



An Affiliate of Mercy Medical Center

HealthWise

Summer 2006



Build a healthier you

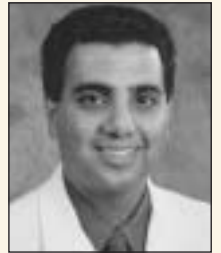
New guidelines can help

Breaking the pain cycle

Jump into fitness!

Meet our new physician

The Wayne County Hospital Board and Medical Staff are pleased to welcome Babar Ahmed, M.D. Beginning July 18, Dr. Ahmed will see patients at the Corydon Medical Clinic as a family practice physician. He'll also provide emergency room coverage at the hos-



Babar Ahmed, M.D.

pital. "We're pleased to have Dr. Ahmed as a part of our growing medical staff. I believe Dr. Ahmed's talents as a knowledgeable and compassionate provider will be easily recognized by his patients," says Brian Burnside, WCH Chief Executive Officer.

Dr. Ahmed completed his family practice residency program at Mercy/Mayo Des Moines in June, and completed a postdoctoral fellow program in allergy/immunology at the Harvard University School of Medicine. He anticipates treating all types of patients in his practice, ranging from children to seniors. Dr. Ahmed and his wife, Saima, are looking forward to the arrival of their first child in the fall.

Dr. Ahmed welcomes new patients,

Dr. Ahmed specializes in allergy treatment, pediatrics and adolescent and adult medicine.

and you can schedule an appointment with him by calling Corydon Medical Clinic at **641-872-2111**.

Why you need an advance directive



Life is a one-way journey, and contemplating how the trip may end is not easy to do. But it's important to make decisions about your future medical care while your health still allows you to do so—and to put those wishes in writing. Preparing an advance directive—a document that describes the type of medical care you'd want if you were to become unable to make medical decisions—will help your doctors follow your wishes and spare your loved ones agonizing decisions.

If you're ill or admitted to a hospital, your doctors may talk to you about writing an advance directive, but it's better to think about your wishes when you're well, no matter what your age. The case of Terry Schiavo, who lived in a persistent

vegetative state for more than a decade while her family feuded in courts about removing her feeding tube, brought to national attention the importance of having an advance directive. Schiavo was just 25 when she suffered devastating and irreversible brain damage.

What is an advance directive?

An advance directive is normally made up of one or two parts: a living will and/or a durable power of attorney. In a living will, you express your desires about life-sustaining treatment you'd choose or refuse. In this type of directive, you should:

- spell out the measures you wish taken to extend your life

- state if and how you want breathing machines, feeding tubes, oxygen, resuscitation efforts, intravenous fluids or other medications to be used, as well as your wishes about organ or tissue donation
- list specific conditions, such as coma, incurable illness or end-stage dementia, under which the terms of your living will go into effect

Because it's impossible to plan for every situation in your living will, a durable power of attorney for healthcare appoints a family member or friend to be your healthcare proxy or agent and to make decisions for you regarding your end-of-life care. This person's duty is to make treatment choices for you that would comply with your wishes if you couldn't make them yourself.

How to prepare an advance directive

Your advance directive doesn't have to be complicated, but you do need to put everything in writing. You can get a form from either your healthcare provider or a

Web site like AARP's (www.aarp.org) or the National Hospice and Palliative Care Organization's (www.caringinfo.org). State laws vary, but usually you need to sign and date your documents before two

witnesses. You can change your advance directive at any time. Be sure to discuss your advance directive with your loved ones and your healthcare provider and supply copies of your documents to them for safekeeping. ●

The best time to write an advance directive is when you're healthy.

About one in five Americans copes with chronic pain, according to the American Chronic Pain Association. For many, chronic pain can be debilitating, causing limited mobility, sleeplessness, fatigue and a loss of independence and productivity. Because of this, chronic pain can lead to feelings of hopelessness and depression.

