

Community Owned And Operated

HEALTHWISE

JOURNAL OF WELLNESS AND GOOD HEALTHCARE ● WINTER 2006

HEALTH (LINK)



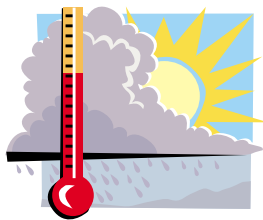
START KIDS ON THE RIGHT TRACK. In one study, preschoolers who ate four servings of fruits and vegetables—along with two servings of dairy products—every day had lower blood pressure in early adolescence than kids who ate fewer fruits, vegetables and dairy products.

—Epidemiology

CAN'T TALK DURING EXERCISE?

Slow down. If you have trouble talking during exercise, you probably need to slow down. If you're able to speak comfortably, you're likely exercising at the right pace.

—Medicine & Science in Sports & Exercise



OH, MY ACHING...

Weather changes really can make your joints ache. According to scientists, changes in barometric pressure and temperature can worsen knee pain.

—American College of Rheumatology



Citizens Memorial Hospital opened its doors in December 1956. As the inset taken in 2005 shows, a lot can change in 50 years.



we're community-owned and nonprofit, our revenue stays here, reinvested in better care and equipment. Our employees are friends and neighbors who live, work and raise their children here. They have a vested interest in doing a good job. Citizens' bottom line isn't how much money we've made, it's how we've made life better for you.

LOOKING BACK

We opened our doors in 1956 as Citizens Memorial Hospital, dedicated to those who served in World War II. During 2006, we'll be sharing bits and pieces of that 50-year history with you. Some of you will recognize old friends and faces; others will be amazed at how old-fashioned things seemed. But Citizens is not

a 50-year-old static institution—we're a progressive healthcare resource as forward-thinking as you are.

LOOKING FORWARD

We lead the way in virtually every front as The Heart Hospital, the Kathryn O'Connor Regional Cancer Center, The Women's Pavilion (a labor and birthing facility), a lead level 3 Trauma Center and the Citizens Bariatric Center. It's why we pioneered nonsurgical biopsy in the Crossroads; a softer, better mammogram; numerous heart-surgery procedures; a CT scanner that's faster and easier on patients; and why a true advancement in cancer treatment, IMRT, is already in our building.

Our air ambulance service saves lives and time. Our chest pain, cancer, and trauma centers and our emergency services are recognized as having the highest standards. We were first to have a hyperbaric chamber in the area. Citizens HealthPlex is the most advanced rehabilitative and wellness center in the area. Our outlying clinics bring primary medical care to rural areas. Our Home Health service extends quality care after hospital stays, our continuing education programs have been recognized by both the Texas Medical Association and Texas Nursing Association, and we do a substantial amount of community health education, year in and year out.

Fifty years ago, we had no idea what the future held. Fifty years later, we probably can't imagine the technological advances and medical miracles to come. But we do know one thing; we want Citizens to be the place you come to find them.

LOOKING BACK AT 50 YEARS OF LOOKING FORWARD

2006 IS CITIZENS' 50TH YEAR OF SERVICE TO THE REGION. WE'VE MADE CHANGES, MADE FRIENDS AND MADE PROGRESS, BUT WE'VE ALWAYS HAD OUR EYES ON THE prize: better service and medical care to the community.

Choosing a healthcare provider today isn't always an easy task. There are more specialists, more options, more facilities—the whole health system is more complex. Having a half-century track-record matters, but at Citizens Medical Center, we're not taking a 50-year relationship with our community for granted; we're looking forward to providing better, simpler and more personal care.

The Citizens' story is Victoria's and the Crossroads' story, too. Because

INSIDE

5 HEART DISEASE DON'T MISS A BEAT

8 WEIGHT-LOSS SURGERY HELP IS HERE

6 DIABETES AND HEART DISEASE DEADLY DUO

12 CLASSES FOR GOOD HEALTH JOIN TODAY!

Kids can control asthma at school



It's a feeling lots of parents have on their kids' first day of school—that overwhelming urge to wrap your arms around them and never let go.

If you have a son or daughter with asthma, that urge might be even stronger. Asthma

is a serious illness that requires strict attention to keep it under control. You can't be with your child around the clock, of course. But you can take steps to make sure that your child's asthma is properly managed while he or she is at school. It all begins with an asthma action plan.

An asthma action plan is a written document that you put together with your child's doctor. It may include a list of things that could trigger an asthma attack at school and possible ways to avoid them. Also in the plan should be warning signs of an asthma episode, the medications your child uses and how they should be taken, and what to do in an emergency.

According to the American Academy of Allergy, Asthma and Immunology (AAAAI), you should go over this information with your child and also schedule a meeting with your child's teachers and school nurses. Be sure you talk to physical education teachers and coaches as well, because exercise can be an asthma trigger.

It's best for children to keep their inhaled medicines with them during the day, as long as their doctor and parents approve, advises the AAAAI.

But schools may have different policies. If your child's school doesn't allow children to keep their own medications with them, then make certain that your child will be able to get the medicine quickly when needed. You should also make sure school personnel know how to give the medication correctly.

Ask your child's doctor for more information about asthma action plans.

Parents overestimate kids' safety habits

Does your child wear a helmet when riding a bike? Are you sure? A survey of more than 700 fourth- and fifth-graders found that parents overestimate how well their children adhere to safety practices when riding on bicycles and in vehicles.

Researchers questioned parents and children separately on their attitudes and habits regarding safety issues such as wearing bicycle helmets and buckling seat belts. Parents consistently thought their kids were being safer than they actually were.

For example:

- 70 percent of parents agreed with the statement, "My child always wears a bicycle helmet." Only 51 percent of children said they do.
- Adults say their kids wear seat belts 92 percent of the time, but kids say they wear them only 70 percent of the time.

Source: Injury Control and Safety Promotion, Vol. 11, No. 1



CARBON MONOXIDE POISONING

How to protect your family, home from this danger

You can't see it or smell it, but a poisonous gas called carbon monoxide (CO) could be lurking in your home.

CO is produced whenever any fuel—such as natural gas, oil, kerosene, wood or charcoal—is burned. Fuel-burning appliances, such as gas furnaces or ovens, that are maintained and used properly should not pose a risk. However, dangerous levels of CO can result if an appliance does not work properly, isn't vented properly or is used incorrectly.

Signs of CO poisoning Symptoms of CO poisoning are similar to the flu, but without the fever. They can include: ♦ Headache. ♦ Shortness of breath. ♦ Nausea. ♦ Dizziness or feeling faint. ♦ Fatigue.

If you have symptoms of CO poisoning, don't ignore them, especially if more than one person experiences the same symptoms. CO poisoning can be fatal if it is not treated. You should:

- Get fresh air immediately. Open doors and windows, turn off all fuel-burning appliances and go outside.
- Call 911, or go to the nearest emergency room and tell a doctor that you suspect CO poisoning.

Preventing CO poisoning The Environmental Protection Agency offers the following tips to keep your family safe from CO poisoning:

- Install CO detectors near sleeping areas and on each level of your home.
- Avoid sleeping in a room with an unvented gas or kerosene space heater.
- Have all fuel-burning appliances—including oil and gas furnaces, gas water heaters, gas ranges and ovens, gas dryers, fireplaces and woodstoves—inspected yearly for any

problems by a trained professional.

- Whenever possible, choose appliances that vent their fumes to the outside. Be sure to have them properly installed and maintained according to the manufacturers' instructions.

- Never use a gas range or oven to heat your home or run a generator in your home.

- Never use a charcoal grill indoors, even in a fireplace.

