

Vim & Vigor

Vim &



FALL 2020

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You First

PUT SELF-CARE AT THE TOP OF YOUR TO-DO LIST

Support When It's Needed Most

Peer groups help patients cope with illness and injury

WK's Response to COVID-19

Health system employees shine in trying times



CONSIDERATIONS FOR MOVING TO A SENIOR LIVING COMMUNITY



Whew! It's Not a Heart Attack. But What Is It?



KEEP
CALM
AND
WASH
YOUR
HANDS



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



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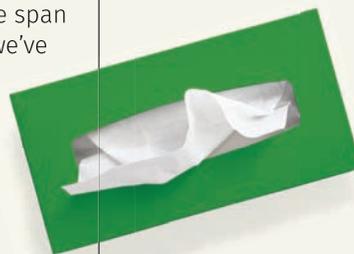
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Wishing You Good Health

WILLIS-KNIGHTON IS HELPING PEOPLE IN OUR COMMUNITY LIVE THEIR BEST LIVES



Most people don't realize that magazine publishing requires a great deal of advance planning.

The deadline for sending the content of this magazine is six months prior to the time you receive it. Thus, we were planning our Summer issue at the beginning of the year and could only acknowledge that we were in the midst of a COVID-19 pandemic. Today, our lives and our way of life have certainly changed dramatically, and as the region's healthcare leader, Willis-Knighton was at the forefront of the pandemic.

With five hospitals in Shreveport-Bossier, Willis-Knighton cared for more patients with COVID-19 than any other healthcare provider in the region—at the peak in April, averaging more than 90 patients a day. The courage and strength of our employees and our departments were demonstrated daily, and you can gain insight into our response in a story by Marilyn Joiner on page 54.

While we are all living more cautiously with the presence of COVID-19 in our world, some of the best living around remains at The Oaks of Louisiana. Recognizing the threat to seniors, staff at The Oaks canceled outside visitation to protect residents, and the senior living community was among the safest places to be during the pandemic. Residents continued to enjoy a relaxed lifestyle with excellent meals, entertainment and attention to their needs, not to mention a beautiful campus for leisurely walks and soaking up sunshine on the patio. A life well-lived at The Oaks is the topic of Terrie Roberts' story on page 52.

Dealing with this pandemic has been stressful for everyone. And that's also true for anyone experiencing a serious illness or chronic health condition. Willis-Knighton offers a wide range of support services to help these people, and several of the services are detailed in Darrell Rebouche's story on support groups on page 49.

F. Scott Fitzgerald wrote in *The Great Gatsby*: "Life starts all over again when it gets crisp in the fall." As we look forward to those cooler days, I am praying that we have much to which we can look forward. And most of all, I am wishing good health for you and for our community.

James K. Elrod
President and CEO



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President and CEO

Vim & Vigor

PRESIDENT AND CEO,
WILLIS-KNIGHTON HEALTH SYSTEM
James K. Elrod

FACILITY ADMINISTRATORS
Mike Chandler, Willis-Knighton Medical Center
Keri Elrod, Willis-Knighton South
Todd Blanchard, WK Bossier Health Center
Sonny Moss, WK Pierremont Health Center
Margaret Elrod, The Oaks of Louisiana
Joshua Mason, WK Innovation Center

REGIONAL EDITOR
Terrie M. Roberts

CONTRIBUTORS
Kim Foulk, Marilyn Joiner, Deanna Morse,
Darrell Rebouche, Lyne Robinson

PRODUCTION

EDITORIAL
ASSOCIATE CREATIVE DIRECTOR: Matt Morgan
EDITOR-IN-CHIEF: Meredith Heagney
COPY EDITORS: Jenna Murphy, Erin West

DESIGN

ASSOCIATE CREATIVE DIRECTOR: Tami Rodgers
CHIEF ART DIRECTOR: Andrea Hesper

PRODUCTION

VP, PRINT PRODUCTION: Laura Marlowe
DIRECTOR, PREMEDIA: Mary Winters
IMAGING SPECIALIST: Marilyn Bain

CLIENT SERVICES

SVP, OPERATIONS MANAGEMENT: Katie Hammond
ACCOUNT OPERATIONS DIRECTOR: Nic Galindo

ADMINISTRATION

PRESIDENT: Eric Goodstadt
EXECUTIVE CHAIRMAN: David Brown
VP, EDITORIAL CONTENT: Didi Gluck
VP, CREATIVE – DESIGN: John Hobbs



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Fitness Center Benefits

MEMBERSHIP OFFERS MANY WAYS TO REACH YOUR HEALTH GOALS

BY DEANNA MORSE



There are many benefits of having a Willis-Knighton Fitness & Wellness Center membership. The first that usually comes to mind is the motivation and boost from working out around other people. Fitness center memberships also offer a variety of equipment, opportunities to work with personal trainers, a safe place to work out effectively, group exercises classes and tools to develop a healthier body.



Deanna Morse,
Manager of
WK Fitness &
Wellness Center
(North)

Equipment Variety

Fitness goals can be met by using a variety of equipment. Willis-Knighton fitness centers have plenty of equipment to choose from: free weights, cardiovascular machines, resistance machines and even swimming pools. Having options keeps your workout routine exciting, and WK fitness centers have friendly and educated experts to teach you how to use them all.

Personal Training

Working with a personal trainer can help steer you toward your fitness goals and maximize the health benefits of a regular exercise routine. Having an appointment with a personal trainer can help keep you accountable to your goals and teach you how to use a variety of equipment.

Safety Standards

Fitness facilities have strict guidelines to follow so they can keep their members safe. Checking in with ID cards limits admission to screened members. Proper attire keeps it professional and limits the risk of injury due to improper clothing. Certified trainers monitor workout rooms to be sure members are using machines properly and safely.

Group Exercise

Fitness centers offer group classes that allow the support and camaraderie of others. In a group class, you are likely to meet new people and experience serious motivation. These classes keep you accountable to yourself and others in your fitness program. You can measure your progress against the class standard and your own milestones. Group classes may include step aerobics, low-impact classes, muscle toning, Pilates, water aerobics, spinning, yoga and suspension training, also known as TRX. •



Become a Member

A Willis-Knighton Fitness & Wellness Center membership can help you reach your goals and live a healthier life. To explore your options, visit your nearest WK fitness center or call **318-212-4475**.

With Thanks

As we reflect on the beginning of the COVID-19 pandemic earlier this year, we continue to be grateful for the wonderful outpouring of community support for our employees and hospitals during what was a stressful time for everyone. With visitors prohibited at our hospitals, employees were forced to function not just as clinical professionals but also as comforters providing reassurance that is usually offered by family members and friends. We are proud of their compassion and love for their patients during this time and the compassion and love of our community for these healthcare heroes.

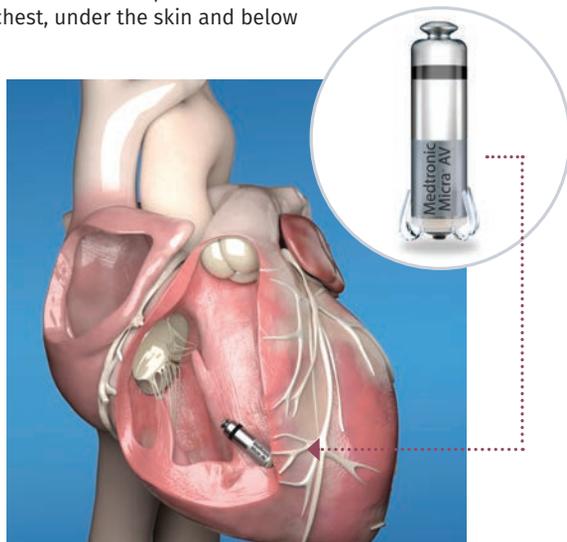
As the region's true local health system, we value our relationships and connections to the community. We thank everyone for their prayers and support during this unprecedented time in healthcare history.



Introducing the World's Smallest Pacemaker

In keeping with its leadership in cardiology, Willis-Knighton was the first in our region to offer the world's smallest pacemaker, Micra AV. Basel Kasabali, MD, implanted this pacemaker into a patient in April. The device, comparable in size to a large vitamin and about one-tenth the size of a traditional pacemaker, treats patients with AV block. AV block is a disorder that occurs when the electrical signals between the chambers of the heart (the atria and the ventricles) are impaired.

Historically, traditional dual-chamber pacemakers were implanted in the upper chest, under the skin and below the collarbone and connected by wires to the heart. The Micra AV requires neither wires nor placement below the skin. It is implanted directly into the heart through a catheter and uses internal atrial sensing algorithms, enabling the device to adjust and synchronize pacing in the heart's upper and lower chambers.



Specialty Center Created to Treat Venous Diseases

Three physicians with unique training and more than 70 years of experience have joined together to create WK Vein Specialists, a multi-disciplinary service to treat venous disease, the impairment of blood flow toward the heart. Robert L. Barrett, MD, vascular surgeon; Syed A. Mehmood, MD, cardiac, thoracic and vascular surgeon; and William "Britt" Eaves II, MD, interventional cardiologist, provide a broad-based approach to treating the disease, which includes varicose veins, spider veins, venous ulcers, deep vein thrombosis, lymphedema and arterial disease. Patients are assessed at the WK Vein Specialists referral center at WK Pierremont Health Center, and a treatment plan is developed. For information on this Willis-Knighton Center of Excellence, go to wkhs.com/heart/vein or call 318-212-8346.





→ SEPT. 19

“Estate Planning in Louisiana for the Middle Class”

Estate planning attorneys Joe Gilsoul and Lee Aronson will visit The Oaks to help you plan ahead and gain peace of mind. Their program “Estate Planning in Louisiana for the Middle Class” will include the topics of what estate planning is, why you need a will, dangers of a simple will, special uses for life insurance, pros and cons of living trusts, veterans care benefits, preserving assets for your family, common mistakes in estate planning and more.

Ⓢ “Estate Planning in Louisiana for the Middle Class” is from 2 to 4 p.m. Saturday, Sept. 19, in the Ballroom at Tower at The Oaks. The event is open to the public and is free.



→ OCT. 24

“Your Cup of Tea: A British Tradition Explored”

British novelist Henry James once said, “There are few hours in life more agreeable than the hour dedicated to the ceremony known as afternoon tea.” And it is a ceremony, a quintessential British tradition that has its roots dating back to the early 19th century. Cheryl White, PhD, associate professor of history at LSUS, will share the history behind the British tradition of high tea, tea etiquette and more in an informative program featuring a full English tea.

Ⓢ “Your Cup of Tea: A British Tradition Explored” is from 2 to 4 p.m. Saturday, Oct. 24, in the Oak Room at Tower at The Oaks. The event is open to the public. The cost is \$20.

Register for These Events

Go online to wkhs.com (click “Classes & Events”) or call 318-212-8225.

Book Keepers

RESIDENTS PROVIDE A VALUED SERVICE AS VOLUNTEER LIBRARIANS AT THE OAKS

BY TERRIE M. ROBERTS



Jerry Grass walks into the Tower library, his eyes fixed on a basket of returned books that need to be re-shelved. It's the first of several trips he'll make to the library this day. Since moving into Tower at The Oaks, he has served as de facto librarian, gladly "taking the job and running with it."

The Tower library is one of three on The Oaks of Louisiana campus. There is one in the Alta and John Franks Community Centre that is shared between Garden Apartments at The Oaks and Health Center at Live Oak. Another is at Savannah at The Oaks assisted living residence. Each has a resident who loves to read and recognizes the value of books and has voluntarily taken charge to maintain and organize the collections as well as assist residents as needed.

"I have been an avid reader all my life," says Lola Russell, whom Garden Apartments residents credit with keeping their library shelves filled with an impressive variety of genres and authors. "I'm not a librarian," Russell admits, "but I know how to keep the



books in order and maintain the shelves."

So does Lillian Kendrick, who has gradually expanded Savannah's collection over the years and considers boxes of donated hardbacks "pennies from heaven."

Only the Tower library uses the Dewey Decimal System, the method of categorizing books by subject matter. The other two have their own system, but all three have the same objective: to provide enjoyment to those who engage in one of America's favorite pastimes.

Sitting down with a good book is beneficial for people


You find a book, you take it and read it, you bring it back. We have no cards and no due dates.

