thrive

SUMMER 2017

HEART DISEASE AND MENOPAUSE

BE GONE, BED-WETTING

MOVEMENT MATTERS:
A PARKINSON'S DISEASE PRIMER

THE INFORMATION YOU NEED.
THE CARE WE PROVIDE.
THE COMMUNITY WE SHARE.

NewYork-Presbyterian
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We Want to Hear from You

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NewYork-Presbyterian
Brooklyn Methodist Hospital

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THRIVE	SUMMER 2017
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BALANCE IN THE HOME

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Viewpoint

I AM SO HAPPY TO BE HERE AND EXPERIENCE FIRSTHAND THE VALUE NYP BROOKLYN METHODIST BRINGS TO THE NEWYORK-PRESBYTERIAN REGIONAL HOSPITAL NETWORK. WE ARE A CRITICAL COMPONENT OF THE NETWORK, AND AT THE SAME TIME, BENEFIT FROM THE RESOURCES NOW AVAILABLE TO US.

As I write this, I can look back on my first three months at NewYork-Presbyterian Brooklyn Methodist Hospital with much pleasure and pride. The Hospital has exceeded my hopes and expectations in nearly every area. I am so happy to be here and experience firsthand the value NYP Brooklyn Methodist brings to the NewYork-Presbyterian Regional Hospital Network. We are a critical component of the Network, and at the same time, benefit from the resources now available to us.

During my first months, I spent much of my time walking the various inpatient floors—getting to know the members of our dedicated and talented staff and seeing firsthand the great care and treatment given to our patients. Naturally, I was especially drawn to the happiest floors in the Hospital—the Labor/Delivery and the Mother/Baby Units.

In recent years, much has changed about the way in which babies are born and cared for. The experience is now centered on the needs and desires of patients and families. At NYP Brooklyn Methodist, women labor, deliver and become acquainted with their babies in one of our comfortably furnished private birthing rooms. Fathers, co-parents and/or other family members can be present, if that is their choice and that of the mother. Many have marveled at the way in which the home-like room easily converts to a high-tech clinical area. Our obstetricians and midwives offer a variety of birthing choices.

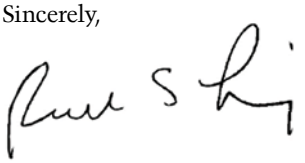
Following a postpartum opportunity to bond, women are taken to the Mother/Baby Unit, where they generally share a room with their new babies. The same nurse cares for mother and child, and new mothers receive informal lessons in newborn care and a great deal of encouragement and support in breastfeeding from our lactation team. For most new mothers, the stay in the Mother/Baby Unit is brief—just a day or two, though women who have delivered via Cesarean section may remain with us a little longer.

Premature babies or those requiring special attention stay in our Level III NICU (neonatal intensive care unit), where pediatric physicians and nurses provide the most advanced care for these infants and also offer emotional support for parents.

If you, or someone you know, is choosing a hospital for childbirth, I invite you to check out NewYork-Presbyterian Brooklyn Methodist. You can find out more about our childbirth program, register for a tour or enroll in childbirth classes by going to our website, www.nyp.org/brooklyn, and clicking on the "Life Begins" tile on the homepage.

Whether you are anticipating a new baby or are currently at an entirely different stage of life, I hope that you will find useful information in this issue. Our goal is to help Brooklyn stay healthy and thrive! Have a great summer.

Sincerely,



Richard S. Liebowitz, M.D.
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YOUR HEALTH IN A HEARTBEAT

IT'S NOT EASY TO STAY CURRENT WITH HEALTH NEWS AND INFORMATION. HERE'S A QUICK RUNDOWN OF DEVELOPMENTS TO KEEP YOU IN THE KNOW.

ON **GUARD**

When you think of sports-related injuries, what may come to mind are strains, sprains and concussions, but dental injuries are also common, especially in children and young adults. Dentists estimate that more than one-third of pediatric dental injuries occur while kids are playing sports.

About 80 percent of dental injuries involve at least one of the front teeth, although injuries to the tongue and cheek also occur. For these reasons, dental experts at NewYork-Presbyterian Brooklyn Methodist Hospital recommend wearing mouth guards for *all* contact sports.

Mouth guards are the top preventive measure against sports-related dental injuries, lowering the risk by 60 times.

"Mouth guards help protect the soft tissues of the lips, cheeks, gums and tongue by covering the sharp surfaces of the teeth, minimizing the risks of injuries to the mouth," says **Reneida E. Reyes, D.D.S.**, section chief of pediatric dentistry in the division of dental medicine at NYP Brooklyn Methodist. "Properly fitted mouth guards also reduce the force of impact, helping to protect the jaw from fractures."

DECLINE IN **CANCER DEATHS**

While the leading causes of cancer death—lung, colorectal, prostate and breast cancers—remain the same, the number of deaths due to these conditions is lower than it was two decades ago. The decrease translates to an estimated 2.1 million lives saved.

The reduction in cancer deaths is due to several factors, including a decline in the number of people who smoke. Since 2002, former smokers in the United States have outnumbered current smokers, and nearly 70 percent of current smokers report wanting to quit.

Another reason for the decline is an increase in the number, quality and availability of cancer screenings. Screenings like colonoscopy and mammography allow cancer to be detected and treated at earlier stages than ever before, saving lives and improving patient outcomes.

"Improved treatment methods also play a role in the decrease, and lifestyle changes on the patients' part could certainly have an effect," says **Alan Astrow, M.D.**, chief of hematology and medical oncology at NYP Brooklyn Methodist. "I encourage everyone to consult their primary care doctors about the appropriate timing for cancer screening tests."

VITAMIN D **FROM THE SUN?**

Obtaining the recommended amount of vitamin D is important for absorbing the calcium that the body requires to maintain bone health.

The safest way to meet daily vitamin D requirements is to ingest it from certain foods and supplements—a three-ounce serving of salmon, one of the best food sources for vitamin D, has about 447 IU (international units, a measurement used for fat-soluble vitamins) per serving.

The other way to get vitamin D is through sun exposure. Five to 30 minutes in the sun—depending on skin tone—can produce all the vitamin D that the body requires. People with dark skin need up to six times as much sun exposure to produce the same amount of vitamin D as people with light skin due to higher degrees of melanin (pigment) in dark skin. But sun exposure comes with inherent health risks like skin cancer, skin dryness and premature aging.

"Spending time in the sun's ultraviolet rays is a very efficient way to get an adequate amount of vitamin D," says **Baquar Bashey, M.D.**, chief of general internal medicine and ambulatory medicine at NYP Brooklyn Methodist. "People limited to the indoors or concerned about sun damage can turn to diet or vitamin D tablets to get 600 to 800 IU daily."

BY THE NUMBERS

600,000+

ESTIMATED NUMBER OF **ANNUAL ER VISITS** FOR **SPORTS-RELATED DENTAL INJURIES** AMONG AMERICANS **AGES FIVE TO 24**

25%

PERCENTAGE THAT **CANCER DEATHS DECREASED** IN THE U.S. FROM **1991 TO 2014**

600 IU

THE DAILY RECOMMENDED AMOUNT OF **VITAMIN D** FOR PEOPLE **AGES ONE TO 70***

* 400 IU daily for babies younger than one and 800 IU daily for people 71+

The Subway **Microbiome**

About 637 microbial species—562 of them bacterial—share a ride with New York City subway commuters, according to a study conducted at Weill Cornell Medicine. From subway stations across the city, researchers collected 1,457 samples containing billions of DNA strands.

"New York City is the epitome of a busy, diverse metropolis, and our findings reflect that the same is true with the city's microscopic residents," says **Christopher Mason, Ph.D.**, geneticist and associate professor in the Department of Physiology and Biophysics at Weill Cornell Medicine.

Nearly half of the uncovered DNA matches no known organisms, which demonstrates that there is a lot more to learn. One important takeaway from the study is that the vast majority of organisms inhabiting the subway are not harmful.

"The subway system is a diverse and safe ecosystem," Dr. Mason says. "More than 99 percent of bacteria that we found aren't associated with disease and don't carry any potentially pathogenic genetic markers. Still, it's easy to pick up a viral or bacterial infection wherever people congregate, so practice good hygiene."

Good hygiene for public spaces like the subway includes sanitizing your hands following a ride and before touching your face, eyes or mouth, and coughing and sneezing into the crook of your arm.

A *Gentler* Approach

A gentle Cesarean section, or C-section, incorporates the parents' choices as much as possible, similar to creating a birth plan for a natural delivery but tailored to the surgical nature of the C-section.

"We're trying to make the operating room more like the delivery room so that the parents feel more involved in the delivery," says **Thomas Paone, M.D.**, obstetrician and gynecologist at NYP Brooklyn Methodist. "For instance, during a gentle C-section, parents can opt to use a clear drape so that they can see their baby as soon as he or she is born."

In addition, if mom and baby appear healthy, the child can be placed skin-to-skin with the mother while a pediatrician examines the baby. The mother is then moved to the recovery area with the baby still on her chest. This element of the gentle C-section process eliminates a 20- to 30-minute separation period, allowing mothers who deliver by C-section to immediately become acquainted with their babies.

Infants & Peanut Proteins

Peanut allergies, which can cause negative reactions ranging from hives to anaphylactic shock (a life-threatening response to an allergen that can cut off air supply and cause a drop in blood pressure), are reported to have risen dramatically in American children in recent decades.

New research, however, shows that exposing children to peanut protein at ages four to six months may help them avoid developing peanut allergies. These findings led to the reversal of federal guidelines that advised parents against giving peanut-containing foods to children younger than age three.

"The revised guidelines vary based on whether the child has eczema or egg allergies, the degree of existing allergies, and the results of allergy screening tests that may be needed before exposing the child to peanut proteins," says **Cascya Charlot, M.D.**, chief of pediatric allergy and immunology at NewYork-Presbyterian Brooklyn Methodist Hospital.

The new recommendation is to introduce peanut proteins to babies along with other solid foods.

"Parents should be mindful that peanuts are a choking hazard and exercise caution when feeding peanuts or peanut butter to children younger than age four," Dr. Charlot says. "Peanut butter mixed in with other purees—such as apples or bananas, for example—is a good alternative."

HOW TO CURB Muscle Cramps

Muscle cramps can occur at any time. Learn why they happen, how to prevent them and what to do when they strike.

