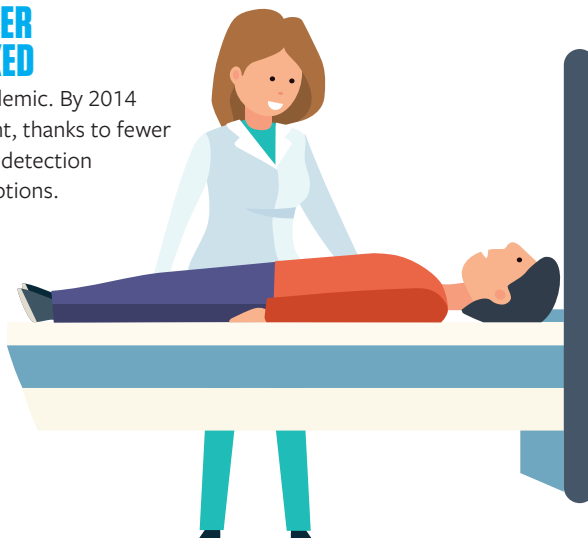
# CANCER SCREENINGS

## IN 1991 THE CANCER DEATH RATE PEAKED

due to the tobacco epidemic. By 2014 it dropped by 25 percent, thanks to fewer people smoking, earlier detection and better treatment options.

## ONLY 3.9%

of people eligible for lung cancer screening in 2015 were tested. If you're a current or former smoker, ask your doctor if you qualify.



## 39% fewer

people died from breast cancer in 2015 compared with 1989 — an estimated 322,600 lives.



## 1 in 3

people in the United States who should be screened for colon and rectal cancer haven't been tested.

# 15.5 M

This is how many cancer survivors are alive in the United States today. They most commonly have battled melanomas and, for men, prostate, colon and rectal cancers, and for women, breast, uterine, colon and rectal cancers.

Sources: American Cancer Society, Centers for Disease Control and Prevention

## FINDING CANCER EARLY IS BEST

People tend to have better results when their cancer is detected and treated early. "Cancer is a progressive disease that starts out small," says Parrish Cancer Center hematologist/oncologist Cecil Robertson, MD.

### SCREENING FOR CANCER OFFERS TWO BIG BENEFITS:

1. Screenings can spot cancer earlier, when less-aggressive treatments can work.
2. Screenings can identify and remove suspicious areas—like polyps and moles—before they become cancerous, such as those of the colon, rectum, cervix and skin.

Dr. Robertson points out that people don't always keep track of the cancer screenings they need, and their doctors don't always remind them.

He recommends asking your doctor what screenings you need, and then tracking those dates yourself so you can be sure not to miss an important health check. "Cancer screenings help us prevent premature death by detecting a problem before you have symptoms," he says.

WEBSITE



### Care You Need, Close to Home

Parrish Cancer Center is North Brevard's only cancer center nationally accredited by the Commission on Cancer and is a member of the Mayo Clinic Care Network. Learn more at [parrishvigor.com/cancer](http://parrishvigor.com/cancer).



# A More Comfortable Scan

Audiovisual features help patients relax during imaging exams

**P**atients at the Parrish Healthcare Center in Titusville are the first to have access to enhanced comfort during magnetic resonance (MR) exams, thanks to the installation of the nation's first Vantage Titan Zen Edition 1.5T MR Theater from Canon Medical Systems USA Inc.

The MR Theater projects peaceful images onto a dome-shaped screen inside the bore (open space); the Vantage Titan Zen Edition 1.5T features exclusive Pianissimo quiet scan technology, which helps reduce noise during the scan by 99 percent.\* These audiovisual features are designed to provide a truly engaging experience to help patients relax during MR exams and enable clinicians to quickly capture the high-quality images they need for accurate diagnosis and treatment.

"We are proud to be the first in the U.S. to make this advanced imaging technology available to the people and communities we serve on Florida's Space Coast," says George Mikitarian, president and CEO of Parrish Medical Center and Parrish Healthcare.

"The new MR Theater serves as another example of our commitment to fulfilling our mission to provide Healing Experiences for Everyone all the Time®," he says.

Adds Drew Waterman, vice president of ambulatory services for Parrish Medical Center and Parrish Healthcare, "Producing a better patient experience and sharp diagnostic images makes for the best possible patient outcome.