—Jerry Grass

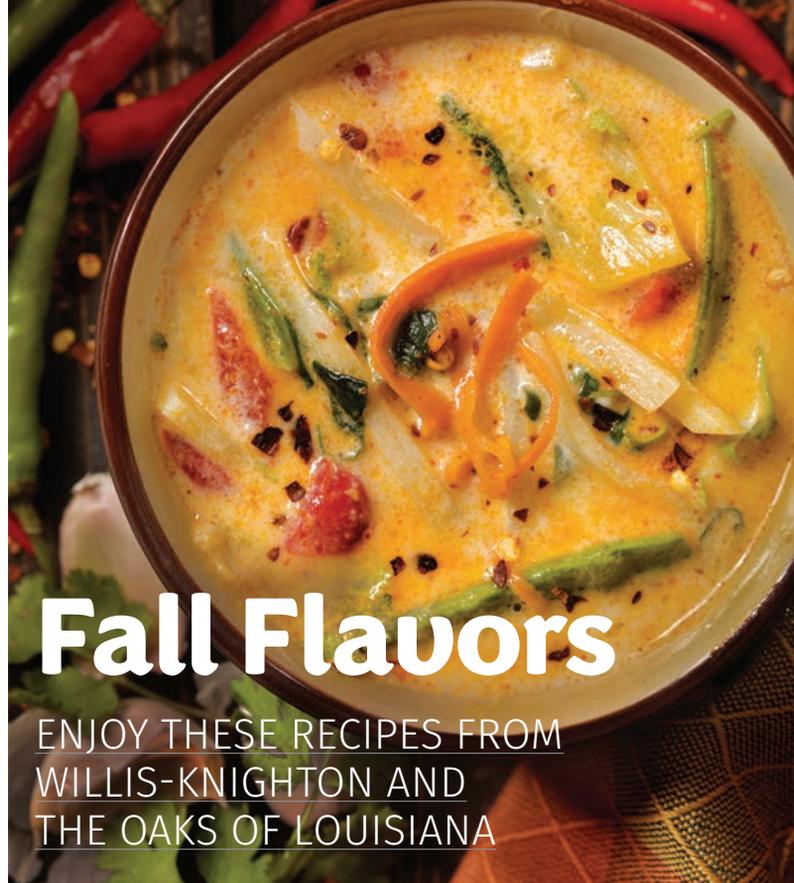
of all ages but especially senior adults. It reduces stress, sharpens decision-making skills, increases vocabulary, improves sleep and memory, and delays the onset of Alzheimer's and dementia.

"A library is essential and adds so much to one's quality of life," Grass says. "You find a book, you take it and read it, you bring it back. We have no cards and no due dates."

Kendrick agrees. "I want people to enjoy the library," she says. "If they keep a book for two months, they keep it for two months. This is on the honor system. I don't have any rules." ●



Lillian Kendrick (from top), Lola Russell and Jerry Grass enjoy maintaining the respective libraries where they live at The Oaks.



Fall Flavors

ENJOY THESE RECIPES FROM
WILLIS-KNIGHTON AND
THE OAKS OF LOUISIANA

Curry Vegetable Soup

Ingredients

- ⊗ Olive oil
- ⊗ 1 red pepper, diced
- ⊗ 1 yellow pepper, diced
- ⊗ 1 poblano pepper, diced
- ⊗ 1 red onion, diced
- ⊗ 1 carrot, peeled and diced
- ⊗ 2 tablespoons minced fresh garlic
- ⊗ Salt and pepper
- ⊗ 1 tablespoon cumin
- ⊗ 1 tablespoon coriander
- ⊗ 2 tablespoons smoked paprika
- ⊗ 2 tablespoons chili powder
- ⊗ 3 tablespoons curry powder
- ⊗ 2 cans roasted and diced tomatoes
- ⊗ 2 cans coconut milk
- ⊗ 2 boxes liquid vegetable stock
- ⊗ 1 sweet potato, peeled and diced
- ⊗ 2 cups frozen green beans
- ⊗ 1 can garbanzo beans
- ⊗ 2 limes, juiced
- ⊗ ½ cup fresh cilantro, chopped

Instructions

Place a large soup pot over medium high heat and allow to get hot. Add olive oil to coat the bottom of the pot. Add peppers, onion, carrot, garlic and a pinch of salt and pepper. Sauté and continue to stir for 5 to 10 minutes. Once sautéed, add all spices except cilantro. Stir for an additional 2 to 3 minutes. Add tomatoes. Let simmer for 10 minutes or until thickened. Add coconut milk. Stir and simmer for another 10 minutes. Reduce heat. Add the stock and sweet potatoes. Let simmer for 45 minutes to one hour. Add frozen green beans. Cook until tender. Add garbanzo beans, lime juice and cilantro. Stir until incorporated. At this point, the longer the soup simmers, the bolder the flavor will be. Add salt and pepper as needed. Add water to thin the soup if needed.

Yield: 6 to 8 servings.

Recipe submitted by Billy Wiethaupt III and Cameron Wallace, chefs at The Oaks of Louisiana.

Healthy Apple Crisp

Ingredients

Filling:

- ⊗ 6 cups apples, peeled, cored and chopped (for best results, use a mixture of apples, like Golden Delicious, McIntosh, Gala, Pink Lady or Honeycrisp)
- ⊗ ¼ cup black or golden raisins
- ⊗ ¾ cup unsweetened apple juice or fresh apple cider
- ⊗ 2 teaspoons lemon juice
- ⊗ 2 teaspoons vanilla extract
- ⊗ 2 teaspoons cinnamon (Ceylon preferable)
- ⊗ 2 teaspoons arrowroot or cornstarch
- ⊗ ¼ teaspoon freshly ground nutmeg
- ⊗ Pinch fine sea salt

Topping:

- ⊗ 1 cup old-fashioned rolled oats
- ⊗ ¼ cup whole-wheat flour or gluten-free flour blend
- ⊗ 3 tablespoons coconut sugar or turbinado (raw) sugar
- ⊗ 2 tablespoons pure maple syrup
- ⊗ ¼ teaspoon fine sea salt

Instructions

Heat oven to 350 degrees. In a large bowl, combine apples, raisins, apple juice, lemon juice, vanilla, cinnamon, arrowroot or cornstarch, nutmeg and salt. Stir until apples are well coated. Spread apple mixture evenly in an 8-by-8-inch baking pan, preferably a glass Pyrex pan. In a medium-sized bowl, combine oats, flour, sugar, maple syrup and salt. Mix until syrup is fully incorporated; mixture will be dry. Spread oat mixture evenly over apples. Cover baking pan with aluminum foil. Bake for 45 minutes. Remove foil and continue to bake for additional 10 to 15 minutes, until apples are tender and topping is lightly browned. Serve warm or at room temperature.

Nutritional information: 165 calories, 1 g fat. Yield: 8 servings (½ cup each).

Recipe submitted by Julie Hartley, RD, LDN, WK Diabetes & Nutrition Center.





→ MANAGEMENT PROFILE

Nurses Named to Leadership



Claire Rebouché, RN, MSN, CPPS, and Renée McCuller, RN, MSN, APRN-BC, CRRN, were named vice presidents of Willis-Knighton Health System this year by James K. Elrod, president and CEO. Together the nurses bring more than 70 years of healthcare expertise to the health system's senior executive offices.

Rebouché, who earned a Bachelor of Science in nursing from Vanderbilt University in Nashville, Tennessee, and a Master of Science in nursing from Northwestern State University College of Nursing in Shreveport, says she is honored to serve as vice president of quality and clinical performance. She's been at Willis-Knighton full time

since 1985. "I have worked with incredible staff, clinicians, educators and administrators who care deeply for the mission of this organization," she says.

McCuller, vice president of nursing, earned a Bachelor of Science in nursing from Northwestern State University. Additionally, at the University of Alabama at Birmingham, she earned a Master of Science in nursing, and later, at NSU, she completed certification as a family nurse practitioner. "In this role, it's an honor to advance and advocate for the profession of nursing," McCuller says. "We want all nurses and nursing staff to be empowered and engaged while providing exceptional compassionate care for those we serve."

→ WK EMPLOYEES

Active in the Community



Melissa Green has a passion for helping feed the underprivileged. "Wherever people have a need, we try to help," she says, as she thinks about how many people in the Shreveport-Bossier area routinely go hungry.

Green, who is the program coordinator for WK Vein Specialists, dedicates several hours a week around town helping feed people. The homeless population downtown, the underserved in Cedar Grove, the hungry in Haughton—on an evening or weekend, she might

be found serving any or all of them. She works with volunteers from various churches in a group they call The Kingdom Project.

"It's tough to realize that right here at your own doorstep, that's how some people have to live," she says. "Sometimes, what we would eat in a day for a family, they try to survive on for a week."

Her passion for helping the hungry came as an inspiration. "I felt that my life was very self-centered and realized that we're very blessed," she says, "and there are people out there



who have very little or nothing." She says she gets back from the people she helps more than she gives: "People are very kind and gracious."

Looking Forward

A QUICK GUIDE TO THE FEATURES IN THIS ISSUE



There's a lot that comes from paying attention to yourself."

— Psychologist
Marni Amsellem, PhD
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A Woman's Guide to

Real Self- Care

Taking care of yourself isn't about primping or pedicures—it's about prioritizing health

BY LAURA
ARENSCHIED

Thinking about how to care for ourselves can be overwhelming, especially in a culture that sells us endless ways to self-pamper. In short: too many moisturizers, too little time (and money).

But real self-care is not about skin oils and manicures. It's about recognizing what our minds and bodies need and giving ourselves those things, even when it's uncomfortable or difficult. By all means, get yourself a massage or a facial if that helps you relax. But experts say it's more important, generally, to prioritize quality sleep, nutritious food, exercise and mental health. ➔



PHOTO BY JOHN KU CZALA

“It’s much easier to go get a pedicure than to, say, go to therapy,” says Robyn Gobin, PhD, a clinical psychologist and author of the book *The Self-Care Prescription*.

“There is an element of immediate gratification to it—as soon as they polish, you see the pretty color and you get to see the immediate effects,” she says. “When you go to sleep early or set a boundary in a relationship, it might not feel so great initially, but the long-term benefits are immense.”

Think of self-care as being your own parent: Sometimes you just have to do what’s best for yourself, whether it’s fun or not.

Put Yourself First—It’s Good for Them, Too

Are you a parent? Do you take care of other family members—a partner, maybe, or a parent of your own? Do you support your friends when they need it? Taking care of other people can be a wonderful thing—and a difficult one.

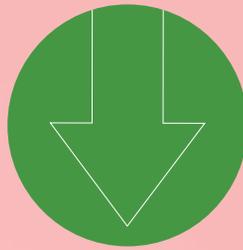
“Even if you love them like crazy, taking care of someone else is a really hard thing to do,” says Arthur Lavin, MD, chair of the American Academy of Pediatrics Committee on Psychosocial Aspects of Child and Family Health.

He referenced the oft-used metaphor of flying on a plane in an emergency: The flight attendants tell you to put the oxygen mask on yourself first, then your child.

“If the parent is worn out, it doesn’t help the child at all,” Lavin says. “To be a good parent, you have to take good care of yourself, too.”

But first you must give yourself permission to do so. It sounds silly, maybe, but it is a true barrier to self-care.

Women often feel as if taking care of themselves is selfish, Gobin says,



Sleep Isn’t Optional

Getting enough sleep is as important to your health as regular exercise and eating a balanced diet.

It can be hard to do, though, because your mind races and your body is restless.

Studies have shown that poor sleep patterns go hand in hand with health conditions including hypertension, obesity, diabetes and inflammation and may increase your risk of stroke and heart disease, says Sachin B. Thorat, MD, of WK Neurology Clinic.

To establish good sleep habits, Dr. Thorat advises going to bed and waking up at the same time every day. Being consistent in your sleep schedule reinforces your body’s sleep-wake cycle.

You should also avoid caffeine, alcohol, exercise and screen time before going to bed, he says. Create a restful environment and reduce the light in the bedroom. Do calming activities before bed. Don’t go to bed hungry or stuffed.

Dr. Thorat says a healthy adult ages 18 to 65 should strive for eight to nine hours of sleep per night. People older than 65 may need only seven to eight hours per night. “After age 80, you may need even less sleep,”

Dr. Thorat says. “If you wake up in the morning and do not feel sleepy or drowsy, then it is likely that you had a fulfilling sleep. This can be used as a general marker to assess your quality of sleep.”



6
years

Women and men do not return to pre-baby levels of sleep duration or satisfaction for up to six years after the birth of their first child

Source: *Sleep*



a sentiment she understands, but one she wants to unravel.

“It’s not selfish, because when things are selfish, only you reap the benefit from it,” Gobin says. “Self-care doesn’t fall into that realm. When you take better care of yourself, you are a better wife, better mother, better boss, better employee, daughter, sister—you can be more patient with your children and your partner. You can give them the best version of you.”

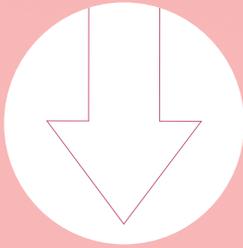
Gobin likens it to a dinner party: If you are inviting people to your home, you wouldn’t, say, feed them the 2-week-old spaghetti in the back of the fridge. You’d prepare something from fresh ingredients.

“That’s the type of person you want to show up as,” she says. “A fresh mom, a fresh spouse, a fresh friend. When we take that time to take care of ourselves, we can show up in our relationships fresh and recharged and ready to give them the best of ourselves.”

It’s also important that you give you the best of you. Take care of yourself because you deserve it, Gobin says.

Give Yourself a Break

Women are busy. In addition to hands-on parenting and demanding careers, they are still largely responsible for the “emotional labor” of parenting and managing a household—remembering birthdays and doctor appointments; menu planning, grocery shopping and cooking; making sure that the day-care check is written and that everyone has clean clothes for the next day. A 2018 United Nations report found that, globally, women do 2.6 times the unpaid care and domestic work that men do.



Gratitude Takes Practice: Try This Trick

You overslept and the kids are late for school. The washing machine overflows midcycle. You forget about a dentist appointment. And dinner is leftover pizza because you haven't been able to get to the grocery store.

It's been the worst day ever, you moan. But has it, really?

Reframing a frustrating moment (or day) toward gratitude can make all the difference. "Gratitude has the power to heal us, to energize us and change our lives," says the Rev. Andrew Comeaux, director of spiritual life services at Willis-Knighton Health System. "The way we look at life can change our reality."

