

# thrive

FALL 2015

## THE GIFT OF FAMILY HISTORY

YOUTH SPORTS  
INJURY PREVENTION

URINARY INCONTINENCE:  
A SECRET YOU  
SHOULD SHARE

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

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## We Want to Hear from You

Do you want to comment on an article you've read in *Thrive*? See page 31 for our "Community Forum" section, where we feature letters from readers and tell you how to share your opinions with us.



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THRIVE FALL 2015

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# Viewpoint

ADULTS NEED  
MERRIMENT IN THEIR  
LIVES JUST AS MUCH  
AS CHILDREN DO. SO  
FIND WAYS TO  
ENJOY THIS  
STRESS-RELIEVING  
MEDICINE. NO  
PRESCRIPTION  
NECESSARY.



**HERE IN BROOKLYN**, we enjoyed one of the least hot and humid summers that I can remember. I guess we deserved it after such a brutal winter. But where did the summer go? Whether you traveled to distant places or stayed nearby, I hope that you found relaxation and renewal during the past few months.

This issue of *Thrive* is packed with information to help you stay healthy as we all move back into the fall groove. No matter how old we get, fall always means “back to school.” The item on “best backpack practices” (bottom of page 5) and the article on injury prevention in children and adolescents who play sports (page 16) seem especially timely. While the article on involving children in meal preparation (page 22) may also seem kid-focused, it can actually result in benefits for the whole family.

Thinking about the family, I was especially intrigued with the suggestions for developing a family medical history that can be found on page 24. This intergenerational project can bring families together now while preserving valuable information that may help protect the health of future generations. Even if, like me, you “don’t do crafts” you can be a source of information for members of your family who might put this project together.

Some very common health conditions are among those that are least discussed because those who are coping with them feel embarrassed. Knowing how many others share these medical issues—and understanding that there are good options for treating them—can certainly help. If you or a loved one is dealing with infertility, incontinence or depression, please check out the stories on pages 10, 18 or 26.

Finally, I hope everyone will read about the important role that laughter plays in promoting good health (page 9). Adults need merriment in their lives just as much as children do. So find ways to enjoy this stress-relieving medicine. No pharmacy prescription or insurance authorization is necessary!

I wish you a very happy and healthy autumn!

Cordially,

Mark J. Mundy  
President and  
Chief Executive Officer

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# YOUR HEALTH IN A HEARTBEAT

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

## DOUBLE UP ON FLU PROTECTION

During the 2015–2016 flu season, children who have never been vaccinated will need two vaccines to protect against multiple flu strains.

"If your child has never had a flu shot and is between six months and eight years old, he will need two shots administered 28 days apart," says **Minnie John, M.D.**, pediatric infectious disease specialist at New York Methodist Hospital. "The second vaccine helps boost immunity for children without flu antibodies."

Flu symptoms hospitalize 20,000 children younger than five each year, but vaccinations aren't just for kids.

"Everyone older than six months should receive a flu vaccine," says **Baquar Bashey, M.D.**, chief of general internal medicine and ambulatory medicine at NYM. "Anyone with respiratory conditions, chronic obstructive pulmonary disease, bronchitis, diabetes and certain neuromuscular disorders is at increased risk for flu complications, so it's doubly important for people with these conditions and anyone who might come into contact with them to be vaccinated."



## HOP ABOARD THE STANDWAGON

You aren't likely to lose weight just by standing, but standing can actually help improve your whole body health. Numerous studies have linked excessive sitting to an increased risk of type 2 diabetes, cancer, cardiovascular disease and overall mortality. The connection is independent of other physical activity.

"Exercise helps, but it can't overcome the effects of eight hours of daily sitting," says **Steven Garner, M.D.**, chair of the Department of Radiology at NYM. "Sitting slows metabolism and may inactivate an enzyme called lipase, allowing fat to more easily accumulate around the midsection."

These health benefits are one reason Dr. Garner regularly holds standing meetings instead of sit-down meetings with staff members, a format jokingly referred to as the "No Sitting Zone." Dr. Garner says that standing meetings tend to go more quickly and lead to more concise questions and answers. Other approaches include using a standing desk, walking during breaks, and standing while on the phone or performing other routine daily tasks that don't require sitting.

## A WEIGHT OFF THEIR SHOULDERS

Improperly packed or shouldered backpacks can cause back pain in kids and adults.

"A heavy backpack can compress disc spaces, causing functional curves and lower back pain," says **Todd Lefkowitz, D.O.**, medical director of the Comprehensive Back and Neck Pain Center at NYM. "If routinely carried by one strap, a backpack can cause inflammation and pain in and around the shoulder rotator cuff."

When wearing a backpack, use both straps to evenly distribute the weight, but more importantly, limit the weight in the pack.

"Keep backpack weight below 20 percent of the carrier's body weight," Dr. Lefkowitz says. "If your child's backpack is heavier than that, encourage your child to think about which books really need to be carried home. A rolling backpack equipped with wheels could also offer a solution."



6  
months

BY THE NUMBERS

RECOMMENDED AGE  
FOR CHILDREN  
TO RECEIVE THEIR  
FIRST FLU SHOT

1.5

AVERAGE NUMBER  
OF CALORIES BURNED  
BY STANDING FOR  
ONE MINUTE

14,000

APPROXIMATE NUMBER OF  
U.S. CHILDREN DIAGNOSED  
ANNUALLY WITH  
BACKPACK-RELATED INJURIES

5

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## BUILD STRENGTH, SHED FAT

For a strong heart, cardiovascular exercise that raises your heart rate is vital. But when it comes to losing body fat, strength training is the clear winner—pumping iron twice a week can reduce overall body fat by three percent in just two and a half months.

“Strength training can provide a platform for better health by creating muscle, which burns more calories,” says **Terrence Sacchi, M.D.**, chief of cardiology at New York Methodist Hospital. “If you’re new to exercise, talk with your doctor before you start a program and go slowly in the beginning. Allow your body to tell you whether you’re doing too much or too little. I also recommend consulting a trainer or training videos to ensure that you’re performing the exercises safely.”

Push-ups, pull-ups, crunches, squats and lunges can all be used to strength-train your body’s major muscle groups. Alternate strength training with cardiovascular exercise for the best overall health results.



## What Your Fever IS TRYING TO TELL YOU

“Fever—a body temperature higher than 99.5 degrees Fahrenheit when taken with an oral thermometer—is your body’s way of waving a red flag. It’s often a sign of infection or inflammation,” says **Todd Simon, M.D.**, internist at NYM.

Taking over-the-counter acetaminophen or ibuprofen can typically reduce a fever. A lukewarm bath or wet washcloth can also help alleviate fever discomfort.

“If you have a fever, drink plenty of water to stay hydrated,” Dr. Simon says. “A temperature under 101 degrees Fahrenheit will often resolve by itself, but if you have a fever that climbs higher than 101 degrees, is accompanied by pain or nausea, persists for more than two days, doesn’t respond to fever reducers, or if you have a compromised immune system or underlying chronic illness, consult a doctor.”

Seek emergency care for a fever of 103 degrees Fahrenheit or higher.

## THE GOOD, BAD & UGLY OF REUSABLE SHOPPING BAGS

Ditching plastic or paper shopping bags in favor of the reusable variety is good for the environment, but reusable bags may contain more than just your purchases. A recent survey found that only three percent of consumers regularly cleaned their reusable shopping bags, and 99 percent of tested woven polypropylene bags, which are the most common variety, were tainted with bacteria.

To keep reusable bags clean:

- + **Wash bags after using.** “The simple solution to preventing bacteria from flourishing in your reusable bags is to launder them in hot, soapy water or clean nonwashable totes with an antimicrobial surface cleaner after each use,” says **Steven Colby, M.D.**, infectious disease specialist at NYM. “Cotton or vinyl fabric bags can typically stand up to frequent laundering.”
- + **Keep them separate.** When bagging grocery purchases, sort meat and produce into different bags. Use the same bag for meat each time you shop.
- + **Store bags properly.** Keep reusable bags in a cool, dry place to discourage bacteria growth.
- + **Designate “food only” bags.** “Avoid toting gym clothes, books or other nonfood items in your reusable grocery bags,” Dr. Colby says. “This reduces the chance of spreading germs from other items to food and vice versa.”



# Saying 'No' to Cigarettes May Not Be Enough

Smokeless tobacco products are as hazardous to your health as cigarettes and cigars.

**IN AN EFFORT** to stop smoking, some smokers choose alternatives like electronic cigarettes or nicotine chewing gum or patches. But many of these smokeless options contain high amounts of nicotine, which can increase the likelihood of dangerous health conditions, including heart attack, stroke and certain cancers. Furthermore, e-cigarette vapor is inhaled into the lungs—and the long-term effects of that are unknown.

"Cigarettes are the worst, but all forms of nicotine are bad," says **Anthony Saleh, M.D.**, program director of the pulmonary/critical care medicine fellowship program at New York Methodist Hospital. "Smokeless tobacco products are fraught with risks, so I don't typically recommend them."

Instead, Dr. Saleh prefers natural solutions to help patients who want to quit using nicotine. He prescribes deep-breathing exercises as a healthy alternative to nicotine-replacement products. He also recommends replacing the hand-to-mouth motion of smoking with breathing into a spirometer—a plastic device that measures how much air is going through the lungs.

"Nicotine products make many patients agitated and jittery," Dr. Saleh says. "I'd rather have patients try to focus on their breathing instead of substituting a different delivery method for nicotine."

## STEPS TO SUCCESS

The most important step a person who wants to quit smoking may take is vowing from the onset that they will succeed and recognizing that improving their health is worth the temporary mental and physical discomforts of nicotine cravings.

"Don't give up," Dr. Saleh says. "If you set January 1 as your deadline, and you're still smoking in March, reset your deadline to April 1. Just keep trying because the benefits of quitting are overwhelmingly positive and begin almost immediately."

## FREE LUNG CANCER SCREENINGS

New York Methodist Hospital offers lung cancer screenings through the Fred L. Mazzilli Lung Cancer Screening Program.

"The program is designed for people between age 55 and 74 who have a history of smoking the equivalent of one pack daily for 30 years," says **Beth Bachman, MPH**, lung cancer screening coordinator and research coordinator at NYM. "Equivalent pack-years include smoking two packs a day for 15 years or three packs a day for 10 years. These smokers are at the highest risk for developing lung cancer. Finding this disease earlier increases the likelihood of a better outcome."