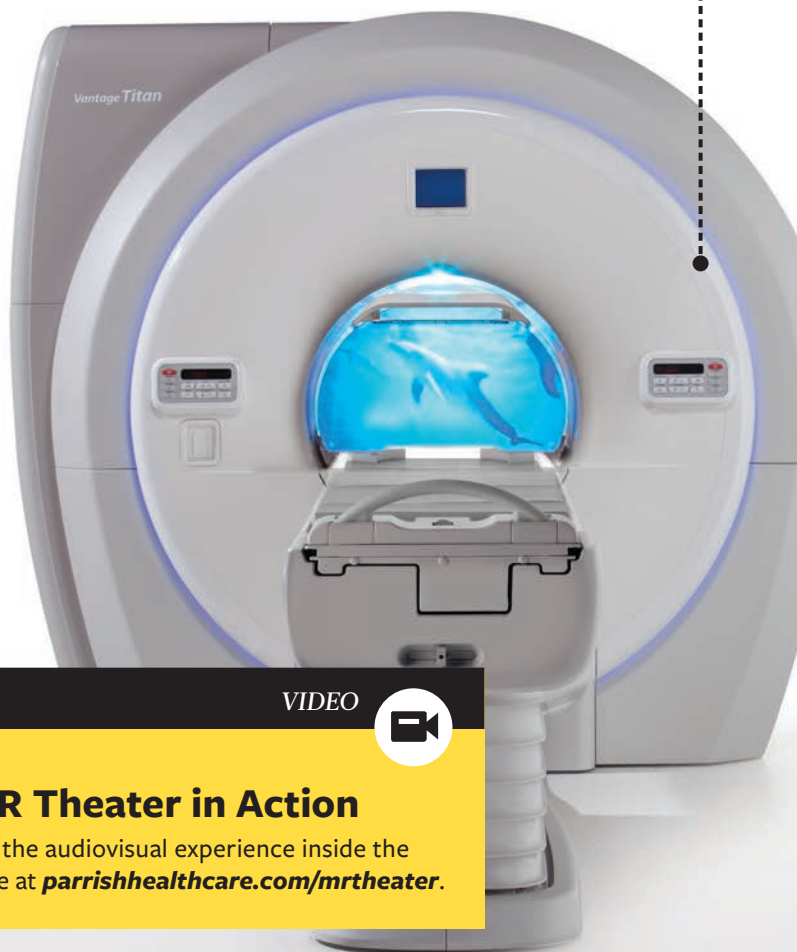
"The humming sound of an MR unit in operation would sometimes unnerve patients, but that issue is substantially reduced with Canon Medical Systems' Pianissimo quiet scan technology," Waterman continues. "Thanks to the features of this system, we have calmer

and more relaxed patients—naturally, without medication—which leads to more effective scans."

Parrish Healthcare clinicians use the Canon Medical Systems Vantage Titan Zen Edition 1.5T MR Theater for brain, spine, abdomen, extremity and MR angiography exams. ■

*\*99 percent reduction by unit of loudness level (measured in decibels) and 97 percent reduction by unit of perceived loudness (measured in sones).*

**Designed with patient comfort in mind, the Vantage Titan Zen Edition 1.5T MR Theater at the Parrish Healthcare Center in Titusville provides superior magnetic resonance (MR) images while providing an audiovisual experience to help patients relax.**



VIDEO



## See the MR Theater in Action

Watch a video of the audiovisual experience inside the MR Theater online at [parrishhealthcare.com/mrtheater](http://parrishhealthcare.com/mrtheater).

# Too Busy to Exercise?

*Meet an emergency physician who makes the time to take care of his health*

BY **TERESA MORGAN, CPT, ACSM**, PARRISH HEALTH & FITNESS CENTER

➔ In my 15 years at Parrish Health & Fitness Center, I have had the pleasure of working with hundreds of people, from all walks of life and in all kinds of condition. The members who stand out most to me are the ones who come every day, for years and years.

Take Michael Williams, MD, a Parrish Emergency Department physician. He's someone I see working out every day. I have trained lots of doctors and nurses. Most of the time, it is difficult for them to attend regularly scheduled personal-training sessions or classes because their work schedule is so demanding and, at times, unpredictable.

But exercising and taking care of yourself is as important as medicine. If you don't know how, find out by getting guidance from an expert.

Think you are too busy to work out? Meet this full-time emergency physician, husband and father to little ones. I have a feeling you are not as busy as him!