Getting into a practice of expressing thankfulness for the good things in life

can help your brain handle those stressful moments when they arise. "Studies have shown an attitude of gratitude can also lower blood pressure, reduce burnout and help people deal with chronic disease," the Rev. Comeaux says.

Gratitude also improves psychological health and shifts focus. It effectively increases happiness and reduces depression. The Rev. Comeaux says it's easy to see things in a positive light when we focus on that or in a negative light when we focus on problems and dilemmas.

People who are grateful are more empathetic and sensitive toward others.

"I believe gratitude is affirming goodness

when we see it and acknowledging the source of that goodness," he says. "We all have the ability and opportunity to cultivate gratitude by practicing gratitude—being grateful for what you have rather than what you think you deserve."

The Apostle Paul said it so well in his first letter to the Thessalonians (5:16-18): "Rejoice always, pray without ceasing, give thanks in all circumstances; for this is the will of God in Christ Jesus for you."



So how is a person supposed to find time for self-care when her to-do list already has her sprinting from 6 a.m. to 9 p.m.?

To start, be gentle with yourself. Note all the things you are already doing. Be your own cheerleader, the way you would cheer on a friend.

That practice, of encouraging the voice in your head to be friendly rather than critical, of talking to yourself the way you would talk to another person, is called self-compassion. It is one of the most fundamental acts of self-care a person can do, says Emiliana Simon-Thomas, science director of the Greater Good Science Center at the University of California, Berkeley, which searches for scientific answers to how people can live more meaningful lives.

Managing that critical voice can set you up for success in other areas of your life.

"That idea of self-compassion is tied to better mental health, advances to physical health and better performance in a wide variety of domains," Simon-Thomas says. "And it's a pretty simple idea. It involves treating yourself the way you might treat a good friend."

So if you didn't get that promotion at work, don't tell yourself you are just not good enough or didn't work hard enough. That might be tempting, because people tend to



When You Need Expert Help

Even people with good mental health occasionally need help to cope with problems. Willis-Knighton Rehabilitation Institute's behavioral medicine department can help. For information, call **318-716-4600**.

assume anything that goes wrong is a reflection on them and their worth.

Instead, take the perspective you would with a friend who was similarly disappointed: “You are talented, and they’re lucky to have you” or “If you decide to look for a new job, you’ll be an attractive candidate to employers.”

It can help to remind yourself that you are human.

“Try to imagine a sense of common humanity, that the thing you are struggling with, humans all over the world have also struggled with, just like you,” Simon-Thomas says.

Another trick for self-care: Try searching for brief chunks of time available in your day, Gobin advises.

“Let’s say you want to start a meditation practice. Can you find five minutes a day—maybe you give up scrolling on social media, and you spend that time meditating instead?” she says. “It’s about being intentional and consistent.”

But let’s say you’re in one of those stages of life when you truly don’t have five minutes. What then?

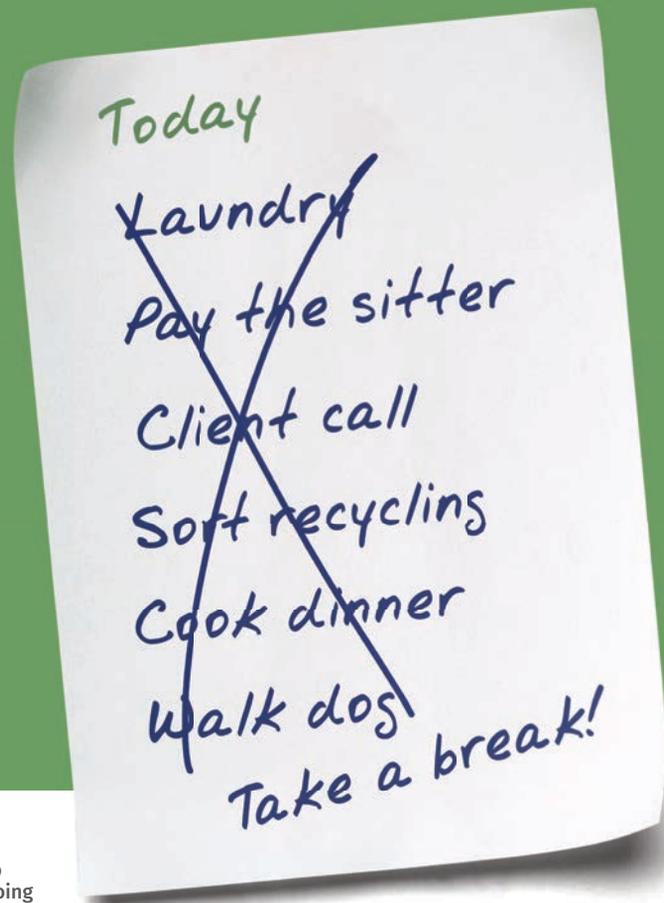
Gobin suggests finding small ways to give yourself a break throughout your day. Maybe that means you listen to a podcast you like instead of the news during your morning commute, or that you put on music you enjoy while you make dinner.

Be Intentional

Let’s all take a deep breath, right now. Go ahead—close your eyes, just for a moment, and breathe. Count slowly to three while you inhale. Count slowly to five while you exhale. In less than 10 seconds, you’ve (probably) lowered your heart rate and calmed your mind, if either was racing. Consider it an act of self-care.

Now, recognize that self-care is a practice—something you do

Your to-do list isn’t going anywhere, so you might as well be on it.



consistently over time—and that, through practice, you can learn to control your reactions and choices.

“This is not a one-day turnaround kind of experience,” Simon-Thomas says. “But it can start with something as little as taking a deep breath when you feel yourself feeling frazzled. How do we not bang our heads on the wall in those moments? In a funny way, you have to choose not to do that.”

The choice, Simon-Thomas says, is only available if we can calm our own physical responses. The most tried-and-true way of doing that, she says, is to take a deep breath and exhale longer than you inhale.

Another quick and simple daily practice she recommends: gratitude.

“What we know about gratitude is that it shifts your intentional

orientation from being self-referential to being self-transcendent. Suddenly you’re noticing what’s good instead of what’s frustrating or irritating,” she says. “We start seeing the world as something that has served us as opposed to something that is threatening or depriving or unfair.”

Of course, that doesn’t mean that you should stay in an exploitative or abusive situation if you find yourself in one. In that case, self-care might mean finding a safe exit or setting effective boundaries. (If you are in a situation like that, please consider finding a therapist to help you navigate.)

The key to self-care, Simon-Thomas says, is to consider what you truly need—and to be brave and wise enough to take the steps to help you get whatever it is.

You’re worth the effort. ●

10 Things

Healthy People Do Every Day

Experts share simple actions for living your best life—all of which you can start today

BY LEXI DWYER

What comes to mind when you hear the words “healthy person”? Is it someone who goes to the gym every day at 6 a.m. or eats nothing but salmon salad and cold-pressed green juice?

It turns out you don’t need a major lifestyle overhaul to majorly improve your health.

When it comes to our emotional and physical well-being, the repetition of good daily habits is what leads to success—stringing together small actions into meaningful change.

We asked three experts to weigh in on what healthy people are doing today, maybe even right now, that makes them that way.



HEALTHY PEOPLE ...

1 Drink water.

All of our organs need water to perform their basic functions, so it's a good idea to sip a lot of H₂O and not much else. "I tell people, 'Don't drink your calories'" in juices and colas, says internist and weight management expert Robert Kushner, MD, founder of the American Board of Obesity Medicine and author of *Six Factors to Fit: Weight Loss That Works for You*. Kushner says 48 ounces of water, or about six 8-ounce glasses, each day is a good starting point.



HEALTHY PEOPLE ...

2 Eat lots of plants.

They also steer clear of fatty, overly processed foods. "The only diet ever proven to protect not only against heart disease but also cancer is a predominantly whole-food, low-fat, plant-based diet," says cardiologist Andrew Freeman, MD, co-chair of the Nutrition & Lifestyle Workgroup for the American College of Cardiology. ("Whole foods" refers to those that are as close to their natural form as possible—think roasted potatoes versus heavily processed potato chips.)

"Eating plenty of fruits and vegetables daily is a way of getting the immune-building and energy-building nutrients that you just can't get in meat," Kushner says.



HEALTHY PEOPLE ...

3 Plan meals.

When it comes to food, health-minded types tend to think ahead, whether they're spending a Sunday afternoon prepping lunches and dinners for themselves to reheat during the week or packing nutritious snacks for a road trip so they aren't tempted by fast food. "Take a few minutes each morning to figure out an eating plan. If you have an intention to eat well, you're more likely to do it," Kushner says.

HEALTHY PEOPLE ...

4 Move.

Kushner suggests people start by making "move more" one of their top priorities, even if it's something as simple as taking a post-dinner walk around the block. "Get your body in motion. Whether it's walking up the escalator, taking your dog out, walking with a co-worker instead of sitting down for a meeting—that's all before you even go to the gym," he says.

The American Heart Association recommends adults get 30 minutes of moderate physical activity five times a week and defines "moderate" as having an increased heart rate, breathing more heavily and beginning to sweat.





HEALTHY PEOPLE ...

5 Practice mindfulness.

Meditation has been associated with many mental health benefits, including reducing stress and boosting mood. Research has shown even 10 minutes of daily meditating can alter brain activity in a positive way, improving focus. If 10 minutes seems like a lot, start with five or three.

“The way to create a new habit is to have something that’s both meaningful and realistic, and everyone can usually find five minutes,” says psychologist Marni Amsellem, PhD, author of *The Big Idea Journal: A Tool for Facilitating Change and Bringing Your Idea to Life*.

HEALTHY PEOPLE ...

7 Sleep.

The National Sleep Foundation recommends adults get anywhere from seven to nine hours nightly. In fact, studies have shown that adults who sleep less than six hours each night have double the risk of stroke or heart attack as those who snooze up to eight. Kushner says that when people’s lives get busy, they often prioritize their to-do list over resting, but it’s more important to sleep than to check off one more thing.



HEALTHY PEOPLE ...

6 Connect with loved ones.

This doesn’t mean just clicking “like” on your aunt’s latest Facebook post. Make plans to actually talk. “There’s real data that shows that people who have good social support actually have better health outcomes than those who don’t,” Freeman says.

Researchers have linked long-term loneliness to not only clinical depression but also cardiovascular disease, cancer, high blood pressure and cognitive decline.





HEALTHY PEOPLE ...

8 Think about tech use.

Research shows that Americans spend 11 hours a day on average interacting with computers, tablets and smartphones. So when it comes to screen time, dare to be different and practice moderation. “Technology is not all bad; it keeps us connected to friends, and fitness apps can help you get more exercise. But too much screen time can also negatively affect your self-esteem, relationships, productivity and physical activity,” Amsellem says.

Her suggestion is to spend a few days writing down what you’re doing and how long you’re spending online. “Maybe you’ve just spent an hour on social media and totally lost track of time; that’s something to notice.”



HEALTHY PEOPLE ...

9 Make decisions thoughtfully.

When you’re weighing options about food, relationships or something else, Amsellem suggests making choices that honor your goals and values.

“Maybe you’re tempted to eat a plate of cookies, but you can pause and ask yourself, ‘How will I feel after this?’” she says. “Or if you’re dating someone new, you might ask, ‘Does this feel like my idea of a healthy relationship?’”

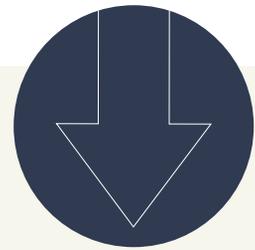
One way to connect with your core beliefs is to start a journal. “There’s a lot that comes from paying attention to yourself,” Amsellem says.



HEALTHY PEOPLE ...

10 Take medications as directed.

It’s important to always follow your doctor’s recommendations when it comes to prescriptions, especially if you have a chronic condition. Poor medication adherence, defined as not having medicine on hand at least 80 percent of the time, has been linked with higher death rates and more money spent on emergency department visits and hospitalizations. ●



Healthy People Eat Fiber, Too

Many Americans eat only about 15 grams of fiber per day, and some even less. The recommended daily amount is 25 grams for women and 38 grams for men.

“Americans need more fiber in their diet,” says Julie Hartley, a registered dietitian with the Willis-Knighton Diabetes & Nutrition Center. “Fiber is a key nutrient and has many health benefits.”

Fiber helps with digestion and lowers your risk of certain gastrointestinal disorders. It helps lower blood sugar and cholesterol and aids in weight loss.

To add more fiber to your diet, Hartley suggests:

- ⊗ Fruits, including bananas, oranges, apples, strawberries and raspberries
- ⊗ Vegetables, such as carrots, sweet potatoes and broccoli
- ⊗ Beans and legumes, including navy beans, pinto beans, lentils and black beans
- ⊗ Breads and whole grains, including bran flakes and rye
- ⊗ Nuts, including almonds, pistachios and walnuts

Ask a WK Dietitian

Registered dietitians at Willis-Knighton’s Diabetes & Nutrition Center offer comprehensive nutrition counseling, education and support. They also can answer questions or tell you how to add more fiber to your diet. Email your question to askthedietitian@wkhs.com.