EVERYONE EXPERIENCES MUSCLE CRAMPS—sudden, severe involuntary muscle contractions—at some point. These painful spasms often materialize as nighttime cramps in the legs or feet, disrupting sleep, but they can affect any muscle. In fact, muscles that stretch over two joints are more vulnerable to cramps.

The muscles most commonly affected by cramps include the calf muscles, hamstrings and quadriceps, but muscles in the feet, arms, hands, abdomen and rib cage are also susceptible.

WHY THEY OCCUR

Muscle cramps can occur due to dehydration, failure to stretch before exercising, overusing or straining a muscle, or holding a position for a long time.

Certain medications like diuretics and blood pressure medicines can also induce muscle cramps—especially in the legs.

While everyone is susceptible to muscle cramps, some people are at a higher risk of having them. Older people, for instance, are more prone to cramps due to age-related loss of muscle mass, which makes their muscles more vulnerable to overstress. Other risk factors include being pregnant, having certain medical conditions—such as diabetes or nervous system, liver or thyroid disorders—and participating in sports or other strenuous activities that place participants at risk for fatigue and dehydration, especially in warm weather.

"Muscle cramps are particularly prevalent in athletes and people who are older than 65, overweight or on certain medications," says **Ramon Vallarino Jr., M.D.**, rehabilitation medicine specialist at NewYork-Presbyterian Brooklyn Methodist Hospital. "Less frequently, muscle cramps are spurred by underlying medical conditions like compressed spinal nerves, deficient blood flow to the muscles, or a lack of essential minerals in the diet—namely, potassium, calcium and magnesium."

Consult your doctor if cramps are severe, occur often, fail to respond well to home treatments or do not seem to stem from recognizable causes.

"Your medical history and the characteristics of your cramps—like how long you've been having them, when they occur and a family history of muscle cramps—can help your doctor narrow potential medical causes and put you on the right path to fewer occurrences," Dr. Vallarino says. "Preventive measures can often lessen the frequency and severity of muscle cramps [see "Do's and Don'ts"], but in cases where prevention doesn't help, a doctor might recommend testing for an underlying disease, massage or physical therapy, or the short-term use of prescription medications like muscle relaxers or botulism toxin."

DO's and DON'Ts

Try these strategies to help prevent or alleviate muscle cramps:

DO apply heat to tight muscles and cold to tender muscles.

DON'T say "no" to water—staying hydrated can help ward off muscle cramps. If you are exercising, drink water before, during and after your workout.

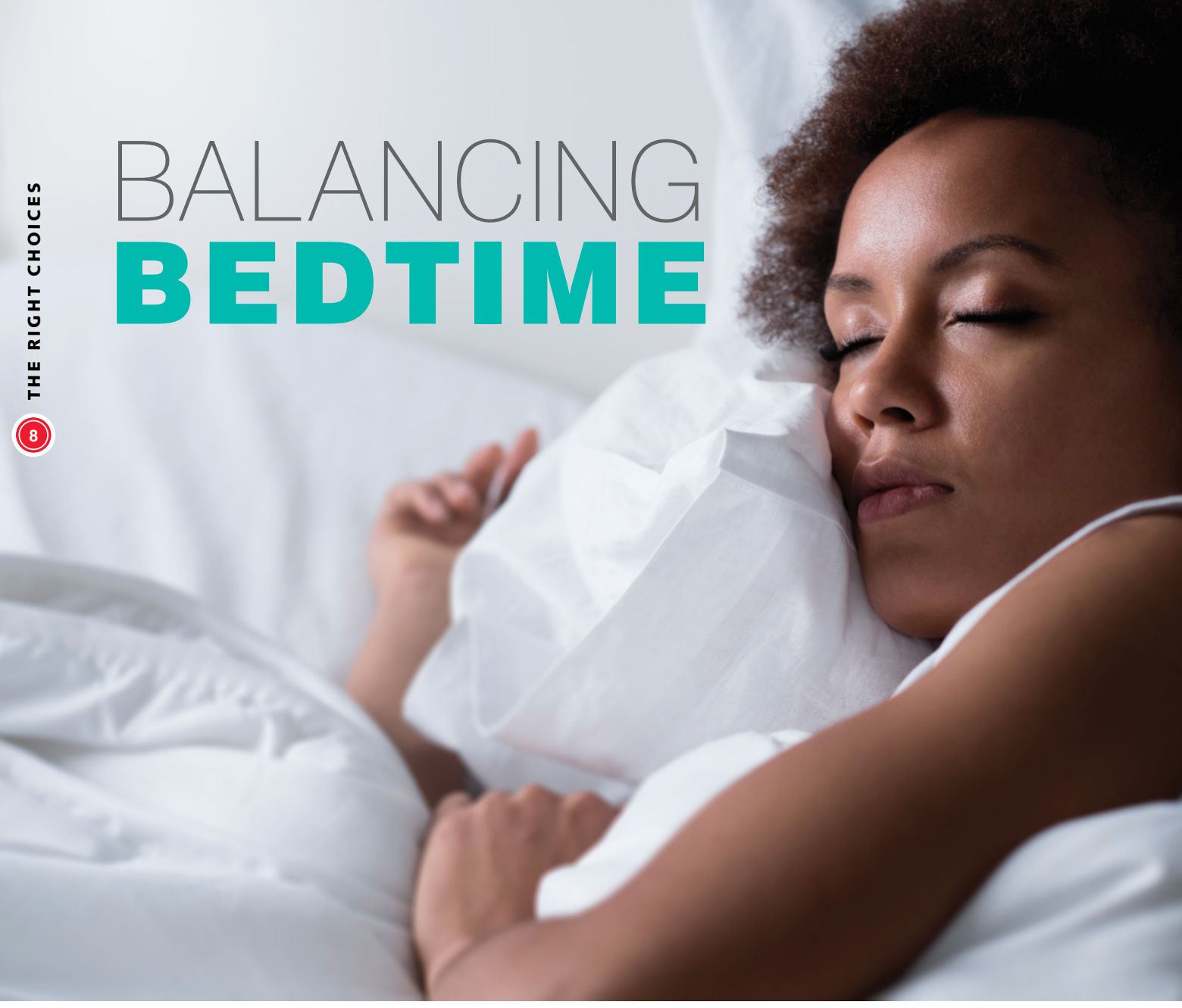
DO stretch and properly warm up before working out or playing sports.

DON'T participate in activities or exercises that place a lot of strain on your muscles.

DO hold a cramping muscle in a stretched position while gently massaging it to help ease the discomfort.

DON'T just let it happen. Muscle cramps may subside more quickly if you use and flex the muscle. Flexing the muscle group opposite of the cramping muscle can often provide relief. If you experience leg or feet cramps, try walking. If you experience calf cramps, use a wall to brace yourself as you lean into a calf stretch. For hand and arm cramps, try flattening your palms against a wall with your fingers pointed downward or outstretching your arm, palms out and fingers down, and gently pulling your fingers back toward your body.

BALANCING BEDTIME



There are many things that a person should outgrow on the journey from adolescence into adulthood, but a reasonable, regular bedtime is not one of them.

A CHILD'S BEDTIME is often written in stone. Children may beg and plead to have it delayed just five minutes, but parents do their best to enforce it because they know kids need sleep in order to function at their best. Many adults may not realize that grown-ups also thrive with a dependable sleep schedule.

"Everyone has a circadian biological clock that regulates sleepiness and wakefulness throughout the day," says **Jeremy Weingarten, M.D.**, director of the Center for Sleep Disorders at NewYork-Presbyterian Brooklyn Methodist Hospital. "When people don't follow a regular sleep pattern, their bodies will try to fall asleep when they should be awake and try to remain awake when they should be asleep."

When the body's internal clock is off-kilter, people may find themselves in a frustrating scenario of being sleepy throughout the day but unable to doze off at night—leaving them with inadequate amounts of sleep.

"Adults up to age 65 need seven to nine hours of sleep each night, while adults over 65 will need a little less at seven to eight hours of sleep," Dr. Weingarten says. "Habitually getting less than this recommended amount of sleep can lead to a host of problems for a person's mental and physical well-being."

A lack of sufficient rest can result in more than just grumpiness on the next day. Short-term sleep deprivation can affect judgment, mood, energy, concentration and memory, and chronic sleep problems can lead to serious, long-term health concerns like obesity, diabetes and heart disease.

"To protect themselves, people must protect their sleep," says Dr. Weingarten. "If they don't make an effort to routinely get a good night's sleep, they are likely to find that their health is negatively impacted."

EAT FOR SLEEP

Is your diet keeping you from your dreams?

What you eat and drink just before bedtime can affect your sleep. While it is rarely a good idea to eat right before going to bed, certain foods eaten throughout the day or snacked on before dozing off can help make you drowsy while other foods can keep you up at night.

Foods containing tryptophan—an amino acid that acts as a building block for the sleep-related chemical, serotonin—are an excellent option to encourage sleep. Tryptophan is found in turkey, eggs, chicken, fish and nuts. Combining these foods with carbohydrates will increase their effectiveness in making you sleepy.

On the other hand, eating fried, spicy or fatty foods can upset your stomach and should be avoided, as should drinking alcohol or caffeine immediately before bedtime.

MAKING ROOM FOR REST

While understanding the importance of having a consistent, reasonable bedtime may be easy, enforcing a regular bedtime schedule may prove a challenge. Strategies to help you get a more reliable night's sleep include committing to a consistent schedule, developing a bedtime routine and creating a comfortable sleep environment.

COMMIT TO A TIME

Your designated bedtime should be a priority, both on weekdays and weekends.

"Make time for sleep in the same way that you make time for exercise or watching your favorite television show," says Dr. Weingarten. "Designate hours for sleeping and do what you can to stick to your plan."

Avoid looking at bedtime as something that happens when everything else is done, and start seeing it as more of a meeting that must be attended on time. If your calendar is jam-packed with activities, this may motivate you to develop a more realistic expectation of the number of things you can accomplish in a day.

DEVELOP A BEDTIME ROUTINE

A bedtime routine is an excellent way to prepare your body for a good night's rest. Thirty minutes to an hour before bedtime, stop using mobile devices like cell phones and tablets—which emit blue light that has a negative impact on drowsiness. Instead, read a book, journal about your day, enjoy a cup of decaffeinated herbal tea, or do some light yoga or stretching to help your mind wind down after a long day.

CREATE A COMFORTABLE SLEEP ENVIRONMENT

"I typically tell people that it's normal to wake up in the middle of the night every once in awhile," Dr. Weingarten says. "However, this needs to occur naturally and not be caused by a person's surroundings."