Is it asthma? Symptoms to watch for

Maybe it's a nagging, nightly cough. Or sometimes you find it hard to catch your breath. In either case, you may wonder: Could I have asthma?

A disease on the rise, asthma may affect more than 20 million Americans, the American Academy of Allergy, Asthma and Immunology (AAAAI) reports.

Bothered breathing According to the National Heart, Lung, and Blood Institute, people who have asthma may:

- Wheeze (make a whistling or squeaky breathing sound) when they have a cold.
- Cough frequently, especially at night—sometimes the only sign of asthma in a child.
- Notice that symptoms are brought on by exercise or brisk activity, especially in cold weather.

You might also have asthma if you cough or wheeze when you laugh a lot or cry, or when you're around allergens or irritants, such as pollen, pets or smoke.

Another possible sign of asthma: if symptoms cause you to miss work or lose sleep, or cause your child to miss school.

Who's at risk? Anyone can get asthma—even older adults—but it often starts in childhood. A family history of asthma is a risk factor, and asthma is closely linked to allergies.

Get answers Asthma can feel different for everyone, so seeing a doctor is the best way to find out what's going on. There's no cure for asthma, but avoiding things that make it worse and taking medicines help most people control the disease.

For more information about asthma, go to the AAAAI Web site, www.aaaai.org.





HEART MURMURS

WHAT PARENTS SHOULD KNOW

Heat murmur: It's a phrase that sounds serious but usually isn't. That's likely to be a relief to the many parents who learn their child has this common—and usually harmless—condition.

The “murmur” refers to an extra or unusual sound heard when the heart beats. According to the American Academy of Family Physicians (AAFP), it's similar to the noise water makes when gushing through a hose.

In many cases, murmurs are noticed during routine medical visits, when a doctor checks a child's heart with a stethoscope, says Robert Bonow, M.D., past president of the American Heart Association.

“Parents should have their children's hearts listened to routinely as they grow up,” he says. “It's another good reason why kids need regular doctor visits.” According to the American Academy of Pediatrics, murmurs are often discovered when a child is between ages 1 and 5.

‘INNOCENT’ MURMURS Usually, a murmur doesn't mean anything's wrong—it's just noise. The sound is easy for doctors to hear because children's hearts are close to their chest walls. Such harmless murmurs are called “innocent” or “functional” murmurs, says the AAFP.

Innocent murmurs may get louder when a child's heart rate speeds up, such as during times of fear or excitement. Illnesses, a fever or anemia can make blood flow faster too.

Innocent murmurs are nothing to worry about. Kids who have them can play and run and jump just like other children, emphasizes the AAFP. Often “kids will outgrow these murmurs by their teen years,” Dr. Bonow says.

ABNORMAL MURMURS However, not all murmurs are harmless. An unusual sound could indicate a problem.

Some murmurs are difficult to distinguish—even by a trained person. Just by listening, “you can't tell necessarily whether it's an innocent or abnormal sound,” Dr. Bonow says. For that reason, a pediatrician who suspects an abnormal murmur may refer your child to a pediatric cardiologist—a heart specialist who can do tests to determine whether there's a serious problem.

The most common cause of abnormal murmurs is congenital heart disease. This occurs when the heart, heart valves or blood vessels to the heart don't develop normally.

Common defects that could lead to a murmur include

Don't be caught unprepared! See page 12 for pediatric CPR and first aid classes.

narrowed or leaking heart valves and holes in the wall that separates the right and left sides of the heart. Abnormal murmurs also may be caused by:

- Rheumatic fever, a serious illness that can cause permanent damage to the heart.
- Endocarditis, an inflammation in the lining of the heart and valves.

Depending on their type and severity, such problems might be treated with surgery or medications.

WHEN TO SEEK HELP Heart murmurs don't cause symptoms in most cases, reports the National Institutes of Health. But see a doctor if:

- Your child's skin appears blue, especially on the fingers and inside the mouth.
- Your child eats poorly and fails to grow normally.
- Your child develops breathing problems, such as fast breathing or shortness of breath.
- Your child faints a lot, complains of feeling very tired or of having chest pain, or appears to sweat excessively.

TREATMENT helps the many children with heart defects

Much has been done in recent years to help prevent birth defects, but unfortunately some still occur. For example, about one in every 125 children in this country is born with a heart defect.

In many cases, children with such defects get better on their own, the American Academy of Pediatrics (AAP) reports. But some heart defects require treatment. Common ones include:

- Narrowing of the heart's valves.
- An opening in the wall, or septum,

between the atria, the heart's upper chambers.

- An opening in the septum between the ventricles, the heart's pumping chambers.

Children who have a heart defect may have symptoms such as:

- A heart murmur—an extra or unusual sound heard when the heart beats.
- Feeding problems and slowed growth.
- Bluish lips or shortness of breath.

All of these signs should be checked by a doctor.

Treatment depends on the type and seriousness of the defect. In many children, openings in the septum close

on their own by age 5 and don't require treatment. Other children are prescribed antibiotics to protect against infections that can harm the heart. And some children with heart defects require surgery.

“Fortunately, operations have come a long way,” says Robert Bonow, M.D., former president of the American Heart Association. “Surgeons can go in and repair problems [on children] at a very early age—sometimes even within the first two weeks of life.”

Thanks to such advances, many children—even those with serious heart defects—can lead normal lives, according to the AAP.

GET HELP WITH DEPRESSION

Most of us feel a little down once in a while. Sometimes those “downs” can be life-changing events that make us sad or discouraged.

If you feel sad most of the time, you could have an illness called depression.

WHAT CAUSES DEPRESSION?

Know that depression can happen to anyone. Stressful events can bring on depression. They may include natural disasters, divorce, money problems or the death of a loved one.

SIGNS OF DEPRESSION With depression, you

might feel sad, anxious or “empty” most of the time. Other signs may include:

- ◆ You feel like there's no hope.
- ◆ You feel guilty, worthless or helpless.
- ◆ You don't enjoy favorite activities anymore.
- ◆ You feel restless, tired or “slowed down.”
- ◆ You find it hard to concentrate or make decisions.
- ◆ You get annoyed easily.
- ◆ You have trouble falling asleep or you sleep a lot more than usual.
- ◆ You've lost your appetite or you eat a lot more.
- ◆ You think about death or suicide.

KIDS AND DEPRESSION Depression doesn't just strike adults. Kids can get depressed too. Children can get

depressed for the same reasons as adults. They can have the same depression symptoms as well. Kids may also:

- ◆ Say their head, stomach or muscles hurt.
- ◆ Complain that they are very tired.
- ◆ Do poorly in school or miss school often.
- ◆ Talk about running away from home.
- ◆ Cry for no reason.

GETTING HELP The first step in getting over depression is to talk to a doctor. A doctor can help find out what you need to do to feel better.

Counseling and medication can help treat depression in both adults and kids. Sometimes only counseling may be necessary. A counselor can help you understand and deal with problems.

In some cases, both medicine and therapy are needed. Remember that you may not feel better right away. But you'll most likely feel better over time.

CAROTID ARTERIES

BLOCKAGES INCREASE STROKE RISK

When we hear the words “blocked arteries,” we tend to think of the heart.

That’s understandable. Blocked arteries are infamous for the role they play in cardiovascular disease and heart attacks.

But blockages and narrowing can occur in arteries other than those leading to the heart. A case in point: Your carotid arteries, which carry blood directly from your heart to your brain.

Just as a blocked coronary artery can cause a heart attack, a blocked carotid artery can cause a brain attack, also known as a stroke. In fact, most strokes are caused by obstructions in the carotids, according to the National Stroke Association.