Don't panic. It could be something other than **your heart** (but it's important to find out)

BY ALLISON THOMAS

Your Chest Pain, **Undo**

Whether it's sudden and dull or sharp and burning, a pain in your chest probably sends your thoughts straight to one place: *I'm having a heart attack.* And that's an understandable assumption, as more than 805,000 Americans have a heart attack each year, according to the American College of Emergency Physicians (ACEP). But don't despair: Many causes of chest pain aren't actually related to the heart at all. And some of them may surprise you.

To Start, You Must Assume It's Your Heart

Because a heart issue is the most serious and potentially deadly cause of chest pain, before we get into other possible causes—also known as noncardiac chest pain—it's important to rule out a heart problem.

Angela Golden, a family nurse practitioner and past president of

the American Association of Nurse Practitioners, is straightforward: "Chest pain is your heart until we prove it isn't. You need to call 911 and be transported to the emergency department," she says. "Because if it is heart-related, you don't want to be driving or riding in a car. You need to be monitored on the way there."

Recognize Heart Attack Symptoms

Some of the most common symptoms of a heart attack include pressure, pain, or feelings of fullness or squeezing in the center of your chest. It may last for longer than a few minutes or go away and then return. The pain may spread to your shoulders, neck, jaw, arms or back, and it may happen with lightheadedness, fainting, sweating, nausea or shortness of breath.

Less common symptoms include dizziness, unexplained fatigue, a cold sweat, abnormal chest pain, or stomach or abdominal pain that may feel like heartburn or indigestion.

These can all be cause for concern and a reason to take action. And keep in mind that while chest pain or discomfort is the most common heart attack symptom in both men and women, women are more apt to experience shortness of breath, nausea or vomiting, and back or jaw pain.

To help determine the cause of your chest pain, physicians start by considering your symptoms and risk factors, often using a tool known as the HEART score. The score places patients with chest pain

covered

pleurisy anxiety
 pneumonia musculoskeletal
 muscle spasm
 pulled muscle stress
 back pain fractured rib
 gastrointestinal
 shingles
 GERD

into three risk categories (low, moderate and high), with points based on age, symptoms and risk factors—such as diabetes, obesity, high blood pressure, high cholesterol levels, family history, previous heart attacks and smoking—and the results of an electrocardiogram (EKG), which shows how the heart is beating, says ACEP spokesman Jose R. Torradas, MD.

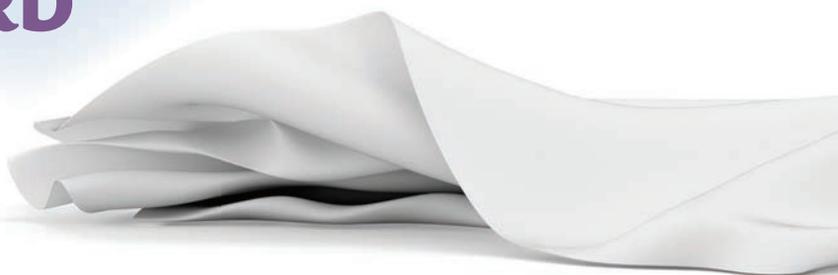
A blood test that measures troponin, proteins released when your heart muscle has been damaged, also factors into the HEART score. People in the moderate- and high-risk categories will be observed in the hospital and evaluated by a cardiologist.

In addition to the EKG, “we use blood tests and chest X-rays or chest CT scans to make the most informed decision possible,” Torradas says.

Get to Know Two Common Causes

If your pain is determined not to be heart-related, you’re likely to

be referred to a primary care provider to confirm the cause. Your doctor might treat you or send you to a specialist if needed. Two of the most common causes of noncardiac chest pain are gastrointestinal and musculoskeletal pain. GI pain can be anything from a muscle spasm in the



esophagus to gastroesophageal reflux disease (GERD).

It can be tricky to tell the difference between GERD and a heart attack, says Ellen M. Stein, MD, a gastroenterologist and fellow of the American College of Gastroenterology.

“Typically if you’re having pain when you’re exerting yourself or moving around, it could be your heart, because the esophagus doesn’t tend to get excited when you’re walking around,” she says. “But I have had some patients with GERD pain so severe they say they feel bad when they move, too.”

All the more reason to make sure your heart is OK first, especially if you have cardiac risk factors.

Back pain also can masquerade as chest pain. “Musculoskeletal pain can be anywhere from the neck to the abdomen; anything in there can cause chest pain,” Golden says.



What to Do When It Is Your Heart

WK Heart & Vascular Institute features the most comprehensive heart services in the Ark-La-Tex. Learn about innovative cardiovascular care at Willis-Knighton at wkhs.com/heart.



Look for These Signs of Heart Trouble

Chest pain can be scary. Most people immediately think it is the heart.

Don’t panic. Chest pain can stem from dozens of conditions that are not related to the heart. Still, because a heart issue is the most serious, you’ll want to rule it out, says Boshra Louka, MD, with Willis-Knighton Cardiology.

How do you know if it’s your heart and when to see a doctor? Dr. Louka says certain symptoms can help you determine: fullness, uncomfortable pressure or tightness in the chest; pain associated with exertion or activity that eases with rest; shortness of breath.

“These are all signs it’s a good chance the discomfort is caused by the heart,” he says.

Additionally, the presence of risk factors such as age, hypertension, obesity and family history increase your risk of developing heart disease. “When you couple that with chest pain, it is cause for concern,” Dr. Louka says.

Chest pain is serious business and is reason to take action right away if you think yours may be due to a heart attack.

“Back pain can radiate to the front.” A fractured rib or pulled muscle can also be a culprit.

Spot Other Potential Suspects

A variety of other health problems can cause noncardiac chest pain, such as lung conditions like pneumonia or pleurisy, an inflammation of the lining of the lungs, as well as shingles, a rash caused by a virus.

“If the pain is along one of the nerves near the heart, it can occur before a shingles rash breaks out,” Golden says. “So while it may not be obvious at first, that’s going to be on my checklist, especially for older adults.”

Stress and anxiety can also cause or mimic chest pain.

Get Pain Relief—and Peace of Mind

Because there are so many possible causes of noncardiac chest pain, you’ll want to follow up with your primary care provider once you have ruled out a heart issue.

“A lot of my patients think, ‘It wasn’t my heart, so I don’t need to worry,’” Golden says. “But it can still be an issue that impacts your quality of life.”

Stein offers similar advice to people who may have convinced themselves their pain is not a heart problem without getting an actual diagnosis.

“You don’t need to second-guess yourself or panic. But if you’re starting to have chest pain—especially if you’ve had a heart attack before—you shouldn’t wait to seek care,” she says. ●

Cancer Care Revolution



on

Doctor Q&A: An oncologist who has tried to outsmart cancer for 40 years reflects on treatment transformation over the span of a single lifetime—and how much more we must do **BY ROSE SHILLING**

Cancer treatment is better today—and often designed just for you—because research keeps unmasking the disease’s secrets. ➔ In the 1940s, no one really understood what caused cancer, and the only treatments were to cut it out or burn it out (via radiation), explains Richard L. Schilsky, MD, executive vice president and chief medical officer of the American Society of Clinical Oncology. ➔ “So many cancers for which we had either no therapy or no effective therapy, we now have treatments that have converted these cancers into almost chronic illnesses that people can live with over long periods,” Schilsky says. ➔ He tells us about the impact of discoveries over the decades in how cancer grows and hides.

❖ How vast has the improvement in treatment been from the 1940s when chemotherapy began to today—the span of one lifetime?

Schilsky: There are cancer types that when I was in my training in the late 1970s we considered to be almost hopeless, like metastatic malignant melanoma, a skin cancer that once it spread in the body, there was essentially no effective treatment for it. Today, there are multiple effective treatments. People with metastatic melanoma can live for years, and some of them might even be cured by some of the modern immunotherapies.

Kidney cancer is another example of a cancer where there were never any effective drugs. Now there are something like 10 or 12 effective FDA-approved therapies. Breast cancer was transformed by the development of drugs like Herceptin, which for those women who have HER2-positive breast cancer, as it’s known, became a life-prolonging and in some cases a curative therapy.

It’s important to point out that all of these advances, by and large, have been the result of basic research that has enabled a much deeper understanding of what causes cancer than we ever had back in the 1970s and before. In the early years of cancer treatment, we basically looked for drugs that killed cancer in a test tube or killed cancer in an animal model. It was kind of one-size-fits-all. All patients with a given kind of cancer

OUR EXPERT



Richard L. Schilsky, MD,
executive vice
president and chief
medical officer of the
American Society of
Clinical Oncology



The Best in Cancer Care Is Here

World-class cancer care featuring leading-edge technology and research and the most up-to-date developments in cancer treatments is available at Willis-Knighton Cancer Center. Discover more at wkhs.com/cancer.

typically got the same kind of chemotherapy regimens and so on.

If you flash-forward 40 years, it’s very different. We have a much deeper understanding of the basic biological mechanisms that cause cancer. Because of that understanding, we’re able to develop much more targeted, highly specific, less toxic and more effective treatments that work better, work for longer periods of time and have fewer side effects.

We recognize that cancer is not one disease; it’s not even dozens of diseases. It’s hundreds of diseases or maybe even thousands of diseases, as you begin to break it down. Personalized treatment doesn’t work perfectly; it doesn’t work for every cancer type or for every patient. But when you consider that there are very few cancer patients now who do not have multiple therapy options available to them—some of which can produce remissions that last for years—it’s a very different and much more hopeful landscape.

❖ What was treatment like before chemotherapy?

Schilsky: The general belief in the early years of cancer treatment was the more surgery, the better. It led in many cases to very extensive, disfiguring surgeries [in hopes of catching any cancer cells around a tumor] that we now have learned are largely unnecessary, because many cancers already will have spread throughout the body very early in the course of the disease. So there was a paradigm shift that led to the development of what we now call adjuvant chemotherapy [medicine after initial treatment to keep cancer away], which has been highly effective [because it targets the cancer throughout the body rather than just at the original site].

The 1980s were kind of the doldrums in terms of developing new treatments. What was happening then was the discovery of what makes cancer tick. And from that point on, the whole field of what we now call precision medicine really took off. We now know that cancers have many ways of hiding from the immune system or inactivating the immune system. We have a whole new generation of drugs that are able to activate the immune system, unleash it, help it find the cancer. They are producing long-lasting remissions for many patients.

❖ Is there an example of a newer treatment that really wows you?

Schilsky: The next exciting thing on the horizon are the cellular therapies, a type of treatment known as CAR T-cells. These are immune cells that are taken from the patient's own body and genetically modified to help them more effectively target the patient's cancer. They're grown up to large numbers outside of the body. Once they're back in the patient's body, they can find the cancer cells and destroy them.

❖ U.S. cancer death rates have dropped steadily over the past 26 years. What modern successes are behind reaching that milestone?

Schilsky: Much of the decline can be attributed to a decline in the use of tobacco products, particularly smoking cigarettes. Hopefully it will continue, and hopefully the current generation of children who are vaping do not get hooked on nicotine and become tobacco users. Second, a lot of the decline is attributed to better screening and early detection. So cancer is being detected at a much more treatable stage. But it's certainly the case that better cancer treatment is contributing as well.

❖ Research studies, often called clinical trials, test new treatments. Why should people with cancer consider joining one?

Schilsky: First, participating in a research study is always an option; it's not a last resort. Second, I think every cancer patient who participates in a research study can be assured of getting at the very least the current standard of care, so they have almost nothing to lose by participating. And then there's the opportunity to get potentially a new and better therapy. It should be clear, but it's often not said, that every cancer treatment that we now consider to be standard of care was once a treatment in a research study. Hopefully today's patients feel that they can contribute as well to the next generation of therapies for tomorrow's patients. ●

➔ Cancer Cases Are Expected to Rise—Here's Why

As cancer treatment continues to advance, so does the number of cancer cases. Some research indicates that's simply because people are living longer, but there might be concurrent factors.

"Obesity is a big player now," says Anil Veluvolu, MD, of Hematology/Oncology Associates at Willis-Knighton Cancer Center. "It may be linked to increased risk of developing many different malignancies."

Dr. Veluvolu, affectionately known as Dr. V to his patients, says our eating habits and sedentary lifestyles play a role in our overall health. "It's something I'm pushing with my patients, trying to get their weight under control," he says.

To avoid excess weight becoming a factor in malignancies in the future, make healthy eating choices and get enough exercise.



MOVING THROUGH LIFE



ICONS BY GETTY IMAGES



Shannan O'Hara-Levi and her husband, Dustin, talked about her lifelong struggle with arthritis at an Arthritis Foundation event. Opposite: O'Hara-Levi as a child.

WITH

Shannan O'Hara-Levi has dealt with joint pain all her life. But she's found new ways to keep doing what she loves

**AS TOLD TO
SHELLEY FLANNERY**

ARTHRITIS

MAIN PHOTO COURTESY OF ARTHRITIS.ORG

I'm not your average arthritis patient. Diagnosed at age 3 with juvenile rheumatoid arthritis, an autoimmune disease that affects the joints, I've never known a life without it.

As a child with JRA, I knew I was different from other kids, but I couldn't understand why, since I looked the same as everyone else. My parents did an amazing job of advocating for me to help me cope with my joint pain and fatigue. For example, I had an extra set of textbooks—one set for home and one to keep at school—so I didn't have to carry a heavy backpack. But kids can be mean. They thought I was faking and would call me names. And that made the pain that much worse.