Turning a bedroom into a sleep haven is not that difficult. Start by setting your thermostat between 60 and 67 degrees. Next, ensure that there are no lights or noises that could interrupt sleep. With the exception of an alarm clock, make the bedroom a technology-free zone with no televisions, computers or mobile devices allowed.

SEEK APPROPRIATE HELP

If, despite your best efforts, sleep still does not come easily, there may be another issue.

"When going to sleep or staying asleep becomes a problem in spite of taking these steps, a sleep study may be a good idea," Dr. Weingarten says. "This can be done in a sleep lab or at home, and the results help doctors comb through the spectrum of sleeping disorders, such as sleep apnea, insomnia and more, to determine if one of those might be keeping an individual up at night."

GETTING TO THE Heart OF Menopause

Following Diane's recent wellness exam, her doctor's office called with news that her LDL or "bad" cholesterol levels had increased since her previous exam. She was eating all the same things, so the 60-year-old was confused about the rise in her LDL levels.

AS DIANE SPOKE with her doctor about her lab results, she learned that her situation is not unusual. As is the case for many women, LDL cholesterol levels often rise after menopause, which puts middle-aged women at a higher risk for heart disease.

A MYSTERY FOR THE AGES

Heart disease is the number one cause of death in men and women, yet women don't always recognize heart disease as a top health threat.

"Women are often more concerned about breast cancer than heart disease," says **Gioia Turitto, M.D.**, cardiologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "In reality, heart disease kills roughly ten times more women than breast cancer every year."

Men usually develop heart disease at earlier ages than women, which may contribute to confusion about the rates of heart disease in women. Before men and women reach age 55, for example, women usually have a lower risk of heart disease than their male peers. However, after age 55, women start to catch up.

"By age 65, women's heart disease risks tend to match that of men," says **Leyda Callejas, M.D.**, endocrinologist at NYP Brooklyn Methodist. "In fact, our cardiovascular disease risk can rise to even surpass that of men the same age."

Doctors believe there is a correlation between heart disease and menopause—the cessation of menstruation, which occurs at an average age of 51. During menopause, a woman's production of the hormones estrogen and progesterone slows down. The reason an increased risk of heart disease seems to accompany menopause is an ongoing point of investigation. One theory is that estrogen plays a protective role in women's heart health. According to **Christy McAvoy, M.D.**, obstetrician/gynecologist at NYP Brooklyn Methodist, estrogen aids in keeping cholesterol levels in check. When women's bodies stop producing the premenopausal levels of estrogen, they lose this innate protection.

In addition to higher LDL levels, women may also notice rising blood pressure and higher triglyceride levels after menopause—all of which contribute to heart disease. Postmenopausal weight gain typically plays a role in these increases, too, according to Dr. Callejas.

IS MENOPAUSAL HORMONE THERAPY A GOOD IDEA?

As recently as 15 years ago, women were frequently prescribed menopausal hormone therapy (MHT)—either estrogen alone or a mix of estrogen and progesterone—to control symptoms like hot flashes, vaginal dryness and night sweats, and to help minimize the risk of heart disease, stroke, osteoporosis and dementia. That changed abruptly in 2002 when researchers involved in a large clinical trial studying the efficacy of MHT, halted the trial due to health risks.

"The clinical trial showed that hormone therapy may increase the risk of cardiovascular disease, breast cancer and blood clots, especially in older postmenopausal women," Dr. McAvoy says. "For that reason, hormone replacement is no longer given to prevent disease. We now only use it to treat moderate-to-severe hot flashes in women who are generally in their late 40s or early 50s and have a low risk for heart disease and breast cancer."

THE REAL PILLARS OF PREVENTION

Heart disease after menopause is not inevitable. By living a healthy lifestyle, women can help safeguard their heart at all ages.

"Making healthy choices like eating a balanced diet and exercising daily is clearly a better type of prevention than hormone therapy," Dr. Turitto says. "If you manage your risk factors appropriately, you shouldn't be concerned that the lack of hormones is going to be a major factor in causing a heart attack."

While heart disease is more common after menopause, premenopausal women aren't immune to it, so it's important for them to make healthy choices in their 20s and 30s. Adopting healthy habits early in life makes it easy to continue those habits later in life. Besides eating a healthy diet and exercising, not smoking is a key strategy that women of all ages can use to improve their heart health. Staying active is an especially important part of healthy aging because regular exercise helps to control blood pressure, cholesterol and blood sugar levels.

"Muscle mass decreases as we age, which slows our resting metabolism," Dr. McAvoy says. "Postmenopausal women often need to increase the time and intensity of exercise to get the same results they experienced when they were younger. At a minimum, women should exercise for 30 minutes a day, five days a week."

In addition, women should discuss their family and personal histories with their doctors, especially if they or a close family member have had a heart attack or stroke, diabetes, high blood pressure, or high LDL cholesterol levels.

"Menopause is life-changing in multiple ways," Dr. Callejas says. "But it presents a great opportunity for women to start a conversation with their doctors about their current health and to address any potential risk factors."

LEARN THE "SILENT" SIGNS

Women are more likely than men to experience "silent" heart attacks—heart attacks where there are few symptoms or symptoms remain unrecognized. While chest pain or discomfort is the most common heart attack warning sign in men and women, recent research reveals that women are less likely than men to have chest pain. Instead, women may notice symptoms that are not as often associated with heart attack, including fatigue, shortness of breath, overall weakness, dizziness and nausea, and arm or shoulder pain.

ARTHROSCOPY: Healing the Knee

A few weeks ago, you twisted your knee playing soccer with your kids, and you have been dealing with increasing knee pain and swelling since then. Now you even dread climbing your front steps.

YOUR PRIMARY CARE doctor refers you to an orthopedic specialist. You schedule an appointment, and the orthopedic specialist asks you to bend, straighten, then rotate your knee. He orders a diagnostic magnetic resonance imaging (MRI) test and diagnoses you with a badly torn knee meniscus—cartilage in the knee that acts as a cushion between the femur and tibia (thigh and shin) bones.

When a tear in the meniscus is small and located on the outer third of the cartilage, the doctor may recommend rest, ice, compression and elevation of the joint to give the cartilage time to heal. This usually means walking on crutches, applying cold packs to your knee for 20-minute intervals a few times a day, wrapping the injured knee in a compression bandage and combating swelling by propping up your leg. The doctor may also recommend taking an over-the-counter nonsteroidal anti-inflammatory medication like ibuprofen to help with pain and swelling.

If the tear is large or in the inner two-thirds of the meniscus, a minimally invasive procedure known as knee arthroscopy is frequently recommended.

"This outpatient procedure uses an arthroscopic camera to enter the knee joint through a small incision on one side of the knee," says **Matthew Wert, M.D.**, orthopedic surgeon, director of sports medicine at NewYork-Presbyterian Brooklyn Methodist Hospital. "A second incision, on the opposing side of the knee, allows the surgeon to use tiny instruments to repair the tear without irritating a lot of healthy tissue along the way."

EXPECT A QUICK TURNAROUND

On the same day as arthroscopy treatment, you should be able to walk using the affected knee. Your doctor will usually send you home with a prescription for three to six weeks of outpatient physical therapy.

"Arthroscopy is a procedure that can help patients achieve better movement without a large incision or long recovery time," Dr. Wert says. "When coupled with exercise to strengthen the muscles and stabilize the joint, knee function can improve in as little as four weeks."

DID YOU KNOW?

People experiencing knee pain for more than a few days should be evaluated by an orthopedic specialist. Even a slight meniscus tear that goes untreated can lead to complex problems—like chronic arthritis or joint instability.

AFTER-ARTHROSCOPY STRENGTHENING

Post-arthroscopy physical therapy starts with small exercises that are completed while lying down, like raising the straightened knee repeatedly. Leg raises are followed by such exercises as supported standing quadricep stretches and squats to help the knee gain greater range of motion. Next, low-impact activities like step-ups and pedaling a stationary bike help strengthen the joint.

A spinal tumor threatened Maya Katz's ability to work, enjoy family life and walk. A complex surgery ensured that she would not have to watch her children grow up from a wheelchair.

SAVING THE SPINE

LIKE ALL WORKING PARENTS, 35-year-old Maya balances the demands of career and family. She and her husband, Alex, are raising three boys, ages ten to three, at their Sheepshead Bay home, and she is a full-time speech-language pathologist at Mill Basin Yeshiva Academy. However, two-and-a-half years ago, something with which Maya was all too familiar upset the equilibrium of her life: back pain.

"I had severe backaches during each of my pregnancies—they were so bad I couldn't sit or lie down for long periods," Maya says. "My doctor thought it was the baby pressing on a nerve. After each delivery, the pain subsided. But in late 2014 it returned."

MORE QUESTIONS THAN ANSWERS

The resurgent discomfort that Maya thought was sciatica—pain caused by pressure on the sciatic nerve—forced her to stop working for two weeks. An x-ray guided spine injection from a pain management specialist helped her feel better, and she returned to work. Everything was fine until last August. Then, during a family vacation to the south of France, Maya struggled to keep up with Alex and the children as back pain and fatigue slowed her down.

"When we got home, the pain kept escalating until it became unbearable," she says. "I got another injection, but afterward, I didn't feel better and the pain worsened. I had numbing and shooting pain from my lower back to my toes. Walking felt horrible. I had to stop working again."

At the urging of a physician friend, Maya had a magnetic resonance imaging (MRI) test. The friend asked a former colleague, **Martin Zonenshayn, M.D.**, chief of neurosurgery at NewYork-Presbyterian Brooklyn Methodist Hospital, to review the images. The neurosurgeon was shocked by what he saw.

"Ninety-eight percent of the time, when I review spinal images of someone who's having bad back pain, such as Maya, I find degeneration, such as osteoarthritis, spinal stenosis or a bulging disc," Dr. Zonenshayn says. "When I saw the results of Maya's scan, however, my jaw dropped."

What Dr. Zonenshayn saw appeared to be a tumor in Maya's spinal canal.

COMING TO TERMS WITH A FRIGHTENING DIAGNOSIS

Deep down, Maya suspected that the problem with her back wasn't related to some form of degeneration. That did not make the news that her fears were confirmed any easier to take. On the night of Saturday, December 10, Dr. Zonenshayn called Maya to tell her what he had found in her MRI images.