Fortunately, blockages in the carotid arteries—a condition called carotid stenosis—can be treated. The first step is finding out if your arteries are blocked.

SYMPTOMS OF CAROTID STENOSIS Rest a finger on either side of your neck, under your jaw line. Feel a pulse? That’s one of your carotid arteries.

Of course, feeling your pulse can’t tell you whether you have carotid stenosis or not.

Concerned about stroke symptoms?

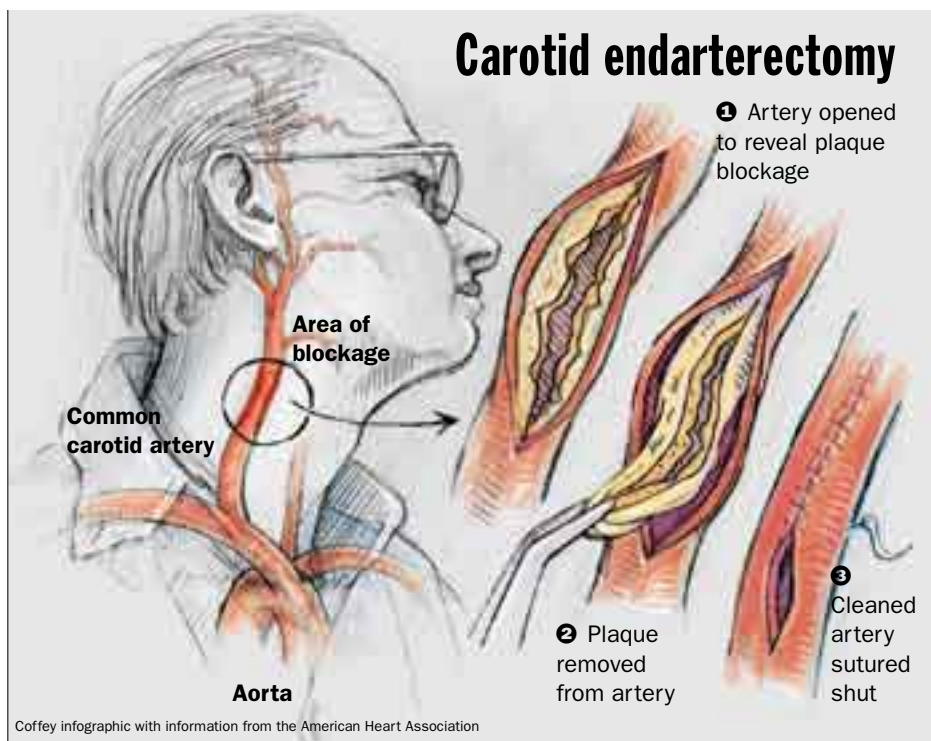
Ask your doctor about carotid Doppler ultrasound and magnetic resonance angiography at Citizens Medical Center.

“That’s the biggest issue,” says Lawrence Brass, M.D., spokesman for the American Heart Association. “Most people with carotid artery narrowing aren’t aware of it.”

Sometimes stenosis can be found on a physical exam, when your doctor hears a rushing sound, called a bruit, when listening to your carotids through a stethoscope.

Or the first warning of carotid stenosis might be a mini-stroke—called a transient ischemic attack, or TIA.

Strokes and TIAs share the same symptoms, but with a TIA the symptoms are temporary. They often last just minutes. But these symptoms should never be ignored; TIAs are often precursors to strokes.



Coffey infographic with information from the American Heart Association

Learn the **SYMPTOMS** of stroke now

A brain is a terrible thing to waste. But that’s what you might be doing if you ignore the symptoms of a stroke.

A stroke is like a heart attack, except the organ under attack is your brain. Within minutes of a stroke’s onset, cells in the affected area of the brain begin dying from lack of oxygen.

Medications and other treatments can lessen the damage of a stroke, but they’re most effective when started quickly. Learning the symptoms of a stroke now can save you precious time later.

Immediately call 911 if you or someone else has any of the following symptoms, even if the symptoms disappear within a few minutes:

- Sudden weakness or numbness in the face, arm or leg, especially on just one side of the body.
- Sudden confusion, loss of memory or loss of consciousness.
- Trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Unexplained dizziness, drowsiness or lack of coordination.
- Sudden nausea or vomiting, especially with any of the above symptoms.

Sources: American Stroke Association and Johns Hopkins University

DIAGNOSING STENOSIS To diagnose carotid stenosis, your doctor will perform a physical exam and ask about any symptoms, such as weakness.

One of the first tests you might undergo is a carotid ultrasound, says Dr. Brass. This ultrasound device uses sound waves to check blood flow through your neck arteries.

Other imaging tests might include a computerized to-

mography, or CT, scan and magnetic resonance imaging, or MRI. You might also undergo an angiography, in which an iodine contrast dye is injected into your artery.

TREATMENT Your treatment will depend largely on your symptoms and the amount of stenosis found in your carotid artery.

If you have had a TIA, your doctor may recommend surgery to open the narrowed artery.

The standard procedure is a carotid endarterectomy, says Dr. Brass. Under general or local anesthesia, the surgeon opens the carotid artery and removes the blockage.

Another, newer option is a carotid angioplasty with stent placement. This involves threading a balloon-tipped catheter into the carotid artery, where the balloon is inflated to open the blockage. A tiny, metal mesh tube called a stent is left in place to keep the artery open.

The National Institutes of Health is currently conducting a trial to compare the outcomes and safety of the two procedures, says Dr. Brass.

If you haven’t had any TIA symptoms and your stenosis is mild, lifestyle changes and medications might be recommended.

Medications could include cholesterol-lowering statins and anti-clotting agents such as aspirin.

YOUR PART “There’s a lot you can do medically to prevent, or even reverse, narrowing in the arteries,” says Dr. Brass.

Ask your doctor whether you’re at risk and what you can do about it.

HOW TO LOWER YOUR RISK FOR A STROKE

A stroke happens suddenly and often without warning. One minute you’re fine. The next minute you’re not.

Perhaps it’s that swift onset that makes some people think that you can’t prevent a stroke. Of course, there’s nothing you can do that guarantees you will never have a stroke. But there are a number of steps you can take to reduce your risks for one.

Control blood pressure. High blood pressure is thought to play a role in more than two-thirds of all strokes. If you

have high blood pressure, talk to your doctor about ways you can lower it.

Don’t smoke. “The single biggest thing you can do to improve your health is to quit smoking,” says Lawrence Brass, M.D., spokesman for the American Heart Association. It’s an especially important step if you’ve been told that you have a risk factor for stroke, such as narrowing in the carotid arteries. As an added bonus, notes Dr. Brass, quitting smoking reduces your risk for many other serious diseases too.

Control diabetes. Diabetes damages blood vessels, including those in the brain. Controlling your blood sugar level can help you avoid complications that raise the risk of stroke.

Lose weight, or maintain a healthy weight. Obesity significantly increases your risk of stroke.

Be physically active. Regular physical activity can lower your risk of stroke, as well as help you control high blood pressure and your weight.

Ask your doctor for specific advice on how you can lower your chances of having a stroke.

DON'T MISS A BEAT



HEART DISEASE IS STILL THE NO.1 KILLER, BUT CITIZENS MEDICAL CENTER—THE HEART HOSPITAL—HAS CREATED AN UNMATCHED CARDIAC CARE PROGRAM WITH ADVANCED technology, top-notch specialists and unique crisis intervention, including the chest pain center.