Call 718.780.LUNG to learn more.

## DOs AND DON'Ts of Quitting

**DO** remove ashtrays, lighters and anything else that reminds you of smoking from your environment.

**DON'T** spend time with people who smoke while they are smoking. Suggest going to a movie or taking a smoke-free walk instead.

**DO** make a list of reasons why you are quitting. Keep it accessible and pull it out whenever you need inspiration to fight for your health.

**DON'T** give up. If you slip and smoke or use a nicotine product to satisfy a craving, don't worry about it—just keep trying. A gradual reduction in nicotine consumption is much better than no reduction at all.

**DO** everything in your power to discourage your family members from smoking. If you are a smoker, that means quitting. Studies show children of smokers are much more likely to become smokers.



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# PMS Facts and Fiction

How much do you really know about premenstrual syndrome (PMS)?

**PMS IS A** collection of symptoms related to menstruation that typically begin one to two weeks before the period and end about the time the menstrual cycle begins. An estimated 85 percent of women experience at least one PMS symptom during their monthly cycles. Most symptoms are relatively mild or moderate and controllable with over-the-counter or prescription medications or minor lifestyle adjustments.

## THE FACTS

**FACT: PMS can cause physical discomfort, including cramps, headaches and bloating, but there are other symptoms.** "More than 200 symptoms are associated with PMS," says **Louis Camilien, M.D.**, chief of gynecology and vice-chair of the Department of Obstetrics and Gynecology at New York Methodist Hospital. "In addition to physical symptoms, many women experience psychological and behavioral symptoms like fatigue, cravings, mood swings and anxiety."

**FACT: Nutrition matters.** While no single food has been linked to PMS relief, diet can influence symptoms. Fill up on whole grains, fruits and vegetables and minimize salt—sodium contributes to bloating.

**FACT: PMS may cause sleep difficulties.** PMS occurs during the luteal phase of your menstrual cycle—the time between ovulation (the day your ovary releases an egg) and the first day of your period. Researchers think insomnia during this time may be related to a rise in progesterone that ensues with ovulation. Track your menstrual cycle and sleep difficulties on a calendar to see if there's a connection.

**FACT: PMS has a strong genetic component.** Other PMS contributors include smoking and high stress levels.

## THE FICTION

**FICTION: Girls age 18 and younger have PMS more often than older women.** The truth is that females of any age who are menstruating can experience PMS, but women in their late 20s to early 40s are more likely to have symptoms.

**FICTION: PMS symptoms are no big deal.** While many PMS symptoms are mild and easily controlled with over-the-counter pain relievers, others are more intense and may be cause for concern. For instance, premenstrual dysphoric disorder (PMDD)—an extreme form of PMS—is a recognized mental disorder that affects approximately three to eight percent of women. PMDD can cause anger, depression, hopelessness and even thoughts of suicide and can impact a woman's ability to function. PMDD and severe PMS symptoms influenced by fluctuating hormone levels are treatable with prescription medications, including antidepressants and birth control pills.

**FICTION: Exercise has no effect on the emotional symptoms of PMS.** PMS may cause some women to have low energy, which discourages activity, but making the effort to keep up a regular workout routine can help. Women who work out regularly report fewer mood-related symptoms and less severe physical effects of PMS. This is probably due to feel-good chemicals called endorphins that the body releases during exercise, triggering positive emotions.

**FICTION: Toxic shock syndrome (TSS) is a symptom of PMS.** TSS is a rare condition that affects approximately 17 out of 100,000 people. TSS is not related to PMS, but it can be period related—superabsorbent tampons left in the vagina for more than eight hours can foster the bacteria responsible for TSS.

## IS IT TIME TO SEE YOUR DOCTOR?

According to Elizabeth Speed, M.D., obstetrician/gynecologist at NYM, you should talk with your doctor if any PMS symptoms interfere with your daily activities.

"You wouldn't put up with chronic pain that occurs once a month without seeking treatment," Dr. Speed says.

"Similarly, you shouldn't accept the symptoms of PMS as part of your monthly routine. Help is available."

Doctors may prescribe antidepressants, birth control pills or diuretics to alleviate PMS or suggest lifestyle changes like cutting back on sodium or exercising more frequently. In cases of extreme and chronic pain or emotional disruption, your doctor may test for underlying gynecologic or emotional issues.



# LAUGHTER IS GOOD MEDICINE



A hearty laugh can do more than boost your mood. It can also improve your health.

**THINK BACK TO** the last time you watched a funny movie or enjoyed a few laughs with friends. You probably felt energized and more relaxed afterward—and for good reason. Laughter is a proven stress reliever and provides surprising health benefits.

“Laughter helps people stay positive and foster strong relationships, which can reduce depression and anxiety,” says **Jessy Colah, M.D.**, chief of psychiatry at New York Methodist Hospital. “Laughing is also linked to pain relief, lower levels of stress and tension, a better memory, and a higher resistance to germs.”

Research shows that laughing reduces the cortisol levels in your body. Cortisol—a hormone released during stressful situations—is a natural, even beneficial part of your body’s fight-or-flight response. But consistently high cortisol levels due to chronic stress over an extended time period can contribute to health concerns like obesity, insomnia and heart disease.

“By relieving tension and lowering cortisol levels, laughter may help end chronic stress cycles,” Dr. Colah says. “The physical act of laughing also helps you breathe deeply and improves your circulation—which benefits your heart and lungs.”

## MAKING TIME FOR A SMILE

To infuse humor into your day, surround yourself with things that make you smile. Read cartoons, seek out jokes, recall a favorite funny memory if you start to feel sad or stressed, or pencil in time for coffee with a friend who has a good sense of humor. Up for an added challenge? Grab a partner and take a laughter yoga class. A style of yoga that originated in India in the mid-1990s, laughter yoga sessions involve instructor-led group laughter that is performed while working through various exercises, including modified yoga poses and guided meditation.



## THE HEALING POWER OF PLAY

This past spring, thousands of adults dressed in pajamas descended on Washington Square Park. Armed with soft feather pillows and stuffed animals, the adults had one objective—to play. The event, dubbed Pillow Fight NYC 2015, was held in honor of International Pillow Fight Day and served as a reminder that people of all ages need to take time for fun.

Play is often considered a kids-only activity, but it offers all ages mental and physical health benefits, including:

- + Enhanced creativity and problem-solving skills

- + Stronger, happier relationships
- + Lower stress levels

Like laughter, play is a natural stress reliever that lifts your mood and may help relieve depression, anxiety and pain. If you want to benefit from play, try joining a community sports league, playing with your dog at the park, performing in community theatre, or enjoying board games or a game of tag or kickball with family members and friends. There is no right or wrong way to play. The goal is to have fun and lose yourself in the moment.



# A PLAN FOR CO

You and your partner have talked about starting a family for some time, and you have been trying to conceive for over a year with no results. You are beginning to worry that your dream of having children will never become a reality.

**IT MAY FEEL** like you and your partner are the only couple you know who are unable to have a baby, but infertility affects many people worldwide.

In the steps to routine conception, an egg is released from an ovary to a fallopian tube in a process called ovulation, and a sperm fertilizes the released egg by penetrating it. The fertilized egg, or zygote, travels down the fallopian tube and into the uterus over a three- to five-day time period. During that time, the zygote progresses to the embryo stage by multiplying its cells and attaching to the uterine wall—a step called implantation. A problem with one or more of these steps can keep you from conceiving. What's more, after conception occurs, medical issues may keep the pregnancy from developing to full term.

"About 10 percent of the population is affected by infertility," says **Sanford M. Lederman, M.D.**, chair of obstetrics and gynecology at New York Methodist Hospital. "Infertility is defined as the inability to achieve pregnancy after at least 12 months of having sex without the use of contraceptives or having two or more consecutive pregnancies end in miscarriage."

If you are younger than 35 and have not conceived after a year or more of

trying or have had consecutive miscarriages, it may be time to visit a fertility specialist. If you are older than 35, you should consider consulting a specialist after six months.

## DIAGNOSIS AND TREATMENT

One of the most important things a fertility specialist can do is determine the cause of the infertility. Causes may include male or female-specific issues.

Male factors that most often impact conception are low sperm count and poor sperm mobility or sperm deformity. Such issues may be resolved when doctors use assisted reproductive technology, or ART, techniques that assist the sperm in fertilization (see "The ART of Infertility Solutions").

Female factors that most often directly affect fertility include inconsistent ovulation—often due to a hormonal issue—and poor egg quality, which is more frequently seen in women who are in their late 30s or older. Poor quality eggs—damaged eggs or those with chromosomal defects—are also often related to miscarriage.

"If ovulation or egg quality is the problem, hormone pills or injections alone may help the woman conceive,"

says **George Kofinas, M.D.**, chief of reproductive endocrinology and infertility and director of the Fertility Institute at NYM. "We can use natural injectable hormones—including human chorionic gonadotropin [hCG], follicle stimulating hormone [fSH] or human menopausal gonadotropin [hMG]—to stimulate the ovaries to release eggs in a process known as superovulation. Clomiphene citrate, which is taken orally, can stimulate the ovaries so that they produce one or two eggs of good quality per cycle, which can help reduce the risk of miscarriage if conception is achieved."

Miscarriage can also result from underlying medical conditions that include uncontrolled diabetes, uterine deformities, abnormal blood clotting and thyroid hormone imbalances. Additionally, endometriosis—a condition in which uterine tissue accumulates outside the uterus and can prevent the cervix, uterus, ovaries or fallopian tubes from functioning properly—increases the risk of miscarriage and can also interfere with conception.

"In many cases, we can improve fertility by addressing these underlying conditions," Dr. Kofinas says. "For instance, thyroid replacement medication, such as levothyroxine or thyroxine, may help





# CONCEPTION

if hypothyroidism (low-functioning thyroid) is an issue. In cases of endometriosis, treatment might include surgery to clear away tissue and allow the reproductive organs to function properly.”

When couples need additional assistance to achieve pregnancy, ART may provide a number of treatment options.