I was so shaken because I have three children, and I'm young," she says. "Dr. Zonenshayn told me he was going to clear his schedule so he could see me first thing the following Monday. My only question was, 'Is it treatable?' Dr. Zonenshayn said, 'Yes,' but he wanted to see me as soon as possible. It was emotionally difficult to wait from Saturday night until Monday morning—I had in the back of my mind that it might be a malignant tumor."

Three days later, Dr. Zonenshayn ordered another MRI, this one with a contrast agent. That confirmed his diagnosis: a benign spinal tumor in the lumbar (lower) region of Maya's spine. What caused the tumor was unclear—doctors often do not know why such growths occur, according to Dr. Zonenshayn—but one thing was certain: It could not remain where it was. Had the tumor gone untreated, Dr. Zonenshayn says, Maya would have lost bowel and bladder function and the use of her legs.

"Most spinal tumors develop out of the bone and compress the contents of the spinal canal, which is the spinal cord and the nerve roots," Dr. Zonenshayn says. "What made the tumor in Maya's spine much more complicated is that it arose from within the tissue at the base of the actual spinal cord. This increased the risks of causing paralysis and harming bowel and bladder function while we manipulated the tumor during surgery."

From their first conversation, Maya knew that she wanted Dr. Zonenshayn to be the one to remove the tumor. She appreciated the time he took to explain the operation's pros and cons and why it was imperative to undergo the surgery quickly. The procedure was necessary for Maya to preserve the use of her legs

and bowel and bladder function, but it carried significant risks, like paraplegia, infection and the chance that Dr. Zonenshayn would not be able to remove the entire tumor. After her first appointment at Dr. Zonenshayn's office, Maya spent the night at NYP Brooklyn Methodist, surrounded by Alex and her parents and in-laws. Her surgery had been scheduled for the next day.

"I was very nervous, but there was really no choice," Maya says. "I believe in the power of prayer, so I just prayed."

DELICATE OPERATION

The next morning, Wednesday, December 14, Dr. Zonenshayn performed the operation, called a laminectomy, to remove the tumor from Maya's spine. The size and position of the growth made the procedure challenging.

"The diameter of the dura, the covering of the spinal cord, is roughly that of the thumb," Dr. Zonenshayn says. "This tumor essentially filled up the entire diameter of the canal over two levels of the lumbar spine, which meant the nerve roots were splayed and crushed between the tumor surface and the dura. If we had tried to take the tumor out in one piece, we would have injured the nerve roots."

Dr. Zonenshayn took a piecemeal approach to removing the tumor, guided by information he obtained during the procedure. Based on a sample of the tumor that Dr. Zonenshayn obtained during the surgery and submitted immediately, a pathologist determined that it was a type called an ependymoma and swiftly relayed the news back to the neurosurgeon. This told Dr. Zonenshayn that it would probably be easier than expected to separate the tumor from the nerves, but it would be more difficult to remove it from the bottom of the spinal cord—the home of nerve fibers that control feeling in the groin and bowel and bladder. For five-and-a-half-hours, Dr. Zonenshayn removed the center of the tumor and then carefully separated what remained from the nerve roots.

"Using an electrical probe, we intermittently stimulated various nerves involved with the tumor to assess what function they were responsible for," Dr. Zonenshayn says. "We did this to ensure that we weren't hurting any neurologic function and that in the course of shifting and removing the tumor, we didn't injure any nerves. Fortunately, it was possible to resect the tumor."

Immediately on waking from the surgery, Maya noticed a difference in the way she felt.

"The shooting leg pain was gone immediately after the operation," she says. "I could lie flat without feeling burning pain or numbness."

Following the procedure, Maya had to lie on her back for 24 hours to guard against a potential postoperative complication: leakage of cerebrospinal fluid from the approximately four-inch incision.

"Patients have to remain flat at first because sitting up too soon can put pressure on the incision in the back and cause it to leak," says **Scott Goeckeritz, P.A.**, a neurosurgery physician assistant at NYP Brooklyn Methodist. "Once 24 hours pass, we elevate patients little by little each hour until they're in a sitting position. Then, we focus on helping them stand and assess them for rehabilitation therapy."

Maya was nervous about gradually transitioning from a prone to a sitting position. She credits **Rachel Kasner, R.N.**, a surgical, neurological and medical step-down nurse at NYP Brooklyn Methodist, with allaying her fears.

"Maya was concerned her incision would start leaking as she sat up, so she asked me to check the site every hour during the elevation process," Ms. Kasner says. "That is more frequently than our protocol calls for, but I was happy to do it because it put Maya at ease and helped her learn to trust me. Once she was sure there was no leaking, she felt more comfortable and confident."

Mr. Goeckeritz and **Norman LeFurge, P.A.-C.**, chief physician assistant for neurosurgery at the Hospital, monitored Maya during her three days of postoperative care.

"Maya was courageous, optimistic and helpful," Mr. LeFurge says. "She wanted to get home to her children, and I think that played a role in the speed and success of her recovery. Patients' outlook and motivation can help determine how quickly they're able to move forward."

LIFE WITHOUT PAIN

When Maya returned home, she had an emotional reunion with her sons, then set about following Dr. Zonenshayn's recommendations for activity. For two weeks, she stayed inside, walking from room to room and up and down stairs. When Maya ventured outside, she started slowly—first with walks around her house and then around the block. She had numbness in her back that took longer to disappear than the leg symptoms, but by early spring, it too was gone.

"I've been working at school again since late January," Maya says. "I feel totally like myself again. I can shop and take my children to concerts and water parks without the pain that used to slow me down. I am so grateful to Rachel, my day nurse at NYP Brooklyn Methodist, for staying by my side as I gradually sat up after surgery. She was phenomenal. The physician assistants, Norman and Scott, were amazing, too. They really helped me stay calm during my first few postoperative days. And Dr. Zonenshayn—he's a miracle doctor—I feel so incredibly fortunate to have met him. I have a lot to look forward to, thanks to Dr. Zonenshayn and his team."

BE GONE, Bed-wetting

Bed-wetting in children is more common than you might think. In fact, disposable nighttime underwear is sold in sizes to fit children ages 4 to 15, which underscores the scope of the issue.

MOST CHILDREN BEGIN to experience dry nights around three years of age, but roughly 15 percent continue to wet the bed after this age. While some parents find it troubling, bed-wetting in itself is not a serious medical condition, and it is usually not cause for concern unless your child is older than age seven.

CONSIDERING THE CAUSES

Your child can wet the bed for a number of reasons—from failure to wake during the night to drinking liquids too close to bedtime. While the exact cause of a child's bed-wetting is often unknown, common causes can include:

- **Constipation**—If your child is constipated, his or her full bowels can put pressure on the bladder, making it difficult for the child to hold or completely empty urine.
- **Deep sleep**—If your child is a deep sleeper, he or she may not wake up when the bladder signals that it needs emptying.
- **Delayed development**—Your child may need more time for communication between the brain and bladder to develop. Some children who wet the bed have small bladders that have not completely developed enough to store urine for an entire night.
- **Urine production**—It is possible for your child's body to produce an excessive amount of urine while sleeping.
- **Family history**—Bed-wetting tends to run in families. If you and your child's other parent struggled with bed-wetting when young, it is more likely that your child will, too. If only one parent has a history of bed-wetting, there is about a 30-percent chance your child will experience it.
- **Gender**—Bed-wetting is more common among boys than girls.
- **Infection**—If your child is running a fever and bed-wetting, he or she may have a urinary tract infection (UTI). Although bed-wetting can be caused by an underlying medical issue, that is not usually the case.

"Only five to ten percent of bed-wetting in children is caused by medical problems," says **Lauren Schulz, D.O.**, urologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "But if you think that your child may have an underlying medical problem or your child is seven or older and still wetting the bed, consult your child's pediatrician to determine what's causing the bed-wetting and jump-start the process to achieving dry nights."

If a child is potty-trained and has not wet the bed for six months or longer and suddenly begins bed-wetting, an underlying medical problem may be causing it. Bed-wetting spurred by a medical disorder is typically accompanied by other signs like daytime as well as nighttime wetting, cloudy or pink urine, constant dampness, changes in frequency and amount of urination, trouble with bowel control, and changes in mood or personality. Your child's pediatrician can make a referral to a pediatric urologist if your child is experiencing any of these symptoms.

STEPS TO DRY NIGHTS

Children who are not experiencing signs of an underlying medical condition can benefit from these steps.

1.

PREP BEFORE BED. Make sure your child uses the bathroom just before going to bed.

2.

LIMIT LIQUIDS. Offer your child only non-caffeinated beverages after midday and reduce the amount of liquid that he consumes between dinner and bedtime hours.

3.

SERVE FOODS WITH MORE FIBER. A fibrous diet aids digestion, which can help if constipation is a factor.

4.

SCHEDULE NIGHTTIME BATHROOM BREAKS. Waking your child during the night to use the bathroom may help prevent bed-wetting.

If bed-wetting does not improve within one to three months after taking these measures, medical treatment may be the answer.

"A number of treatments are available for bed-wetting if home-based methods don't work," Dr. Schulz says. "Bed-wetting alarms are a mainstay. These small devices detect the first sign of wetness and trigger an alarm. They're successful between 50 and 75 percent of the time, but they require parental involvement."

If a bed-wetting alarm does not prove helpful, your child's pediatrician may recommend medication. The most commonly used medicine to combat bed-wetting, desmopressin acetate, works by slowing urine production. Imipramine, an antidepressant, is thought to help the bladder produce less urine and change the child's sleep-wake patterns. The drugs oxybutynin and hyoscyamine are prescribed to help control bladder contractions and increase the capacity of a small bladder.

Beyond treatment, Dr. Schulz emphasizes the importance of being supportive.

"Never blame, shame or punish your child for wetting the bed," Dr. Schulz says. "Children who wet the bed already struggle with feelings of shame. Punishing them or making them feel bad about the bed-wetting isn't going to help."

If your child expresses concern about wetting the bed, provide assurance that he will eventually outgrow it.

"On wet nights, offer support and understanding," Dr. Schulz recommends. "On dry ones, offer praise."

MOVEMENT MATTERS:

A Parkinson's Disease Primer

A cure for Parkinson's disease (PD), a progressive movement disorder, remains elusive, but the diagnosis is far from hopeless.

BENJAMIN NOTICED THE first sign of PD while watching his favorite sport—baseball—on TV. The Yankees had just pulled ahead in the eighth inning when the then-67-year-old retiree felt his right index finger trembling slightly, even though his hands were folded in his lap. Now, several years later, he has tremor on the entire right side of his body and is beginning to notice it on the left. Certain tasks, like buttoning his shirt and unloading the dishwasher, take more time than they used to. Medications along with physical and occupational therapy, have helped him adapt.