If you're suffering from chronic pain—continuous pain that lasts more than three months—don't assume it's something you must learn to live with. While no remedy or procedure will end chronic pain for good, combining a variety of pain-easing therapies can help. Working closely with healthcare providers and pain management specialists can help you manage your pain, so *you're* in control—not the pain.

Getting help

Chronic pain can be brought on by ongoing health conditions, such as arthritis, cancer, low back problems and nerve damage, that affect your organs, bones, muscles, joints and skin. In some cases, however, no single cause can be pinpointed.

Because the causes of chronic pain are so varied and pain perception differs from person to person, treatment options are individually tailored for each patient.

Pain relief with medication

Medication can keep chronic pain from disrupting daily life. Since all pain relievers—even over-the-counter (OTC) ones—have potentially serious side effects, it's important to talk to your healthcare provider before taking any drug. OTC drugs include acetaminophen (Tylenol) and nonsteroidal anti-inflammatory drugs (NSAIDs), like aspirin, ibuprofen (Motrin or Advil)



Easing chronic pain

and naproxen (Aleve).

Prescriptions for pain relief include narcotics, seizure medications, muscle relaxants, anti-convulsants, opioids, antidepressants and anti-inflammatory drugs called COX-2 inhibitors. (Two COX-2 inhibitors were found to increase the risk for heart problems, which raises speculation about the safety of COX-2 drugs still available.) Be sure to inform your healthcare provider of every medication you're taking, since drug interactions can cause problems.

When oral drugs aren't enough, doctors may inject the pain site with anesthesia, pain relievers or corticosteroids. In some cases, an intrathecal drug pump can be implanted to dispense medication. As a last resort, physicians can perform surgery on nerves.

Other options

Your doctor may combine medication with nondrug therapies such as:

- **physical therapy** to build muscle strength and improve flexibility

- **occupational therapy** to identify activities that trigger pain and find ways to avoid or adapt to them
- **psychological therapy** to change your reaction to pain, ease problems or cope with depression
- **support groups**
- **complementary and alternative pain relief methods**, including acupuncture, aquatic therapy, chiropractic care, biofeedback and transcutaneous electrical nerve stimulation, or TENS, a method of stimulating your nerves using electrodes placed on your skin
- **stress-relief practices**, such as meditation, yoga, deep breathing and guided imagery

What you can do

- **Eat a healthy diet.** Good nutrition gives you energy and may decrease inflammation. Losing excess weight can also help.
- **Exercise.** Unused muscles feel more pain than toned, flexible ones.
- **Sleep tight.** When you're rested, you're better able to cope with pain.
- **Communicate.** Talking to others can give you an emotional outlet. ●

healthEXTRA!

Wellness news from the world over

Melanoma: Once is not enough

If you've had an odd mole that turned out to be melanoma, your risk for another bout of the potentially deadly form of skin cancer is high, says a report in the *Journal of the American Medical Association*. After studying nearly 4,500 people diagnosed with melanoma, researchers found the five-year risk for developing a second melanoma was 11 percent. Your risk is even higher (19 percent) if you also have family members with melanoma or a history of abnormal moles (24 percent). People who have had melanoma need to see their doctors for a skin exam at least twice a year, check their own skin monthly and remain vigilant about staying out of the sun. Luckily, when melanoma is caught early, it can be cured.

The incontinence-depression link

No one likes to talk about urinary incontinence. It's embarrassing, even when talking to your doctor. And according to researchers at the University of Washington School of Medicine, women who suffer from moderate to severe incontinence are not only embarrassed—they're often depressed. And the greater their incontinence problem, the more severe their depression. A survey of 3,500 women revealed that those suffering from incontinence were two to three times more likely to be depressed than women without bladder problems. Since depression and incontinence decrease your quality of life, it's important to talk to your doctor and get help for both treatable conditions.



Are the eyes a window to stroke risk?