Heart disease: It will touch you if it hasn't already. According to the American Heart Association, cardiovascular disease kills more Americans—both men and women—than the next seven causes of death combined, including cancer. It accounts for 40 percent of all deaths each year, the equivalent of one death every 33 seconds. And things don't seem to be getting better.

An alarming rise in obesity and diabetes is replacing the prevalence of tobacco-related heart disease, especially in south Texas, and stroke numbers are not going down. Prevention is the best strategy, of course, but how we treat heart problems that already exist is just as important.

EXTENDING LIFE We still call ourselves “The Heart Hospital” after 35 years because the name uniquely fits Citizens. We've pioneered more surgical heart procedures than anyone else in the Crossroads, and performed more than 30,000 surgeries. That's a lot of extra heartbeats and extra years to spend with family members.

Citizens takes an aggressive approach in diagnosing and treating heart disease. We give ourselves, our patients

CMC's comprehensive heart-health program, Know Your Numbers, continues. Call 572-KNOW (5669) for information.

and our doctors a technological edge with machines such as our new VCT scanner, which can help diagnose chest pain, cardiovascular disease and other problems faster and more comfortably.

BUILDING TRUST Dakshesh Parikh, M.D., a cardiologist who shares a practice with Cardiologists Harish Chandna, M.D. and Ajay Gaalla, M.D., puts it this way: “Citizens and its cardiologists bring the excellence of a major city to heart care in the Crossroads; we are state-of-the-art, even compared to Houston. But because we're smaller, doctors here are more attached to their patients.” He also cited the value of Citizens' continuing education programs that assist in board recertification for cardiologists.

SAVING TIME Citizens also has the only certified chest pain center in the area, where a strict protocol reduces the time it takes to determine whether a heart attack is in progress and provides specialized treatment if that's the case.

“WITH HEART ATTACK VICTIMS, YOU HAVE TO HAVE AN AGGRESSIVE PLAN OF ACTION. THE CHEST PAIN CENTER IS PART OF THAT. AFTER ALL, LIVES ARE AT STAKE.”

—JOHN MCNEILL, D.O., CITIZENS ER PHYSICIAN

Plain and simple, Citizens' Chest Pain Center is designed to save lives when other emergency care facilities might not.

John McNeill, D.O., Victoria's EMS Medical Director and ER physician at Citizens, sees scores of heart attacks every month. “With heart attack victims, you have to have an aggressive plan of action,” says Dr. McNeill. “Lives are at stake.”

Citizens recently won an award for excellence in the care we provide during heart attacks and heart failure. According to Dr. McNeill, “Winning an award isn't important. Adhering to standards that can mean the difference between life and death is.”

INVESTING IN SAFETY Any investment that can save lives is a good one. Citizens recently contributed \$60,000 to defibrillators for local EMS providers so they could send live EKGs on the way to the Chest Pain Center, and heart attack victims could have a life-saving response waiting for them. Lee Fernandez, Supervisor for the air medical service, says that means his helicopter team can start treatment and medication before they even get to Citizens. It's another way we help the beat go on.

EASING RECOVERY Even though heart surgery is sometimes necessary, it's only part of the solution. Diet and rehabilitation also matter, and that's why Citizens has the best program in the Crossroads at Citizens HealthPlex. Under the direction of Cardiologist William Campbell, M.D., more than 300 cardiac rehab patients a year speed their recovery with a customized program that monitors their progress every step of the way. “Cardiac rehabilitation isn't just a Band-Aid,” says Dr. Campbell, “It addresses the root cause of why people are in trouble in the first place when it comes to heart problems.” Patients from all walks of life will tell you that rehab at the HealthPlex has changed their lives dramatically and permanently.

EMBRACING PREVENTION Knowing where you stand with your own heart health, and what you can do to improve it, is something you and your family should determine now, before a problem occurs. But far too many

of us fail to see the importance. Talk to someone who's lost a family member suddenly or too soon and see if they take heart health for granted.

Dr. Parikh says his advice often just bounces off patients. Maybe because it sounds so simple, or the behavior he criticizes seems so harmless. “Even if you're genetically predisposed to heart disease, it doesn't have to happen. Don't eat so much fast food; eat healthy meals at home. Don't drink many soft drinks—too much sugar. We expect diabetes to double or triple in the next 10 years. People with diabetes are at tremendous risk for cardiovascular disease, and obesity can contribute to both diabetes and heart problems. To decrease your risk, eat a low-fat diet and exercise regularly.” He also shared a story that should strike home to every parent of a teenager. “I saw an 18-year-old recently who had a heart attack because he was doing recreational drugs—a heart attack at 18.”

There's no substitute for heeding the advice of your doctor, but many of us need more. That's why Citizens started a program last summer called “Know Your Numbers,” in which participants went through clinical tests at discounted prices that provided a comprehensive measurement of their heart health. Through HealthWISE, our community education service, prevention is a big part of Citizens' heart health awareness program. We think our heart's in the right place when it comes to reaching and teaching our community. And because of our comprehensive cardiac care programs, we think your heart's in the right place when you come to Citizens.



**John McNeill, D.O.,
Citizens ER physician**



**Dakshesh Parikh,
M.D., cardiologist**

WOMEN AND HEART DISEASE

THE TRUTH CAN KEEP YOU WELL

HERE'S A QUIZ YOU DON'T WANT TO FAIL. TRUE OR FALSE: WOMEN ARE LESS LIKELY TO GET HEART DISEASE THAN MEN. ♦ IF YOU answered "true," you're wrong—but you're in good company. According to the American Heart Association (AHA), more than half of American women underestimate their heart disease risk. The idea that heart disease is a man's problem is persistent, and for many years even the experts shared that view.

According to Elizabeth Nabel, M.D., until the 1980s many doctors thought the closest most women got to heart disease was helping a man through it.

"The going concept was that middle-aged men got heart disease, and it was the job of their wives to take care of them," says Dr. Nabel, who is director of the National Heart, Lung, and Blood Institute (NHLBI).

KNOWLEDGE IS POWER Now we know that husbands aren't the only ones who need help. Cardiovascular disease is the leading cause of death in American women.

As a matter of fact, it kills more than half a million women each year in the United States alone—more than the next seven causes of death combined. That's nearly twice

the number of deaths due to all forms of cancer, including breast cancer, according to the AHA.

Doctors also know that understanding the risks can empower women to live long and healthy lives. Heart disease risk is a matter of many steps along a scale. You can measure your risks, and you can lower them. Your first step is to understand what heart disease is.

YOUR CIRCULATORY HARDWARE Picture your heart pumping oxygenated blood throughout your body. Blood pulses out through arteries and capillaries and then returns through veins to your heart and lungs to start the cycle again. Together these structures are your cardiovascular system, and when it's functioning smoothly, every cell in your body, including your brain, has the oxygen and nutrients it needs.

But over time arteries can become blocked with a buildup of cells, fat and cholesterol, a condition called atherosclerosis. It doesn't happen quickly, but when it does, the supply of blood to parts of the body is reduced. This is cardiovascular disease, and when it occurs in your brain, it can cause a stroke.

Cardiovascular disease in the arteries of your heart is

Double trouble: **DIABETES** increases risk for heart disease

If you're a woman with diabetes, you probably know that it's essential to control your disease. But you might not know about one of the most important reasons why: heart disease.

Your risk for heart disease is three to four times higher than it is for a woman without diabetes. And that can mean years off your life.

A DEADLY COMBINATION

Heart disease poses a particularly deadly threat for women with diabetes. According to the American Diabetes Association:

- Deaths from heart disease in women with diabetes have increased 23 percent over the past 30 years, compared to a 13 percent decrease in men with diabetes.
- African American, American Indian and Hispanic women have the highest diabetes rates of all women—over 30 percent in some cases.
- Heart disease is the leading cause of death for all women with diabetes.