**Q** **Vim & Vigor: What have you seen in some of your patients as a result of not moving?**

**Dr. Williams:** When we do not move, our whole body is affected. People who do not move on a regular basis tend to have more complex medical problems. The body functions best when it is moving on a regular basis, with improved



**Name:** Michael Williams, MD

**Age:** 36

**Occupation:** Emergency Medicine Physician

**Family:** Wife, Rachel; sons, Jack and Henry

**Hometown:** Donora, Pennsylvania

**Exercise philosophy:** Healthy body, healthy mind

heart and lung health, better blood sugar regulation, increased joint health, better mental functioning and improved immune system.

**Q** **When did you start making exercise a part of your life?**

I started at age 4 playing every available organized sport in the hopes of one day following in the footsteps of the great sports heroes of my hometown borough of Donora, Pennsylvania.

**Q** **How do you manage to work exercise into your busy schedule?**

I have chosen a career that permits shift work, allowing me time either before or after work for the gym. In addition to

visiting Parrish Health & Fitness Center daily, there is also a 24-hour gym at the hospital that I use, typically after shifts at midnight and 1 a.m.

**Q** **How often do you exercise?**

I exercise 90 minutes daily or at least as often as my schedule permits. Some may need a bit more and others may need a bit less—or their body may be more receptive to either strength or endurance exercise, or both. Usually I don't take two consecutive days off unless I'm running a 5K, which I've recently



been counting as an exercise day. Even on vacation I find the nearest gym. Now I've been trying to convince myself that pushing two kids in a stroller for 6 miles at Disney counts as an exercise day.



**Teresa Morgan,  
Certified Personal  
Trainer**

### **Q** *Do you plan out your exercise?*

My exercise routine is always well planned out, typically for weeks in advance. It allows for heavy days, light days and endurance days in a schedule that my body has seemed to respond well to. A good exercise schedule should be flexible to things that come up.

### **Q** *What are the most profound benefits you've noticed since you began to exercise?*

The many benefits of exercise apply themselves to our lives at different stages. I always found myself performing better in the classroom when I was also achieving personal bests in the gym, attributing it to more than mere coincidence. Later, it helped me

maintain mental and physical sharpness during 30-hour shifts at a busy trauma center. Now, it helps me keep up with my two sons, each with their own endless supply of energy.

### **Q** *What is your diet like?*

Everyone's body and body type are unique. Accordingly, so should be everyone's diet. My diet is currently high in protein, vegetables and fiber and low in carbohydrates. Breakfast is my largest meal, and I eat two moderate sized lunches and a small dinner. I also drink plenty of water and stay away from carbonated beverages.

### **Q** *What is your position on dietary supplements?*

I personally don't use supplements—I believe that I can achieve maximum benefit from a well-planned diet. I advise caution for people considering something that is not approved by the Food and Drug Administration. Talk to your family doctor first.

### **Q** *Do you think your children will exercise or play team sports?*

Absolutely. They love coming to Parrish Health & Fitness Center and spending time in the play room, and they are already inquisitive of the barbells and treadmills.

### **Q** *Is exercise really a good medicine?*

Exercise is one of the best preventive medicines. The human body is designed to move and be active, thus it functions best with regular activity. Research has shown that exercise alone can help lower the risk of heart disease, stroke, type 2 diabetes, depression and some cancers. A person who leads a more sedentary lifestyle without regular exercise has been shown to be at risk for a shorter life span. Exercise has shown to be effective in combination with medication to treat many ailments. Just as with medication, exercise should be discussed with a primary care physician for the proper "dosage" to prevent or help treat medical issues. It is also important to involve a variety of exercises, such as cardio, weightlifting and stretching—these are all essential to maintaining a healthy lifestyle. ■



**Emergency physician Michael Williams, MD,  
and his wife, Rachel, work out at Parrish  
Health & Fitness Center.**

GO TO ...



## **Get Started This Week!**

Parrish Health & Fitness Center is a 38,000-square-foot medically integrated facility, featuring modern equipment along with a staff of degreed and certified health professionals. The center's Next Steps™ collection of eight-week fitness programs pair you with a fitness specialist to develop a plan to achieve success. Call **321-567-2201** for cost and other details.

# 5 Tips to Protect Your Joints

*How to stay active and be smart about the activities you choose*



If you enjoy moving your body, you can thank your joints.

Movement is made possible by the intricate design of the human body and wouldn't be feasible without the function of joints.