The pain associated with rheumatoid arthritis can range from dull and constant to sharp and localized. But the fatigue, my other main symptom, is often worse than the pain, especially during a flare-up. I describe it as bone-crushing—when walking, moving, thinking, even breathing is monumentally exhausting. Even worse, no



Exercises to Ease Pain

Try these simple moves to loosen up stiff joints:

Do deep belly breathing for 30 seconds.

Sit in a chair and place a ball between your knees. Squeeze for five seconds and then rest for five seconds. Repeat for one minute.

Sit in a chair. Extend one leg so it's parallel to the ground and hold for 30 seconds. Repeat with the other leg.

March in place for 30 to 60 seconds.

Take 10 steps forward and then backward.

Do backward arm circles for 30 seconds.

Make circles with your wrists, do wrist bends (up and down), and open and close your fingers for 10 seconds each.

Source: Arthritis Foundation

Above: Shannan O'Hara-Levi and her dog, Stella.
Opposite: O'Hara-Levi and her husband advocate for people with arthritis.

matter how tired you are, the pain keeps you up at night.

I've never really been able to get my RA under control. Then about five years ago, I developed osteoarthritis, which is the wear-and-tear type of arthritis most people are familiar with. OA happens when the cartilage between bones breaks down, causing swelling and pain in the joints.

OA is a different type of pain than RA. With rheumatoid arthritis, I feel it throughout my entire body—every joint is affected. But with osteoarthritis, the pain is more localized to specific joints.

Shouldering the Pain

The osteoarthritis really started kicking in within the past few years. Initially, I only felt it after working out. I was pretty active, doing power yoga, which requires a lot of athleticism and endurance. I even got my yoga teacher training certification. But I realize now that I overdid it.

I started having a lot of pain and stiffness in my shoulders. You don't realize just how much you use your shoulders in daily life until you can't. And mine just sort of stopped working. Some days, I physically couldn't lift a glass to my mouth. I was 32 or 33 at the time, and every doctor I spoke to said the next step would be shoulder replacement. I was really scared, but I knew it was the right choice.

I had both of my shoulders replaced in 2018—the left one in January and the right one in May. It's been like night and day. I'm not doing pushups or pullups or anything too strenuous—and I probably never will—but being able to dress myself without excruciating pain is an excellent win. I'm not completely back to normal, but I can do a lot more now.

Getting Centered

As much as I'd love to get back to my yoga classes, I've learned that I need to take it slow. Unfortunately, there are no yoga-for-arthritis classes near me where I live in Staten Island, New York. But I don't let that stop me. When I can't take a class, I practice on my own at home.

Other than yoga, I try to get out and walk my dog, Stella, as much as I can. I used to run, but every time I try to get back to that, it seems to aggravate my RA symptoms and lead to joint pain.

Finding that sweet spot is really important, and what I've had to come to terms with is that the sweet spot is ever-changing. Even when I am able to do something one way and get really comfortable with that, it can change pretty quickly.

I've learned to keep in mind that doing something is always better than doing nothing.

I've also noticed that my diet really affects how I feel. When I avoid high-inflammatory foods like gluten, fried foods and sugar, I have less pain and more energy. I try to cook at home as much as possible. Of course with joint pain, sometimes the thought of going to the grocery store is just horrendous. So now I do all my grocery shopping online.

Something else I've found to be worth the price is buying pre-cut vegetables. If I have a full squash sitting on my counter, I'm probably going to avoid cooking it because it hurts to grip a knife. But if it came already cut, I can easily toss it into the oven.

My Support System

I'm lucky to have really supportive family and friends. But sometimes it's difficult for them to understand exactly what I'm going through.

So I've gotten really involved with the Arthritis Foundation. They have a community forum called the Live Yes! Arthritis Network and a Facebook page, and I've met a lot of people in person at their events. It's great that I don't have to explain myself; everyone just gets it. There are some really amazing people out there with life hacks you'd never think of, like using barbecue tongs to fish clothes out of the washing machine or using bathing mitts in the shower instead of gripping a loofah. And when you hear about them, you're like, "Yes! This is exactly what I needed!" ●



MAIN PHOTO COURTESY OF ARTHRITIS.ORG

Expert Advice on Nutrition

Although there is no diet cure for arthritis, certain foods have been shown to fight inflammation, strengthen bones and boost the immune system. Willis-Knighton health library shares food options to help ease your symptoms. Visit wkhs.com/health-resources/health-library.



Stay Active with Arthritis

Exercise and arthritis can and should coexist. People with arthritis who exercise often have less pain, improved sleep and more energy.

"Exercise and physical activity are important in maintaining physical and mental health," says James Jackson, MD, with Tri-State Medical Clinic.

Walking is great for those with arthritis. "Water activities are an excellent avenue for exercise as well," he says.

Dr. Jackson recommends consulting a physical or occupational therapist for instructions on certain exercises. "You may have to modify exercises, but regular activities can be resumed in moderation," he says.

It's important to always listen to your body. "If severe pain is noticed, avoid activities to alleviate pain," Dr. Jackson says. "If the pain persists or is intolerable, contact a physician." Managing pain is necessary to improve your activity level.

This Just In

NEWS, RESEARCH AND TIPS THAT CAN
MAKE YOU HEALTHIER STARTING TODAY



Too Much Sugar for the Littlest Mouths

BABIES AND TODDLERS

are already sweet, but that doesn't stop adults from plying them with sugary foods and drinks despite the documented health risks.

Among toddlers ages 12 to 23 months, 98 percent consumed added sugar, and among infants from birth to 11 months, 61 percent did, according to a study in the *Journal of the*



**Children
younger
than 2 should
not consume
any added
sugars**

Source: American
Academy of
Pediatrics



Academy of Nutrition and Dietetics. The sources of added sugar differed for the two groups; toddlers consumed fruit drinks, baked goods, candy and ready-to-eat cereals, while infants ate yogurt, baby snacks and flavored milk.

Added sugars are put in foods during processing and are different from naturally occurring sugars found in fruit and milk.

The dangers of eating too much added sugar are well documented and include increased risk of obesity, heart disease, high blood pressure and type 2 diabetes. Eating sugar at young ages also can affect lifelong taste preferences, because sweetness triggers reward and craving centers in the brain.

→ ACT ON IT Learn to read nutrition labels to identify types and sources of added sugar. The American Heart Association has a guide to decoding the labels—visit heart.org and search “Sugar 101.”



Alzheimer's Cases Predicted to Double

THE ALZHEIMER'S ASSOCIATION expects that within 30 years, more than twice as many Americans will be diagnosed with Alzheimer's disease compared with today.

The number of diagnoses is expected to rise from the current 5.8 million to 13.8 million in 2050. A few factors will drive the change: an aging population, including baby boomers, and medical improvements in identifying the disease.

The No. 1 risk factor for Alzheimer's is age, followed by family history.

→ ACT ON IT If you are 65 or older or have memory concerns, ask your doctor about a brief cognitive assessment. The sooner Alzheimer's disease is detected, the better a person's chance of benefiting from treatment. Visit the Alzheimer's Association website, alz.org, to learn more.

16%

Percentage of senior citizens who receive regular cognitive assessments, a key tool for detecting Alzheimer's disease and planning treatment

Source: Alzheimer's Association

No, Your Body Isn't Usually 98.6 Degrees

AVERAGE HUMAN BODY TEMPERATURE

is 98.6 degrees, right? Apparently not, according to research in the journal *eLife*.

The number we all know by heart dates back to the 1800s but appears to be too high. Body temperature varies by person, and the researchers found that body temperature in men born in the early to mid-1990s was on average 1.06 degrees lower than men born in the early 19th century. Women born in the 1990s had temperatures 0.58 degrees lower on average than women born in the 1890s.

The cool-down may be a result of a reduction in metabolic rate (the amount of energy the body uses), fewer infections and living in modern climate-controlled spaces.

>100.4
degrees

Temperature that indicates
a fever likely caused by
infection or illness

Source: National
Institutes of Health



Getting More Sleep Might Help Your Bones

LIFE MOVES AT A FAST PACE, AND MANY

of us are dealing with stresses that make quality sleep difficult. Sleep is one of the most important factors in our health. Sleep deprivation can lead to greater risk of diseases and can contribute to failing bone health.

“Having chronic sleep issues can factor into gradual decreased bone density and the developing of osteoporosis as we age,” says Jason Kinkartz, MD, with The Orthopaedic Clinic.

Bone density is what helps to strengthen bones and prevent breaks. Getting a good night’s sleep has been

→ ACT ON IT

Build bone density and strength by getting adequate sleep and exercising regularly. WK Fitness & Wellness Centers can help. Check out available exercise classes at wkfitness.com.

shown to help maintain that density. Dr. Kinkartz says normal activities can cause injury to the bone that we cannot see, and “getting enough sleep allows the bone time to naturally repair.”

We know quality sleep improves general health. Now we know it is keeping our bones healthy and strong.



Life Expectancy Back on the Rise

GOOD NEWS— life expectancy of Americans ticked up just a bit in 2018, according to the most recent numbers available. That's reassuring, because the average life span had decreased or stayed steady since 2014. Experts credit fewer deaths from cancer and unintentional injuries, a category that includes drug overdoses.

78.7 years

Life expectancy at birth in 2018 in the U.S.

Source: Centers for Disease Control and Prevention



Smoking Among U.S. Adults at All-Time Low

FEWER U.S. ADULTS ARE SMOKING cigarettes than ever, with just 13.7 percent lighting up in 2018, according to the Centers for Disease Control and Prevention. That represents

a decline of 67 percent since the surgeon general issued the first *Smoking and Health* report in 1964, warning of the health dangers of smoking.

By contrast, other tobacco products saw increases: E-cigarette use rose from 2.8 percent to 3.2 percent, driven by increases among 18- to 24-year-olds, and smokeless tobacco use went from 2.1 percent to 2.4 percent among adults.



→ ACT ON IT

For help to quit smoking, check out the “Tips from Former Smokers” campaign by the CDC at [cdc.gov/tobacco/campaign/tips](https://www.cdc.gov/tobacco/campaign/tips). The CDC also runs a hotline that can help you create a plan and get medications to help you quit: **800-QUIT-NOW** (800-784-8669).

Cigarette smoking is the leading cause of preventable disease and death in the U.S.

Source: Centers for Disease Control and Prevention

Finding Colon Cancer

7 THINGS TO KNOW
ABOUT SCREENING FOR
THIS COMMON DISEASE

BY JEANNIE BLAKE



Nobody ever said the colon was a glamorous part of the body. But that doesn't mean you can afford to ignore this important component of your digestive system, responsible for absorbing fluids and processing waste.

Colorectal cancer is the third-leading cause of cancer mortality in men and women in the U.S., with an estimated 51,000 deaths in 2019, according to the National Cancer Institute. So regular colon cancer screenings are incredibly important.

"It's an extremely common disease," says Durado Brooks, MD, vice president of cancer control interventions for the American Cancer Society. "There will be somewhere around 150,000 new cases diagnosed this year. And many of those cases and deaths can be prevented by screening."

Here are seven things to know about colon cancer screening.



Cancers Treated at WK Cancer Center

Learn more from Willis-Knighton about common types of cancer, your risks for them and when you should get screenings. Visit wkhs.com/cancer/types-of-cancer.



1 Screening can detect cancer before it starts.

Colorectal cancer usually starts out as a precancerous polyp, or abnormal growth, in the colon or rectum. Fortunately, some colon cancer screening tests, including colonoscopy and flexible sigmoidoscopy, can detect polyps, which can be removed before they turn into cancer.

2 A colonoscopy is a great option but not your only option.

Colonoscopies—the use of a long, flexible tube to check for polyps and cancer inside the colon—allow doctors to remove polyps and some cancers during the procedure.

Other options include stool-based tests (where you collect samples at home and send them in for testing), CT colonography (using X-rays and computers to produce an image of the colon, sometimes called a virtual colonoscopy) and flexible sigmoidoscopy (like a colonoscopy but checking only the lower third of the colon).

Talk to your doctor about which test is right for you.

3

Age is the top risk factor.

About 90 percent of new cases of colorectal cancer occur in people ages 50 and older, according to the Centers for Disease Control and Prevention. Age isn't the only risk factor, though. Obesity, lack of exercise and poor diet can increase your risk. Also notable: The rate of colon cancer in people under 50, while still low, is on the rise.

4

COLON CANCER DOESN'T ALWAYS CAUSE SYMPTOMS.

If symptoms are present, they can include blood in the stool, stomach pain that doesn't go away and unexplained weight loss. But early colorectal cancer might not have any symptoms at all. Screening tests can detect early-stage colorectal cancer, which has a much higher survival rate than later-stage cancer.

5

You should start screenings at least by age 50.

Screening guidelines vary slightly, with the U.S. Preventive Services Task Force recommending that screening begin at age 50 and the American Cancer Society recommending that it begin at age 45. Talk to your doctor about your risk factors and what works best for you. Screenings should continue until age 75, according to the task force.

6

Not enough people get regular screenings.

An increasing number of people ages 50 to 75 are getting regular colon cancer screenings, but lots of folks still aren't. In 2018, only 68.8 percent of adults ages 50 to 75 were up to date with colorectal cancer screenings, according to the CDC. And more than 20 million adults ages 50 to 75 have never been screened for colorectal cancer.