A TANGLED WEB

Diabetes and heart disease are a dangerous pair with a complex relationship. For one thing, they share risk factors. Being physically inactive and being overweight

can lead to both diabetes and heart disease. High blood pressure and high cholesterol contribute to both conditions, and smoking makes them worse.

Elevated blood sugar, thought to cause complications in diabetes, is the prime suspect in the link between diabetes and heart disease. It can damage the walls of your arteries and make a heart attack more likely.

DEFUSE THE THREAT

Diabetes and heart disease share something else—you can defend yourself from both with positive lifestyle choices. The American Academy of Family Physicians recommends these steps:

- If you smoke, get help to quit.
- Lose weight if you need to, and keep it off.
- Eat a diet low in fat and high in vegetables and whole grains.
- Be active. Brisk walking is great exercise.

These healthy choices can help lower your cholesterol and your blood pressure, and make you feel great. They can also help you control your diabetes. All of which can help add those years back to your life.





DO YOUR HEART SOME GOOD—JOIN US FOR THE SEVENTH ANNUAL HEART WALK, SATURDAY, MARCH 4! SEE PAGE 12 FOR DETAILS.

heart disease, and it can result in a heart attack.

A DIFFERENT DRUMMER The relationship between women and heart disease wasn't understood by early researchers for an obvious reason: They studied only men. As a result, doctors didn't know until later that women with heart disease often have different symptoms than do men. For example, a woman with a heart attack might feel short of breath, unusually fatigued and generally out of sorts. If she has chest pain, it might feel like a squeezing sensation instead of the crushing pressure men typically describe.

Women often feel radiating pain in the right arm, rather than the left as men usually do, and they're more likely than men to have jaw and neck pain. Women also experience nausea and vomiting with heart attack more often than men.

Another difference is that women usually get heart disease at an older age than men. That's when the protection offered by estrogen and other hormones starts to fade.

"Women typically get atherosclerosis about 10 to 15 years later than men," says Dr. Nabel. And when older women get heart disease, the symptoms sometimes aren't clear. Or physicians don't treat them aggressively because of their advanced age.

LADIES FIRST Since the 1980s, heart disease research has included women, and it has found a number of disturbing facts. When women get heart disease, they fare worse than men, and there's a web of factors that seems to lead to their unfavorable outcomes.

According to the AHA and other experts, women:

- Wait longer than men to call for emergency medical help when they have symptoms of a heart attack.
- Are at higher risk of developing heart disease if they have diabetes than are men with diabetes.
- Are less likely to survive a heart attack than men.
- Are more likely than men to have a second heart attack.

YOUR OWN BEST FRIEND The trend among health care providers now is to take women's symptoms of heart disease seriously. But your best defense is to take charge yourself. That starts with knowing your risk factors.

One risk is advancing age—at menopause your chances

of having heart disease start to increase significantly.

The three biggest risk factors for heart disease are high blood pressure, high cholesterol and diabetes, says Virgilio Licona of the American Academy of Family Physicians (AAFP).

If you have any of these big three risk factors, healthy lifestyle choices can help control them. But even if you're risk-free, the AHA says you should still make the following choices a top priority—they will help keep your heart disease risk down.

Don't smoke. If you smoke, try your best to stop. Smoking increases a woman's heart disease risk two to four times. And if you smoke and use birth control pills, your risk is even higher. If you quit, you can lower your risk for heart attack by one-third within two years, reports the AAFP.

Be physically active. Your heart is a muscle, and you can keep it in shape with regular exercise. Exercise also can lower your blood pressure and bad cholesterol, raise your good cholesterol and help prevent or control diabetes.

Eat a heart-healthy diet. A variety of fruits and vegetables, whole-grain foods and low-fat or nonfat dairy products is key to heart health. Fish, poultry, beans and lean meats are important sources of protein. Limit saturated fat, and avoid foods with trans fatty acids, such as stick margarine and commercially prepared baked goods.

IT'S ALL CONNECTED Heart disease risk factors act in concert—having more than one greatly multiplies the danger. But the danger can go down as well—according to the NHLBI, healthy lifestyle choices can lower your heart disease risk by more than 80 percent.

If you already have heart disease, your doctor may prescribe medicines for high blood pressure or high cholesterol that can reduce your risk. Taking a small dose of aspirin regularly can help prevent heart attacks, and recent advances have made procedures to treat clogged arteries in the heart, such as angioplasty and bypass surgery, even more effective.

But evidence strongly suggests that heart disease can be prevented. Once you know your risks, you can take charge of your health. When that happens, that true-or-false quiz will change to: Women set the pace for healthy hearts.

And the answer will be: "True."


THERE ARE LOTS of good reasons to get to your ideal weight and stay there. One of the most important ones is to help protect yourself from heart disease.

According to the National Institutes of Health (NIH), being overweight or obese puts you at higher risk for these heart disease

risk factors:

- High blood pressure. As your weight increases, so does your blood pressure.
- Cholesterol. Increasing weight leads to higher total cholesterol and lower HDL, or good cholesterol.
- Diabetes. Excess pounds are a major risk factor for developing diabetes.

Doctors use your body mass index, or BMI, to determine if you are either overweight or obese. BMI is a measure of body fat based on height

and weight. You can use the calculator at  www.nhlbisupport.com/bmi to find your BMI. A result between 25 and 29.9 is considered overweight,

and 30 or higher is obese. But numbers don't tell the whole story. The shape of your body also affects your risk, according to the NIH.

If you carry most of your fat around your waist, you are considered apple-shaped and are at higher risk for heart disease than pear-shaped women, who store fat mostly around their hips. An apple shape also increases your risk for diabetes and some cancers.

No doubt about it, losing weight is a challenge. Your doctor can help you start with a sensible diet and exercise plan. As you get closer to your ideal weight, you'll have more energy and feel stronger. And you'll feel even better knowing you've lowered your risk for heart disease.

WEIGHT MATTERS—AND NOT JUST POUNDS

CITIZENS BARIATRIC CENTER FIXING BROKEN

LIVES

EACH YEAR, THE CITIZENS BARIATRIC CENTER CHANGES THE LIVES OF HUNDREDS OF SOUTH TEXANS. MEDICAL DIRECTOR B. DEAN MCDANIEL, D.O., SAYS MOST OF HIS patients come to him as “broken individuals who have lost hope.” Diets won’t work and exercise is impossible, so surgery is the only option left.

Joining Dr. McDaniel in the crusade against obesity is Craig Chang, M.D. This team currently performs 300 weight-loss procedures a year. Patients travel from all over to seek their care, with the majority coming from the Victoria,

Drs. Craig Chang and B. Dean McDaniel lead Citizens Bariatric Center in changing hundreds of lives for the better.

Corpus Christi and San Antonio areas.

The two procedures available at Citizens Bariatric Center are laparoscopic Roux-en-Y gastric bypass and laparoscopic adjustable gastric banding, or LAP-BAND.

THE GOLD STANDARD Dr. McDaniel performed CMC’s first laparoscopic Roux-en-Y gastric bypass in 2000. Gastric bypass is considered the gold standard for weight-loss surgery because most people lose 80 percent of their excess weight in the first 12 months, and the weight tends to stay off longer.

A LESS INVASIVE OPTION LAP-BAND procedures are less invasive than gastric bypass and so are more common. However, weight loss tends to be slightly slower and not as extreme. Patients must adhere to a proper diet for success with adjustable banding.



Craig Chang, M.D.