## THE ART OF INFERTILITY SOLUTIONS

ART techniques include placing sperm in close proximity to an egg—either inside a woman’s body or in a laboratory environment—as well as directly inseminating an egg with a sperm in a petri dish. When eggs are fertilized in a lab, ART includes the transfer of the zygotes or embryos into the uterus. These procedures include:

+ **Intrauterine or artificial insemination**—The most simple and cost effective fertility method, artificial insemination may help couples with unexplained or male-factor infertility achieve pregnancy. In artificial insemination, the healthiest, fastest sperm from the man’s semen specimen are cleared of debris and then placed into the woman’s fallopian tube, cervix or uterus during ovulation. Ovulation may be natural or medically induced by hormones to stimulate the ovaries to release several eggs at once, increasing the chance of fertilization.

+ **Intracytoplasmic sperm injection**, or ICSI, may help couples facing infertility due to a very low sperm count, poor sperm mobility or deformed sperm. This technique involves harvesting eggs and then injecting a single sperm directly into each one. Once fertilized

and incubated for three to five days, two to four of these embryos are transferred to the woman’s fallopian tube or uterus to start the implantation process.

+ **In vitro fertilization**, or IVF, is a method that couples may choose in cases of unexplained infertility, low sperm counts, endometriosis or blocked fallopian tubes. During IVF, hormone injections stimulate ovulation. The eggs are collected, and sperm are introduced to the eggs in a petri dish where a sperm penetrates the egg on its own. After three to five days of incubation, two to four embryos are transferred to the woman’s uterus where implantation may occur.

With ART methods, eggs and/or sperm may also come from a donor or be harvested from the couple, then frozen—either before or after fertilization—and stored using cryopreservation methods until the couple is ready to conceive. Some couples may chose cryopreservation in the case of illness where treatment may compromise fertility, such as chemotherapy, for some cancer patients.

Frozen embryos or gametes (egg or sperm) can then be used as part of a treatment plan that includes ICSI or IVF procedures. In instances where embryos have difficulty implanting, a technique called embryo hatching, which involves creating a microscopic opening in the outer layer of protein covering the embryo, can improve the chances of implantation.

In some cases, a surrogate mother may carry the pregnancy to term.

## MOVING TOWARD THE GOAL

Most people take for granted that they will be able to have children easily when they are ready, so difficulty in doing so can be emotionally devastating. Fertility specialists help couples trying to conceive to overcome the physical symptoms causing the problems and to manage the emotional impact of infertility.

“Even in cases where the cause of infertility can’t be determined, we can still move toward the goal of achieving a healthy pregnancy,” Dr. Lederman says. “There are many treatment options that can make a difference for infertile couples.”

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# EXCEPTIONAL CARE

*You're not just a patient;  
You're a person.*

**T**he Stroke Center at New York Methodist Hospital is one of the few facilities with the latest technology to treat and reverse strokes. Our highly trained neurosurgeons are capable of reversing stroke effects up to 12 hours from the onset of symptoms, often leading to prevention of permanent damage. The center also provides a full range of stroke recovery treatments and rehabilitation programs.

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When she was a young girl, Aracelys Feld often heard a mantra repeated by her tough, Puerto Rican parents, “When you have pain, you put on your lipstick and put on your smile. No one has to know how bad you feel.”

# STANDING TALL: A Battle Against Spinal Injury

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**FOR MUCH OF HER LIFE**, that's exactly what Aracelys did. When she was affected by any kind of pain, the now 59-year-old married mother of two adult children says she would take an over-the-counter pain reliever and go to work—only calling in sick a few times throughout the years. But that all changed in 1998 while Aracelys was working at a grocery store.

"I was pulling a loaded pallet at work when I herniated three discs in my back," she remembers. "I didn't realize how much damage I had done, so I just took acetaminophen and continued working. My back hurt, and the pain grew worse in the following months. By 1999, I couldn't even walk."

Herniated discs are not uncommon. They occur when the soft, protective discs between the bones in the spine—known as the vertebrae—become damaged, putting pressure on the nerves in the spine. Usually, the herniation occurs when the discs break down due to age, wear and tear, but it's also possible for discs to herniate when a person strains them by lifting or pulling. While some people may never know they have herniated discs, others will be debilitated by the pain, numbness and weakness that can be associated with the injury.

### SEEKING HELP

Aracelys initially sought the help of a surgeon who performed a spinal fusion to join together the vertebrae in her back, but the procedure left her in even more pain than the initial injury. She attempted to go back to work, but the pain soon became unbearable. Before long, Aracelys was again unable to walk. She started investigating additional treatment options, and found **Andrew Merola, M.D.**, orthopedic spine surgeon at New York Methodist Hospital. Although she lived in Staten Island, Aracelys called to schedule an appointment and made the commute to Dr. Merola's Brooklyn office within days.

By the time Aracelys first came to see Dr. Merola more than a decade ago, her neck and back injuries were greatly impacting her mobility and causing extreme pain. Although she was leery of additional invasive procedures, Dr. Merola's bedside manner alleviated her concerns.

"From my first appointment, I really liked Dr. Merola," Aracelys remembers. "He listened to every complaint I had before he asked me questions and then examined me and asked if he could perform additional tests. I had never met a doctor who treated me so respectfully."

After speaking with Aracelys and reviewing imaging studies, Dr. Merola diagnosed her with a cervical spine herniation in her neck. The first surgery he performed on Aracelys was to correct this problem.

"Dr. Merola explained everything to me before the surgery, and he asked me if I had any questions. He told me that even if it was last minute, I could ask him anything," Aracelys remembers. "Dr. Merola encouraged me to take deep breaths and focus on relaxing. He's been my doctor through multiple procedures, and he always takes the time to make me feel comfortable before surgery."

After Aracelys recovered from the neck procedure, Dr. Merola began focusing on the back issues that impacted her mobility and quality of life.

"After a patient has had spinal fusion surgery as Aracelys had, the spine sometimes starts to break down above and below a fusion—an issue we call an adjacent segment," Dr. Merola says. "Because of Aracelys' adjacent segment, she developed an adult spinal deformity known as a kyphosis, which means the spine above the area previously operated on was wearing out to the point where her body was pitching or bending forward, which caused her gradually worsening pain."

### USING ADVANCED TECHNOLOGY

Dr. Merola repaired that kyphosis approximately five years ago, but then Aracelys developed an additional, more severe kyphosis due to her existing spinal problems. Using a procedure called osteotomy, Dr. Merola performed another procedure, sectioning Aracelys' spine into special angular pieces that allowed him to bend the damaged backbone into a more normal position and correct the malformation caused by the kyphosis.





## RECOVERY BEGINS WITH REHAB

Patients who have spinal cord injuries treated surgically may experience weakness or loss of mobility that typically improves with physical therapy. Postoperative physical therapy is designed to help patients rebuild strength in the muscles surrounding the injury in order to regain functional skills.

Physical therapy helps spinal surgical patients regain movement using stabilizing equipment and exercises to strengthen the muscles above and below the torso.

“The part of the spine that is injured—cervical, thoracic or lumbar—and the level of impairment the patient has dictate how physical therapy proceeds,” says **Dominick Napoletano, P.T.**, acute rehabilitation supervisor at New York Methodist Hospital. “We want patients to return to the level of function they enjoyed prior to injury. If a patient walked without a cane before surgery, for example, we want him to be able to do it again.”

Rehabilitation also includes a significant educational component. For example, as part of walking exercises, therapists retrain patients to position their hands and feet for optimal stability while in motion.

“Physical therapy can be tough, but it’s worthwhile,” Mr. Napoletano says. “Patients who complete therapy are much more likely to have good results.”

“For this procedure, we used a special partially flexible titanium rod, so we had the option to make it stiff enough to correct the deformity but not so stiff that it could cause additional damage,” Dr. Merola says. “Because we’ve had the advantage of performing this kind of procedure for 20 years, we’re very skilled at doing these types of surgeries without allowing significant blood loss and without having to make an incision along the entire spine.”

In the decade-plus that Aracelys has been a patient of Dr. Merola, he has reconstructed her entire spine. With the help of physical therapy, Aracelys is now able to walk, spending time with her two children and her seven grandchildren—all of whom live near the Staten Island home that Aracelys shares with her husband.

“Fortunately, Aracelys has done really well,” Dr. Merola says. “We’ve absolutely been able to improve her quality of life.”



# Injury Prevention IN YOUTH SPORTS

**Ten-year-old Arturo is a youth league baseball pitcher, but he also wants to play soccer, like his hero FC Barcelona forward Lionel Messi. His mom, Niki, wants Arturo to experience the joy that comes with following his passion, but at the same time, she worries about injuries.**



**NIKI RAN TRACK** as a kid, and her dad encouraged her to be the best. She ran every day, even when school was out for summer. As a result, she developed knee and ankle problems that still affect her today. She knows firsthand that pushing a child to excel in sports can result in injuries that may disrupt the child's current or future quality of life.

"Overuse injuries are the most common thing we see in young athletes," says **Matthew Wert, M.D.**, director of Sports Medicine at New York Methodist Hospital. "Kids who are one-sport specific are always stressing the same tendons, bones and growth plates, so those connective tissues, skeleton and cartilage tend not to hold up well."

One such overuse injury in young athletes is apophysitis, which refers to irritation and inflammation of the apophysis—a secondary ossification center which acts as an insertion site for a tendon. In a growing athlete, the apophysis is susceptible to injury because of repetitive stress or an acute avulsion (tear). Improper athletic form can be a contributing factor to apophysitis, so teaching proper technique to kids is one way to help prevent these injuries.

"Sports that involve crouching in young children often lead to Osgood-Schlatter disease, a form of apophysitis where the patellar tendon attaches the knee to the tibia or shinbone," Dr. Wert says. "Movements like a three-point football stance, a track athlete crouched in the blocks or a basketball player running backward on defense are all unnatural and can put children at risk if repeated routinely over a long period of time."

Soccer players, cheerleaders, dancers or any athletes required to jump, run or quickly change direction are also susceptible to Osgood-Schlatter disease. Symptoms include mild to severe pain that can last up to several months, and the pain can recur as the child grows.

#### **OTHER COMMON INJURIES IN CHILD ATHLETES**

Anterior cruciate ligament (ACL) injuries are more common in children than adults,

and girls are more at risk for this type of injury than boys.