7

How frequently you should get tested depends on the kind of test.

If you get a colonoscopy and you don't have an increased risk of colon cancer, you can wait 10 years before your next one. If you opt for a stool-based test, you'll need to repeat it annually or every three years depending on the kind of test. CT colonography and flexible sigmoidoscopy should be done every five years. •

THE TRUTH ABOUT

Adverse Childhood Experiences

EVENTS FROM OUR YOUTH CAN HAUNT US, BOTH MENTALLY AND PHYSICALLY. BUT TRAUMA CAN BE HEALED

BY MONIQUE CURET



Everyone can conjure up a few unpleasant memories from childhood, whether they involved kids on the playground or parents at home. But about two-thirds of U.S. adults suffered traumatic events called adverse childhood experiences, or ACEs, before age 18. ACEs range from household dysfunction to abuse and neglect.

A landmark study from 1995 to 1997, which coined the term “adverse childhood experiences,” examined the relationship between ACEs and health and well-being later in life. Participants were assigned an “ACE score” based on how many of 10 types of adverse experiences they reported.

“What they found was that the higher the ACE score, the more frequent the diseases were,” ranging from sexually transmitted infections to cancer and diabetes, says Robert Block, MD, a past president of the American Academy of Pediatrics and an expert on ACEs. Subsequent research has confirmed and built on those findings.

Read on to learn more about who is affected by adverse childhood experiences and how.

The impact of childhood adversity is limited to emotional effects.

➔ **FICTION.** One of the most recognized impacts of ACEs is on behavior, but there are also evolving ideas about physical effects, including growth impairment, Block says. Repeated exposure to extreme stress can lead to changes in the endocrine system, which controls growth and development. In fact, exposure to what mental health professionals call “toxic stress” can leave lasting effects and changes on many of the body’s most crucial control systems.

Of course, the emotional effects of childhood adversity are also significant. In children, they can manifest as learning difficulties, juvenile offending and suicidality.

In adolescents and adults, depression, anxiety and post-traumatic stress stemming from childhood events can lead to

Overcoming Barriers to Mental Health Treatment

Like any city, Shreveport-Bossier has some neighborhoods who are at high risk for exposure to adverse childhood experiences and trauma. For example, a 2008 study in the *Journal of Traumatic Stress* found that about 22% of African Americans in urban areas had experienced trauma. The study of 220 participants revealed that 47% had relatives or friends who were murdered. Sixty-four percent of men reported being attacked with weapons at some point, and 36% of women reported being sexually assaulted. The same study showed that only 13.3% of those with trauma sought mental health treatment.

“There are barriers to treatment for low-income, urban communities,” says Derrick Stevenson, MA, MSW, PhD, of Willis-Knighton Behavioral Medicine. Limited transportation and finances are huge factors, and Stevenson says that for many there is a stigma attached to seeking mental health services.

“Family disapproval plays a role in the decision not to seek treatment,” he explains. Often, it simply doesn’t occur to people to seek treatment. People may be unfamiliar with the idea, or they don’t know how to access the kind of help they need.



Manage a Child’s Anger

Anger is a normal emotion we experience throughout our lives. Children who experience trauma often carry anger with them well into adulthood. Learn more at wkhs.com/vim/tame.



unintended pregnancy, alcohol and drug abuse, and difficulties completing an education or keeping a job.

Childhood adversity can increase a person's risk of life-threatening illnesses.

➔ **FACT.** The first ACE study, conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, discovered that with almost every disease examined, disease frequency correlated with ACE scores, Block says. An ACE score of 4 or more out of 10 is associated with significantly increased risk of heart disease,

stroke and cancer. When people are exposed to extreme stress, changes can happen on a molecular level, Block says. "The stress from adversities is translated biologically."

Childhood adversity is not limited to abuse and can include having a parent with mental illness or a substance abuse problem.

➔ **FACT.** The ACE score measures household challenges such as violence, substance abuse, mental illness, separation and divorce, and having an incarcerated family member. These events can have a similar effect on a person's stress

response as other traumas such as physical or emotional abuse.

If childhood experiences are in the past, there is no way to address them or heal the trauma.

➔ **FICTION.** Treatment can be targeted to a person's needs and might include addressing depression, fear, anxiety, post-traumatic stress disorder and problems adjusting to daily life. It also could extend to combating social isolation and addressing chronic pain, substance abuse and mental illness. A mental health professional, such as a therapist, can help, as can a primary care provider. ●

HOW TO

Flu-Proof Your Life

IT'S STILL IMPORTANT
TO TRY TO PREVENT
THIS ANNUAL THREAT

BY JOSH JARMANNING



This year's new coronavirus has rightfully been most people's primary concern when it comes to infectious diseases. But it's important to remember that we're heading back into flu season, and the flu can also cause serious illness and even death.

"Nobody wants to give or receive this terrible gift during the holidays," says William Schaffner, MD, a professor of preventive medicine and medical director of the National Foundation for Infectious Diseases. "That's why it's absolutely necessary to get your flu shot."

Schaffner says that while most people know they should get a flu shot to keep themselves healthy during the monthslong winter influenza season, fewer understand the many benefits the vaccine confers—perhaps that's why just 45 percent of adults got the flu shot for the 2018–19 season, the most recent figures available.

People who get vaccinated yet still contract the flu often have much less severe symptoms, recover more



PHOTO BY STOCKSY

quickly on average and have a much lower rate of hospitalization because of serious complications, he says. And pregnant women who get vaccinated give birth to children who are less likely to get the flu.

With that in mind, here are four strategies to avoid the sniffles, shivers and misery of flu—and No. 2 and No. 3 will help protect you from the COVID-19 virus, too.

1 **Again: Get your entire family vaccinated.**

Children as young as 6 months old can be vaccinated, but only about 60 percent of children in the U.S. get the flu shot each year.

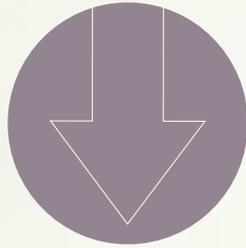
“Children are incredible spreaders of illness,” Schaffner says. “Their cough and hand hygiene is not great, and they won’t hesitate to grab you around the neck and give you a big slobbery kiss.”

Immunization in families and the community is especially important to protect those who can’t get the flu shot, including newborns.

2 **Keep your hands clean.**

The coronavirus pandemic has taught us all the importance of hand hygiene. Those habits will help keep us safe from the flu, too. No matter what time of year, make sure to wash your hands often, with soap and water, for at least 20 seconds. It’s a good idea to carry a small bottle of 60 percent alcohol-based disinfecting hand gel for when you don’t have access to soap and water.

Also: Retire handshakes. Try an elbow bump or a friendly wave instead.



Reinforce Flu Prevention for Kids

If you have small children in your life, it is important to encourage them to be aware of ways to avoid bringing germs like flu or coronavirus home from school or play.

“Good hand-washing is always the cornerstone of good infection control,” explains Sheyenne Carper, MD, FAAP, a pediatrician at WK Tots to Teens Pediatric Center in Shreveport. “You want to make sure you wash your hands at all appropriate times, after you use the bathroom and when you’re preparing food. The other thing is to try to keep your hands away from your face and your mouth, because that’s the most common way germs are transmitted.”

Dr. Carper stresses it’s important for adults to follow these guidelines as well. “The best thing you can do to reinforce it is to model the behavior in front of your child,” she says. “Kids are very observant, and they tend to pick up on habits they see, whether they’re good or bad.”

Remember, your hands are super important. So don’t cough or sneeze into your hands. Use a cloth or tissue, or sneeze into your elbow.

3 **Give viruses nowhere to hide.**

Most often, the flu is spread from person to person through droplets that come from the nose and mouth when someone with the flu coughs, sneezes or talks. Another way to contract the flu is by touching a contaminated surface and then touching your eyes, nose or mouth, Schaffner says. (These are, of course, the same two ways the COVID-19 virus is spread.)

That’s why regularly cleaning commonly touched surfaces, such as doorknobs and refrigerator door handles, is so important. Schaffner recommends keeping disinfectant wipes handy during flu season.

4 **If you do get sick with the flu, ask your doctor about antiviral medication.**

These drugs, available only by a doctor’s prescription, can reduce the duration of the flu and cut down on how long you are contagious. This is even more important for people who are at a greater risk of serious flu complications such as pneumonia, which includes the elderly and people with asthma, diabetes or chronic heart disease. ●

Mild Medicine for Children?

Young people are more sensitive and delicate than adults, so parents may wish to spare their children treatment with potentially harsh medications. Learn about natural medicine at wkhs.com/vim/childrens-health.

Could You Be Depressed and Not Know It?

IF YOU HAVE ANY SIGNS OF THIS COMMON BUT SERIOUS MENTAL HEALTH CONDITION, SEEK HELP

BY LAURIE DAVIES



Early detection of depression is just as important as early detection of any other major disease. Why? “If left untreated, depression can lead people down a pathway of suicidal thinking,” says Paul Gionfriddo, president and CEO of the nonprofit Mental Health America. The tricky thing is, often people don’t know they are depressed.

Could you be one of them?

Our five-question quiz may help get you thinking. Circle any answers that apply. And if you think you’re depressed, it’s important to make an appointment with your doctor soon.

“Cancer survival rates have improved because we did a better job of intervening at stages 1, 2 and 3. We need to do the same thing with mental illnesses,” Gionfriddo says. “There are so many treatment possibilities to make the future more hopeful.”





Expert-Approved Mental Health Apps

A ton of apps out there promise to help with depression and anxiety, but it's hard to separate the good from the bad. To help, the Anxiety and Depression Association of America has rated several mental health apps on features such as ease of use, effectiveness and whether methods are research-backed. Visit adaa.org/finding-help/mobile-apps.

1 In the past few weeks or months, have you:

- A. Experienced a high-stress day at work
- B. Not wanted to get out of bed more than once
- C. Felt sad because of a job or relationship loss
- D. None of the above

⊗ B is for beware.

Everyone experiences a stressful day at work once in a while, and it's natural to feel sad when you lose a job or a relationship. But if you're lethargic, sleeping too much, feeling "empty" or having a hard time facing your days, depression could be a factor.

2 In the past few weeks or months, have you:

- A. Had a hard time focusing on work or school
- B. Searched the internet for help stopping thoughts you consider to be "stupid" or destructive
- C. Both
- D. Neither

⊗ If you chose A, B or C, depression could be a culprit.

Not only does depression attack your ability to focus, but it also can feed damaging, destructive thoughts. Experts who study internet search terms have found that "stopping stupid thoughts" is a

top search among people who are depressed. ("Stupid thoughts" is a layperson's way to say cognitive distortions, or thinking patterns that are destructive.) A mental health professional can help you reframe these thoughts.

3 Thinking back to this time last year, are there:

- A. Things you used to enjoy that now seem old or unenjoyable
- B. Things you used to enjoy that you still regularly pursue
- C. New things you enjoy that you didn't used to enjoy

⊗ A might mean at risk.

Loss of pleasure and interest in activities you used to enjoy—including sex—is a symptom of depression. The good news is, the majority of people who seek treatment show improvement.

4 Do you feel persistently sad, irritable or fatigued and also:

- A. Take medications
- B. Live with a chronic health condition, such as cancer, diabetes or heart disease
- C. Remember sustaining a head injury in your preteen or teenage years
- D. None of the above

⊗ If A, B or C apply to you, talk with your doctor.

Certain medications, such as steroids or blood pressure medications, can trigger depressive symptoms. Depression is more likely to occur with serious health conditions. And one study showed that a head injury between ages 11 and 15 was a strong predictor of mental illness later in life, including depression.

5 Have you ruled out depression because:

- A. No one in your family has it
- B. You're too young
- C. There's no reason for you to be depressed
- D. None of the above

⊗ Think hard before ruling out depression if you circled A, B or C.

While family history of depression does increase risk, many other factors—including brain chemicals, trauma and low self-esteem—can cause depression. Teenagers, by percentage, are actually depressed at a higher rate than adults (13 percent versus 7.1 percent). And, according to Mental Health America, depression often occurs for no apparent reason. ●

Allergy Boom

YOU'RE NOT IMAGINING IT—ENVIRONMENTAL AND FOOD ALLERGIES ARE ON THE RISE

BY JEANNIE BLAKE



>50 million
people in the U.S. have an allergy

Allergies
are the
6th

leading cause
of chronic illness
in the U.S. and
cost more than
\$18 billion a year



← Globally, there's
been an increase in
the prevalence of
allergic diseases in the
industrialized world for
more than 50 years



↑ An estimated **8%** of children in the U.S.
have food allergies—that's **1 in 13 children**,
or about **2 students per classroom**



Nearly
8% of
adults
have hay
fever

More Facts on Food Allergies

Do you know which age group of children is most at risk for anaphylaxis, a life-threatening allergic reaction? Take a 10-question quiz to learn the answer—and more about allergies and testing—at aaaai.org, the website of the American Academy of Allergy, Asthma & Immunology. Search “food allergy quiz.”

Sources: American Academy of Allergy, Asthma & Immunology; American College of Allergy, Asthma & Immunology; Centers for Disease Control and Prevention

Allergy Testing Can Provide Answers

If it seems as though you know more people with allergies in recent years, you might be right.

“Allergies have become more common with time—both hay fever-type allergies and, in particular, food allergies,” says Janna Tuck, MD, a spokeswoman for the American College of Allergy, Asthma & Immunology.