No two individuals' experiences with PD are the same but, as was the case with Benjamin, symptoms often begin with resting tremor. From there, the disease progresses at a pace and with symptoms that differ from patient to patient. Doctors have a variety of treatments available to relieve the symptoms of PD, although the search for therapies that can slow or reverse the disease's progression is ongoing. Researchers are learning more and more about the disease, including the factors that may contribute to it.

PROBING PD'S ORIGINS

The causes of PD's characteristic motor symptoms—tremor, slow movement (also called bradykinesia), core and limb stiffness, and poor balance and coordination—are well established. The disease attacks and destroys neurons in a part of the brain that helps control movement. As these nerve cells die, the brain begins to grow short of dopamine—a chemical the nerve cells produce that delivers messages to other parts of the brain telling the body to move. As dopamine levels decrease, movement becomes more difficult.

What is unclear is why the process of neuron death and dopamine loss occurs in the first place. Age seems to be an important factor, as most people who develop PD are older than 60. Family history may also play a role.

"We think that about five to seven percent of PD patients have an inherited form of PD," says **Miran Salgado, M.D.**, chair of the Department of Neurosciences, chief of the Division of Neurology and director of the Parkinson's Disease and Other Movement Disorders Program at NewYork-Presbyterian Brooklyn Methodist Hospital. "For the majority of patients, however, the disease probably develops due to exposure to toxins [like certain insecticides and herbicides] on the job or in the environment. This changes the expression of a gene and causes abnormal clumps of proteins, called Lewy bodies, to accumulate in cells, leading to cell death."

The role of Lewy bodies in the development of PD is uncertain. They are seen in areas of the brain that are associated with movement but they can also form in parts linked to other bodily functions. This means Lewy bodies may be related to smell and sleep dysfunction as well as to other non-motor symptoms of PD.

PD OR PARKINSONISM?

The unknown cause(s) of PD aren't the only layer of complexity associated with it. PD is notoriously tough to diagnose, especially early on, in large part because many of the motor symptoms that patients experience also occur with other forms of Parkinsonism, a group of related disorders that may progress faster than PD and may not be as responsive to certain treatments. It is important for doctors to determine whether patients have PD or Parkinsonism so they can recommend the most appropriate therapies. Some treatments, such as drugs that increase the amount of dopamine in the brain and rehabilitation therapy, can be effective for both PD and Parkinsonism.

"A diagnosis of PD means the patient has Parkinsonism, but having Parkinsonism doesn't mean someone has PD," Dr. Salgado says. "If someone has bradykinesia and at least two of the other three main motor symptoms of PD—resting tremor, stiffness or impaired balance—he definitely has Parkinsonism."

Although no specific laboratory or imaging test exists that can diagnose PD or distinguish between PD and Parkinsonism, DAT and PET scans may help. Primary care doctors are often the first to identify patients with potential PD or Parkinsonism, but it can be challenging for them to tell the two apart. A neurologist with special expertise in

movement disorders may be able to make a diagnosis based on patients' personal and family histories and a physical exam.

"Most often, patients first see a doctor for resting tremor in the hands or trouble walking," says **Daryl Victor, M.D.**, neurologist and co-director of the Parkinson's Disease and Other Movement Disorders Program at NYP Brooklyn Methodist. "Sometimes, spouses or caregivers are the first to notice symptoms in their loved ones, like shuffling or taking a long time to get dressed. It's not uncommon for doctors to then discover, in the course of taking patients' histories, that they have had potential early warning signs of PD, like constipation, difficulty smelling or a condition called REM behavior disorder that causes individuals to talk, shout, hit or kick while dreaming."

During the physical exam, the doctor looks for telltale signs of PD, like resting tremor on one side of the body, stiff arms or legs, shuffling gait, and difficulty rising from a chair or regaining balance.

"Lack of tremor is a red flag that a patient may not have PD," Dr. Salgado says. "Another clue doctors can use to find out if PD is present is whether patients' symptoms improve when they take levodopa, a drug that replaces the dopamine that the brain has lost. Levodopa treats tremors, stiffness and slow movement. If it improves symptoms, it is likely that the patient has PD. PD patients almost always respond well to levodopa."

If levodopa has no effect, or individuals experience falling or dementia early on, along with motor symptoms, Parkinson's disease is probably not the diagnosis.

PROGRESSION AT DIFFERENT PACES

As many as one million Americans may have PD, and each of them has a unique journey with the disease. Which symptoms develop and when, as well as their severity and how they affect daily functioning and quality of life, differs from patient to patient. In addition to the four primary motor symptoms, individuals may have other movement-related difficulties, like handwriting that grows smaller and trouble taking a first step when walking. They may also struggle to create facial expressions. As the disease progresses, patients may find it difficult to be active and do chores around the home.

Other symptoms of PD have nothing to do with movement but can have an equally significant effect on everyday life. These may range from mental dysfunction, like depression, dementia, and trouble concentrating on tasks or recalling information, to a variety of physical issues, including interrupted sleep, difficulty with speech, vision and skin conditions, overproduction of saliva, bladder problems, and loss of energy.

Given the multitude of symptoms that PD can cause, it's no wonder doctors typically recommend a multipronged approach to treatment in which many different medical professionals apply a variety of therapies in pursuit of one goal: reducing the burden of PD on patients' lives.

ALL TOGETHER NOW

Calling the plays for most PD patients' medical teams is a neurologist, who coordinates closely with a primary care doctor. The neurologist's first step may be to prescribe one of a group of medications called dopaminergics.

"To treat PD, we mostly focus on increasing dopamine levels in the brain, which is what dopaminergic drugs do," Dr. Salgado says. "The most powerful dopaminergic is levodopa. We may also use dopamine-like drugs called dopamine agonists, which don't convert into dopamine in the brain the way that levodopa does.

Another class of drugs, MAO-B inhibitors, helps alleviate symptoms by prompting still-healthy neurons to stockpile dopamine, which can diminish motor symptoms, particularly in the early stage of PD."

Patients with few or no cognitive symptoms who respond well to levodopa may be candidates for a procedure called deep brain stimulation (DBS), in which a neurosurgeon attaches an electrode to a targeted area in the brain. The electrode transmits an electrical current to the brain from a pulse generator positioned beneath the patient's collarbone. For some individuals, the effect of DBS on certain symptoms can make a big difference in quality of life.

"Good DBS candidates include patients who have been diagnosed with PD for more than five years and have been treated by a movement-disorders neurologist," says **Martin Zonenshayn, M.D.**, chief of neurosurgery at NYP Brooklyn Methodist. "Their medications have either stopped being effective or resulted in significant side effects like dyskinesia [involuntary movements] or hallucinations."

Ideally, patients who receive DBS should be younger than 75 years of age and in reasonably good health.

"DBS can reduce patients' abnormal movements significantly and allow them to take fewer medications," Dr. Victor says. "Overall, the treatment can help patients have a smoother pattern of motor symptoms in which they don't go through so many up-and-down periods of a lot of involuntary movements."

A variety of therapies, like physical, occupational and speech rehabilitation, may work in tandem with medical treatments to help patients cope with the symptoms of PD. If the disease progresses, the deterioration of joint flexibility and muscle strength may hurt mobility. Physical therapists can help patients maintain physical function, and occupational therapists can show them alternative ways to perform activities of daily living that allow them to remain independent. Over time, some patients may have trouble projecting their voices, pronouncing certain words or swallowing—problems that a speech-language pathologist can help to address.

A HOPEFUL HORIZON

Just as it takes a team to treat PD, it will take many teams to unravel its mysteries. Researchers and doctors still have much to learn about the disease, which means that the potential to change patients' lives is great. Promising areas of investigation include:

+ Monoclonal antibody therapy, a type of immunotherapy that may break up Lewy bodies
+ Calcium channel blockers, medications that could prevent neuron death
+ Stem cell therapy

A particularly important goal of researchers is to develop methods for detecting PD earlier by better identifying potential warning signs.

"PD patients should be optimistic," Dr. Victor says. "People can live 30 or 40 years with this disease, and with improved medications, they will live even longer and healthier. No one wants a chronic or progressive disease, but the fortunate thing about PD is that many treatments are available. A cure—which will probably be a multifaceted approach rather than a single drug—is possible. Each year, we learn something new about PD, which gives me hope that we are going to come up with even better treatments."

IT'S ALL HERE

The Parkinson's Disease and Other Movement Disorders Center at NYP Brooklyn Methodist provides what patients and caregivers need most to fight Parkinson's disease (PD): a wide range of services that helps them address it from every angle. In addition to comprehensive, patient-centered medical care in the form of neurology, neurosurgery and behavioral health, the Center offers complementary therapies to help patients adapt to many of the motor and non-motor symptoms that they may experience.

"As part of our occupational and physical therapy services, we offer a 16-session intensive program specially designed to train those with PD to make exaggerated motions with their arms and legs to overcome the slow, small movements that are common with PD," says **Erika Adelman, LMSW**, patient care coordinator for the Parkinson's Disease and Other Movement Disorders Center. "Our speech-language pathologists offer another 16-session intensive program that can help patients improve the loudness, clarity and quality of their voices without straining their vocal cords."

The Center also provides an exercise and wellness program for PD and Parkinsonism patients and their caregivers, which offers support groups, weekly brain training and twice-monthly yoga and dance classes that give participants the benefits of exercise and the opportunity to meet new people and exchange resources in a supportive environment.

"Classes and support groups help attendees to become part of a community," Ms. Adelman says. "Being around others who share similar experiences makes participants realize that they're not alone."

DINNER *in a*

Macrobiotic power bowls provide the nutrients that you need in one dish. Choose healthy protein sources, whole grains, vegetables and homemade condiments: dinner simplified.

MACROBIOTIC EATING FOCUSES on eating whole foods that are low in fat, high in fiber and generally meatless. Unprocessed, whole foods contain more vitamins and minerals than their processed counterparts, and a plant-based diet can help prevent health conditions like diabetes, high blood pressure and heart disease. There are many variations on this diet, but you can reap some of the benefits of it by adding macrobiotic power bowls to your weekly routine.