"Because of an imbalance in musculature between the quad and hamstring, girls are more susceptible to ACL injuries than boys, by as much as five to one," Dr. Wert says. "Beginning neuromuscular training—exercises that teach athletes how to properly dodge, pivot, jump and land—four to six weeks before the season starts can decrease these injuries dramatically."

Beyond orthopedic injuries, young athletes are also vulnerable to concussions—serious injuries that can affect brain function. Children's heads tend to be disproportionately larger than their bodies and necks than adults, and this can create a whiplash effect if they receive a blow to the head or body, producing greater acceleration of the brain within the skull.

To minimize concussion risk, encourage good sportsmanship and ensure that your young athlete wears sport-specific protective gear. Teach your child that if she experiences concussive symptoms—nausea, imbalance, headache, confusion, light or noise sensitivity, blurred vision, sluggishness, or other odd sensations—during a game, she should come off the court or field and seek medical attention.

#### **BE REAL ABOUT RISKS AND REWARDS**

Although you may have been told to "walk it off" or "rub some dirt on it" when you were a kid injured on the playing field, it is essential to take your children seriously when they complain about a medical concern. Seek treatment for head injuries, immediate bruising, swelling or an inability to bear weight, and any lingering conditions that do not clear up after a few days of rest.

Another important note is that serious injuries in youth sports are less common than parents might expect, even for contact sports. Dr. Wert stresses that the advantages that children gain by competing in organized sports far outweigh the risks.

"Kids who play sports are going to benefit from confidence, improved health and

fitness, happiness, and friendship, and that's what kids sports should center around," Dr. Wert says. "Having an active child is the most important aspect, especially in today's world where childhood obesity is all too common."



## **KEEPING COUNT**

Athletes who participate in throwing sports—including baseball and softball—are at higher risk for shoulder and elbow injuries. Coaches monitor pitch counts for high school, college and professional pitchers to prevent overuse, but pitch counts are important for younger players, too.

Dr. Wert recommends that coaches and parents adhere to the following limits, which apply to pitchers but not other fielders. If exact pitch counts are not kept, determine an average by multiplying the number of batters the pitcher faces by five.

- + Pitchers ten years old and younger: 50 pitches per game, 75 per week, 1,000 per season and 2,000 per year
- + Pitchers 11–12 years old: 75 pitches per game, 100 per week, 1,000 per season and 3,000 per year
- + Pitchers 13–14 years old: 75 pitches per game, 125 per week, 1,000 per season and 3,000 per year


Dr. Wert includes tennis in the throwing sports category, and recommends that coaches and parents monitor the total number of overhand serves executed to prevent overuse injuries in children who play tennis. There are no standards outlining a safe number of tennis serves. Because the motions involved in pitching a baseball and serving a tennis ball are similar, Dr. Wert recommends applying the pitch count information, including the age and number of overhanded serves (instead of pitches) that your young tennis player executes during a tennis match or practice.



## **THE 'RIGHT' SPORT IS MORE THAN ONE**

Today, year-round youth leagues and tournaments often encourage children to focus on a single sport. But playing one sport all year long to improve skills and catch the eye of high school or college coaches may be more than young athletes' bodies can handle.

"Children who play several sports and have fun doing so are probably at the least risk for the most common injuries," Dr. Wert says. "Encouraging children to play a variety of sports is a healthier option."



**You have a secret that controls your life, but you don't have to keep it to yourself. If you have urinary incontinence symptoms, talk with your doctor and discover a range of solutions.**

# Urinary Incontinence

## A Secret You Shouldn't

**YOU ARE AFRAID** to laugh at your friend's jokes. The thought of being too far away from a restroom fills you with dread. Bending down to pick up a box of file folders at work is a white-knuckle endeavor. The reason for your anxiety—urinary incontinence.

Urinary incontinence occurs when the bladder or urethra—the tube that carries urine from the bladder out of the body—exhibits functional problems that cause urine to leak unexpectedly. The toll that urinary incontinence takes on

quality of life may be unknown to the family and friends of more than 15 million American women and men who have this condition. Most people with urinary incontinence seek to conceal the issue, and many believe it is untreatable or simply a part of growing older. In fact, the opposite is true: Urinary incontinence is not normal at any age, and it is highly curable. Urogynecologists and urologists utilize conservative, minimally invasive and surgical therapies to help people with urinary incontinence return to living a life without the worry of leaks.



# WOMEN, SPEAK OUT

Urinary incontinence affects more women than men. By some estimations, as many as 50 percent of women will have urinary incontinence during their lives. The two most common types of involuntary leakage that women develop are stress urinary incontinence and urge urinary incontinence.

- + **Stress urinary incontinence** is related to activity. It occurs when movements like exercise, sneezing, laughing or straining to lift heavy objects cause involuntary urine loss. It is often related to certain female-specific factors, including damage to the urethral sphincter—a muscle that keeps urine from leaking out—that can occur during vaginal childbirth, as well as reduced estrogen production in the body after menopause, which can reduce the urethra's ability to hold in urine.
- + **Urge incontinence** is leakage that is preceded by an unexpected, intense need to urinate. This sensation can occur at any time, even during sleep. When that urge is accompanied by a frequent need to go, it is sometimes referred to as overactive bladder—which can occur with or without urine leakage. Urge incontinence is due to abnormal bladder contractions that can occur for many reasons, including overproduction of urine caused by drinking too much fluid, urinary tract infections, ingestion of diuretics like coffee and alcohol, and malfunctioning nerves, which can be caused by medical conditions like stroke or Alzheimer's disease. These contractions can make the bladder release urine quickly after the urge to urinate occurs.

## CREATIVE CURES FOR FEMALE URINARY INCONTINENCE

Women who experience involuntary leakage should speak with a doctor. Urologists and urogynecologists are doctors who specialize in diagnosing and treating urinary incontinence.

"Diagnosis begins with a basic history and physical exam and may also include imaging, which allows us to see the anatomical structure of the bladder," says **Lauren Schulz, D.O.**, a urologist and attending physician in the Division of Urology at New York Methodist Hospital. "In addition to imaging, we utilize cystoscopy—a minimally invasive procedure that allows us to see inside the patient's bladder—and urodynamic testing, which allows us to learn about the function of the bladder." This information helps doctors determine the type of urinary leakage and any structural abnormalities contributing to leakage.

Treatment for urinary incontinence frequently starts with behavioral modification. Doctors may ask patients to keep a voiding diary—a record of what they eat and drink and when they visit the bathroom—to help identify patterns and factors that may aggravate symptoms. Patients may wish to try timed voiding, or emptying the bladder according to a schedule, to reduce unexpected leakage.

"Kegel exercises are another very effective, conservative measure for improving both stress and urge urinary incontinence," Dr. Schulz says. "They help patients control urine flow through a routine of contracting and relaxing the pelvic floor muscles. I often refer women to physical therapists for pelvic floor muscle training or for biofeedback sessions to help learn how to sustain contractions during Kegels." (See "Kegels 101" on page 20.)

If these efforts do not improve urge incontinence, doctors typically prescribe medication as a next step. An injection of botox into the bladder may help women overcome urge incontinence. These injections relax the detrusor muscle that allows patients to retain urine longer without causing bladder discomfort. Another option for urge incontinence patients is sacral neuromodulation, which involves implanting a small device beneath the skin to stimulate the sacral nerve. This prompts pelvic floor contractions that can strengthen muscles in the bladder region, improving the ability to hold in urine.

Women with stress urinary incontinence that doesn't respond to conservative treatment methods may be candidates for surgical placement of a vaginal sling, a natural or synthetic structure that supports the upper urethra and bladder neck like a hammock. With the sling bolstering the underside of these

structures, the muscle is better able to squeeze the urethral tube and prevent involuntary leakage.

## LOOKING FORWARD

The future of female urinary incontinence treatment may involve correcting the root problem on an anatomical level.

"I think we'll eventually get to a point where we can do genetic testing to uncover predispositions for urinary incontinence or maybe use stem cells to regenerate damaged pelvic nerves and muscles instead of having to compensate for a defect," says **Marisa Mastropietro, M.D.**, a urogynecologist at NYM. "For now, we still battle the misconceptions that treating urinary incontinence always involves surgery and that when an operation is necessary, it's a major procedure, which just isn't the case."

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# MEN, THIS APPLIES TO YOU, TOO

One of the biggest misconceptions about urinary incontinence is that it occurs only in women.

"In the United States, approximately 11 percent of men younger than 64 have some form of urinary incontinence, and almost a third of men older than 64 have it," says **Edward Zoltan, M.D.**, director of voiding dysfunction at NYM.

As is the case in women, men can experience either stress urinary incontinence, which is related to urine leakage during activity, or urge urinary incontinence, which causes leakage that occurs after a sudden, uncontrollable need to urinate. However, the causes of these two conditions usually differ for men.

+ **Stress urinary incontinence** in men is often caused by damage to the urethral sphincter—the muscle that holds in urine—which can occur during a radical prostatectomy. Radical prostatectomy is a surgery to remove the prostate—the walnut-shaped, semen-producing gland located between the bladder and the penis—and its surrounding tissue in response to prostate cancer.

+ **Urge urinary incontinence** in men is usually the result of benign prostatic hyperplasia, or an enlarged prostate. If the bladder does not empty well because of an enlarged prostate, then too much urine is left behind, and it will leak out when the bladder fills up again. Nerve damage can also cause urge urinary incontinence in men as it does in women.

The symptoms of urinary incontinence are as inconvenient and stressful for men as they are for women: A sudden, overwhelming urge to urinate during an evening out may lead to leakage before a man can reach the nearest restroom, or an afternoon at the gym could turn into an exercise in embarrassment if stress urinary incontinence strikes during a workout.

"Urinary incontinence can be psychologically devastating for men—who often feel that their masculinity is being compromised," says **Ivan Grunberger, M.D.**, chief of urology at NYM. "Men may avoid sexual activity or stay away from social settings because they worry about others noticing wetness or odor."

Yet, male urinary incontinence can be treated in most cases. "In fact, the earlier treatment begins, the better the chance we have of reversing the condition," Dr. Grunberger says.