Joints are places in the body where two bones meet, such as at elbows, knees and hips. Bones, tendons, ligaments and cartilage make up a joint. Life's essential movements, like getting out of bed, brushing your teeth, eating and walking, are all doable because your joints allow you to stretch, bend and twist.

However, "when the intricate system of a joint malfunctions, you experience pain," says Anthony Allotta, DO, medical director of Parrish Healthcare Physical Rehabilitation. "There are a variety of reasons that joints can be painful: injury, inflammation, arthritis and bursitis. With any of these, you'll often be forced to decrease your activity to allow for healing."

Being active and staying physically fit year-round are pivotal for joint health, but not all activity is good for your joints. In fact, high-impact and repetitive motion can put unnecessary strain on your joints.

So, how can you keep your joints healthy, and what activities are best? These five guidelines will help you protect your joints, so you can stay active all year long. Finding an exercise routine that helps you stay fit will help you enjoy physical activity without unnecessary injury or setbacks.

## 1 Focus on low-impact exercises.

Low-impact exercises that put minimal stress on the joints are best. Swimming, biking, walking and hiking are activities that will keep you physically active and strong without taxing your knees, ankles and hips.



## 2 Add variety to your activities.

Repetitive motion can be problematic for your joints. If you love to golf, that can be a great way to stay active, but don't golf every day. Add other activities to your exercise routine to give your joints a rest. One way to keep your activities varied is to establish a cross-training workout in addition to changing up physical fun, like golfing, kayaking and swimming.

BOTTOM-FOUR PHOTOS BY GETTY IMAGES



VIDEO



## Explore Your Orthopedic Options

Watch Parrish Medical Group orthopaedic surgeon E. Wayne Mosley, MD, talk about the services offered at Parrish. Go to [parrishvigor.com/orthopedics](http://parrishvigor.com/orthopedics) to see the two-minute video.



Anthony Allotta, DO, works with a patient at Parrish Healthcare Center.

## 5 Follow your intuition.

Your body will tell you how it feels after physical activity. If you're sore afterward, listen to your body. Learn to know the difference between muscle soreness and joint pain. Just being aware can be the first step to seeking assistance for joint pain before it's too late. Correcting a problem early means you can get back to being active faster. ■

## 3 Strengthen your muscles.

Keeping your muscles strong is vital to healthy joints. Weakness in a muscle can make a joint less stable, especially as you age. If you haven't been focusing on building strength in your body, now might be the perfect time. Find a certified professional to help you with a weight-training program, someone who can guide you through proper form and identify a safe weightlifting or resistance-training regimen. Taking this step now might eliminate the need for medical treatment or rehabilitation later.

"Joints stay healthy when you take care of your muscles, ligaments, tendons and bones," Dr. Allotta says. "Eating a healthy diet, drinking plenty of water, maintaining a proper weight and staying active are all important for your joint health."



## 4 Stay flexible.

Flexibility can help you enjoy the full range of motion your joints are made for. Yoga, tai chi and Pilates, when guided by a trained instructor, are excellent activities to fully use joints, strengthen muscles and improve balance.

Parrish Health & Fitness Center offers a variety of classes in its 38,000-square-foot medically integrated facility, featuring modern equipment along with a staff of degreed and certified health professionals. The center's Next Steps™ collection of 10 medically integrated, eight-week fitness programs pair you with a fitness specialist to develop a plan to achieve success.



Parrish Medical Group care partners, back row, from left: Rhu-Jade Raguindin, MD; Victor Boodhoo, MD; Ethan Webb, MD; Kim Newcomb, MA; and Felicia Rabsatt-Harris, executive director of physician practices. Front row, from left: Tammy Noyes, MA; Mary Mantanona, MA; Denise Nolan, MA; and Marilyn Dienst, RN, BSN, clinical manager.



# Conquering a Common Cancer

*Parrish Medical Group and the American Cancer Society collaborate to increase screenings and save lives*

**T**he vast majority of people with a colorectal cancer diagnosis are older than 50, which is why for years the American Cancer Society (ACS) established 50 as the age when most people should begin regular screenings for the disease. In early 2018, however, the ACS released a new guideline recommending that adults at average risk for colorectal cancer start regular screening at age 45. The reason, in part: New data show rates of colorectal cancer are increasing in younger populations.