"A macrobiotic power bowl should consist of 20 to 30 percent whole grains, five to ten percent beans or legumes, and 40 to 60 percent steamed vegetables and seaweed or fermented vegetables like sauerkraut," says **Allison Scheinfeld, R.D.**, a nutritionist at NewYork-Presbyterian Brooklyn Methodist Hospital. "These guidelines can be adapted to your personal nutrition goals, which may include eating lean protein—fish, tofu, chicken, tempeh or egg—on certain days of the week, depending on your preference."

By loosely following macrobiotic guidelines and loading more than half your meal with vegetables, you have an organized way to eat heart-healthy meals with plenty of options to be creative.

PICK YOUR INGREDIENTS

1. **Whole grains** contain dietary fiber to help maintain healthy digestion and cholesterol and blood sugar levels. They are also sources of vitamin B, which helps your body break down and use energy from protein and carbohydrates for improving metabolism. Choose from barley, brown rice, millet, spelt or quinoa to regulate your weight and lower your risk for heart disease.

2. **Protein** maintains and repairs tissues in your body and can be found in plant-based foods like legumes, nuts, seeds and soy, as well as in dairy products and meats. For these power bowls, try to avoid dairy. Instead choose from any legume, soy product or three to five ounces of a lean protein, such as chicken, fish, lean beef or tofu or tempeh. Grass-fed beef is leaner than traditional beef and contains omega-3 fatty acids, which your body needs to function. Choose salmon or tuna a few nights a week to give your body an omega-3 boost of good fat, reducing your risk for heart disease and stroke. Protein should make up five to ten percent of the entire bowl, Ms. Scheinfeld says.

3. **Steamed or roasted vegetables** contain plenty of nutrients and dietary fiber, which helps keep you full longer. Many contain potassium to boost blood pressure health. These low-calorie foods provide vitamins A and C to maintain healthy skin and teeth. Steam vegetables over boiling water or broth, or roast them with olive oil in the oven to optimize their flavor.

   Include colorful vegetables like spinach, kale, bok choy, asparagus, broccoli, zucchini, Brussels sprouts, butternut squash, carrots, sweet potato, and red or green cabbage.

   "To maintain the health benefits of your bowl, carefully consider your ingredients. Vegetables from the nightshade family like tomato, bell pepper, white potato and eggplant, may contribute to inflammation," Ms. Scheinfeld says.

4. **Flavor** your steamed vegetables with chicken or beef broth or bake your fish or tofu with miso. Other options include adding small amounts of low-sodium soy sauce or homemade ginger dressing—mix minced garlic, ginger root, olive oil, rice vinegar, soy sauce, honey and water, or some variation of these ingredients.

   The more sauce you add, the more that you gravitate away from the traditional macrobiotic diet, Ms. Scheinfeld cautions, since sauces change the ratio of the bowl and its intended nutritional balance.

Bowl

POWER UP
You can eat a power bowl as often as you like, switching out grains, protein sources and vegetables as you choose. Suggestions include:

MEAL ONE: brown rice, navy beans, baked tofu (optional), roasted sweet potatoes, carrots and seaweed

MEAL TWO: quinoa, black beans, spinach, egg over easy, red cabbage and sauerkraut

MEAL THREE: spelt, chickpeas, seared tuna, kale, roasted Brussels sprouts, roasted green cabbage, topped with homemade ginger dressing

MEAL FOUR: oatmeal, chia seeds, blueberries, almonds

ASIAN BROWN RICE AND TOFU BOWL

Create a wholesome meal packed with nutrition all in one bowl to keep you satisfied and energized throughout the day.

Ingredients

- 1 large sweet potato, cubed
- 2 large carrots, sliced
- 2 tablespoons extra virgin olive oil
- 8 ounces of cooked navy beans, no salt added
- 4 cups brown rice
- 2 tablespoons dried seaweed, soaked in water for five minutes

For Tofu

- 2 tablespoons soy sauce
- 1 clove minced garlic
- 1 teaspoon fresh ginger
- 1 package tofu, firm and water-packed, drained

Directions

1. In a small bowl, toss carrots and sweet potatoes in 2 tablespoons of extra virgin olive oil. Roast for 35 to 40 minutes, stirring occasionally.
2. Drain the beans and gently rinse them. Transfer beans to a cooking pot and simmer for 20 minutes until tender.
3. Cook the brown rice.
4. Preheat oven to 350 degrees Fahrenheit.
5. Combine soy sauce, garlic and ginger while the tofu is draining.
6. Slice tofu to your preferred thickness and place it on a baking sheet.
7. Coat both sides of tofu with sauce using a spatula.
8. Bake tofu for 15 minutes. Turn pieces over and cook 15 more minutes.
9. Divide cooked rice, roasted vegetables, prepared beans, tofu and seaweed into four bowls.

Nutrition Facts

Servings: 4	Sugars: 3.1g
Calories: 587.3	Protein: 23.8g
Total fat: 13.9g	Dietary fiber: 9.8g
Cholesterol: 0g	Sodium: 512.8mg
Carbohydrates: 91g	Potassium: 546mg

This recipe has been approved by the Department of Food and Nutrition Services at NewYork-Presbyterian Brooklyn Methodist Hospital.

Bala
IN THE

Falls are the leading cause of injury for older adults. Learn steps to keep your balance and stay safe.

YOUR HOME IS where you feel most comfortable. You know every square inch of it and can navigate the hallways and stairs with your eyes closed.

But one day, you may realize that you cannot navigate it the way you used to and develop concerns about keeping your balance or falling.

"For older adults, sustaining a fall may result in loss of independence and is associated with decline in function and increased likelihood of nursing home placement and use of medical services," says **Anna Gorelik, M.D.**, specialist in geriatric medicine at NewYork-Presbyterian Brooklyn Methodist Hospital. "Providing education to the community may be one of the most important ways to help seniors prevent falls."

MEDICAL CONDITIONS

There are many reasons some people struggle to maintain balance during their golden years.

+ **Medication side effects**—You should have a good understanding of your medications, as every medication has potential side effects. Some may cause drowsiness, others may leave you feeling weak, and still others are known to result in dizziness. If you're uncomfortable about any medication's potential side effects, or the way in which two or more medications interact to impact your balance, speak with your doctor about alternatives.

"Your fall risk increases if you're taking prescription antidepressants or certain other medications," says **Louis Mudannayake, M.D.**, chief of geriatrics and palliative care at NYP Brooklyn Methodist. "Cardiovascular medications, specifically those that work to lower blood pressure, can cause you to feel faint if your blood pressure drops too low, which increases your risk of falling."

+ **Acute illnesses**—An ear or sinus infection may not seem like much of a health threat, but as you age, even minor illnesses can cause you to feel weak, which increases your likelihood of falling.
+ **Poor vision**—Whether your eyesight is simply not what it once was or you have cataracts or macular degeneration, not being able to see well greatly increases your fall risk.
+ **Vertigo**—One of the most common causes of falls, vertigo makes you feel like the world is spinning around you. Vertigo is commonly caused by inner ear disorders.

ance
E HOME

REDUCING YOUR RISK

While there are many potential medical causes for a fall, there are also many things that you can do to cut your risk substantially.

"Stay as active as possible," says **Emil Baccash, M.D.**, attending doctor in geriatric and internal medicine at NYP Brooklyn Methodist. "If you find yourself failing in one area, like maintaining balance, work on it. Not everything that comes with age is irreversible. Some things are just caused by inactivity."

Cutting your alcohol intake is also helpful. While an occasional cocktail or glass of wine may do no harm on the surface, as you age, even a single drink can reduce your ability to stay on your feet. If balance is becoming an issue, cut out alcohol to see if it helps.

Since certain health conditions increase your risk for falls, managing them is vital. Follow doctor's orders and report any changes in your health.

SAFE AT HOME

Sometimes, it is not your lifestyle that puts you in harm's way but your environment.

"Poor night lighting, clutter, steps and rugs can all increase an older adult's fall risk," Dr. Mudannayake says. "Installing grab bars in your shower or next to the toilet, taping down rugs and simply being aware of dangers that you may overlook every day can be helpful in fall prevention."

With these and other safety issues remedied, you will be able to move more confidently through your home. Even with a safe home, falls can still occur.

"Older adults should remember that a little denial goes a long way," Dr. Baccash says. "Know your ability, and don't be afraid to use a cane or a walker. You may think that it causes you to look older, but keep in mind that a cane or walker is a tool to help you walk faster and farther, which will increase your strength, stamina and balance."

FALL PREVENTION TIPS

Jeffrey P. Rosenfeld, Ph.D., teaches "Design for Aging Populations" at the Parsons School of Design. He is an aging-in-place expert, who is working jointly on research projects with doctors at NYP Brooklyn Methodist. Here he offers some inexpensive tips for seniors to help them avoid falling at home:

- Keep living spaces well-lit and clutter-free.
- Remove area rugs altogether or make sure they are securely taped down.
- Make sure wires and cords run along walls and are clear from walking paths.
- Avoid wearing floppy slippers. Wear sturdy closed-back shoes or non-skid socks in the house.
- Install nightlights both at the point of departure (bedroom) *and* the point of destination (bathroom).
- Glow tape is also a useful tool to mark a path or indicate where a light switch is located on a wall.
- Dog owners: Be mindful of sleeping dogs when you make your way to the bathroom in the middle of the night. Some pet stores and online vendors sell glow-in-the-dark collars.
- Cat owners: Be mindful of the litter box when you make your way to the bathroom in the middle of the night. Some cat owners put glow tape on the litter box for that reason.
- If you feel the need to get up during the night, come to a sitting position and rest at the edge of the bed to steady yourself before standing.
- Keep a flashlight on the bedside table.
- Consider using textured-tread tape or decals on the floor of the bathtub or shower, and have a professional install grab bars.
- New York City offers property owners grants to make their tenants' apartments more accessible (grab bars, ramps, wider pathways for wheelchairs and walkers) through funding opportunities like the Access to Home program. More information can be found at www.nyshcr.org.
- In the kitchen, be sure to store everyday items and heavier items at eye level or lower. Lighter items like paper towels and snack bags or cereal can be stored at higher levels.
- Consider purchasing a "Pick-Up and Reach Tool" to assist you with getting lighter items from areas that are out of reach. Do not use this tool to grab heavy items that are overhead.
- Talk to your doctor or pharmacist to make sure your medications (and supplements) are up-to-date and don't have any contraindications or cause excessive drowsiness.
- Have your vision and hearing checked annually.
- Consider joining a walking club or low-impact exercise class to help improve your strength and balance.

NYP Brooklyn Methodist offers free Home Safety Kits as well as balance and strength classes for seniors. For more information, to sign up for a class or to receive a kit, call the Department of Public Affairs at 718.780.5367.