## FIXING THE PROBLEM

Diagnosing urinary incontinence in men is the first step toward finding a solution, and it involves many of the same methods used to uncover it in women, including a personal and family medical history, a physical, and urodynamics testing to gauge bladder function. A notable difference is that men who have not had a prostatectomy undergo an exam to determine if the gland is enlarged and hindering the bladder's ability to empty.

"One of the most important questions I ask during a urinary incontinence evaluation is, 'How bothersome is the leakage?'" Dr. Zoltan says. "If it is mild, the ideal treatment might be a pelvic floor muscle-strengthening program. Kegels work for men, too, especially those who have stress urinary incontinence resulting from prostate surgery." (See "Kegels 101.")

For men who report urine dribbling, Dr. Zoltan may recommend double voiding. With this method, the man urinates, relaxes and then empties the bladder a little more a minute later.

For urge incontinence, overactive bladder medications like anticholinergics and antispasmodics may provide options, as do procedures to strengthen or support the urethra. A laser technique to reduce the size of an enlarged prostate may also be a treatment option for male urge urinary incontinence.

When it comes to treating stress urinary incontinence in men, several procedures are available. One of the least invasive procedures is a sphincter-bolstering injection. These injections are ideal for men with mild or moderate stress urinary incontinence. Every six to 12 months, a urologist uses a cystoscope—an instrument inserted into the urethra (the tube that urine travels through)—to introduce a substance like collagen or titanium beads into the urethra near the sphincter. This substance adds bulk to the tube, reducing the amount of urine that can leak out during activities. Another option is insertion of a sling, a piece of mesh that reinforces the urethra, for men with chronic mild to moderate stress urinary incontinence.

Men with severe involuntary stress leakage may be candidates for insertion of an artificial urethral sphincter, a procedure that involves placement of a collar around the urethra to restrict urination with minor pressure. When a man feels the urge to urinate, he releases the pressure on the urethra using a small pump in the scrotum.

"This is an amazing procedure because it allows patients to stay completely dry," Dr. Grunberger says. "The operation is rather complex, and not that many doctors perform it, but we've had quite a bit of success with it at NYM."

The development of new medications with fewer side effects and robotic technology that's helping surgeons preserve nerve ending function during prostate procedures promises to further relieve the problem of male urinary incontinence. This is good news for generations of men who will not feel compelled to sacrifice an active lifestyle to this condition.

## KEGELS 101

- 1 Squeeze your pelvic floor muscles (the muscles that control urine flow)—as if you are trying to hold the urine in—for ten seconds then release for ten seconds.
- 2 Repeat the first step ten times in row.
- 3 Complete four sets of Kegel exercises daily.





## EMOTIONAL COSTS OF URINARY INCONTINENCE

The impact of urinary incontinence includes emotional embarrassment and, in some cases, extreme introversion. Many people experience reduced sociability, even to the extent that they won't travel, stay overnight with family, or go out with friends due to a fear of leaks or frequent bathroom visits.

"Urinary incontinence is associated with relationship issues, sexual dysfunction and increased rates of depression," says **Marisa Mastropietro, M.D.**, urogynecologist at NYM. "In the elderly, it's sometimes linked to falls and orthopedic injuries that result from rushing to get to the bathroom."

## CONSERVATIVE MEASURES

To help alleviate urinary incontinence in women or men, try:

- + Maintaining a regular bathroom break schedule.
- + Practicing daily Kegel exercises (see "Kegels 101").
- + Avoiding diuretics like caffeine and alcohol.

# RAISING *Nutrition-Conscious Kids*

Your kitchen is a bustling place, with children zooming in and out, peering into the fridge and cabinets in search of a quick bite. Put those young hands and minds to work to help you plan and create meals and snacks that not only feed your family members but also inspire nutritionally sound eating habits.

**YOU'VE TRIED TO** get your family to eat more nutritious foods, but the steamed broccoli you add to the lunch boxes returns untouched, and no one will try your quinoa and carrot salad. Consider these solutions for helping your family members develop healthier eating habits.

## CONQUER CALENDAR CHAOS

Your family's upcoming schedule is double-stacked with appointments—a common reason that families turn to sodium-laced microwave meals or calorie-rich to-go food. Resist these temptations by involving the whole family in planning, shopping for and creating several days' worth of meals and snacks in one prepping/cooking session.

"Preparing food in advance as a family project can help you stay on target with healthier eating and teach kids how to avoid relying on convenience foods during busy times," says **Maria Pari-Keener, R.D.**, clinical dietitian at New York Methodist Hospital. "While dinner is an obvious choice for make-ahead meals, breakfast, lunch and snack items can be similarly prepped."

## MAKE SINGLE PORTIONS

Teach portioning by showing kids how to prepare individual servings of recipes in muffin tins—a medium-size muffin tin works well for entrées like a breakfast quiche or lasagna, while a mini muffin tin is a good choice for treats that should be eaten more sparingly like brownies or cookies.

Other ideas include having kids use cookie cutters to portion out single servings of casseroles and reimagining pizza night by setting up an individual pizza bar. Stock it with a choice of whole-wheat English muffin slices or cooked portobello mushrooms that serve as the "crust;" a low-sodium marinara sauce; and a variety of chopped fresh vegetables, turkey sausage and shredded part-skim mozzarella cheese. Ask everyone to make their own pizza creations, using at least two vegetables. Place the pizzas on a foil-covered baking sheet. Bake them in at 425 degrees for eight to ten minutes or until the cheese is melted and slightly browned.







### THINK OUTSIDE THE RECIPE

Challenge your family to make favorite dishes more nutrient-dense and lower in empty calories by revising recipes together. Identify the less healthy ingredients, and then have family members suggest healthier substitutions. Encourage kids to add favorite vegetables to recipes.

### KEEP IT FUN

Introduce your children to tools that make healthier meals fun and easy to create like spiral vegetable slicers, which cut vegetables such as zucchini, beets, carrots and more into noodle shapes (these are delicious in salads or with marinara sauce), or apple slicers (that can also be used to slice pears) which core and section the fruit simultaneously. If you want to let your children help prep ingredients but are concerned about their ability to safely handle sharp kitchen tools, start them off with a set of nylon-blade knives featuring blunt ends, serrated cutting edges and cushioned grips.

Pasta makers are also exciting tools for children to use, and they provide a way for you to teach your kids how to add extra flavor and nutrients to pasta by incorporating ingredients like whole-wheat flour, spinach and fresh herbs.

### MAKE YOUR CHILD HEAD CHEF

Invite your children to choose one or two meals for the whole family each week. Make a big deal out of it, and have them select a vegetable or protein that they don't routinely eat to as part of the meal. Take them to check out the cookbook section at the public library, or invite them to find meal ideas on the Internet.

"Involving children in healthy food decision-making is empowering for them," Ms. Pari-Keener says. "I see this firsthand with the pediatric patients that I consult with at the Hospital. These experiences are the foundation of their lifelong eating habits."

**DID YOU KNOW? BLACK BEANS ARE ALSO KNOWN AS TURTLE BEANS.**

## PUMPKIN & TURKEY CHILI

Pair the unexpected—pumpkin with turkey tenderloins and black beans—in this dish that is packed with flavor. **Bonus:** it's also a nutritional powerhouse teeming with vitamins A and C, iron, fiber, and protein.

### Ingredients

- + 2 tablespoons olive oil
- + 1 medium onion, chopped
- + 1 sweet yellow pepper, chopped
- + 3 garlic cloves, minced
- + 1 cup dried black beans
- + 1 cup dried white beans
- + 2 cups of raw pumpkin, chopped
- + 2 cups of diced tomatoes
- + 24-ounce raw turkey tenderloin, frozen for 24 hours or longer
- + 3½ cups low-sodium chicken broth
- + 2 cups water
- + 2 teaspoons dried parsley flakes
- + 2 teaspoons chili powder
- + 2 teaspoons ground cumin
- + 2 teaspoons dried oregano

### Directions

- 1 Heat oil in a saucepan and add onion and pepper to it. Cook for five minutes. Add garlic and cook for a minute longer.
- 2 Load a slow cooker with black beans, white beans, pumpkin and tomatoes. Place frozen turkey tenderloins on top of these ingredients.
- 3 Slowly add the chicken broth and the water to the cooker.
- 4 Add the onion, pepper and garlic mixture.
- 5 Add the parsley, chili powder, cumin and oregano.
- 6 Cover with the lid and set the slow cooker on low for eight hours or on high for six hours.
- 7 Stir to break up the turkey into bite-size pieces and serve.

### Nutrition Facts (per serving):

Servings: 6

Calories: 346

Calories from fat: 66

Total Fat: 7.3g

Saturated Fat: 0.9g

Cholesterol: 45mg

Sodium: 137mg

Potassium: 450mg

Total Carbohydrates: 44.2g

Dietary Fiber: 17g

Sugars: 6.5g

Protein: 41.6g





# The Gift of Family History

**Sometimes the best way to prepare for the future is to look at the past.**

**DID YOU KNOW THAT** Thanksgiving is also Family Health History Day—a national observance established in 2004 to encourage family members to discuss health history? If you are a grandparent, you may be your family's resident expert on the topic. Ensuring that your children and grandchildren have access to your family's medical history can help them take the proper steps toward protecting their own health.

## **SOMETHING TO TALK ABOUT**

While most cases of common chronic conditions like type 2 diabetes and cardiovascular disease are not solely genetic, the tendency to develop these illnesses can be inherited.

"Anything that seems to run in the family or occur in more than one person should be brought to the attention of other relatives as part of the family health history," says **Karen L. David, M.D.**, a

geneticist and chief of the Division of Genetics in the Department of Medicine at New York Methodist Hospital. "It's important to be aware of a family history of cancer, for example—especially if there have been family members who experienced the onset of breast or colon cancer at an early age."

Dr. David says the goal is to alert family members to what their risks might be so that they can have appropriate screenings, take other preventive measures, and receive early treatment if genetic conditions are detected.

"Even conditions like autism can have a genetic basis, and in approximately 30 percent of cases, genetic testing can determine the cause for an occurrence," Dr. David says. "The same is true for many other conditions, some of which may not manifest until children reach adulthood and grow older, which is why it's important to share family medical histories."



# PROJECT: FAMILY FUN

Stories about Grandpa's gout will probably not draw an audience at your next family get-together. Instead, try archiving your family's health history into a sharable scrapbook. Recruit your grandchildren to help craft the project, and include snapshots of all family members, with names, birthdates, eye and hair color, family resemblances, and their favorite saying or a fun fact about them. Add medical conditions and blood type, if known, as health history footnotes.