DON'T GO IT ALONE Citizens Bariatric Center takes a comprehensive approach to weight-loss surgery, including pre- and postsurgical counseling, exercise and dietary education. Support groups such as Pouch Pals allow past and future patients to come together and share triumphs and obstacles to weight loss. Fitness specialists at Citizens HealthPlex collaborate with Drs. McDaniel and Chang to develop personalized fitness programs designed to achieve the positive benefits of a healthier lifestyle through exercise.



B. Dean McDaniel, D.O.

Dr. McDaniel finds his job extremely fulfilling because he watches his patients go through life-changing experiences. “Bariatric surgery is far more than making someone feel or look better,” Dr. McDaniel says. “It’s an entire transformation—physically, mentally and spiritually. There is no greater feeling for me than to see someone go from complete brokenness to living again. My patients are like an extended family.”



Molly Hensel underwent bariatric surgery in October 2003 and celebrates her new life every day.

Find out the trials and triumphs of gastric bypass surgery firsthand. Attend a Pouch Pals support group meeting. See page 12 for dates and times.

Another resolution worth making

QUITTING SMOKING isn't easy. “It was the hardest thing I’ve ever done in my life,” says Leslie McCabe, “and every day I’m so glad I did it.”

McCabe, 52, tried to quit smoking many times before finally doing so at age 34. Most ex-smokers try—and fail—to quit an average of eight times before succeeding, according to the American Legacy Foundation, a nonprofit antismoking group.

But many people do eventually succeed: More than 40 million Americans call themselves former smokers. Some stopped cold turkey, some tapered off slowly, and some sought the help of medication, support groups and counseling.

The National Cancer Institute (NCI) also offers a booklet, *Clearing the Air: Quit Smoking Today*, with such tips as:

- Set a quit date within the next two weeks.
- Let family, friends and co-workers know you’re quitting.
- Get rid of all your cigarettes, ashtrays and lighters.
- Avoid situations you linked to smoking, such as drinking alcohol, watching TV or going to restaurants.
- Remember that the urge to smoke lasts only about five minutes.



For more help, call the NCI Smoking Quitline toll-free at 1-877-448-7848 or visit www.smokefree.gov.

SAY GOODBYE TO SMOKING

Exercise helps TREAT DEPRESSION

Those same workouts that many Americans do to boost their overall health can also help reduce symptoms of depression.

Researchers at the University of Texas Southwestern Medical Center assigned 80 people diagnosed with mild to moderate depression to five groups. Four of the groups rode stationary bikes or used treadmills either three or five times a week at various intensities. A control group did only stretching exercises.

After 12 weeks, the groups that did moderately intense aerobic workouts—equal to 30-minute exercises three or five times a week—had a 47 percent drop in depression symptoms, significantly better than the “low-dose” exercise groups and the control group.

The researchers say the response and remission rates among exercisers were comparable to results from treatments using medicines and cognitive therapy that were reported in other studies on depression.

According to the researchers, their study is the first to show that aerobic exercise alone is an effective treatment for mild to moderate depression.

Source: American Journal of Preventive Medicine, Vol. 28, No. 1

IT'S NO SECRET THAT LOTS OF PEOPLE STRUGGLE TO MAINTAIN A HEALTHY WEIGHT. IN RECENT YEARS,

Americans as a whole have become fatter, not fitter.

But while some strain to lose 10, 20 or even 30 pounds, others are staring at a seemingly insurmountable weight-loss goal—perhaps 100 pounds or more.

For many who are extremely obese—defined as having a body mass index (BMI) of 40 or more—losing weight through traditional diet and exercise hasn't worked, and medical treatments have been largely unsuccessful.

Increasingly, extremely obese people are turning to a more promising option: surgery.

"Surgery is the only thing that works for these particular individuals," says Harvey Sugerman, M.D., past president of the American Society for Bariatric Surgery. "Patients lose a large amount of weight, and they keep the weight off. It's a dramatic and wonderful outcome for them."

That's the good news.

"The bad news," Dr. Sugerman says, "is that it's a big operation, a high-risk operation in a high-risk group of patients."

Still, the American Obesity Association and others say the benefits of the surgery appear to outweigh its risks, particularly when the health risks of being severely obese are taken into account.

Those risks include high blood pressure; high cholesterol; type 2 diabetes; gallbladder, liver and acid reflux diseases; incontinence; cancer; degenerative joint disease; obstructive sleep apnea; and many others.

And if that isn't enough, quality of life for the severely obese can be affected. For instance, sitting comfortably in seats in a movie theater or on a plane may be difficult, says Dr. Sugerman.

THE BEST CANDIDATES Hoping to solve these and other obesity-related problems, some 140,000 people each year undergo surgery to lose weight, according to the Agency for Healthcare Research and Quality.

Health experts say ideal candidates for the procedure:

- Have a BMI of 40 or more, or have a BMI between 35 and 39.9 and a serious, obesity-related health problem.
- Have tried nonsurgical weight-loss methods and are still severely obese.
- Are willing to make the lifestyle changes needed following surgery.

SMALLER STOMACH Various operations can help people lose weight, but all involve making the stomach smaller. That limits the amount of food it can hold and allows patients to feel full sooner. In some

WEIGHT-LOSS SURGERY

WHEN THE POUNDS REALLY MUST COME OFF



operations, the surgeon also bypasses a portion of the small intestine, limiting the amount of food the body absorbs.

Types of surgery include:

Adjustable gastric banding. A band is placed around the stomach near the top, creating a small pouch that holds about 2 ounces of food at a time.

Roux-en-Y gastric bypass. Named after Swiss surgeon César Roux, this type of surgery allows food to bypass the lower stomach and much of the small intestine.

Biliopancreatic diversion. This is a more complicated bypass operation normally used for the most severely obese individuals.

The surgery involves removing part of the stomach and bypassing an even longer section of the small intestine.

SURGERY PROS AND CONS In general, risks from any type of weight-loss surgery include complications such as infection, leaking, bleeding, blood clots and intestinal blockage. Gallstones and nutritional deficiencies also are possible, but they can be prevented with medication and nutritional supplements.

Benefits include rapid weight loss and the likelihood that the weight will stay off.

Patients also often see improvements in their sometimes life-threatening obesity-

Lifestyle changes still REQUIRED

While weight-loss surgery can be a major step toward beating extreme obesity, the steps that follow are just as vital.

The operation "is designed to help patients help themselves," says Harvey Sugerman, M.D., past president of the American Society for Bariatric Surgery. "It doesn't do it all for them. It gives them a tool."

After surgery, you must commit to a lifetime of behavioral changes, with diet leading the way. Learning to eat much smaller meals—perhaps no more than a cup at a time—is essential.

Eating too much, too fast or not chewing enough can cause nausea, stomach discomfort, vomiting, heartburn and abdominal pain.

You will also need to take nutritional supplements for the rest of your life. Depending on the type of procedure you had, your mix of supplements may include multivitamins, vitamin B₁₂ injections, vitamin D, calcium, folic acid and iron.

Dehydration can also be a concern, and you may need to drink liquids well before meals or at least 30 minutes afterward.

Other requirements will likely include regular physical activity and routine medical care.

"The operation is not a freebie," says Dr. Sugerman. It's the beginning of a long-term commitment for anyone who has the surgery, he says.

related medical conditions, which "either get better or go away completely," Dr. Sugerman says. "The overall benefit is truly spectacular. It gives these patients a new lease on life."

LEARN MORE To learn more about weight-loss surgery, go to these Web sites:

● American Society for Bariatric Surgery, www.asbs.org.