It’s not clear why this is happening. But with the uptick in allergies, there has been a lot of interest in allergy testing—both for food allergies and “snotty-nose” allergies (known as allergic rhinitis, or hay fever).

Skin-prick tests and blood tests performed by medical professionals are the most common options. There are also at-home tests for so-called food sensitivities that you might see advertised online, but Tuck and other experts caution that those tests are not clinically proven to work.

Talk to your doctor if you’re concerned about environmental allergies, food allergies or a food intolerance.

More than 170 foods have been reported to cause allergic reactions

30% of kids with food allergies are allergic to multiple foods

Food allergies in kids in the U.S. increased 50% between 1997 and 2011



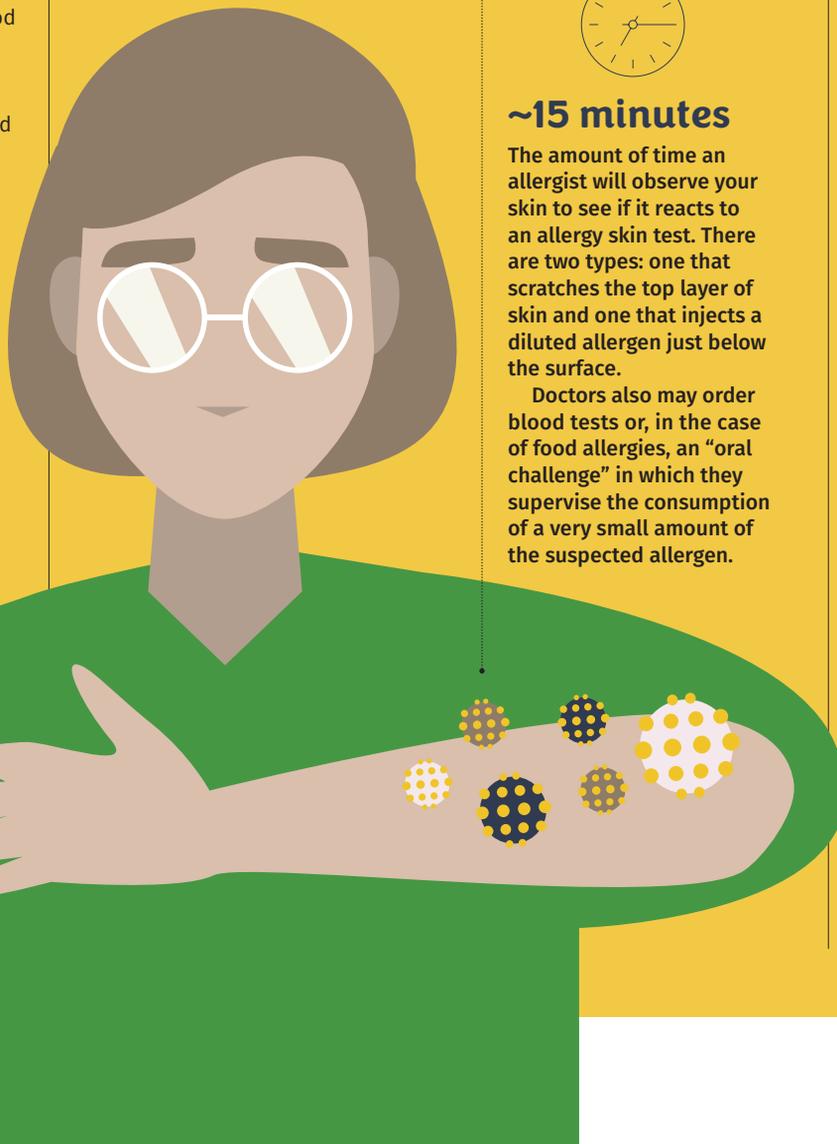
8 foods account for more than 90% of allergic reactions



~15 minutes

The amount of time an allergist will observe your skin to see if it reacts to an allergy skin test. There are two types: one that scratches the top layer of skin and one that injects a diluted allergen just below the surface.

Doctors also may order blood tests or, in the case of food allergies, an “oral challenge” in which they supervise the consumption of a very small amount of the suspected allergen.



THREE WAYS WITH

Butternut Squash

THOUGH ITS NAME EVOKES DECADENCE, THIS SIZABLE GOURD IS BOTH NUTRITIOUS AND LOW IN CALORIES

BY LEXI DWYER



When it comes to the winter squash known as butternut, its name speaks volumes.

“It really is what it sounds like. It has a buttery texture and nutty flavor but is also packed with health benefits,” says Libby Mills, a spokeswoman for the Academy of Nutrition and Dietetics.

One cup of raw butternut squash has more potassium than a medium-size banana, a fruit typically associated with this key mineral that can help manage blood pressure.

Butternut squash is also a good source of fiber, good for digestion and lowering cholesterol levels.

And you can thank that bright orange color for another key nutrient: beta carotene, which the body converts to vitamin A. One cup of raw squash provides almost 300 percent of the recommended daily allowance, and, as Mills says, “vitamin A is great for the immune system and vision function” and helps promote healthy skin.

Now that you’re sold on the virtues of this bell-shaped veggie, here’s how to cook with it:

1 ROAST IT
Heat oven to 400 degrees. Peel 1 butternut squash, slice it lengthwise, scoop out the seeds and cut into 1-inch cubes. Toss the squash in a bowl with olive oil and add salt, pepper and other seasonings (try cinnamon or curry powder) if desired. Roast for 25 to 30 minutes, until the squash is tender and can be pierced easily with a fork.

2 BLEND IT INTO HUMMUS
Follow the above steps for roasting squash. After letting it cool, blend squash in a food processor with 1 cup of drained chickpeas, 1 tablespoon of olive oil, 2 tablespoons of water and 2 minced garlic cloves. Add tahini and lemon juice to taste.

3 STUFF IT
Heat oven to 400 degrees. Cut butternut squash in half lengthwise and scoop out the seeds, then brush the flesh with olive oil. Place the squash in a baking dish, flesh side down, and brush more olive oil on the skin. Roast until the squash can be easily pricked with a fork, about 35 minutes. Remove from the oven, let the squash halves cool and remove enough flesh from each to create a ½-inch border around the outside (extra squash can be saved for another time and used in soups, pasta dishes or grain bowls). Add your favorite rice side dish to each hollowed-out half and drizzle with olive oil. Return filled squash halves to the oven and warm them for about 20 to 30 minutes.



PHOTO BY SHUTTERSTOCK



Butternut Bio

Here's what to know about this popular winter squash.

🕒 **Shiny isn't better.**

Avoid buying squash with glossy skin, as this may indicate it is not mature and therefore less sweet.

🕒 **Look for the stem.**

The stalk should still be attached, as this will help prevent rotting.

🕒 **Skip the fridge.**

Storing a whole butternut squash in the refrigerator may cause it to spoil more quickly. Instead, find a cool, dry spot in your kitchen, pantry or basement—it should keep for about a month. There is an exception: Peeled, chopped squash will stay good in the refrigerator for three to five days.



Watch Before You Chop

Are you feeling a bit of fear about using your chef's knife on a massive butternut squash? Go to [youtube.com/myrecipes](https://www.youtube.com/myrecipes) and search for "How to Peel and Chop Butternut Squash" to watch a video that shows an easy technique for softening, peeling and chopping.



In Case You Missed It ...

FASCINATING FACTS AND FIGURES FROM THIS ISSUE OF VIGOR



The human body is normally

98.6°

right? Wrong. Research has found modern bodies actually run a bit cooler.

Page 34



The future is here:

In CAR T-cell therapy, the patient's own immune cells are removed from the body, genetically modified and infused back into the body to target and destroy cancer.

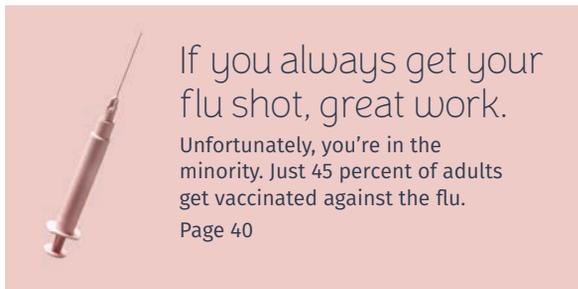
Page 24

Feel like you're always looking at a screen?

You probably are. Americans spend 11 hours a day on average interacting with computers, phones and other devices. [Page 16](#)

More than 805,000

Americans have a heart attack each year, but thankfully not all chest pain is caused by the heart. [Page 20](#)



If you always get your flu shot, great work.

Unfortunately, you're in the minority. Just 45 percent of adults get vaccinated against the flu.

Page 40

More than 90 percent of allergic reactions are a result of eight foods. [Page 44](#)



No wonder Mom is tired:

Globally, women do 2.6 times the unpaid care and domestic work that men do. [Page 10](#)

YOU RAISE ME

Support groups provide a forum of encouragement for people in their journeys of illness, injury and disease

BY DARRELL REBOUCHE

UP

At baseball games, fans often take part in promotions and stunts between innings. One of the most popular is called the “dizzy bat race.” Participants put the fat end of a baseball bat on the ground, place their foreheads on the knob end while holding the bat vertically and spin around in circles for a designated interval. When they are appropriately dizzy, they are prompted to sprint toward a finish line for fun and prizes. For observers, the race is usually hilarious. For the racers, who often stumble or fall and typically can’t move in a straight line, it’s harmless fun. ➔



That's what Winston Cunningham found himself thinking about in his West Shreveport home one afternoon when he had trouble controlling his movements, stumbling and gently spinning. "I was looking one way and stumbling another way," he recalls. Four times, he slammed into the wall, which was no laughing matter. Cunningham had a stroke. Subsequently, he spent seven weeks in Willis-Knighton facilities for treatment. Then a few months later, he decided to come back to participate in a monthly support group for stroke survivors.

Alison Bane, a licensed master social worker at Willis-Knighton, facilitates the stroke support group. Her mission is to connect caregivers and patients so they can learn from and support one another. "We have people in the stroke group who have been coming for 25 years," she says. New people join every month. Bane says the group veterans are eager to share their stroke recovery stories with everyone who participates, and "sometimes it's good for

the people who have been there a while to hear a fresh perspective from new people."

Two years into his recovery, Cunningham is thriving emotionally and is almost fully recovered physically. He has persevered valiantly and says the support group has been invaluable to him. "You're sitting among peers who have been through it, who know it," he says. "I've found that useful in every walk of life. A briquette by itself burns itself out, but a group of briquettes is a good barbecue fire."

PEOPLE HELPING PEOPLE

Paul Lerchie is a mainstay at the Tuesday support group at Willis-Knighton Cancer Center. "I want to help people with their cancer journey," he says. "People come in there, they're scared to death. They have questions, worries and concerns. I try to help them through the process." For eight years following his diagnosis of multiple myeloma, Lerchie has transitioned from a newly diagnosed, frightened

cancer patient to a rock of support for others in similar situations. "The General Cancer Support Group has become a family. We've come to care about each other to the point where we check on each other," Lerchie says. Several members gather socially, to have fun and to keep tabs on one another's well-being.

Eileen Czerwinski, a licensed professional counselor who serves as care manager at the Cancer Center, organizes the support groups there. She encourages cancer patients' family members to participate in the General Cancer Support Group, too. A lot of good advice emanates from the gatherings, not only about a cancer diagnosis, but also how to deal with all of the challenges that come with it, she says.

Michelle Adkins has lymphedema, a swelling that occurs in extremities as a result of some cancer treatments. "I had very limited mobility in my arms and fingers," she recalls. There's a support group at Willis-Knighton for that, too. Adkins has been finding comfort there since 2014. "I love the support group, because I've learned so much about lymphedema," she says. "I'm with other people who share my experiences, and that's very helpful. We care about each other and we want to make sure we're all OK with what we're going through."

WIDE-RANGING SUPPORT

This is a recurring theme across Willis-Knighton's far-reaching support group offerings. A glance at the health system's calendar reveals support groups available to people with heart disease, brain and spinal cord injuries, Parkinson's disease and more. Cancer patients, if they prefer



The General Cancer Support Group at Willis-Knighton Cancer Center is one of many support groups offered by the health system.

to confer with a gender-specific group, may attend Women RISE or Men to Men.

There is a group that offers encouragement to people who are grieving the loss of a loved one, several to support expectant mothers and new parents; there's a support group for amputees. In most cases, the groups are offered at no charge.

LIFTING SPIRITS

Larry Walker has multiple sclerosis. On the first Tuesday of any month, you will see him at Willis-Knighton's MS group. Walker was diagnosed in 1992. His sister lives in Shreveport, and he moved from Reno, Nevada, in 2017 so she could help care for him as his disease progresses. He was a construction superintendent and a self-described workaholic; but for more than six years, he hasn't been able to work because his mobility is impaired. He describes his new circumstances as "a big life-changer, going from working 10-hour days to not being able to work at all. All of a sudden, I'm the guy who has to ask for help."

Walker says it has taken him years to make the adjustment, and Willis-Knighton's Multiple Sclerosis Support Group has helped. "Seeing other people with MS helps me understand how it affects their lives," he says. "Just hearing them talk helps me realize I'm not the only one out there with this problem." The people there have helped him overcome his feeling of isolation, living in a new place. "The support group is all positive," he adds. "Pretty much everybody in the group is my friend." The support group has bolstered his spirits and in a practical



"You're sitting among peers who have been through it, who know it. I've found that useful in every walk of life."