Use these samples as a starting point. Make a separate page for each family member. Bind the pages together with staples, or glue them to a purchased, bound scrapbook and decorate the pages as you wish.



**NAME:** Mason Cleveland McMurry (Grandpa Mason)

**BIRTHDATE:** May 27, 1954

**EYE COLOR:** Brown

**HAIR COLOR:** Black and gray

**LOOKS LIKE:** His mom - Dorris Moore McMurry

**FUN FACT/FAMOUS QUOTE:** Grandpa Mason was a teenager in the 1970s, and he still likes to use the slang of his day. "That's groovy" is a saying we all associate with him.

**HEALTH HISTORY/BLOOD TYPE:** Grandpa Mason was a runner for most of his life, but he stopped running in 2010 because his back started hurting—at first just when he ran and then all the time. In 2013, he had his left hip replaced after being diagnosed with advanced osteoarthritis. After the hip replacement, Grandpa Mason's back pain cleared up. Now he walks about six miles a day, and he also swims for half an hour or so a few days a week. Grandpa Mason was diagnosed with high blood pressure in 2011. He takes daily medication to help control it, and his doctor says the walking and swimming also helps. The doctor told Grandpa to watch his cholesterol, so he and Grandma Gert only keep healthy snacks at their house now. Grandpa Mason's blood type is O+.



McKenzie Gertrude McMurry (Kenzi)

**BIRTHDATE:** May 27, 2009

**EYE COLOR:** Blue

**HAIR COLOR:** Red

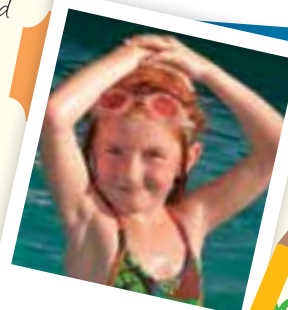
**LOOKS LIKE:** Grandma Gert (Kenzi's namesake)

**FUN FACT/FAMOUS QUOTE:** Kenzi was born on Grandpa Mason's birthday. She sometimes uses his new words—the most famous is "pasterday," which she used to use instead of "yesterday."

**HEALTH HISTORY/BLOOD TYPE:** Kenzi was born with a heart murmur shortly after Grandpa Mason's birthday. She sometimes uses his new words—the most famous is "pasterday," which she used to use instead of "yesterday."

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**HEALTH HISTORY/BLOOD TYPE:** Kenzi was born with a heart murmur shortly after Grandpa Mason's birthday. She sometimes uses his new words—the most famous is "pasterday," which she used to use instead of "yesterday."



# WHAT WOULD *John Wayne* DO?

In his final movie, *The Shootist*, John Wayne—an icon of 20th century masculinity—played an aging gunfighter with cancer. “I’m a dying man, scared of the dark,” he said of his condition, revealing feelings of depression—a mental condition that affects many people with chronic illness.

**COMMON SIGNS OF DEPRESSION** in men include difficulty sleeping, loss of appetite, tiredness, irritability, and loss of interest in hobbies, work or family.

“Sometimes depression is a biological byproduct of a medical illness like cancer, Parkinson’s disease, cerebrovascular disease or multiple sclerosis,” says **Al Ortega, Ph.D.**, neuropsychologist at New York Methodist Hospital. “In other cases, the association between depression and chronic medical illness appears related to other factors from the disease, including loss of role in life, limitations on activity imposed by the illness, decreases in quality of life, and increases in the need for health services and/or the costs associated with that need.”

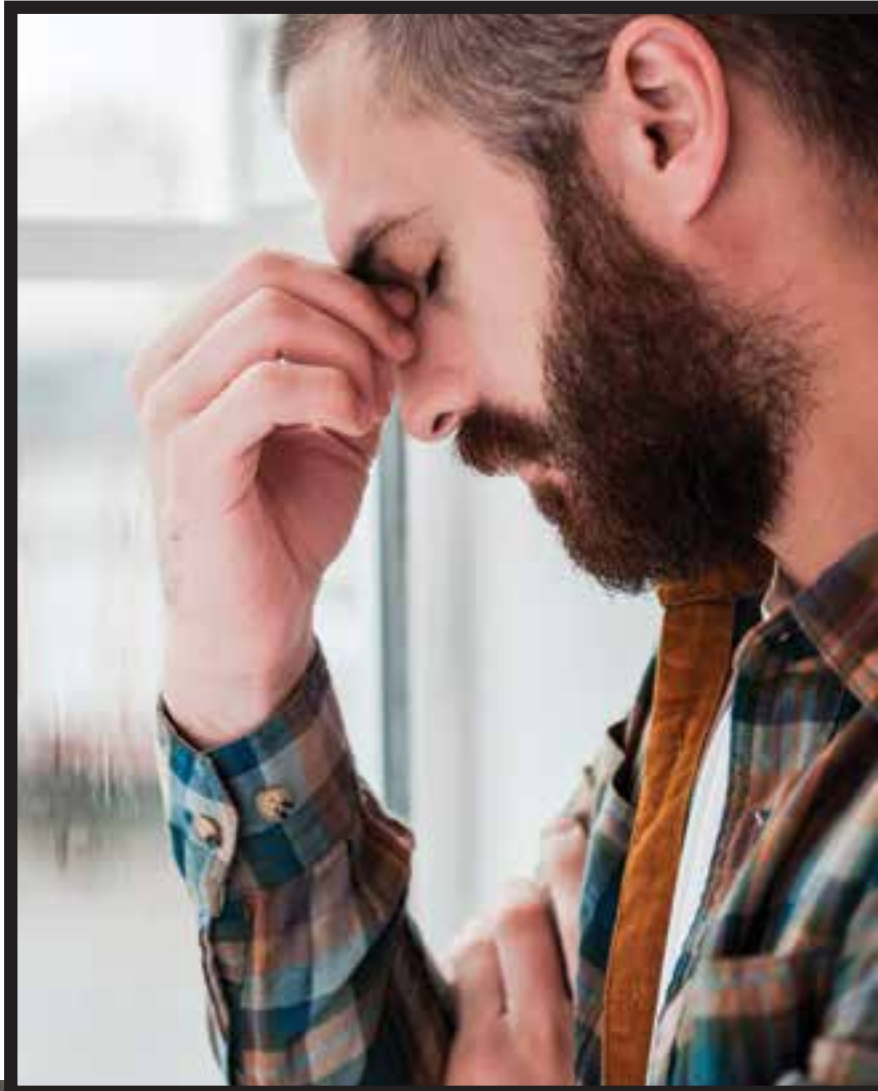
This problem is compounded in men because many simply choose not to pursue treatment. They have been conditioned to think seeking help for depression is something men do not do.

“Psychological health, especially in cancer patients, is essential because it can impact the outcome,” says **Hani Ashamalla, M.D.**, chair of radiation oncology at NYM. “For example, depressed patients are more likely to miss treatments.”

## IMPROVING PHYSICAL HEALTH BY IMPROVING MENTAL HEALTH

The Department of Radiation Oncology at NYM regularly screens cancer patients for signs of depression. As many as 25 percent of people diagnosed with cancer become depressed.

“I encourage men with signs of mood changes or depression to speak with a doctor,” Dr. Ashamalla says. “Depression is typically temporary, and effective treatment is available.”



## ANOTHER REASON TO SEEK HELP

Depression and suicide have a strong correlation. Although women are more likely to attempt suicide during severe depression, research reveals that men are more likely to succeed at suicide attempts.

Depression can worsen if left untreated, and that can lead to risky behaviors like drug and alcohol abuse or suicidal thoughts, so it is important for men to be open with their doctors if they experience symptoms.

“Some men are afraid they will become a burden to their families if they seek treatment for depression,” Dr. Ortega says. “But you serve those you love best when you take care of yourself most.”



# ABOUT ANEMIA



**Charlene walked away from the blood donation center feeling deflated and little concerned. She'd come to participate in a blood drive, but she was turned away after a preliminary blood test revealed low hemoglobin levels—a sign of anemia.**

**"IN ITS SIMPLEST TERMS,** anemia means that there is a decrease in the amount of red blood cells," says **Ayanna Baptiste, M.B.B.S.,** a hematologist at New York Methodist Hospital. "Anemia is one of the most common conditions in the United States and worldwide, affecting up to 25 percent of the world's population."

Charlene—who had been feeling a little tired but fine otherwise—learned that anemia is usually manageable and frequently temporary. It may be caused by nutrient deficiencies, genetic disorders, and in women, pregnancy or menstruation. She was surprised to discover, however, that it can signal severe health problems.

"Anemia can be the byproduct of underlying diseases," Dr. Baptiste says. "This includes serious or chronic conditions like Crohn's disease, sickle cell disease, rheumatoid arthritis, cancer and kidney failure—the list is extensive."

"Severe anemia makes the heart and lungs work harder to deliver oxygen to cells," Dr. Baptiste says. "Over time, this can lead to heart failure or dysfunction, so it's important to see your doctor if you exhibit signs of anemia, which can include fatigue, shortness of breath, weakness, or recurring headaches."

Underlying medical conditions will also determine the type and severity of anemia symptoms; for example, in cases of vitamin B12 deficiency, numbness and even personality changes can result.

## DIAGNOSING AND TREATING ANEMIA

To confirm anemia, doctors typically order a complete blood count, or CBC, a laboratory test that measures the amount of

hemoglobin and the number of red blood cells present in the blood. If the results show low amounts of these, the anemia diagnosis is confirmed, and the next step is to determine the cause.

When poor nutrition is the reason for anemia, treatment may be as simple as taking a supplement or increasing the intake of foods rich in iron, vitamin B12 and folic acid. These include spinach, oysters and beef liver for iron; fish, meats and fortified cereals for vitamin B12; and breads, pasta and rice for additional folic acid. Medications like omeprazole or ranitidine—which reduce acids in the stomach—can be the solution if a stomach ulcer is the culprit. Erythropoietin injections can help when anemia occurs due to kidney disease, and immunosuppressive drugs may be prescribed when anemia is caused by autoimmune diseases.