● American Obesity Association, www.obesity.org/education/advisor.shtml.



SEE INCREDIBLE TRANSFORMATIONS AND READ TESTIMONIALS. CLICK THE "THIS COULD BE YOU" LINK AT WWW.CITIZENS MEDICALCENTER.ORG/BARIATRICS.

GET HELP WITH PRESCRIPTION DRUG COSTS

If you haven't yet enrolled in the new Medicare Part D prescription drug plan, it's not too late. Part D could save you money on prescription drugs. It will be especially helpful to people who are eligible for low-income assistance because it will pay about 95 percent of their prescription medication costs, according to Mark B. McClellan, M.D., Ph.D., Medicare administrator.

Medicare Part D is available to anyone who is enrolled in Medicare. However, you must pay an additional premium in order to participate in Part D. You must also sign up to receive Part D benefits, even if you are already receiving low-income assistance to pay for your medicines.

You will start receiving benefits the month after you enroll in a plan. If you delay your enrollment past May 15, 2006, you may have to wait to join until the next enrollment period begins November 15, 2006.

Part D works like this: Medicines are provided at discount prices through prescription drug plans offered by insurance companies and other private companies approved by Medicare. Each state has its own plans, and each plan's costs may vary. You should compare plans to see which one offers the best price for the medicines you use regularly. Also, check which plan includes the pharmacy you prefer to use for purchasing drugs.

On average, the premium will be around \$32.20 per month in 2006. Some plans currently have premiums of \$20 or less. Premiums may increase over time, but you can



switch to another plan once each calendar year.

Premiums can be deducted from your Social Security check or they can be paid to the company whose plan you choose.

In 2006 you will pay your monthly premium plus:

- The first \$250 spent (called a deductible) for prescription medicines.
- 25 percent of your annual drug costs between \$250 and \$2,250. For example, if you spent \$1,500, you would pay \$375 and Medicare would pay \$1,125.
- 100 percent of the next \$2,850 you spend.
- 5 percent of all your prescription drug costs (or a small co-payment) for the rest of the year. This benefit starts after you have spent \$3,600 of your own money in one year.

OTHER INSURANCE If you have Medicare coverage for hospital (Part A) and medical (Part B) expenses, you still

need to sign up for Part D to get the prescription benefit.

If you have insurance from another source, you should have received written information from that source about coverage available in your current plan. It may be better (or as good as) Part D coverage. If so, you can keep it without having to pay premium penalties for late enrollment if you decide to take Part D in the future.

WHERE TO GET HELP Information about plans available in your state is contained in the handbook Medicare and You 2006. For more information, visit www.medicare.gov on the Web. Click on "Compare Medicare Prescription Drug Plans." Or call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

Other helpful Web sites are www.benefitscheckup.org and www.medicarerights.org.

Source: U.S. Department of Health and Human Services



CMC CAN HELP YOU LEARN TO SAVE A LIFE

In the middle of a family gathering, your father complains of pressure in his chest. He's dizzy and is having difficulty breathing. Do you know what to do? Sure, you call 911. Do you know what to do until help arrives?

The American Heart Association (AHA) says only 5 percent of cardiac arrest victims survive because there is just a 5- to 10-minute window in which to start CPR before brain death begins to occur. If CPR can be started before EMS arrives, the chance of survival greatly increases.

Inside Victoria, EMS response time is approximately 5 minutes, according to Allen Carroll, an engineer with Fire Station One. Outside the city limits, the response time may be considerably longer.

Nationally, 70 percent of cardiac arrest incidents occur in the home. Ian Steill, M.D., chair of emergency medicine research at Ottawa Health Research Institute in Ottawa, Ontario, Canada, says that people in cardiac arrest are three times more likely to survive if they receive bystander CPR than those that don't.

Knowing the basics of CPR saves time and lives.

Who should know CPR? Everyone. Family members of those at risk of sudden cardiac arrest, parents of young children, babysitters, teachers and coaches should learn the basics of CPR. You don't have to be a doctor or nurse to perform this lifesaving task.

What will you learn in a CPR class? You will learn to recognize the early warning signs of heart attack. Some heart attacks are sudden and intense. But most start slowly, with mild pain or discomfort. A person having a heart attack may complain of:

- Uncomfortable pressure, squeezing, fullness or pain in the center of the chest. This feeling may last more than a few minutes or it may go away and come back.
- Pain or discomfort in one or both arms, back, neck, jaw, or stomach.
- Shortness of breath with or without chest discomfort.
- Breaking out in a cold sweat, or feeling nauseous or lightheaded.

CPR students also learn other emergency situations that could lead to cardiac arrest, including heart attack; stroke; choking; respiratory failure, especially in children; near-drowning incidents, a leading cause of death in children; injuries from a car accident or sports activity; and unknown congenital heart conditions.

Most important, CPR instruction will teach you the steps to take in various emergency situations. The AHA teaches that, in the case of an adult requiring CPR, bystanders should call 911 first, then start CPR. In the case of a child, start CPR, then call 911—fast.

Through HealthWISE, Citizens Medical Center offers

monthly safety education classes to the public. Citizens Medical Center is affiliated with the American Heart Association as a training center, providing many levels of public CPR, first aid, and automated external defibrillator classes, as well as instructor training. We do this to increase public knowledge of lifesaving skills and, therefore, increase survival rates.

If you would like more information about CMC's safety education or to enroll in classes, call HealthWISE at **578-WISE (9473)** or see page 12.



Knowing CPR saves time and lives. CMC HealthWISE offers monthly adult, pediatric and health-care provider CPR courses, as well as private courses for your employees. Call 578-9473 for more information.

STRESS MANAGEMENT

THE KEY TO KEEPING YOUR NEW YEAR'S RESOLUTIONS

As we enter 2006, many of us have made resolutions to lose weight or stop harmful habits. But many experts believe that the key to success in these endeavors is first managing our stress levels. If we are alive, we experience stress.

Positive stress helps us wake up in the morning, perform our daily work duties and achieve success in many efforts. Negative or prolonged stress, the kind that results from overwork or relationship difficulties, can lead to various physical problems, depression and disease.

We can't entirely remove stress from our lives but we can learn to cope with it better.

Develop relaxation skills. Deep breathing, meditation, yoga, progressive muscle relaxation and guided imagery are methods for relaxing the body and mind. Many of us have actually lost the ability to relax and may need to retrain our bodies and minds to relax effectively. If needed, a trained therapist can help develop relaxation skills.

Pay attention to physical health. Stress results from a combination of physical and mental factors. If our bodies aren't able to handle these challenges, we won't be successful at stress management.

Preventive medicine is doubly important when facing serious stress. Reduce caffeine intake; keep healthy food close by; avoid "treating" stress symptoms with alcohol, sedatives, stimulants, nicotine or other substances; eat breakfast; drink water; and make sleep a priority.

Become a time-management expert. Time management is a skill that can be learned and perfected. When we make the most of our time, all those daily minutes add up and reduce the stress of a time crunch. Use waiting time to make lists, sort mail or make appointments; turn off the telephone when working at home or trying to finish a necessary house-keeping task; capitalize on your body rhythms and schedule the most demanding tasks for your mental and physical peak times—you'll work more efficiently and save time.

Exercise regularly. Exercise not only stimulates release of endorphins, the body's natural stress fighters, but also helps lower cortisol and other stress hormone levels. Exercise lowers blood pressure and blood glucose, burns fat and calories, and helps you sleep better. You'll be healthier and better able to deal with both physical and mental demands.