Colorectal cancer is the third most common cancer diagnosed in men and women in the U.S. and the second

leading cause of cancer-related deaths. The ACS estimates 140,250 new cases of colorectal cancer in the U.S. in 2018 (11,670 estimated for Florida).

The good news is that the five-year survival rate for people whose colorectal cancer is treated at an early stage is greater than 90 percent. Less than 40 percent of colorectal cancers, unfortunately, are found at an early stage, before the disease has spread.

## Award-Winning Efforts

In an effort to increase the likelihood of finding colorectal cancer at an early stage, Parrish Medical Group (PMG)

APPOINTMENTS



## Ask a Doctor About Your Health Screenings

Call the Parrish Medical Group (PMG) physician referral line at **321-268-6PMG (6764)** to be connected with the largest network of primary care physicians and specialty practices in North Brevard. PMG practices are certified by the National Committee for Quality Assurance as patient-centered medical homes, a model of care delivery that focuses on coordination, communication and accessibility of health services.



collaborated with the ACS in 2017 to increase the percentage of adults in its practices receiving colorectal cancer screenings, particularly for populations with little or no insurance coverage. PMG was one of 22 hospitals across Florida selected to receive an ACS Colorectal Cancer Partnership award in recognition of its efforts in colorectal cancer screening. PMG was also recognized with a Stellar Achievement award by the ACS and the Centers for Disease Control and Prevention for a new workflow it developed to identify, educate and remove barriers for people to get screenings.

A member of the Parrish Healthcare integrated system of care, PMG is North Brevard's largest network of board-certified primary care and specialty practices, with locations in Titusville, Port St. John, Viera and Port Canaveral. PMG practices are certified by the National Committee for Quality Assurance as patient-centered medical homes.

## Convenient, Quality Care

Today, PMG continues using evidence-based interventions for quality improvement.

Patients meeting screening criteria are flagged in the medical record system, alerting physicians to counsel patients on the benefits and ease of screenings in addition to reminding them of screening anniversaries.

Removing barriers preventing people from completing their screenings include offering them the choice between a colonoscopy and a noninvasive stool test, or FIT (fecal immunochemical test), with a streamlined specimen drop-off process.

Parrish Medical Center provides enough FIT kits for all PMG Medicare patients, so they can be provided with a kit right at the doctor's office. And, because Parrish implemented a behind-the-scenes registration process, patients are able to drop off specimens at the hospital as well as convenient lab locations without waiting in Port St. John and Titusville. ■

## KNOW YOUR RISKS for Colorectal Cancer

Although you can't change your genetics or family health history, you can reduce your risk for colorectal cancer by following your doctor's recommendations for screenings, eating a healthy diet of mostly plant-based foods, maintaining a healthy weight, avoiding tobacco, limiting alcohol and increasing physical activity. According to the American Cancer Society, there are:

### RISK FACTORS YOU CAN CHANGE

- ▶ Being overweight or obese.
- ▶ Being physically inactive.
- ▶ Eating a diet high in red and processed meats (beef, pork, lamb, liver, hot dogs and some luncheon meats) and cooking meats at very high temperatures (frying, broiling or grilling).
- ▶ Smoking.
- ▶ Drinking a lot of alcohol. Limit to no more than two drinks a day for men and one drink a day for women.

### RISK FACTORS YOU CAN MONITOR

- ▶ Age. Colorectal cancer is more common as you age, especially after ages 45–50.
- ▶ Personal history of colorectal polyps or colorectal cancer. Polyps are growths on the inner wall of the colon or rectum. Most are not cancer, but some can become cancerous.
- ▶ Personal history of inflammatory bowel disease, colorectal cancer or adenomatous polyps.
- ▶ Changes (mutations) in certain inherited genes. The most common inherited family cancer syndromes linked with colorectal cancers are Lynch syndrome and familial adenomatous polyposis.
- ▶ Racial and ethnic background. African-Americans and Jews of Eastern European descent (Ashkenazi Jews) have higher rates of colorectal cancer.
- ▶ Having type 2 diabetes.



# Your Heart's in the Right Place

*Parrish's cardiovascular team has the talent and technology to treat you—quickly*

**W**hen you're cared for by the Parrish cardiovascular team, your heart's in the right place.

One reason: Getting treatment faster after a heart attack saves lives.

Parrish Medical Center (PMC) heart attack patients receive heart-saving treatment within 59 minutes of arriving in the Emergency Department, significantly faster than the 90-minute national best-practice time to treatment.