TURN UP the Volume

Men ages 20 to 69 are twice as likely to have hearing loss as women in the same age range.

BECAUSE OF THE progressive nature of age-related hearing loss, many men who experience hearing damage by the time that they reach middle age do not realize their hearing has diminished until it is too late to fix the problem.

"If a middle-aged male patient comes to me in the clinic and tells me that he has trouble hearing, the first thing that I ask is how long he's been experiencing it," says **Krishnamurthi Sundaram, M.D.**, attending surgeon and otolaryngologist at NewYork-Presbyterian Brooklyn Methodist Hospital. "If the patient has had it since childhood, it's likely that he was either born with it or developed it due to ear infections. If he says that it's recent, it's probably one of a few things—trauma, loud noise exposure in the workplace or sudden hearing loss. The last is less common than the other two."

Sometimes, hearing loss is accompanied by tinnitus—a constant ringing in the ears.

"Often tinnitus annoys my patients more than the hearing loss itself," Dr. Sundaram says. "Unfortunately, it's also more difficult to treat."

TESTING 1, 2

"If you suspect hearing loss, get a thorough initial evaluation," says **Matthew Hanson, M.D.**, otolaryngologist and ear surgeon at NYP Brooklyn Methodist. "If your result is below average, be screened at least once a year. Your doctor may recommend screenings more often based on your medical history and any environmental factors like noise exposure or underlying conditions."

A family practitioner can do a basic screening test and refer patients to a specialist if necessary.

PREVENTIVE MEASURES

Noise-induced hearing loss is the most common type. Taking steps to prevent damage means that you are less likely to have concerns about finding a solution for this problem later in life.

"Protection is the number-one step that people should take," says Dr. Hanson. "Whether that means using protective devices during the workday or wearing earplugs at live music performances, you should strive to diminish the intensity of the noise."

Preventive methods to reduce hearing loss, whether noise-induced or not, include:

+ Purchasing over-the-counter earplugs for concerts
+ Wearing protective earmuffs during construction jobs or for other jobs that expose the worker to loud, high-intensity noise
+ Annual screenings for patients with underlying diseases like chronic anemia, diabetes or human immunodeficiency virus (HIV)

Some people may be concerned that earphones are a major cause of hearing damage. Dr. Sundaram notes, however, that earphones are not quite as problematic as other sources of noise.

"Most earphones are made well enough that you can wear them for as long as you want," Dr. Sundaram says. "Damage starts to occur when the noise level goes over 70 decibels. It's related not only to the intensity of the sound but also to the time of exposure. Three hours of 70 decibels could be more harmful than 90 decibels for five minutes."

THE GIFT OF FORGIVENESS

Forgiveness is often viewed as something that people give to others, but forgiveness is also one of the best things people can give to themselves.

AMANDA AND HER brother David quietly ate their meals at opposite ends of the dining room table. The silence at their mom's birthday dinner was strained because the siblings hadn't spoken with one another since a disagreement earlier in the year. Then, Amanda did something unexpected in that moment. She apologized to David, said that she loved him and asked his forgiveness.

"When someone comes to us seeking forgiveness and taking responsibility for what he or she did that was harmful, if we are ready and able to forgive, doing so can help to heal a wound inside," says **Chaplain Daniel Silberbusch**, coordinator of clinical pastoral education at NewYork-Presbyterian Brooklyn Methodist Hospital. "That wound may hurt us not only on an emotional and spiritual level, but also on a physical level."

Indeed, research shows that holding on to anger puts your body in fight-or-flight mode, which causes an increase in heart rate and blood pressure and can even affect the immune response that helps fight off germs. People who maintain grudges are more prone to depression and post-traumatic stress disorder. On the other hand, research links forgiveness with lower stress levels and a lower risk of depression, heart disease and chronic pain. It can also make people happier and lead to stronger, healthier relationships.

"Offering forgiveness has the ability to transform us in body and spirit," says Chaplain Silberbusch. "It helps us connect with the transcendent that's in ourselves and in others."

DEFINING FORGIVENESS

Some people may view forgiveness as letting go of resentment and anger toward someone with whom they no longer have a relationship. Others identify forgiveness as empathizing with the person who hurt them and working to find ways to move forward together.

However you choose to define it, studies show that people who forgive easily are more satisfied with their lives and experience less anxiety, depression, stress and anger. Making the choice to let go of negative feelings can provide a great amount of stress relief.

People may find their way to granting forgiveness through open communication—either with the person with whom they are reconciling or with a trusted confidant who can help them work through feelings of resentment.

Q&A

A Caring Approach to Better Outcomes

MUKUL ARYA, M.D.

AS DIRECTOR OF ADVANCED ENDOSCOPY AT NEWYORK-PRESBYTERIAN BROOKLYN METHODIST HOSPITAL, MUKUL ARYA, M.D., HAS A BUSY SCHEDULE, BUT HE ALWAYS TAKES TIME TO ENSURE THAT PATIENTS ARE COMFORTABLE AND TO SHARE SPIRITUAL MOMENTS WITH THEM.

Q *Where did you grow up?*

A I'm a born-and-bred Yankee. My parents emigrated from India in the 1960s, but I was raised in New York.

Q *When did you know you wanted to be a doctor?*

A My parents are doctors, so it runs in the family.

Q *What do you most enjoy about endoscopy?*

A The field is based around procedures, and I'm a very procedurally oriented person. I like working with my hands and exploring the technical aspects of the discipline.

At this point in gastroenterology, new devices are emerging to help us do the things we couldn't do before.

Q *What's your most rewarding experience as a doctor?*

A It's exciting to work with new technologies that are on the cutting edge of medicine.

Q *What do you like to do outside of work?*

A I'm a passionate cook, and last May, I opened a restaurant in Manhattan. I'm also an associate film producer for a movie that I'm hoping to shoot next spring.

I have a seven-year-old daughter who has me wrapped around her finger. She's a lot smarter than her daddy. She tells her friends that I'm a "poopy doctor."

Q *What would you most like patients to know about you?*

A I have become more spiritual in my practice lately. I tell patients and family members, "You're just as much a part of this as I am. Whatever your faith—Catholic, Protestant, Jewish, Hindu, Muslim—if you're anxious and feel prayer would be helpful, I'll wait while you say a prayer."

I tell families that if they wish, they can pray in the waiting room while I perform a procedure. It helps them feel that they are doing what they can to bring about a favorable outcome. I never used to do that, but for the past few years, I've felt strongly that we are a team trying to make the patient better. This is one way to give the family a role in that process.

What Do You Know about Barrett's Esophagus?

GASTROESOPHAGEAL REFLUX DISEASE, OR GERD—A GASTROINTESTINAL DISORDER CHARACTERIZED BY PERSISTENT HEARTBURN—CAN SEEM LIKE JUST A NUISANCE. HOWEVER, IT IS IMPORTANT TO SEE A DOCTOR ABOUT THIS PROBLEM, SINCE IT CAN LEAD TO CONDITIONS SUCH AS BARRETT'S ESOPHAGUS AND ESOPHAGEAL CANCER. **MUKUL ARYA, M.D.**, DIRECTOR OF ADVANCED ENDOSCOPY AT NYP BROOKLYN METHODIST, TRAINS DOCTORS TO PERFORM ENDOSCOPIES THAT IDENTIFY AND TREAT GERD. TAKE THIS QUIZ TO SEE HOW MUCH YOU KNOW.

1

GERD, which includes heartburn and reflux of food or digestive juices into your throat or mouth, can cause Barrett's esophagus, a disorder in which stomach acid causes damage to the lining of the esophagus.
a. True
b. False

Answer: a. True. GERD should always be checked by a specialist, since it can lead to Barrett's esophagus and, eventually, to esophageal cancer.

2

When you have Barrett's esophagus:
a. Your digestive juices eat through your esophageal lining.
b. You have cancer of the esophagus.
c. You have a precancerous condition of the esophagus.

Answer: c. Barrett's esophagus is a precancerous condition. Exposure to digestive juices can cause esophageal cells to mutate into those resembling stomach or small intestinal cells.

"Patients with Barrett's esophagus are 30 times more likely to develop esophageal cancer than the general population," Dr. Arya says. "It's important to diagnose and treat this condition quickly, before it develops into cancer."

3

The purpose of endoscopy for Barrett's esophagus is:
a. To screen for or diagnose the condition
b. To gather information prior to a procedure
c. To treat the condition
d. All of the above

Answer: d. All of the above. While endoscopy was developed as a way to look inside the body through a small scope, avoiding surgery where possible, its applications have expanded. Today, doctors can insert an endoscope into the throat via the mouth and use radiofrequency ablation to destroy Barrett's cells. Early cancerous cells may also be obliterated in the procedure.

4

You may be able to control your risk of Barrett's esophagus.
a. True
b. False

Answer: a. True. Some risk factors for Barrett's esophagus are modifiable—specifically, those same risk factors that can contribute to GERD. To reduce your chances of GERD, eat modestly, choosing smaller meals and portion sizes. Avoid alcohol and spicy foods. Do not eat close to bedtime, and, if necessary, wear looser, less-constricting clothes. Since smoking is associated with Barrett's esophagus, stop smoking now, especially if you already have GERD.

ON THE GO WITH LITTLE TIME TO SPARE? TAKE FIVE MINUTES TO ABSORB THESE FIVE DIGEST VERSIONS OF *thrive's* FEATURED ARTICLES FROM THIS ISSUE.

BALANCING BEDTIME

The body has a natural circadian biological clock that regulates sleep and wake times.

Disrupting sleep patterns can affect mood, energy and concentration as short-term issues, but if not addressed, chronic sleep issues can contribute to obesity, diabetes and heart disease.

On average, adults under the age of 65 need seven to nine hours of sleep each night. Adults over the age of 65 need seven to eight hours of sleep.

Setting a specific bedtime each night and creating a relaxing bedtime routine can lead to better sleep.

Also, foods with tryptophan like turkey, eggs, chicken and fish are great dinner options to help induce sleepiness.

Turn to page 8 to learn more.

HEART OF MENOPAUSE

Doctors believe that there is a direct connection between menopause and increased chances of heart disease in women.

One theory explains that estrogen protects women's heart health. When estrogen levels drop after menopause, rising blood pressure and higher levels of LDL and triglycerides are common.

While men are more susceptible to heart disease at earlier ages, women's risk of heart disease begins to match that of men by age 65.