Prioritize. Learn to differentiate between mandatory obligations and commitments made because of guilt, to satisfy others or to fulfill unrealistic expectations of ourselves. Learning to say "no" can help reduce the stress of excessive demands on our time and energy.



PRIMARY CARE PHYSICIANS SPECIALIZE IN TREATING YOU

You don't have to visit a specialist to get special medical care. A primary care doctor can meet most of your and your family's medical needs, while providing quality health care in a personalized manner.

"It's important for everyone to have a medical home—somewhere to start the process through the medical system," says Larry Fields, M.D., 2005–2006 president of the American Academy of Family Physicians. "A great majority of problems can be taken care of by a primary care doctor."

If you have a health problem, a primary care doctor is usually your first medical contact. That's why it's essential

If you have a health problem, a primary care doctor is usually your first medical contact.

to have a regular doctor—someone who knows you and is able to help you make the right health care decisions.

Your primary care doctor can treat most injuries and illnesses. Through regular checkups and screenings, he or she may also detect symptoms of serious illnesses, such as cancer and heart disease, at an early stage. Primary care doctors can provide long-term treatment and care, or refer you to a specialist if needed.

Primary care doctors are also a great source of information for health education and disease prevention.

CHOOSING A DOCTOR A primary care doctor is trained in all major medical areas and may be a general or family practitioner, a pediatrician, a geriatrician or an internist.

When looking for a primary care doctor—whether for yourself or a family member—the National Institute on Aging (NIA) says you should find out whether the doctor is board-certified. This means the doctor has extra training after medical school to become specialized in a primary field such as family practice, internal medicine, pediatrics or geriatrics.

Before choosing a primary care doctor, you may also want to get advice from people you know.

"The best way to find a doctor is by talking with friends and neighbors," Dr. Fields says.

Once you have narrowed your choices, the NIA says you should call each of the doctors' offices to find out about their education and training. You may also want to make an appointment just to meet and talk to the doctors.

According to the NIA, some questions you may want to ask a prospective doctor include:

- What age-groups make up most of your practice?
- What's the best way to prepare for an office visit?
- Would you provide instructions in writing for me?
- How do you involve your patients in health care decisions?
- Do you see many patients with the same health problems I have?
- May I bring a family member to appointments with you?

Finally, keep in mind that open communication is essential to any good doctor-patient relationship. Choose a primary care doctor that you feel comfortable with—one with whom you feel you can freely discuss any health problem, from managing a chronic disease, such as diabetes, to overcoming more intimate concerns, such as incontinence.

FINDING a specialist

YOUR PRIMARY CARE doctor can treat most of your health problems. But some injuries and illnesses require a specialist, a doctor who has completed up to seven years of specialized training after medical school. Specialists must pass a certification exam in their chosen field of study.

The best way to find a specialist is to get a referral from your primary care doctor.

"Many times your doctor will give you two or three suggestions," says Larry Fields, M.D., 2005–2006 president of the American Academy of Family Physicians.

When you choose a specialist, it's important to make sure the doctor you select is certified and specializes in the type of injury or illness you have.

Be sure to give the specialist you choose the name of your primary care doctor so that relevant information about you can be forwarded.

Calendar

HealthWISE is a community education and outreach service of Citizens Medical Center. Check out the many opportunities we offer to improve your health and the health of the ones you love. Come by Citizens Medical Center or call us at 578-WISE (9473) for more information.

CHILD DEVELOPMENT AND SAFETY CLASSES

Call 578-9473 for information.

SIDS/SHAKEN BABY SYNDROME

Mondays, Jan. 23, Feb. 13, March 27, April 17
6 p.m. to 8 p.m.
North Classroom, Fee: \$10

CPR AND FIRST AID CLASSES

Registration and prepayment are required. Call 578-9473 to register.

ADULT CPR (AMERICAN HEART ASSOCIATION)

Tuesdays, Jan. 24, Feb. 28, March 28, April 25
6 p.m. to 10 p.m.
North Classroom, Fee: \$30

BASIC FIRST AID (AMERICAN HEART ASSOCIATION)

Thursdays, Jan. 19, Feb. 9, March 30, April 20
6 p.m. to 10 p.m.
North Classroom, Fee: \$30

HEALTHCARE PROVIDER CPR (AMERICAN HEART ASSOCIATION)—NEW

Saturday, March 25
8 a.m. to 5 p.m.
Central Classroom, Fee: \$40

HEALTHCARE PROVIDER CPR—RENEWAL (AMERICAN HEART ASSOCIATION)

Mondays, Feb. 6, March 6
6 p.m. to 10 p.m.
Central Classroom, Fee: \$30

PEDIATRIC CPR (AMERICAN HEART ASSOCIATION)

■ **Saturdays, Feb. 11, March 11, April 8**
8 a.m. to noon

Central Classroom, Fee: \$30

■ **Tuesdays, March 14, April 11**
■ **Thursday, Feb. 16**
6 p.m. to 10 p.m.
Central Classroom
Fee: \$30

PEDIATRIC FIRST AID (NATIONAL SAFETY COUNCIL)

Thursdays, Feb. 2, March 9, April 13
6 p.m. to 10 p.m.
North Classroom, Fee: \$40

DIABETES CLASSES

DIABETES CLASS

Thursdays, Feb. 2, March 2, April 6
8 a.m. to noon
Central Classroom, Fee: \$25
Call the education department at 572-5064 for more information or to register.

BE WISE WITH HEALTHWISE

Thursday, Feb. 9, 6 p.m.

Leo J. Welder Center for the Performing Arts

“And the Beat Goes On”

Harish Chandna, M.D., discusses heart disease and how to create a culture of healthy living.

Call 578-WISE (9473) to reserve your FREE seat.

SUPPORT GROUPS

To register for these meetings, call 572-5064.

MENDED HEARTS

Mondays, Feb. 20, April 17
March 20

6:30 to 7:30 p.m.

Central Classroom

Fee: \$5 (optional dinner)

For people who have had heart surgery.

POUCH PALS

Tuesdays, Jan. 31, Feb. 28, April 25
March 28

6:30 p.m. to 7:30 p.m.

Central Classroom

For people who have had bariatric surgery.

SWEET TALKERS

Mondays, Feb. 6, March 6, April 3
Noon to 1 p.m.

Central Classroom

Fee: \$5 (optional lunch)

COMMUNITY HEALTH AND EDUCATION

FREE SMOKING CESSATION SEMINAR

Thursday, Jan. 26, 5:30 p.m.

Citizens Medical Center, Small Lobby Classroom

Dennis Albrecht, Assistant Director of the CMC Cardiopulmonary department

SEVENTH ANNUAL HEART WALK

Saturday, March 4

Registration, 8 a.m.; Walk, 8:30 a.m.

Victoria College Student Center

Call Heart Walk Chair Rebecca Zalman at 582-5719.



Our Mission

To provide quality medical services at a reasonable cost to the citizens of the region.

Citizens Medical Center
The Heart Hospital

THE HEALTH OF YOUR BUSINESS IS OUR BUSINESS

HealthWISE provides corporate health services to area employers, promoting healthy individuals and businesses in a way that benefits our entire community.



578-WISE (9473)

HEALTHWISE is published as a community service for the friends and patrons of CITIZENS MEDICAL CENTER, 2701 Hospital Drive, Victoria, TX 77901, telephone (361) 573-9181.

Erin Kelly
HealthWISE Editor
HealthWISE Coordinator

Visit our Web site at www.citizensmedicalcenter.org

Information in HEALTHWISE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your healthcare provider.

Models may be used in photos and illustrations.

Copyright © 2006 Coffey Communications, Inc.
HST18192h

HEALTHWISE

WINTER 2006