Time and effectiveness of treatment can make the difference between life and death.

These are the advantages for patients of the Parrish cardiovascular team. The team—a member of the Mayo Clinic Care Network—provides PMC patients with heart disease prevention, diagnosis, treatment and rehabilitation, as well as care for pulmonary (lung) and vascular (blood vessel) disorders.

Most heart treatments are conducted in a catheterization suite, or cath lab. Heart catheterization has progressed to where it is routinely an outpatient procedure. PMC's cath lab has among

the nation's best safety and quality records and benefits patients through its advanced technology.

PMC's affiliations with the Mayo Clinic Care Network, Nemours Children's specialists and other network partners mean people have access to clinical specialists and resources for specialized surgeries and procedures, including open-heart surgery, aortic valve replacement and pediatric cardiology.

An important part of healing heart disease is diet and exercise. PMC's range of heart care services also includes a full-service fitness center, certified diabetes education, a nutrition counseling program and cardiopulmonary rehabilitation services.

Another Parrish cardiovascular team distinction is that PMC was Brevard's first hospital—and third in Florida—to be certified as a Primary Stroke

Center by The Joint Commission, the nation's leading healthcare accreditation organization.

For these reasons and more, when you are in the hands of the Parrish cardiovascular team, you—and your heart—will find healing experiences, all the time. ■



CALL



## Manage Your Heart or Lung Disease

Cardiopulmonary rehabilitation is for people with a diagnosis of cardiopulmonary disease. The program combines education, individualized exercise and support. Call **321-268-6726** to learn more.

PHOTO BY GETTY IMAGES





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**Family Practice**

Geriatrics

Hospitalists

Internal Medicine

**Neurology**

**OB/GYN**

Orthopedics

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Physical Medicine

Rehabilitation

Podiatry

Spine Care

Sports Medicine

## Need a Doctor?

From family physicians to specialty physicians to access to the Mayo Clinic Care Network, Parrish Medical Group has everything you and your family need.

Find your new physician today at [parrishmedgroup.com](http://parrishmedgroup.com).

Accepting new patients. For an appointment call 321-268-6PMG (6764).

- Most insurances accepted
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\* Recognized by the National Committee for Quality Assurance (NCQA)



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# Is it an Emergency?

**IN A MEDICAL EMERGENCY OR IN DOUBT, GET EMERGENCY CARE!**

However, not every medical situation requires a trip to the Emergency Room.



## WHEN TO CALL 9-1-1?

**EVERY MINUTE COUNTS. DON'T DRIVE YOURSELF. CALL 9-1-1 WHEN:**

- **Signs of a heart attack** such as chest pain, pain in the left arm or jaw, sudden weakness, nausea or dizziness
- Life- or limb-threatening injury
- **Signs of a stroke** such as numbness, slurred speech, severe headache, weakness on one side of the face, or loss of consciousness
- Difficulty breathing or shortness of breath



## EMERGENCY ROOM?

\$\$\$ GO TO THE ER IF:

- Broken bones or dislocated joints
- Deep cuts, especially on the face
- Head or eye injury
- Sudden change in mental state/suicidal thoughts
- High fevers
- Severe pain, particularly in the abdomen
- Vaginal bleeding with pregnancy
- Serious burns
- Seizures
- Severe allergic reaction
- Overdose or poisoning



## URGENT CARE?

\$\$\$ CHOOSE URGENT CARE IF:

- Gradual symptom onset
- You know the diagnosis but can't get a same-day appointment with your primary care physician
- Urinary tract infections
- Cold, flu, sore throat, mild asthma
- Not life- or limb-threatening but you need immediate care
- Sprains, broken bones of the wrist, hand, ankle or foot



## DOCTOR'S OFFICE?

\$ MAKE AN APPOINTMENT FOR:

- Regular screenings, physical exams, checkups
- Most medical conditions and episodes of illness
- Management of chronic illness



Brevard  
**HEALTH**  
Alliance  
INCORPORATED



**Brevard Health Alliance** operates as a doctor's office by offering primary, pediatric, dental, behavioral, diagnostic and medication services all at a low cost. Free vaccines are even offered. BHA will not turn anyone away for inability to pay. Visit [BHACHC.org](http://BHACHC.org) for more information.

Sources: American College of Emergency Physicians, Centers for Disease Control (CDC)



Healing Families—Healing Communities®

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