—Winston Cunningham, Stroke Support Group attendee



"I want to help people with their cancer journey."

—Paul Lerchie, General Cancer Support Group attendee

sense gives him something to do. "I look forward to it, having people to hang out with."

WARM AND WELCOMING

When talking about the Stroke Support Group, Winston Cunningham echoes the sentiment, calling his group a warm and welcoming community. This is the kind of thing you hear consistently when you talk to support group participants. They often must be nudged or strongly encouraged to go for the first time, but once they do, they keep coming back, often for many years.

"I hope that people feel they are not alone and that they have someone they can reach out to and connect with, that they can learn from and support each other," Alison Bane says. "What they're going through is so scary. I don't want them to feel alone."

Adds Czerwinski, "I've had patients describe the support groups to me as the only place they can really discuss their emotional difficulties without feeling judged or pitied. I've had patients tell me the support groups have literally saved their lives." •



Wig Boutique Among Cancer Support Services

In addition to support groups, Willis-Knighton Cancer Center has a wig boutique for people who have lost their hair as a result of treatment. "A patient feeling better about herself is vital to her recovery," says Sarah Larson, the Cancer Center's operations manager. "It's an honor for our social services staff to help a patient find just the right wig."

Michelle Adkins (right) tries on a wig at Willis-Knighton Cancer Center's wig boutique.



Martha Peal moved from a 3,000-square-foot house to Garden Apartments at The Oaks of Louisiana, and the maintenance-free lifestyle has changed her life.

Bold Move

Older adults maintain their independence after coming to The Oaks senior living community

BY TERRIE M. ROBERTS

Health issues brought Martha Peal face to face with the reality she was getting older. More frequent repairs to her 50-year-old Spring Lake home signaled she was not the only one showing their age.

The 3,000-square-foot house last had an update in the mid-1980s, and if Peal were to stay in her home, she knew it would need major repairs and updating. The projected cost of that, coupled with regular monthly maintenance, yard upkeep and taxes, was a factor in Peal's move to The Oaks of Louisiana.

The Costs of Staying Put

Whether to stay in an aging home or move to a retirement or senior living community is a decision faced by most senior adults as they contemplate growing older and losing their independence.

“Senior adults don't want to think about the day they require help with things they've been able to do their entire life,” says Rhonda MacIsaac, manager of Tower at The Oaks independent living residence. “Staying in their own home gives them a sense of freedom, of independence, when oftentimes they end up being less independent because of eventual mobility challenges.”

MacIsaac says for seniors, the comfort of living in a house they have lived in and raised their family in—a home that holds so many memories—often precludes serious consideration of moving versus staying.

Sharing life with people who have similar interests adds much to the quality of life for older adults and is one benefit of moving from an aging home to a senior living community.



The Oaks of Louisiana offers complimentary scheduled transportation (above) and 24/7 security and emergency response (right).



A home is where your heart is, where you feel safe and cared for.

—Rhonda MacIsaac,
Manager of Tower
at The Oaks

Although many people believe staying in their own home is going to be the least expensive option for them as they age, MacIsaac says the financial, emotional and physical costs of staying in an existing home can go up quickly.

In addition to regular maintenance and repairs, if a home is not aging-friendly, modifications to accommodate potential mobility challenges can be costly: bathroom renovations, no-step entries, improved lighting, widened doorways and hallways to accommodate a walker or wheelchair, and installation of new flooring to prevent falls, slips and trips.

“Moreover, as physical limitations grow, seniors begin to rely on family and friends to take care of repairs

Schedule a Tour of The Oaks

Maintain a happy, independent lifestyle with a move to The Oaks of Louisiana. To speak to a leasing specialist about your options, call **318-212-OAKS (6257)**.

and interior and exterior maintenance issues. Eventually, they begin to quit asking, because they feel like they are a burden. The house faces disrepair, and eventual costs to fix increase,” MacIsaac says. “Ironically, senior adults become less independent and more isolated, both of which impact mental and physical health.”

The Benefits of Moving In

When exploring the options of moving to a senior living community like The Oaks versus staying in one’s current home, there are several factors, beyond financial, to consider.

At The Oaks, residents enjoy a maintenance-free lifestyle that isn’t available to those living in an aging home. Regular and emergency maintenance are just a phone call away, and The Oaks features stunning gardens and landscaping without residents having to lift a finger.

Residents have convenient access to a variety of educational, spiritual, social and wellness activities that make it easy to stretch body, mind and spirit daily. They stay socially active and maintain a sense of purpose along with new friends who share similar interests. These friendships are made stronger and more meaningful by living near each other. Aging in place can be a solitary experience, with isolation a serious health risk for seniors.

For those who no longer feel comfortable behind the wheel, The Oaks offers transportation to

errands, appointments, community events, shopping venues, etc. “Transportation can be a problem for seniors living at home,” MacIsaac says. “If they do not have easy access to transportation, they often miss medical appointments and may not get to the grocery store as often as they need to eat properly. At The Oaks, they don’t have to worry about buying groceries or preparing healthy, nutritious meals.”

Too, The Oaks offers 24/7 gated security and emergency response, which gives peace of mind not only to residents but also to their families. Residents are given the option to wear a personal alarm pendant or bracelet, a service that helps alleviate fears of falling and becoming left for hours or days, a concerning situation all too common for seniors living at home alone. Security officers know residents by name; they patrol the campus around the clock, and residents feel safe in their apartments and walking throughout the property.

The Value of Deciding

“A home is where your heart is, where you feel safe and cared for,” MacIsaac says. “It is understandable that people have a hard time imagining moving from a house they have lived in and raised their family in. But the truth is, living at home alone can be costly, unhealthy and even dangerous.”

“I made the right choice,” Martha Peal says about her move to The Oaks. “It’s a very good value. A bargain.”

She looks out over Lake Herman as she waters the flowers on her back patio and waves to a nearby neighbor. “I have a lovely view,” she says. “I am very happy.” ●

Prepared for a Pandemic

From staffing to equipment, Willis-Knighton Health System was ready to respond to the COVID-19 crisis BY MARILYN S. JOINER

As Jan. 1 arrived this year, there was a general sense of optimism at Willis-Knighton. The economy was stable, people were seeking routine healthcare, and the flu season seemed manageable. Few had paid attention to news of a virus outbreak in Wuhan, China, a month earlier. As the new year progressed, this quickly

changed. By March, the COVID-19 virus was spreading in our community.

For more than 95 years, Willis-Knighton has successfully weathered twists and turns of business and medical care. But this was new, a virus never seen in humans. There was no clinically proven treatment method, no



Willis-Knighton senior vice presidents Jaf Fielder (from left) and Mike Chandler, along with executives including Brian Crawford, ran the command structure with military precision.

effective medications and, certainly, no vaccine to prevent it.

Paige Cancellori, RN, was moving into a new position as chief nursing officer at WK Pierremont Health Center. She anticipated a change of pace, learning new things and adapting to an administrative role instead of her previous job supervising patient care in the Emergency Department. Little did she know just how changed the pace would be when the first COVID-19 patient in the health system arrived at her hospital.

“Fortunately, my emergency management background kicked in, and we made it work. It was not really overwhelming, except that I had gone from 60 employees to about 500,” Cancellori says.

The new nursing chief was sure that patients would receive great care in the WK tradition. Her biggest concern was those employees, many of whom were being asked to face challenges they had never encountered. And some were changing tasks, like moving from mother/baby care to infectious disease care.

Cancellori spent hours side by side with her nurses during the first few weeks, rounding, sharing information that was changing daily or even hourly, and helping to calm those practicing outside their comfort





Fortunately, my emergency management background kicked in, and we made it work. It was not really overwhelming, except that I had gone from 60 employees to about 500.

—Paige Cancellori, Chief Nursing Officer at WK Pierremont Health Center

zones. She beams while talking about what was accomplished.

“I am so proud of these nurses. They stepped up to the challenge,” Cancellori says. “I think this opened their eyes to show them they can do more than they imagined.”

HOSPITAL SUPPLIES MAINTAINED

Multiple health system departments and employees supported Cancellori and clinical staff at all WK hospitals, and among the most critical was the team that purchases thousands of items used for patient care and employee protection. Tim Mann, director of materials management, and his staff vigilantly pursued personal protective equipment (PPE) essential for infectious disease care. Ironically, in December 2019, Mann says he and his staff identified unsettling changes in the marketplace and began ramping up inventory levels. It was a blessing.

“There was never a time when our employees did not have the supplies they needed, the masks, the isolation gowns and hand sanitizer,” Mann says. “It was tense at times, but we never ran out of product.”

Community donations of personal protective equipment were important throughout the pandemic. “This was very helpful, particularly at the beginning,” Mann says, “like the ones from the Bossier and Caddo school

systems, who were among the first to donate.”

Businesses, charitable groups and individuals also provided critical supply donations at a time supplies were tight because hospitals around the world were seeking the same items. Mann was grateful, too, for government officials who helped assure that Willis-Knighton received an equitable portion of supplies distributed within our state and from the national stockpile.

Mann’s staff also sought additional sources to meet a dramatically increased use of PPE. “We were being hit daily by a lot of people offering to provide products, but we had to vet them,” Mann explains. “Some were just there, trying to make a fast buck, but could not deliver in a timely



Tim Mann, director of materials management at Willis-Knighton, and his staff vigilantly pursued personal protective equipment (PPE) essential for infectious disease care.

manner. And of course, prices were skyrocketing.”

Willis-Knighton also identified a way to reuse masks and gowns, thanks to disinfecting technology the health system already had.

“I don’t know if it was a stroke of luck, genius or an act of God, but we had set this up a year ago,” Mann says. Everyone throughout the health system was helping respond to challenges like these.

CRISIS MANAGED

The crisis was managed from a command center based on the Hospital Incident Command System. “We use this to coordinate and plan for possible disasters,” says Jaf Fielder, senior vice president for operations. He and another senior vice president, Mike Chandler, managed a team of key executives to guide the flow of information, data analysis, staffing and supply issues 24/7, including increased demands on laboratory and respiratory staff. Team members who helped run the command structure with military precision were Brian Crawford, Susan Cash, Renée McCuller, Claire Rebouché, Lisa Stamper, Laura Allen and Deanna Long.

Cancellori echoes the feelings of many WK employees about the health system’s response to COVID-19. “Everybody was worried,” she says. “But I knew with confidence that Willis-Knighton always figures it out.” ●



At Willis-Knighton, the COVID-19 crisis was managed from a command center run by a team of key health system executives.

Looking at the Bright Side

CAROLYN SMITH FINDS HAPPINESS IN FAMILY AND FRIENDS

BY TERRIE M. ROBERTS



When Carolyn Smith (left) chose to move to The Oaks, her decision was firm.



Even during the storms of life, Garden Apartments resident

Carolyn Smith chooses to look for the silver lining.

“I’m basically a happy person,” she says. “I attribute that to my mother and father. They always looked for the bright side of any situation.”

So does Carolyn. Self-isolation during the COVID-19 pandemic earlier this year was difficult for her because of visitor restrictions in place for resident protection and safety. It didn’t break her spirit, though. “I focused on the blessings



Carolyn Smith (left) and Nita Moreau have developed a wonderful friendship as neighbors at Garden Apartments at The Oaks.

of my family, particularly my grandchildren,” she says.

“Don’t get me talking about my grandchildren,” she boasts. “Not many grandmothers have grandchildren who call them to check on them, send them cards or flowers.

“That is very unusual,” she says about her 13 grandchildren and 19 great-grandchildren.

Carolyn, 90, has lived at The Oaks for nearly four years. The decision to move from her home was not made in haste, but it was definite.

“I floored my oldest daughter,” she recalls. “She said, ‘If you ever decide to move, call me and I’ll go with you.’ I called her and she said, ‘You’re joking.’ I told her I was serious.”

Carolyn and her daughter looked at the first senior living community on their list. Carolyn had had a very positive experience there for short-term rehabilitation. “But it wasn’t the one for me,” she says. They next toured The Oaks of Louisiana.

“That night, I called my daughter and told her, ‘That’s home.’”

Carolyn has settled into a comfortable routine, made close friendships and carved out a wonderful life at The Oaks. She is a voracious reader, preferring murder mysteries over other genres. She loves to play games and work puzzles. She attends exercise classes at the Alta and John Franks Community Centre, and whenever there is a program with music, she is there.

“I try to learn something new every day,” she says.

It is not unusual to see Carolyn and friend Nita Moreau sitting on the patio of their apartments, talking about their families, current events or life at The Oaks.

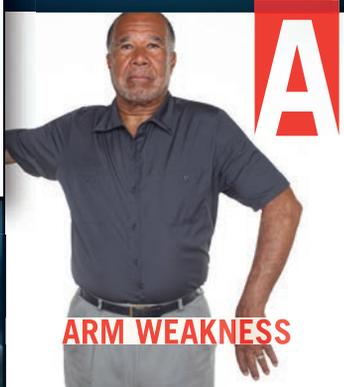
“She is a wonderful friend,” Nita Moreau says. “She is happy and fun to be around. Her happiness is contagious.” ●



Body language can tell you all sorts of things. Like someone is having a **stroke**.



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