Doctors may soon have a new way to identify patients at risk for a stroke—an eye exam. Australian researchers took special photographs of the retinas of 3,700 participants ages 49 and older and examined them for signs of blood vessel damage such as tiny bulges or blood spots from leaking microaneurysms. After tracking the volunteers for seven years, they found that people with changes in the small blood vessels of their eyes were 70 percent more likely to suffer a stroke than those without the damage, even after accounting for traditional risk factors such as high blood pressure and smoking.

Heavy drinking revs up the heart

Men who are heavy drinkers have a significantly higher risk of atrial fibrillation, a heart condition that can have fatal consequences, reports a study in *Circulation*. Investigators analyzed data from more than 16,000 adults and found that consuming roughly 35 alcoholic drinks a week causes the heart to beat erratically, preventing blood from emptying the heart's chambers and increasing the risk of clotting, which can cause a stroke. Most likely, women who drink heavily face similar risks.



Kids should *always* take a back seat



Children have a better chance of

surviving or escaping serious injury in a side-impact car crash if they're restrained and seated in the backseat beside other restrained occupants, according to a study presented at a recent conference of the Association for the Advancement of Automotive Medicine. Other key findings about side-impact crashes include:

- Belt-positioning booster seats reduced the risk for injury to 4- to 8-year-olds by 58 percent.
- High-back, belt-positioning booster seats proved best for children ages 4 to 8, reducing the risk for injury by 70 percent compared to seat belts alone.
- Backless booster seats offered no significant injury risk reduction, but boosters both with and without a back protected kids against internal injuries to abdominal organs and the lumbar spine, known as "seat-belt syndrome."

Risky business for light smokers

Many people mistakenly believe it takes a heavy habit to suffer the serious health effects of smoking. Not so,

say researchers who found that smoking just a couple cigarettes a day has a dire impact on your health. Investigators at the National Health Screening Service in Oslo, Norway, tracked nearly 43,000 men and women from the mid-1970s to 2002. All were in their 30s and 40s at the start of the study when they were screened for cardiovascular disease and diabetes. People who were considered light smokers (one to four cigarettes daily) increased their risk for dying from heart disease threefold compared to nonsmokers. Female light smokers were five times more likely to die from lung cancer, and male light smokers were three times more likely to die from the disease. What's more, light smokers had significantly higher death rates from all causes.

WCH's advanced radiological services

The Radiology Department at Wayne County Hospital provides enhanced radiological services with state-of-the-art teleradiology. With teleradiology, the department can transmit digitized images to radiologists in Des Moines, or wherever they may be, for analysis and diagnosis. The attending physician can then treat the patient according to the radiologist's findings.



Linda Schilling, R.T.R.M.

The department transmits about 500 images a month since the system was installed last November. This level of communication offers immediate treatment for our patients.

Radiological services

The WCH Radiology Department offers a full range of radiological services, including:

- accredited mammography facility with registered mammography techs
- mobile echo cardiograms and vascular Doppler capability
- advanced CT scan with multislice image capability and reconstructive multidimensional image capability
- nuclear medicine—bone scans
- diagnostic X-ray services
- bone densitometry
- mobile MRI
- diagnostic ultrasound, including OB 3- and 4-D ultrasound

For more information about WCH's radiology department, contact Sue Kyner, R.T.R.M., director, at **641-872-2260, ext. 237.**

WCH Specialty Clinic Services

Allergy, Asthma & Sinus · ENT ·
Cardiology · Nephrology ·
Oncology/Hematology · Podiatry ·
Psychiatry · Surgery · Urology/Surgery

Contact Suzy Stern, R.N., at
641-872-2260, ext. 259.