Healthy lifestyle choices like eating a balanced diet, exercising daily and not smoking can help lower the risk of heart disease.

Read more about the links between menopause and heart disease on page 10.

BE GONE, BED-WETTING

Most children begin to experience dry nights around age three, but a small percentage may wet the bed after this age.

Causes include constipation, deep sleep, excessive urine production or genetic predisposition. About five to ten percent of bed-wetting is caused by a medical condition, such as a urinary tract infection.

Most often, bed-wetting is not a cause for medical concern unless an infection is suspected.

Routines like limiting liquids after dinner, using the bathroom before bedtime and scheduling bathroom breaks during the night may help prevent bed-wetting. Bed-wetting alarms may also be effective for some families.

Learn more on page 16.

MOVEMENT MATTERS

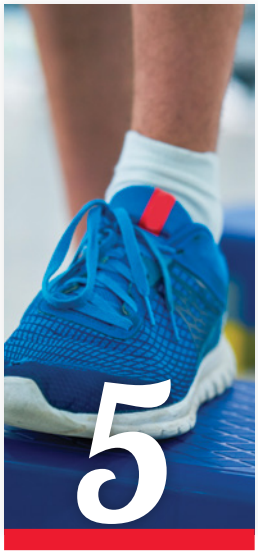
Parkinson's disease attacks and destroys neurons in a part of the brain that controls body movement. As nerve cells die, dopamine levels decrease.

Dopamine, a chemical produced by nerve cells, communicates to other parts of the body and tells it to move.

Most people who develop PD are 60 years of age or older.

To treat PD, the main focus is on increasing dopamine levels in the brain with dopaminergic drugs. Beyond medications, deep brain stimulation (DBS) can reduce the abnormal movements associated with PD and allow patients the opportunity to take fewer medications.

Get the full story on Parkinson's disease beginning on page 18.



SENIOR FALL PREVENTION

For some seniors, medications may affect balance, which can create a higher risk of falling. There are many precautions, however, that may help prevent falls at home.

Staying active is a great way to maintain or increase balance. If balance is a struggle, the problem may simply be a result of inactivity.

Creating a safer home includes making sure rooms are well lit, rugs are taped down to avoid a tripping hazard and grab bars are installed in the shower and near the toilet.

Wearing nonslip shoes or socks around the house is another good way to maintain your balance.

Assistive devices like a cane or a walker can also help users move about with greater stability and less risk of falling.

For more tips, see page 24.

COMMUNITY FORUM

Do you have a comment about an article you read in *thrive*? We welcome your feedback! Email AskThrive@nym.org and let us know if we can print your name and submission.

PULSE RATES

YOUR MOST RECENT MAGAZINE STATED THAT A NORMAL PULSE RANGES FROM 50 TO 70 BPM [*THRIVE*, WINTER 2017, PAGE 5]. I LEARNED THAT THE NORMAL RANGE IS 68 TO 82 BPM. WHICH NUMBERS ARE CORRECT?

ALLAN

Your question raises a good point, Allan. The article you mentioned reported a recommended "target resting heart rate" of 50 to 70 beats per minute, meaning this is the ideal.

The range that you describe of 68 to 82 falls within a normal resting heart rate of 60 to 100 beats per minute, according to the American Heart Association and the National Institutes of Health, but research has shown that people whose resting heart rates register at the higher end of the normal range are at greater risk for cardiovascular disease and premature death.

I described what is a preferable range of resting heart rate. The less frequently the heart has to beat to maintain cardiac output and supply the body with necessary nutrients and oxygen, the better it is for the longevity of the heart muscle.

—Jeremiah Gelles, M.D.,
Attending cardiologist at NYP Brooklyn Methodist

TRAVELING WITH INFANTS

AS A FIRST-TIME MOM OF A BABY BOY, I REALLY LIKED YOUR ARTICLE "MOMS AND BABIES ON THE MOVE" [*THRIVE*, SPRING 2017, PAGE 10]. MY FAMILY LIVES IN CALIFORNIA, AND I WANTED TO TAKE MY BABY TO SEE EVERYONE, BUT I WAS CONCERNED ABOUT THE LONG FLIGHT AND BREASTFEEDING.

AFTER READING YOUR ARTICLE, MY HUSBAND AND I BOOKED A FLIGHT AND MADE THE TRIP. OUR SON CRIED A LITTLE ON THE PLANE DURING TAKEOFFS AND LANDINGS, BUT MOSTLY, HE SLEPT. THANKS FOR GIVING ME THE CONFIDENCE TO TAKE MY BABY TO MEET HIS AUNTS, UNCLES AND COUSINS.

JENNA

CREATING HEALTHY HABITS

TO THE EDITORS OF *THRIVE*,
I LOOK FORWARD TO RECEIVING YOUR WONDERFUL PUBLICATION AND READ IT COVER-TO-COVER EACH SEASON. THE ARTICLES ARE BOTH INFORMATIVE AND ENGAGING. I WOULD LOVE TO SEE AN ARTICLE ABOUT PREVENTING FALLS. I HAVE SOME EXPERIENCE WITH PATIENTS IN A HOSPITAL SETTING, AND I KNOW HOW IMPORTANT IT IS TO PREVENT FALLS. HOW CAN SAFETY ALSO BE PROMOTED FOR PEOPLE IN THE COMMUNITY?

A CONCERNED BROOKLYN RESIDENT

Thank you for writing. Your letter inspired an article about fall prevention in this issue. *Turn to page 24 for details.*

NewYork-Presbyterian Brooklyn Methodist Hospital

Community Engagement

July, August, September, October 2017

SUPPORT GROUPS ON THE NYPBMH CAMPUS

Alzheimer's Disease Wellness Support Group*

For patients with cognitive deficits/memory loss and their caregivers.
July 24 & 26, Aug. 28 & 30, Sep. 25 & 27, Oct. 25 & 30, 11 a.m.–12 p.m.
Wesley House Room 6A, 501 Sixth Street
To register (required), call 718.246.8590.

Alzheimer's Disease Care 4 Caretakers*

For caretakers of patients experiencing cognitive deficits/memory loss.
Mon., Aug. 14, Sept. 18, Oct. 16, 5 p.m.–7 p.m.
Wesley House Room 6A, 501 Sixth Street
To register (required), call 718.246.8590.

Sponsored by the The Carolyne E. Czap and Eugene A. Czap Alzheimer's Program

Bereavement Support Group

For those who have lost an adult loved one during the past year.
Tues., 6:15 p.m.–7:30 p.m.
Eight sessions beginning Oct. 3.
For more information, location and to preregister (required), call 718.780.3396.

Brain Aneurysm Support Group

For individuals and their family members who want to gain awareness about brain aneurysms.
Sat., Aug. 5, Oct. 7, 9 a.m.–11 a.m.
For location and additional information, call 718.246.8610.

Breastfeeding Support Group

For mothers and their babies from birth to three months old.
Every Tuesday, 2:30 p.m.–3:30 p.m.
Wesley House Room 3K-C, 501 Sixth Street
Walk-ins welcome. No appointment necessary.
For more information, call 718.780.5078.

Caregivers Support Group

For family members and friends caring for an older adult.
Wed., Aug, 9, Sept. 13, Oct. 11, 3 p.m.–4:30 p.m.
Wesley House Room 6B, 501 Sixth Street
To register, call 718.596.8789.

Diabetes Support Group

For people with diabetes and prediabetes.
Thurs., July 27, Aug. 31, Sept. 28, Oct. 26, 5 p.m.–6 p.m.
Buckley Pavilion Room 820, 506 Sixth Street
For additional information and to register, call 718.246.8603.

Look Good … Feel Better®

For women with cancer who want to feel beautiful inside and out.
Thurs., July 20, Sept. 21 2 p.m.–4 p.m.
Wesley House Room 6A, 501 Sixth Street
To register (required), call 718.780.3593.

Parkinson's Disease Support Group

For those with Parkinson's disease. For times, dates, location and to register (required), call 646.704.1792.

Parkinson's Disease Caregivers Support Group

For people caring for loved ones with Parkinson's disease.
For times, dates, location and to register (required), call 646.704.1792.

Parkinson's Disease Wellness and Exercise Classes

Dance: Meets twice monthly on Thursdays
Yoga: Meets twice monthly on Fridays
2 p.m.–3 p.m.
Wesley House Room 6B, 501 Sixth Street
For dates and to register (required), call 646.704.1792.

Pulmonary Hypertension Support Group

For individuals with pulmonary hypertension.
Mon., Sept. 11, 5 p.m.–7 p.m.
Wesley House Room 7A, 501 Sixth Street
To register (required), call 718.780.5614.

Stroke Support Group

Share your experience, meet other survivors and hear from different stroke specialists at NYP Brooklyn Methodist Hospital.
Wed., Aug. 9, Sept. 13, Oct. 11, 2 p.m.–3 p.m.
Buckley Pavilion Room 820, 506 Sixth Street
For more information, call 718.780.3777.

Surgical Weight Reduction Seminar/ Support Group

A surgeon will lead this group. Open to pre- and post-operative patients.
Thurs., July 27, Aug. 24, Sept. 28, Oct. 26, 6 p.m.–7:30 p.m.
East Pavilion Auditorium, 506 Sixth Street
For more information, call 718.780.3288.

Please call the Department of Public Affairs at 718.780.5367 for updates to this calendar.

WORLD BREASTFEEDING DAY

Join our Hospital's certified lactation consultants and Maternal-Child Health clinicians to learn about the benefits of breastfeeding and the resources provided by NewYork-Presbyterian Brooklyn Methodist Hospital. Educational materials and giveaways will be available.

Tues., Aug. 1, 11 a.m.–2 p.m.

Carrington Atrium Lobby
506 Sixth Street

Call 718.780.5367 for more information.

COMMUNITY EVENTS

Senior Health Seminars

Join the Hospital's doctors as they lecture about health topics that are important to older adults.
Wed., Sept. 13, Oct. 18
2:30 p.m.–3:30 p.m.
Brooklyn College Student Center
East 27th and Campus Road
Call 718.501.6092 to register (required).

World Stroke Day

Free blood pressure screenings. Specialists from the Department of Neurosciences will be available to answer questions. Educational materials and prizes will be given away.
Wed., Oct. 25, 11 a.m.–2 p.m.
Carrington Atrium Lobby
506 Sixth Street
Call 718.780.5367 for more information.

NewYork-Presbyterian
Brooklyn Methodist Hospital
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