Severe cases of anemia can be treated with a blood transfusion, during which patients receive blood from healthy donors to replace their own missing red blood cells. However, transfusions may provide only a temporary solution in some instances.

"Treating anemia always requires treating the underlying cause," Dr. Baptiste says. "If the cause was blood loss due to a major surgery or a trauma, then an infusion of red blood cells may be all the patient needs. In the case of a condition like sickle cell disease, which is caused by genetic factors, a cord blood (blood harvested from the umbilical cord at birth) or bone marrow transplant may cure the disease."

# Q&A

## Inspired by Kindness and Family



**RAFFAELE BORRIELLO, M.D.**

**RAFFAELE BORRIELLO, M.D., GENERAL SURGEON AT NEW YORK METHODIST HOSPITAL, SHARES HIS LIFELONG PASSION FOR SERVING OTHERS THROUGH MEDICINE.**

|   |  |   |
|---|--|---|
| <p><b>Q</b> <i>What motivated you to become a doctor?</i></p> <p><b>A</b> In 1956, my parents—Annuziata and Gennaro Borriello—immigrated to the United States from Italy. I was two years old, and my family reached America with only our suitcases and the hope of a better life. In my childhood, I met a kind and cheerful physician who selflessly provided health care to our large clan—five brothers and six sisters—despite our limited resources. His professionalism and kindness from when I was a young boy inspired me to pursue a medical career.</p>  |  | <p>facets. After patient care, I consider training the next generation of American doctors to be my most important responsibility.</p>  |
| <p><b>Q</b> <i>Why did general surgery appeal to you?</i></p> <p><b>A</b> My family consists of many technically gifted artisans, including furniture craftsmen and carpenters, and I feel it started there. While my family creates beautiful and functional items from wood, I use my technical gifts to heal people through surgery—I feel it’s two sides of the same coin.</p> <p>From the first day I walked into the operating room as a medical student, I fell in love with surgery. The practice is interesting and thought provoking. Since the beginning of my career, I’ve found satisfaction in applying my skills to resolve the various challenges that every surgeon encounters when in the operating room.</p> |  | <p><b>Q</b> <i>What is the most rewarding aspect of working at NYM?</i></p> <p><b>A</b> The physicians, nurses and staff at NYM have a bond that goes beyond what I’ve experienced at other hospitals. We are one team with a common mission to provide world-class medical care to our community.</p>  |
| <p><b>Q</b> <i>What area of general surgery interests you most?</i></p> <p><b>A</b> I love so many aspects of being a surgeon, including the intellectual and academic</p>  |  | <p><b>Q</b> <i>What do you love to do when you’re not working?</i></p> <p><b>A</b> I enjoy biking across the United States and around the world. I’ve found that riding a bike is a great way to explore a new place. I also enjoy gardening at my home on Long Island.</p> <p><b>Q</b> <i>What is one thing that you would change about yourself?</i></p> <p><b>A</b> I wish that I were better able to see things from the perspective of other people.</p> <p><b>Q</b> <i>What is something that you do not want to change about yourself?</i></p> <p><b>A</b> I wouldn’t change my persistence in finding solutions to challenging problems. This quality has served me well both professionally and personally throughout my life.</p> |



# Abdominal Aches and Issues



AS A GENERAL SURGEON, DR. BORRIELLO OFTEN PERFORMS PROCEDURES ON PATIENTS TO HEAL VITAL ORGANS IN THE ABDOMINAL CAVITY. TEST YOUR KNOWLEDGE ABOUT SOME OF THE CONDITIONS THAT DR. BORRIELLO TREATS.

1

*Gallstones may cause which of the following complications?*

- a. Acute infections in the abdomen
- b. Jaundice
- c. Inflammation of the pancreas
- d. All of the above

**Answer: d. Made up of cholesterol (approximately 80 percent of the time) or an excess of a yellowish digestive fluid called bilirubin (approximately 20 percent of the time), gallstones that develop in the gallbladder may cause various complications depending on the size and location of the stones.**

If the stones are significant, causing pain or compromising function of your biliary system (consisting of the gallbladder and parts of the liver), your doctor may recommend removal of the gallbladder through a minimally invasive laparoscopic cholecystectomy. The doctor may recommend an open cholecystectomy if you have severe gallbladder inflammation, are in your third trimester of pregnancy, or have a stomach deformity or abdominal scarring.

2

*Which of these abdominal conditions must be treated in order for the rest of the body to continue functioning properly?*

- a. Appendicitis (inflamed appendix)
- b. Diverticulitis (inflammation of pouches that form on the colon wall)
- c. Hernias (weak spots in muscle or connective tissue that allow an organ or fat to push into a neighboring body cavity)
- d. All of the above

**Answer: d. "Each organ in the abdomen is comparable to a critical component of a machine," says Raffaele Borriello, M.D., general surgeon at New York Methodist Hospital. "If conditions of the abdomen are not properly diagnosed and treated, the body will begin to fail and eventually break down like any neglected machine."**

3

*Which of the following statements is accurate?*

- a. Laparotomy is exploratory abdominal surgery.
- b. Laparotomy is a type of bariatric (weight-loss) procedure.
- c. Laparotomy is a procedure to stem overproduction of stomach acid.
- d. None of the above.

**Answer: a. Laparotomy is exploratory abdominal surgery. It is typically conducted on patients with undiagnosed stomach symptoms. Surgeons may use it to locate internal bleeding injuries in trauma patients.**

4

*Fact or fiction: Colonoscopies are only necessary if you are experiencing irregularity.*

**Answer: Fiction. Colonoscopies can detect precancerous polyps and colon cancers during early stages of disease, when treatment of these growths is most likely to be successful. A screening is typically recommended for adults at normal risk for colon cancer from age 50 to 74 every ten years. People with a family history of colon cancer should talk with their doctors to ask if screenings should begin at a younger age or occur more frequently.**

"Benjamin Franklin's advice is still true today," Dr. Borriello says. "An ounce of prevention is worth a pound of cure. Taking the preventive measure of having routine colonoscopy screenings can help prevent or provide a chance for early and successful treatment of colon cancer."

5

*True or False: Men are more likely than women to have hernias in the abdomen.*

**Answer: True. Abdominal hernias are most common in boys and men. Emergency surgery is sometimes performed to repair these hernias, which can cause bloating, cramping and severe abdominal pain.**

**NO TIME TO READ ALL OF *thrive*? ENJOY THESE FIVE DIGEST VERSIONS OF FEATURED ARTICLES WITH KEY TAKEAWAYS FROM THIS ISSUE.**

30



1

1

**INFERTILITY CURES**

Approximately 10 percent of the population is affected by infertility.

Some causes of infertility like low sperm count, slow sperm and inconsistent ovulation can be treated through assisted reproductive technology (ART) methods like artificial insemination, which places sperm in the fallopian tubes during ovulation, giving couples a better chance of conception.

In some cases, treating indirect or underlying causes of infertility—like hormonal imbalances or blocked cervix or fallopian tubes—may help couples conceive without ART methods. Turn to page 10 for more on infertility.



2

2

**DON'T WALK IT OFF**

Overuse injuries are on the rise among child athletes, particularly those who concentrate on a single sport and play extended seasons or year-round. This is due to the repeated physical action necessary to play the sport.

To prevent childhood sports overuse injuries, parents should encourage kids to participate in multiple activities, to warm up before playing, to rest after playing, to avoid extended playing seasons, and to immediately seek treatment for injuries. See page 16 for additional information about overuse injuries in children.

3

**A SECRET NO LONGER**

More than 15 million Americans have urinary incontinence—a condition that many people are embarrassed to discuss. The truth is that urinary incontinence is highly treatable, and the first step is to talk with a doctor about symptoms.

Treatments can range from conservative measures—like limiting caffeine or alcohol intake, performing Kegel exercises to strengthen pelvic floor muscles, or taking medications—to more assertive procedures, such as sphincter injections or urethral sling surgery to restore normal urinary function. Learn more about urinary incontinence treatments starting on page 18.



4

4

**KIDS IN THE KITCHEN**

The secret to teaching your children how to be healthy eaters may be as simple as encouraging them to help with meal planning, putting them in charge of selecting new vegetables for the whole family to try, or actively involving them in food preparation.

To help your young ones embrace healthy meal planning and preparation, urge them to check out cookbooks and cooking websites for recipes ideas, teach them how to make healthy substitutions when a recipe calls for unhealthy ingredients, and provide them with kid-friendly kitchen tools that make preparing and cooking both safe and interesting. Turn to page 22 for more ideas to raise your child's nutrition IQ.

5

**IT'S (NOT JUST) IN THE PAST**

When considering your family's future health, don't forget to take a look at your family history.

The tendency to develop chronic conditions like cardiovascular disease and type 2 diabetes can be inherited.

Learning about the health history of parents, grandparents and other relatives empowers you when it comes to disease prevention and lifestyle choices. And, it can be fun if you approach it as a family project and infuse it with interesting family lore and photos. Find a family health history scrapbook activity on page 24.





# COMMUNITY FORUM

## STEADYING SLEEP ROUTINES

AFTER SHARING THE TEEN SLEEP ARTICLE IN THE LAST ISSUE OF *THRIVE* [SPRING/SUMMER 2015, PAGE 16] WITH MY 17-YEAR-OLD DAUGHTER, WE AGREED THAT HER ENERGY LEVELS AND ACNE MIGHT IMPROVE IF SHE WERE TO GET MORE SLEEP. HOWEVER, SHE SEEMS TO THINK THAT SHE CAN GET LESS SLEEP DURING THE WEEK AS LONG AS SHE HAS A “CATCH-UP DAY” ON THE WEEKEND. ON A WEEKLY BASIS, SHE’S GETTING THE RECOMMENDED AMOUNT OF SLEEP, BUT IT’S NOT UNCOMMON FOR HER TO GET ONLY THREE TO FOUR HOURS OF SLEEP ONE WEEKNIGHT—USUALLY BECAUSE SHE’S PREPARING FOR A TEST OR SOME EXTRACURRICULAR EVENT—AND THEN SLEEP FOR 12 HOURS OR MORE ON SATURDAY AND SUNDAY. MY GUT TELLS ME THIS CANNOT BE HEALTHY, BUT I WANT TO KNOW FOR SURE.

CAMERON M.