Two pain relievers don't make a right

When you have a whopping headache, it's tempting to take more than one pain reliever, thinking if one is good, two should be better. Not so when you're talking about combining medicine cabinet staples like ibuprofen (Advil, Motrin) or naproxen (Aleve) with ordinary aspirin. Taking aspirin along with other non-steroidal anti-inflammatories (NSAIDs) boosts the risk for stomach ulcers, perforations and gastrointestinal bleeding two to three times, according to findings presented at a recent meeting of the American College of Gastroenterology. Because these remedies already carry a risk for stomach problems, stick with just one and don't take higher doses or use it for longer than directed on the label. If pain persists, talk to your doctor.

A healthier you—

with a little help from Uncle Sam

New government guidelines can help you stay healthy



Bookstores are filled with diet manuals written by doctors, fitness experts and celebrities. The U.S. government has its own version of a diet manual, too—*Dietary Guidelines for Americans*, which offers the latest science-based advice on how to improve health and avoid disease by eating right and exercising.

While the full report runs more than 70 pages, the government's emphasis can be summed up in three key points:

1. Get more exercise.
2. Eat foods with the right nutrients.
3. Limit your intake of certain foods.

Get more exercise

How much exercise do you need? Specifically:

- **To reduce your risk of chronic disease**, get at least 30 minutes of physical activity at moderate intensity on most days.
- **To maintain your weight and**

avoid packing on pounds, get at least 60 minutes of moderate- to vigorous- intensity activity on most days.

- **To lose weight**, get at least 60 to 90 minutes of moderate- intensity activity every day.

Eat foods with the right nutrients

The guidelines call for boosting your intake of fruits and vegetables, whole-grain foods and calcium. Based on an average daily calorie intake of 2,000, the guidelines recommend eating:

- **2 cups of fruit and 2½ cups of vegetables a day.** Strive for a rich variety. Include dark green and orange choices, legumes and starchy vegetables.
- **at least 3 ounces of whole-grain foods a day.** At least half the grains you eat each day should be from fiber-rich whole grains. Examples include whole-wheat bread, whole-grain cereal, oats, brown rice, barley and popcorn.
- **3 cups of fat-free or low-fat dairy products.** Low-fat or fat-free milk, yogurt and cheese will give you the calcium you need for strong bones.

Limit intake of certain foods

As you increase your intake of healthier foods, cut back or eliminate these less ideal choices:

- **Fats.** Limit fats to between 20 percent and 25 percent of daily calories, with most coming from polyunsaturated and monounsaturated choices, such as fish, nuts and vegetable oils.
- **Sugars.** A lot of sugar and calories sneak into our diets through beverages, even from seemingly healthy choices like juices. Opt for food and beverages with little added sugars or caloric sweeteners.
- **Salt.** Limit daily sodium intake to less than 2,300 milligrams (mg)—about one teaspoon of salt. Adults ages 50 and up, African-Americans and people with high blood pressure, diabetes or kidney disease need less sodium, about 1,500 mg a day.
- **Alcohol.** If you drink, do so in moderation—no more than one drink a day for women and two drinks a day for men.

Visit www.healthierus.gov/dietaryguidelines for the complete report, as well as an informational booklet, *A Healthier You*, which offers recipes and tips on how to make the guidelines work for you. ●

Jump to it!

Skipping rope isn't just for kids

Cinderella dressed in yella went downstairs to kiss her fella. Made a mistake and kissed a snake. How many doctors did it take? 1, 2, 3. Remember the days when you jumped rope to a rhyme like this and got your daily exercise during an effortless endeavor called recess? While exercise may not be quite as easy as we age, it can be as fun. Jumping rope can give you a terrific, vigorous workout—and the fun isn't just for kids anymore.

As an aerobic activity that uses large muscle groups, jumping rope provides great cardiovascular conditioning that also builds strength, balance and coordination. And because jumping rope is weight bearing, you'll build bone mass and density, which helps protect you from osteoporosis. Even better, a 150-pound person can burn as many as 750 calories per hour, according to the American Heart Association.