*Cameron,*

*Your instinct is right. Catching up on sleep on the weekend does not reduce the effects of sleep deprivation during the week. One of the best ways to get enough sleep is to set a schedule—and when you stay up or sleep in significantly later on the weekend, that can make it harder to return to a reasonable schedule during the week. Studies have shown that work performance and tiredness do not improve when people try to catch up on sleep. An hour-long nap on the weekend can be refreshing, but much longer than that and your daughter is likely to start to feel groggy and more tired. When possible, encourage her to prepare for an hour or two each night a few days before she is due to take tests or participate in other activities. This practice will allow her to get the recommended eight to ten hours of sleep per night and skip the weekend sleep binge.*

— **Jeremy Weingarten, M.D.**, chief of pulmonary, critical care and sleep medicine

## GETTING OLDER, GETTING VACCINATED

I WAS GLAD TO SEE THE ARTICLE ABOUT THE VACCINES AVAILABLE FOR SENIORS IN *THRIVE* [SPRING/SUMMER 2015, PAGE 21]. AS AN ACTIVE 65-YEAR-OLD, I TRY TO DO EVERYTHING I CAN TO STAY IN GOOD HEALTH. HOWEVER, I DID NOT KNOW THAT I COULD BENEFIT FROM MORE VACCINES, ESPECIALLY SINCE I’M EXPECTING A NEW GRANDCHILD IN THE FALL. AFTER TALKING WITH MY DOCTOR’S OFFICE, I’M GOING TO HAVE THE SHINGLES VACCINE AND A PNEUMONIA VACCINE, AS WELL AS A BOOSTER SHOT FOR DPT [DIPHThERIA, PERTUSSIS AND TETANUS]. THANKS FOR PUTTING THIS INFORMATION INTO THE COMMUNITY TO HELP KEEP US AND OUR LOVED ONES SAFE.

ANDREA S.

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

## MULTIPLE SCLEROSIS

I’M WRITING ABOUT YOUR ARTICLE ON MULTIPLE SCLEROSIS [SPRING/SUMMER 2015, PAGE 29]. MY FRIEND AND MENTOR—A PROFESSOR AT THE COLLEGE I ATTENDED—HAD MS, AND SHE WAS WHEELCHAIR BOUND. I NEVER REALLY UNDERSTOOD A LOT ABOUT THE DISEASE BACK THEN, BUT I WATCHED MY FRIEND DETERIORATE AND EVENTUALLY PASS AWAY. THAT WAS 19 YEARS AGO. IT IS GOOD TO KNOW THAT PROGRESS HAS BEEN MADE AND THAT PEOPLE WITH THIS DIAGNOSIS TODAY HAVE A BETTER CHANCE OF MAINTAINING THEIR INDEPENDENCE AND SURVIVING. THANKS TO DR. BABINSKI [KRISTEN BABINSKI, M.D., A NEUROLOGIST AT NEW YORK METHODIST HOSPITAL] AND OTHER DOCTORS AND RESEARCHERS FOR THE WORK THEY DO TO HELP MS PATIENTS LIVE LONGER, HAPPIER LIVES.

RENEA R.

# New York Methodist Hospital Community Events

Oct., Nov., Dec. 2015 & Jan., Feb., Mar. 2016

## SUPPORT GROUPS

### Bereavement Support Group

Thurs., Oct. 15–Dec. 10  
(8 Sessions), 6:15 p.m.–7:30 p.m.  
Call 718.780.5367 for  
information, location and  
registration (required).

### Brain Aneurysm Support Group

Sat., Oct. 10, Dec. 12, Feb. 6  
9 a.m.–11 a.m.  
Executive Dining Room,  
506 Sixth Street  
Call 718.246.8610 for  
more information.

### 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 3K-C,  
501 Sixth Street  
Call 718.780.5078 for  
more information.

### Cancer Support Group

For individuals diagnosed  
with cancer and those  
dealing with a loved one's  
cancer.  
Thurs., Nov. 5, Dec. 3, Mar. 3  
3 p.m.–4:30 p.m.  
Wesley House 6A,  
501 Sixth Street  
To register (required),  
call 718.780.3593.

### Diabetes Support Group

Thurs., Oct. 29, Nov. 19,  
Jan. 28, Feb. 25, Mar. 24  
5 p.m.–6 p.m.  
Buckley Room 820,  
506 Sixth Street  
Call 718.246.8603 for  
more information and  
to register.

### Hepatitis C Support Group

Meets the third Wednesday of  
the month, 6 p.m.–7:30 p.m.  
Buckley Room 820,  
506 Sixth Street  
Call 718.780.3125  
for information.

### Insulin Pump Support Group

Open to individuals  
with diabetes who are  
being treated with or are  
considering continuous  
subcutaneous insulin  
infusion therapy.  
Tues., Nov. 10, 5 p.m.–6 p.m.  
Buckley Room 820,  
506 Sixth Street  
Call 718.246.8603 for  
additional information  
and 2016 dates.

### Look Good ... Feel Better®

Helping women with cancer  
feel beautiful inside and out.  
Thurs., Nov. 19, Jan. 21, Mar. 17,  
2 p.m.–4 p.m.  
Wesley House 6A,  
501 Sixth Street  
To register (required),  
call 718.780.3593.

### Mind/Body Methods for Managing MS Stress

Starts Tues., Oct. 20, and  
will resume on the second  
Tuesday of every month.  
(Dates subject to change due  
to inclement weather).  
7:00 p.m.–8:30 p.m.  
Buckley Room 820,  
506 Sixth Street  
Preregistration required.  
Call 1.800.344.4867.

### Parkinson's Caregivers Support Group

For individuals caring  
for loved ones with  
Parkinson's Disease.  
Meets monthly. Call  
646.704.1792 for dates,  
location and to register  
(required).

### Parkinson's Disease Support Group

Meets the third Thursday every  
month. 2 p.m.–4 p.m.  
For location and to  
register (required), call  
646.704.1792.

### Parkinson's Wellness and Exercise Classes

**Dance:** Meets twice monthly.  
**Yoga:** Meets twice monthly.  
2 p.m.–3 p.m.  
Wesley House 6B,  
501 Sixth Street  
Call 646.704.1792 for dates  
and to register (required).

### Pulmonary Hypertension Support Group

Mon., Nov. 2, Jan. 4, Mar. 7  
5 p.m.–7 p.m.  
Wesley House 7A,  
501 Sixth Street  
To register (required),  
call 718.780.5614.

### Surgical Weight Reduction Seminar/Support Group

A surgeon will conduct.  
Open to pre- and post-  
operative patients.  
Thurs., Oct. 22, Nov. 19,  
Dec. 17, Jan. 28, Feb. 25,  
Mar. 24, 6 p.m.–8 p.m.  
Executive Dining Room,  
506 Sixth Street  
Call 718.780.3288 for  
more information.

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

SUPPORT GROUPS AT THE NYM CAMPUS

SPECIAL EVENTS

### The Mama Sherpas

NYM's Department of Obstetrics and Gynecology  
will host a free documentary screening of *The  
Mama Sherpas*—a film about the experience of  
childbirth with a midwife.  
Thurs., Oct. 22, 7 p.m.  
East Pavilion Auditorium,  
506 Sixth Street (at Eighth Avenue)  
Call 718.780.5217 to reserve your spot.

### Senior Health Seminars

Join NYM's physicians as they lecture about  
senior health topics.  
Wed., Oct. 28, Nov. 18, Dec. 16, Jan. 27, Feb. 17  
2:30 p.m.–3:30 p.m.  
Brooklyn College Student Center  
East 27th and Campus Road  
Call 718.780.5368 to register (required).

### Fred L. Mazzilli Lung Cancer Screening Awareness Day

Free blood pressure and spirometry screenings,  
giveaways, celebrity appearances, and educational  
lecture. Light refreshments will be served.

Thurs., Nov. 5, 11 a.m.–3 p.m.  
Carrington Pavilion Atrium, 506 Sixth Street  
Call 718.780.5367 for more information  
and to register (required).

### World Diabetes Day

Free blood pressure, dental and podiatry  
screenings. Diabetes educators, pharmacists and  
registered dietitians available to answer questions.  
Wed., Nov. 11, 11 a.m.–2 p.m.  
Carrington Pavilion Atrium, 506 Sixth Street  
Call 718.780.5367 for more information.

### Give Kids a Smile Day!

Free dental exams for children including sealant  
placement, child prophylaxis, x-rays and more.  
Children ages 1–16 welcome!  
Fri., Feb. 5, 9 a.m.–3 p.m.  
Kirkwood Pavilion, 506 Sixth Street  
Call 718.780.5410 for more information.

### Go Red for Women Day

NYM will wear red and host a health fair,  
featuring free heart healthy screenings,

educational information and giveaways.  
Fri., Feb. 5, 10:30 a.m.–1:30 p.m.  
Carrington Pavilion Atrium, 506 Sixth Street  
Call 718.780.5367 for more information.

### Eat Right

To mark National Nutrition Month and Registered  
Dietician's Day, NYM's nutritionists will answer your  
questions about popular diet myths, heart health  
issues, weight management, diabetes and more.  
Wed., Mar. 9, 9:30 a.m.–2:30 p.m.  
Carrington Pavilion, 506 Sixth Street  
Call 718.780.5367 for more information.

### Diabetes Alert! Day

Free blood pressure, glucose, podiatry and dental  
screenings. A pharmacist, nutritionist and diabetes  
educator will also be available to answer questions.  
Wed., Mar. 23, 10:30 a.m.–1:30 p.m.  
Carrington Pavilion Atrium, 506 Sixth Street  
Call 718.780.5367 for more information.

## RED STOCKING SOIRÉE

Celebrate the holiday season at NYM's 5th  
annual Taste of Brooklyn fundraiser, featuring  
culinary delights, wine and beverages from  
Park Slope's best restaurants, and a culinary-  
inspired silent auction and raffle. Proceeds  
will help us to increase access to quality care  
for our growing Brooklyn community.

Tue., Nov. 17, 7 p.m.–9 p.m.  
Carrington Pavilion, 506 Sixth Street  
Tickets: \$100–\$150

For more information and to purchase  
tickets, visit [nym.org/redstocking](http://nym.org/redstocking) or call the  
Department of Development at 718.501.6880.

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