It doesn't matter if you've never jumped rope before or were once a double-Dutch champ, jumping rope is easy to learn and convenient to do. Many fitness clubs offer jump rope classes, and you can buy videos or

books, but all you really need is a good-quality rope. To get started, follow these steps:

- **Buy a lightweight jump rope** with foam, nonslip handles or grips. Choose a rope that's the correct length. To measure it, step with one foot in the center of your rope and bring both handles up to your

chest. They should reach about chest high.

- **Wear good fitness shoes** such as aerobic shoes or cross trainers. Choose a pair with a reinforced toe and plenty of cushioning under the balls of your feet.

- **Use proper form.** Swing the rope from your wrists, keeping a smooth arc as it passes over your head. Keep your back straight, head up, shoulders relaxed and your elbows close to your body. Bend your knees slightly, and when you hop over the rope, keep your jump low to minimize impact on your knees and ankles. For each turn of the rope, hop only once.

- **Mix it up.** Once you've mastered the basics of swinging the rope and jumping over it, play some upbeat music and get creative. Try variations such as hopping on one foot, skipping, backwards jumping, torso twists, jogging steps (lift the knees high), side-to-side ski jumps or crossing and uncrossing your arms. Vary your rhythm, keep tempo with your music or include intervals of faster jumping.

As with any exercise program, get your doctor's OK first, start slowly and pace yourself. Don't give up if you can jump for only a minute or two at a time without becoming winded. Keep practicing until you can work up to at least 30 minutes. Before you know it, you'll be moving light on your feet and reciting those old rhymes again. ●





An Affiliate of Mercy Medical Center

Assisted living ... When does your parent need it?

Many of us have older parents and will eventually assume responsibility for their care. Some older parents will decide on their own when assisted living is right for them. However, knowing when to consider assisted living services for a parent is not always easy. Here are some signs to look for:

An increase in emotional behavior. This can be a sign that a parent is experiencing stress and needs a supportive environment. Does your parent call you more often than usual? Does your parent get easily upset, teary-eyed or weepy? Is he or she declining social invitations and becoming isolated?

Poor eating habits. Is your parent losing weight? Does he or she find it hard to make nutritious meals? Is food being left uneaten or spoiling in the refrigerator?

Problems with upkeep of the

home. Is a once immaculate house becoming cluttered, or is it not being dusted or vacuumed enough? Are dirty dishes left sitting for long periods of time?

A decline in personal hygiene.

Does your parent wear the same clothes repeatedly without cleaning them? Is there a concern that he or she may not be bathing regularly?

Murphy Place Assisted Living may be a good solution for both you and your parent. It provides needed support with daily routines, medical assistance and increased social opportunities for an aging parent. It also enhances your relationship with your parent, allowing you to spend quality time together.

At Murphy Place, we emphasize independent living with care and assistance. Residents receive a combination of supportive services and personalized health-related care in a professionally managed, residential set-



Jeralee McCarty, R.N., director of Murphy Place (left), visits Edith, one of our residents.

ting. Individual care plans are tailored to each resident's special needs.

Each of the 10 individual apartments offers residents security, privacy and relaxation and provides a comfortable alternative to living at home. For seniors who cannot, or choose not to, live at home, Murphy Place gives them the opportunity to live on their own and assists them with their changing health needs. At Murphy Place, older parents can live dignified, meaningful lives in the proper setting.

For more information about Murphy Place, call Jeralee McCarty, R.N., director, at **641-872-3993** or write to: Murphy Place Assisted Living, 620 E. Monroe St., Corydon, IA 50060. •

HealthWise is a community educational service provided by

WAYNE COUNTY HOSPITAL
417 S. East St.
Corydon, IA 50060
641-872-2260
Brian D. Burnside, CEO

Clinical services in Wayne County:

- Corydon Medical Clinic **641-872-2111**
- Lineville Medical Clinic **641-876-2070**
- Seymour Medical Clinic **641-898-2898**
- Wayne Family Medical Center **641-872-2063**

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